

Legislative Appropriations Request

Fiscal Year 2022-2023

Volume I

**Submitted to the Governor's Office Budget Division
and the Legislative Budget Board
by the Health and Human Services Commission
October 9, 2020**



TEXAS

**Health and Human
Services**

Revised 10/29/2020

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The need for essential services that the Health and Human Services Commission (HHSC) provides to millions of Texans every day has never been greater than during this ongoing global pandemic. HHSC, in coordination with the Department of State Health Services and other state agencies, remains a leader in the state's response to the novel Coronavirus disease (COVID-19).

HHSC provides acute healthcare and long-term services and supports to more than seven million Texans every month through Medicaid and the Children's Health Insurance Program (CHIP); ensures eligible children and families receive food assistances through the Supplemental Nutrition Assistance Program (SNAP); supports families in crisis through the Family Violence and child advocacy programs; assists individuals with mental health needs by providing outpatient and inpatient behavioral health services; operates 10 state hospitals and 13 state supported living centers (SSLCs); and ensures the health and safety of individuals residing in long-term care facilities or receiving services from daycares by regulating these providers. Many of these essential services have taken on even greater importance given the health and economic stressors brought on by the COVID-19 pandemic.

The ongoing public health emergency has impacted the world economy and Texas has not been exempted. In response, Governor Abbott, Lieutenant Governor Patrick, and Speaker Bonnen directed state government to reduce their budgets for the 2020-21 biennium by at least 5 percent. As part of its reduction plan, HHSC identified more than \$132.7 million in General Revenue to help offset the economic challenges brought by COVID-19.

While these measures will have an immediate impact for the current biennium, HHSC leadership is fully cognizant of the unprecedented challenges the 87th Texas Legislature faces in writing the state's budget for the 2022-23 biennium. Because of the current economic climate, HHSC took a restrained approach to developing its funding request. This work is the culmination of months of evaluating how we can do more with less and was guided by the following principles: 1) maintain essential client services; 2) request funding for only what is necessary to prevent agency operations from breaking; and 3) scale requests to the minimum necessary for effectiveness. HHSC's base budget request includes no reductions to client services. However, through adherence to these principles, the agency made tough decisions regarding which exceptional items to request for the 2022-23 biennium.

In developing its Legislative Appropriations Request, the agency solicited and considered input from the public and stakeholders. HHSC received over 500 recommendations covering numerous agency programs and aspects of operations. While HHSC ultimately decided not to formally request funding for all the recommendations it received because of the economic impact of COVID-19, we felt it prudent to highlight some topics that will continue to be of importance to the agency and the state.

- Aging Services – As the older adult population in Texas continues to increase, so does the demand for services, straining resources. Home delivered meals help older adults and persons with disabilities remain independent and live in the community by providing nutritional meals. Because of the state's growing aging population and inflation, providers across the state are struggling to keep pace with the need for home delivered meals.
- Child Advocacy Services – Court Appointed Special Advocates (CASAs) and Children's Advocacy Centers (CACs) provide support for abused and neglected children. Additional funding would allow CASAs to serve more children entering the foster care system and allow CACs to strengthen their ability to use real-time notifications of abuse from the Department of Family and Protective Services' statewide intake system.
- Community Attendants – Community attendants assist older adults and people with disabilities through daily living activities. The base wage of \$8.11 makes recruiting and retaining qualified attendants who serve some of the state's most vulnerable populations difficult. Community attendants keep individuals from needing services in more costly and restrictive settings, including nursing facilities.
- Crisis Mental Health Services – Crisis mental health services reduce unnecessary stays in inpatient psychiatric hospitals and the emergency room and divert individuals from incarcerations. Because of this, there is a need to expand capacity at crisis stabilization units, extended observation units, and crisis residential units, and provide

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additional screenings, assessments, and outpatient services by crisis hotlines and mobile crisis outreach teams.

- Deaf and Hard of Hearing Services – More than any other stakeholder recommendation, the agency received feedback supporting services for 5,000 unserved or underserved individuals who are deaf, hard of hearing, or deafblind. This growing demand will need to be addressed in the near future to ensure these individuals are connected to the resources and services that meet their needs.

- State Hospitals and SSLCs – While past legislatures have made sizeable investments in staffing, equipment, and repair of state hospitals and SSLCs, challenges remain to recruit and retain qualified staff to work at these facilities. Additionally, HHSC's fleet and equipment, such as laundry, is aging and in desperate need of replacement. Further delay in funding projects and equipment will have a significant cost to the state in the long run.

Past Accomplishments

Covid-19 Response

HHSC quickly mobilized to help Texans during the COVID-19 public health emergency. The agency extended healthcare coverage for an average of 254,000 Medicaid and 30,000 CHIP clients per month from March to September 2020. HHSC also extended SNAP benefits for an average of 159,720 households per month between March and June 2020. Additionally, in conjunction with our federal partners, HHSC provided more than \$1 billion in pandemic food benefits to families with children that have temporarily lost access to free or reduced-price school lunches, and sought waivers to ensure critical services are not interrupted for clients that participate in programs such as Healthy Texas Women, Early Childhood Intervention, and the Family Violence program. Additionally, HHSC helped stand up a COVID-19 Mental Health Support Line with the Harris Center for Mental Health and IDD for Texans experiencing anxiety, stress or emotional challenges due to the COVID-19 pandemic. The support line answered more than 7,500 calls since its launch on March 31, 2020.

The agency also sought waivers and adopted emergency rules to give healthcare providers flexibilities to serve individuals during COVID-19. Some examples of these flexibilities include extending enrollment revalidation due dates for existing providers and expediting the enrollment process for new providers wanting to participate in Medicaid and CHIP; reimbursing Medicaid and CHIP providers for COVID-19 testing and providing a temporary rate enhancement for several provider types, including nursing facilities; encouraging health plans to provide telehealth services in a member's home; extending the Electronic Visit Verification Claims Matching policy; and suspending face-to-face service coordination visits and instead requiring managed care organizations (MCOs) to conduct these visits telephonically to ensure members continue to receive services.

For the healthcare providers and facilities that HHSC regulates, the agency implemented emergency rules and procedures to provide flexibilities for facilities to safely serve and treat individuals impacted by COVID-19; collected data to monitor licensed facilities response to the public health emergency; conducted more than 1,700 on-site surveys focused on facilities' infection control practices at all 1,220 nursing facilities statewide; and made itself available to assist these providers and facilities as needed.

Medicaid Managed Care Oversight

One of the Legislature's and agency's highest priorities has been to strengthen its oversight of MCOs. The agency has improved its oversight tools related to comprehensive on-site reviews, reporting efficiency and accuracy, quality, and pharmacy benefit administration. HHSC also enhanced its financial oversight by creating a team to review MCO-affiliate relationships. This team will apply expertise in financial, clinical, and operational issues to identify and act on any improper financial relationships. Additionally, the agency is improving the accuracy and transparency of data related to MCO-submitted records, including data on payments for services.

Women's Health Services

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In January 2020, the Centers for Medicare and Medicaid Services (CMS) reached an agreement with HHSC to provide comprehensive women's health services through a Medicaid demonstration waiver. The approval of the Healthy Texas Women (HTW) demonstration waiver allows the state to use federal funding for women's health services that positively impact the health and well-being of Texas women. Through this agreement, Texas will receive approximately \$350 million in federal funding for women's health services over the next five years.

With the demonstration waiver, Texas continues its focus on targeting individuals not currently enrolled in HTW and measuring the extent to which the waiver services impact overall maternal health outcomes and Medicaid costs. HTW services include family planning, breast and cervical cancer screenings, well-women exams and screening and treatment for postpartum depression, hypertension, cholesterol and diabetes. In fiscal year 2020, there were more than 300,000 women enrolled in HTW.

Additionally, the 86th Legislature passed Senate Bill 750 which required HHSC to develop an enhanced, cost-effective, and limited postpartum care services package for women enrolled in HTW to be provided after the first 60 days of the postpartum period, and limited to no more than 12 months after the date of enrollment into HTW. The Legislature also appropriated more than \$14.6 million to implement the limited postpartum care package, known as Healthy Texas Women Plus. HHSC implemented additional benefits focusing on treatment for the major health conditions that contribute to severe maternal morbidity and mortality in the postpartum period, including cardiovascular services, diabetes management, postpartum mental health services and substance use disorder screening and treatment.

State Hospital Construction

In 2017, the Legislature outlined a three-phased approach to expand, renovate, and transform the state hospital system. The Legislature appropriated HHSC \$300 million to implement Phase I of projects during the 2018-19 biennium. These projects and other changes will:

- Enhance patient safety, quality of care, and access to treatment;
- Expand capacity and reduce waiting lists for inpatient psychiatric treatment, particularly maximum-security units; and
- Increase collaboration of mental services with potential partners, particularly higher education and health-related institutions.

Ensuring the safety of individuals served at state hospitals is one of HHSC's most important responsibilities. Senate Bill 500, 86th Legislature, Regular Session, 2019, provided \$445.3 million for Phase II to continue improvements to state hospital facilities. It specifically provided \$90 million for construction of a 100-bed non-maximum-security unit at the Rusk State Hospital; \$165 million to begin construction of a 240-bed replacement campus of the Austin State Hospital; and \$190.3 million to begin construction of a 300-bed replacement campus of the San Antonio State Hospital. The agency broke ground on the new University of Texas Health-Houston Continuum Care Campus in 2019 and broke ground for construction and renovation projects at the Kerrville, Rusk, San Antonio, and Austin state hospitals in 2020.

Funding Requests

Maintain Access for Essential Client Services

HHSC's top priority for the 87th Legislative Session is to preserve access for its client service programs. Requests that fall within this category are essential to assist individuals impacted by COVID-19 and to also improve the health and wellbeing of Texas' most vulnerable populations.

Maintain Client Services – This exceptional item request funds cost growth for the Medicaid entitlement and non-entitlement, CHIP, and Temporary Assistance for Needy Families (TANF) programs.

Ensure Access to Medicaid Long-term Services and Supports Waivers – HHSC's six long-term services and supports (LTSS) waiver programs provide cost-effective

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supports to allow older adults and people with disabilities to live as independently as possible in the community. Funding for these programs also allows individuals to transition from or avoid admission to a more restrictive and costly institutional setting, such as a nursing facility or intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID). As of August 2020, there were 165,277 individuals on at least one interest list. This request would fund an additional 3,512 LTSS waiver slots for CLASS, DBMD, HCS, Texas Home Living (TxHmL), MDCP, and STAR+PLUS Home and Community-Based Services (HCBS).

Ensure Compliance with State and Federal Laws and Regulations

Ensuring HHSC complies with state and federal regulations and avoids future penalties is also a priority of the agency. The exceptional item requests summarized below help to ensure agency compliance with state and federal law.

Foster Care Litigation – This exceptional item request is in response to the ongoing Foster Care Litigation and the requirements that must be met by HHSC to remain in compliance with U.S. District Court remedial orders in *M.D. v. Abbott*. This request would fund increases to the number of staff required to address new caseload guidelines and heightened monitoring of high-risk Residential Child Care operations, as well as the implementation of associated system changes to CLASS, CLASSMate, and public and provider applications.

Direct Acting Antiviral (DAA) Drugs for Hepatitis C with No Restrictions – Increasing coverage to DAA drugs for individuals with chronic Hepatitis C improves the health, safety, and well-being of Texans. While the state’s Medicaid program covers high-cost DAA drugs to treat the Hepatitis C virus, HHSC adopted prior authorization policies to ensure Medicaid, CHIP, and state hospital clients meet certain medical criteria before these drugs may be prescribed. This request would allow the agency to remove certain prior authorization requirements consistent with federal guidance and would provide coverage for treatment to approximately 21,000 individuals in Medicaid and CHIP and 337 people in state hospitals.

Electronic Visit Verification (EVV) Expansion – Federal law mandates the use of EVV for all Medicaid personal care services by 2020 and home health care services by 2023. Failure to comply will result in reduced federal Medicaid funding for home health care services. To achieve compliance and ensure accurate processing of claims and data, HHSC is requesting funding to modify its claims submission software, EVV portal, and EVV vendor systems. Additionally, once providers begin using EVV for home health care services, HHSC will incur increased processing costs for ongoing system operations. While the 86th Legislature provided funding for the first phase of these costs, additional appropriations are needed to complete the project in time and not incur a federal penalty.

IDD System Redesign and Waiver – While most individuals with intellectual or developmental disabilities (IDD) receive their acute care services through managed care, they receive their waiver services through fee-for-service. To improve quality and ensure continuity of services, the Legislature passed a state law requiring HHSC to design and implement an LTSS system for individuals with IDD through managed care. However, before permanently redesigning how clients receive these waiver services, the Legislature directed the agency to develop a pilot program for the STAR+PLUS Medicaid managed care program and test the delivery of LTSS for people with IDD. Statute requires the agency to implement the pilot by September 1, 2021 and run it for 24 months. This request would fund necessary IT system and staffing to allow HHSC to pilot IDD waiver program services in managed care in anticipation of the future IDD waiver programs being fully or partially included in the managed care service array.

Comply with Federal Requirements for Community Integration for Individuals with Disabilities – CMS requires all HCBS settings to comply with federal rules for engagement in community life, integrated work environments, and control of personal resources by March 2023. Because the start here current day habilitation model for the HCS, TxHmL, and DBMD waiver programs does not comply with requirements for community integration, the state could be financially penalized. In order to come into compliance with federal regulations, this request would allow the agency to make necessary information technology (IT) system changes, support the new rate

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structure, and provide oversight of the program.

Maintain Compliance with Federal Data Governance Requirements and Maintain Data Driven Decision Making – In March of 2022, the federal match for the current Medicaid Enterprise Data Governance (EDG) process will be reduced from the build related match rate of 90 percent federal funding and 10 percent General Revenue, to the operational match rate of 50 percent federal and 50 percent state funding. General Revenue is needed to supplement the previous federal funds to maintain EDG efforts and include data sets outside Medicaid. If EDG is not maintained, federal funding on other Medicaid projects could be at risk. Additional funding is requested to support on-going efforts to mature the use of data driven decision making processes at HHSC. This funding would continue efforts through the Performance Management and Analytics System by further connecting data sources to allow the agency to make more informed data driven decisions, prepare more effective performance dashboards, and track clients use of services and client outcomes across programs.

Centralized Accounting and Payroll/Personnel System (CAPPS) Compliance and Stabilization – This request would replace the current Accounts Receivable Tracking System (ARTS) with an IT solution that is integrated with the existing web-based CAPPS Financials application. In compliance with state and federal law, this IT solution would assist HHSC with recovering public assistance over-issuances, administrative collection activities, Medicaid/CHIP collections, and State Hospital and SSLC collections.

Not making changes to ARTS could risk non-compliance with the state requirement to deposit state and federal funds within a 3-day timeframe; jeopardize the agency's ability to receive future grant funds for not following federal regulations related to Medicaid, CHIP, and Women, Infants and Children (WIC) rebates; risk the agency's ability to meet federal reporting requirements, which could lead to a disallowance or deferral in payment, and lead to the system breaking and no longer supporting the agency's needs.

Sustain Current Operations or Achieve Future Cost Savings

While HHSC is always looking to improve how it performs its business and maximize state resources, striving for continuous improvement has additional importance in the current budget environment where the agency is asked to do more with less. Exceptional items within this category represents what is necessary to prevent agency operations from breaking or may require an upfront investment by the state but provides a long-term return on investment by making the agency more efficient and effective.

Information Technology (IT) Security Threat Reduction and System Stabilization – This funding request includes several components of HHSC's 10-Year IT Plan.

- Stabilize Program Support Services:** HHSC continues to utilize hundreds of 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, 84th Legislature, Regular Session, 2015. This request would fund the continuation of the system-wide business platform – Digital Fabric – which supports an integrated, client-centric approach to health and human services delivery and manages a common data repository.
- Modernization of End-of-Support Network Equipment:** Network Performance and Capacity initiatives focus on improving service, security, availability, scalability, and integration of the Enterprise network. These initiatives further support the agency's business objectives to expand capabilities for teleworking, mobility, and an alternative office workforce. Additionally, by 2023, the majority of HHSC network infrastructure will be at end-of-support, which poses operational and security risks as the equipment is not supported by the manufacturer for repairs, replacements, and security patches. Without receiving funding for the next biennium, HHSC will not have enough time to replace infrastructure that will be at end-of-support by 2023 or implement an ongoing refresh program.
- Cybersecurity Advancement:** Cybersecurity threats to confidential information continue to grow and represent one of the most serious challenges that HHSC faces. These repeated security intrusion threats into critical systems and infrastructure demonstrate the need for improved security. Funding for this request would focus on

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protecting computers, networks, programs, and data from unintended or unauthorized access, change, or destruction.

- TIERS Data Center Environment Protection Services: HHSC experiences issues with cooling systems, HVAC systems, and power failure in its data center, which impact the agency's IT systems and applications that support client service programs. Impacted systems include the TIERS eligibility determination data center, HHS core network, and Austin State Hospital phone system. This request would fund a single facility support contract from a professional facility service company or expand the current Texas Facility Commission contract that provides core services to the HHSC data center.

- Stabilization of Enterprise Server and Storage: The agency's Local Office Infrastructure provides file and print, Active Directory, anti-virus, applications, server, and storage systems services for HHS employees statewide. This request would update current state server infrastructure in preparation for moving all storage to cloud services.

Medicaid Management Information Systems (MMIS) Modernization Procurement and Transition – MMIS is critical to HHSC's managing of Medicaid managed care and fee-for-service claims and is also federally required. While more than 90 percent of Medicaid claims are handled through managed care, there continues to be a need to support fee-for-service payments. While a need for the system remains, CMS provided states' guidance to use a more flexible MMIS framework. However, HHSC's MMIS is monolithic, does not provide all the necessary functionality, and is nearing end of life. This request would allow the agency to procure a new system and complete the transition to a new vendor before the current contract expires at the end of fiscal year 2023.

Complete Construction and Expanded Operations in State Hospitals – In 2017, the Legislature began a three-biennia plan to replace and expand the state psychiatric hospital system. While the Legislature has previously provided funding for phases one and two, crucial funding for the pre-planning, construction, and operation of these facilities is needed in the upcoming biennium. This request would allow HHSC to finish the work started by the 85th and 86th Legislatures and furthers the comprehensive plan established by the agency and endorsed by the Legislature. Specific projects include staffing and operating 350 to 374 additional beds at the Kerrville and San Antonio state hospitals and the new UTHealth Houston Continuum of Care Campus, as well as completing construction to replace the aging Austin and San Antonio state hospitals.

Ensure Critical Facility Infrastructure Efficiency and Safety – This exceptional item would ensure state hospitals and SSLCs can provide services in safe environments that promote well-being of individuals served and meet certification and accreditation standards. These goals cannot be met without the maintenance and repair of buildings. Though the 85th and 86th Texas Legislatures appropriated funding to address ongoing building issues, infrastructure repair and renovation needs continue to exceed the amount of funding available. Specifically, ligature risks at the state hospitals continue to threaten certification from CMS. Due to this, anti-ligature projects are needed for patient bedrooms, bathrooms, and quiet rooms.

Stabilize Electronic Discovery (E-Discovery) – E-Discovery is the electronic aspect of identifying, collecting, and producing electronically stored information in response to a request for production in a lawsuit or investigation. HHSC legal teams are constrained by ineffective tools and lack the technological ability to meet the demands of large legal cases. As a result, the impact to the agency's legal department's readiness is increased workloads to support the legal, investigative, or public information requirements. In addition to e-discovery struggles, HHSC lacks Legal Case Management technology. This request is part of HHSC's 10-Year IT Plan and would equip HHSC with the tools needed to address litigation, and public information requests.

Office of the Inspector General (OIG)

OIG is responsible for detecting, deterring, and preventing fraud, waste, and abuse in Health and Human Services programs to ensure taxpayer funds are properly spent. The foundation of OIG's work is data, using claims and other information to identify possible fraud, waste, and abuse. OIG's data driven approach allows for a more efficient use of the office's limited resources. In fiscal year 2020, OIG performed over 16,000 client investigations, identifying over \$56 million in fraud, waste, and abuse.

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OIG is requesting sustainable funding for access to a critical source of information for income verification used in client investigations.

Clinical staff are a key resource at OIG, performing federally required utilization reviews. Additionally, this staff support audits, investigations and inspections across the office by providing medical expertise and reviews of medical records. Recent reductions in federal funding put a large percentage of OIG clinical staff at risk, which would impact the OIG's ability to complete its work across all program areas. OIG is requesting funding to maintain its current levels of clinical staff.

Fiscal Year 2022-23 Baseline Amounts

The 2022-23 base request for HHSC includes caseload growth for both Medicaid and CHIP (Medicaid at -6.1 percent in fiscal year 2022 and -2.9 percent in fiscal year 2023; CHIP at 3.9 percent in fiscal year 2022 and 1.7 percent in fiscal year 2023).

In developing the base request for 2022-23, agency programs and operations were carefully evaluated to achieve the targeted reduction amount. To that end, HHSC did not propose any reductions to client services and any reductions taken to meet the 95 percent base requirement have been limited to administrative functions (program administration, regulatory, eligibility determination, other administrative support functions).

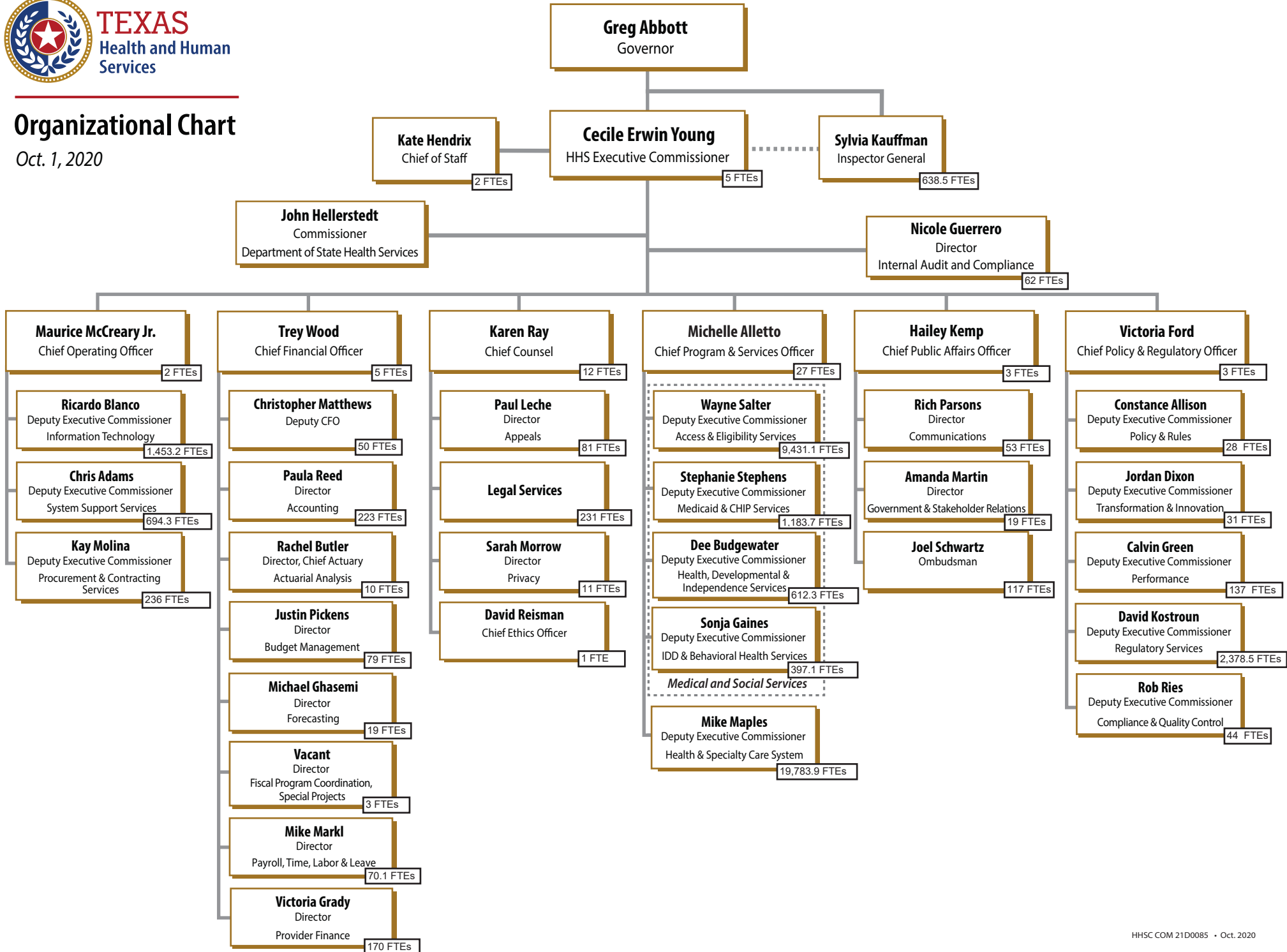
HHSC has one exempt position, the Executive Commissioner, and no changes are requested.

We look forward to working with the Legislature, executive branch, clients, and advocates to continue to improve how we serve the needs of Texans, especially during this on-going global pandemic.

Cecile Young
Executive Commissioner
Health and Human Services Commission

Organizational Chart

Oct. 1, 2020





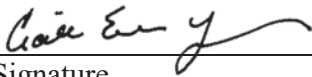
CERTIFICATE

Agency Name Health & Human Services Commission

This is to certify that the information contained in the agency Legislative Appropriation 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 (2020-21 GAA).

Chief Executive Officer or Presiding Judge



Signature

Cecile Erwin Young

Printed Name

Executive Commissioner

Title

October 9, 2020

Date

Board or Commission Chair


Signature

Printed Name

Title

Date

Chief Financial Officer



Signature

Trey Wood

Printed Name

Chief Financial Officer

Title

October 9, 2020

Date

Budget Overview - Biennial Amounts
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

529 Health and Human Services Commission

Appropriation Years: 2022-23

	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2022-23
	Goal: 1. Medicaid										
1.1.1. Aged And Medicare-Related	4,304,946,278	4,131,355,616			7,716,759,007	6,809,585,548			12,021,705,285	10,940,941,164	835,352,810
1.1.2. Disability-Related	5,427,135,681	5,773,165,657			9,583,853,846	9,356,573,529			15,010,989,527	15,129,739,186	1,187,048,556
1.1.3. Pregnant Women	948,886,297	907,189,277			1,678,345,729	1,472,062,567			2,627,232,026	2,379,251,844	39,002,305
1.1.4. Other Adults	499,194,082	538,819,322			971,330,102	967,973,854	1,887,754	2,387,754	1,472,411,938	1,509,180,930	72,962,920
1.1.5. Children	4,643,692,270	5,288,750,200			9,201,759,239	9,366,264,935	413,055,194	412,442,948	14,258,506,703	15,067,458,083	640,120,992
1.1.6. Medicaid Prescription Drugs	3,021,915,520	2,887,338,676			5,408,729,524	4,727,424,152			8,430,645,044	7,614,762,828	619,761,786
1.1.7. Health Steps (Epsdt) Dental	895,180,177	884,849,586			1,664,595,759	1,478,601,124			2,559,775,936	2,363,450,710	102,263,746
1.1.8. Medical Transportation	135,082,726	140,443,909			239,791,834	228,104,465	629,818	1,064,560	375,504,378	369,612,934	27,430,908
1.2.1. Community Attendant Services	624,667,822	732,364,411	4,600,000	4,600,000	1,095,715,323	1,175,478,065			1,724,983,145	1,912,442,476	10,983,939
1.2.2. Primary Home Care	10,651,796	10,866,236			18,508,422	17,332,059			29,160,218	28,198,295	156,665
1.2.3. Day Activity & Health Services	6,202,425	6,646,103			10,797,526	10,600,770			16,999,951	17,246,873	92,202
1.2.4. Nursing Facility Payments	270,100,071	295,253,528			439,722,057	447,368,602			709,822,128	742,622,130	10,101,083
1.2.5. Medicare Skilled Nursing Facility	40,256,028	38,453,373			66,916,745	61,308,759			107,172,773	99,762,132	5,362,529
1.2.6. Hospice	216,896,995	233,181,078			377,515,189	371,931,431			594,412,184	605,112,509	6,156,272
1.2.7. Intermediate Care Facilities - lid	76,994,855	90,891,278	120,000,000	120,000,000	342,711,031	336,380,755			539,705,886	547,272,033	1,098,330
1.3.1. Home And Community-Based Services	952,072,108	991,215,040			1,673,186,475	1,616,161,484	3,800,000	3,800,000	2,629,058,583	2,611,176,524	142,385,871
1.3.2. Community Living Assistance (Class)	207,443,820	215,762,862			425,326,765	411,655,377			632,770,585	627,418,239	41,626,392
1.3.3. Deaf-Blind Multiple Disabilities	12,979,840	13,047,001			23,784,667	23,436,677			36,764,507	36,483,678	884,727
1.3.4. Texas Home Living Waiver	82,059,424	72,892,386			158,385,642	135,319,233			240,445,066	208,211,619	38,225,155
1.3.5. All-Inclusive Care - Elderly (Pace)	32,533,393	34,319,568			56,454,953	54,741,203			88,988,346	89,060,771	
1.4.1. Non-Full Benefit Payments	312,151,786	341,530,741			1,647,190,706	2,035,825,495	32,614,387	37,923,660	1,991,956,879	2,415,279,896	84,367,251
1.4.2. Medicare Payments	2,053,068,253	2,114,764,667			2,096,083,466	2,082,193,404			4,149,151,719	4,196,958,071	324,634,100
1.4.3. Transformation Payments					42,400,638	42,713,008	26,746,822	26,428,452	69,147,460	69,141,460	
Total, Goal	24,774,111,647	25,743,100,515	124,600,000	124,600,000	44,939,864,645	43,229,036,496	478,733,975	484,047,374	70,317,310,267	69,580,784,385	4,190,018,539
Goal: 2. Medicaid and CHIP Contracts and Administration											
2.1.1. Medicaid Contracts & Administration	426,544,200	402,482,527			828,586,946	813,657,935	1,435,912	1,435,634	1,256,567,058	1,217,576,096	327,738,924
2.1.2. Chip Contracts & Administration	6,824,112	8,519,187			30,047,546	24,626,541			36,871,658	33,145,728	
Total, Goal	433,368,312	411,001,714			858,634,492	838,284,476	1,435,912	1,435,634	1,293,438,716	1,250,721,824	327,738,924

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Appropriation Years: 2022-23

	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2022-23
	Goal: 3. Children's Health Insurance										
Program Services											
3.1.1. Chip	227,266,735	280,818,660			980,442,291	760,410,520	1,898	2,000	1,207,710,924	1,041,231,180	70,733,284
3.1.2. Chip Perinatal Services	62,070,760	72,792,879			271,681,587	197,110,494			333,752,347	269,903,373	8,429,085
3.1.3. Chip Prescription Drugs	74,777,408	78,434,461			320,876,353	212,385,814			395,653,761	290,820,275	11,895,723
3.1.4. Chip Dental Services	49,820,752	51,055,959			212,047,801	138,249,887			261,868,553	189,305,846	8,935,450
Total, Goal	413,935,655	483,101,959			1,785,048,032	1,308,156,715	1,898	2,000	2,198,985,585	1,791,260,674	99,993,542

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	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2022-23
	Goal: 4. Provide Additional Health-related Services										
4.1.1. Women'S Health Programs	235,259,609	182,744,573			106,313,013	159,663,172	835,123		342,407,745	342,407,745	
4.1.2. Alternatives To Abortion	73,876,059	73,876,059			6,000,000	6,000,000	144,493	146,674	80,020,552	80,022,733	
4.1.3. Eci Services	91,228,599	91,228,600			214,414,352	214,744,840	33,048,132	33,048,132	338,691,083	339,021,572	
4.1.4. Eci Respite & Quality Assurance	1,900,000	1,900,000			5,240,793	5,161,932			7,140,793	7,061,932	
4.1.5. Children'S Blindness Services	9,483,197	9,483,199			2,013,077	2,013,076	1,524		11,497,798	11,496,275	
4.1.6. Autism Program	14,292,870	14,292,870					84,000	84,000	14,376,870	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 Dntl & Hlth Svcs	3,162,940	3,162,940			14,304,916	14,304,916			17,467,856	17,467,856	
4.1.9. Kidney Health Care	36,951,671	36,951,671					3,025,420	3,030,420	39,977,091	39,982,091	
4.1.10. Additional Specialty Care	10,256,592	9,253,164			2,888,144	2,187,514	22,686		13,167,422	11,440,678	
4.1.11. Community Primary Care Services	24,347,680	24,347,680							24,347,680	24,347,680	
4.1.12. Abstinence Education	1,014,679	1,014,679			13,825,829	13,837,896			14,840,508	14,852,575	
4.2.1. Community Mental Health Svcs-Adults	656,990,066	656,990,065			145,506,287	129,664,270	276,015	274,724	802,772,368	786,929,059	
4.2.2. Community Mental Hlth Svcs-Children	137,271,845	137,271,843			59,507,976	47,747,124			196,779,821	185,018,967	
4.2.3. Community Mental Health Crisis Svcs	249,338,474	249,338,474			6,895,110	7,059,826			256,233,584	256,398,300	
4.2.4. Substance Abuse Services	122,073,020	122,073,019			416,219,267	393,657,774	415,314	415,314	538,707,601	516,146,107	
4.2.5. Behavioral Hlth Waiver & Amendment	47,171,758	47,171,755			59,021,790	59,069,180			106,193,548	106,240,935	
4.2.6. Community Mental Health Grant Pgms	110,000,000	110,000,000							110,000,000	110,000,000	
4.3.1. Indigent Health Care Reimbursement			878,886	878,886					878,886	878,886	
4.3.2. County Indigent Health Care Svcs	1,062,786	1,062,786			95,464	95,464	200,000	200,000	1,358,250	1,358,250	
Total, Goal	1,874,683,478	1,821,165,010	878,886	878,886	1,064,246,018	1,067,206,984	38,052,707	37,199,264	2,977,861,089	2,926,450,144	
Goal: 5. Encourage Self-Sufficiency											
5.1.1. Tanf (Cash Assistance) Grants	92,681,374	92,681,374			9,842,382	6,568,025			102,523,756	99,249,399	2,554,870
5.1.2. Provide Wic Services					1,126,597,059	1,126,141,958	497,918,022	497,918,022	1,624,515,081	1,624,059,980	
5.1.3. Disaster Assistance	5,412,260				43,224,318				48,636,578		
Total, Goal	98,093,634	92,681,374			1,179,663,759	1,132,709,983	497,918,022	497,918,022	1,775,675,415	1,723,309,379	2,554,870

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	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2022-23
	Goal: 6. Community & Independent Living Services & Coordination										
6.1.1. Guardianship	3,460,646	3,460,646			14,447,905	14,447,905			17,908,551	17,908,551	
6.1.2. Non-Medicaid Services	57,465,848	57,465,848			330,547,839	273,375,416			388,013,687	330,841,264	
6.1.3. Non-Medicaid Idd Community Svcs	99,797,841	99,797,841					6,000	6,000	99,803,841	99,803,841	
6.2.1. Independent Living Services	8,894,322	8,894,322			3,100,002	3,100,002	17,173,752	17,173,752	29,168,076	29,168,076	
6.2.2. Best Program	960,002	860,000							960,002	860,000	
6.2.3. Comprehensive Rehabilitation (Crs)	46,557,544	46,457,544					50,000	50,000	46,607,544	46,507,544	
6.2.4. Deaf And Hard Of Hearing Services	5,717,340	5,717,340					2,727,976	2,727,976	8,445,316	8,445,316	
6.3.1. Family Violence Services	27,779,812	34,779,812			40,543,556	37,528,770			68,323,368	72,308,582	
6.3.2. Child Advocacy Programs	46,639,321	46,639,321	30,459,688	30,459,688			38,811	27,000	77,137,820	77,126,009	
6.3.3. Additional Advocacy Programs	1,250,864	1,250,864			811,526	811,526			2,062,390	2,062,390	
Total, Goal	298,523,540	305,323,538	30,459,688	30,459,688	389,450,828	329,263,619	19,996,539	19,984,728	738,430,595	685,031,573	
Goal: 7. Mental Health State Hospitals, SSLCs and Other Facilities											
7.1.1. State Supported Living Centers	533,166,198	528,138,198			810,529,439	801,371,746	49,927,611	50,098,362	1,393,623,248	1,379,608,306	113,604
7.2.1. Mental Health State Hospitals	764,926,758	753,836,757			21,447,487	10,073,920	121,512,797	121,512,797	907,887,042	885,423,474	5,960,588
7.2.2. Mental Health Community Hospitals	254,304,052	256,554,052					20,241,400	20,241,400	274,545,452	276,795,452	
7.3.1. Other Facilities	9,010,263	9,010,263			2,129,331	2,002,366	797,708	797,708	11,937,302	11,810,337	
7.4.1. Facility Program Support	26,726,331	16,902,828			10,314,422	10,491,770	360,662	606,706	37,401,415	28,001,304	10,746,125
7.4.2. Facility Capital Repairs & Renov	21,509,895	25,424,163	579,604	579,604			569,690,635	208,816,277	591,780,134	234,820,044	93,834,019
Total, Goal	1,609,643,497	1,589,866,261	579,604	579,604	844,420,679	823,939,802	762,530,813	402,073,250	3,217,174,593	2,816,458,917	110,654,336
Goal: 8. Regulatory, Licensing and Consumer Protection Services											
8.1.1. Facility/Community-Based Regulation	71,913,661	67,800,177	16,688,024	16,688,024	124,523,066	127,278,840	309,988	422,944	213,434,739	212,189,985	4,453,694
8.1.2. Ltc Quality Outreach	3,891,552	3,404,752			5,975,163	5,502,776	21,018,054	1,170,726	30,884,769	10,078,254	
8.2.1. Child Care Regulation	49,558,526	49,119,466			51,959,415	50,895,380	1,997,409	1,593,698	103,515,350	101,608,544	25,541,060
8.3.1. Health Care Professionals & Other	5,259,811	5,259,810			1,225,950	669,536	1,297,154		7,782,915	5,929,346	
8.4.1. Texas.Gov	235,780	235,780	10,500	10,500					246,280	246,280	
Total, Goal	130,859,330	125,819,985	16,698,524	16,698,524	183,683,594	184,346,532	24,622,605	3,187,368	355,864,053	330,052,409	29,994,754

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	GENERAL REVENUE FUNDS		GR DEDICATED		FEDERAL FUNDS		OTHER FUNDS		ALL FUNDS		EXCEPTIONAL ITEM FUNDS
	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2020-21	2022-23	2022-23
	Goal: 9. Program Eligibility Determination & Enrollment										
9.1.1. Integrated Eligibility & Enrollment	430,771,849	394,970,278			751,707,977	707,698,108	8,731,240	11,655,302	1,191,211,066	1,114,323,688	
9.2.1. Long-Term Care Intake & Access	247,598,792	244,132,267			298,200,875	281,483,430	3,656,782	1,920,000	549,456,449	527,535,697	6,870,643
9.3.1. Tiers & Eligibility Support Tech	82,106,519	80,834,771			139,250,818	142,274,811	993,950	1,024,348	222,351,287	224,133,930	1,500,000
9.3.2. Tiers Capital Projects	40,368,264	39,368,266			67,754,695	70,132,690			108,122,959	109,500,956	640,000
Total, Goal	800,845,424	759,305,582			1,256,914,365	1,201,589,039	13,381,972	14,599,650	2,071,141,761	1,975,494,271	9,010,643
Goal: 10. Provide Disability Determination Services within SSA Guidelines											
10.1.1. Disability Determination Svcs (Dds)					211,383,423	211,746,364			211,383,423	211,746,364	
Total, Goal					211,383,423	211,746,364			211,383,423	211,746,364	
Goal: 11. Office of Inspector General											
11.1.1. Office Of Inspector General	35,439,022	28,534,886			34,550,013	29,681,742	3,182,057	3,131,970	73,171,092	61,348,598	5,381,974
11.1.2. Oig Administrative Support	10,365,995	14,570,606			17,997,056	19,975,302	7,158,600	7,439,130	35,521,651	41,985,038	
Total, Goal	45,805,017	43,105,492			52,547,069	49,657,044	10,340,657	10,571,100	108,692,743	103,333,636	5,381,974
Goal: 12. HHS Enterprise Oversight and Policy											
12.1.1. Hhs System Supports	88,260,421	88,917,837			91,514,502	88,572,791	50,325,925	69,189,411	230,100,848	246,680,039	28,611,800
12.1.2. It Oversight & Program Support	229,092,629	210,941,305	2,829		192,927,819	170,135,127	76,079,565	74,431,415	498,102,842	455,507,847	117,952,441
12.2.1. Central Program Support	41,612,192	39,169,533	42		32,335,729	31,341,870	10,620,142	11,797,432	84,568,105	82,308,835	
12.2.2. Regional Program Support	9,538,984	9,412,369			11,104,672	8,129,257	193,621,910	183,330,208	214,265,566	200,871,834	
Total, Goal	368,504,226	348,441,044	2,871		327,882,722	298,179,045	330,647,542	338,748,466	1,027,037,361	985,368,555	146,564,241
Goal: 13. Texas Civil Commitment Office											
13.1.1. Texas Civil Commitment Office	37,643,046	35,776,355					275,074	124,000	37,918,120	35,900,355	4,203,487
Total, Goal	37,643,046	35,776,355					275,074	124,000	37,918,120	35,900,355	4,203,487
Total, Agency	30,886,016,806	31,758,688,829	173,219,573	173,216,702	53,093,739,626	50,674,116,099	2,177,937,716	1,809,890,856	86,330,913,721	84,415,912,486	4,926,115,310
Total FTEs									38,317.0	38,302.0	327.0

2.A. Summary of Base Request by Strategy

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Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
1 Medicaid					
1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients					
1 AGED AND MEDICARE-RELATED	5,123,043,128	5,853,514,546	6,168,190,739	5,447,151,472	5,493,789,692
2 DISABILITY-RELATED	6,381,688,998	7,036,396,560	7,974,592,967	7,564,503,654	7,565,235,532
3 PREGNANT WOMEN	1,044,196,299	1,255,544,874	1,371,687,152	1,194,539,210	1,184,712,634
4 OTHER ADULTS	675,393,742	700,129,224	772,282,714	769,735,764	739,445,166
5 CHILDREN	6,116,543,946	6,691,319,219	7,567,187,484	7,634,580,474	7,432,877,609
6 MEDICAID PRESCRIPTION DRUGS	3,804,505,725	3,990,846,360	4,439,798,684	3,847,040,727	3,767,722,101
7 HEALTH STEPS (EPSDT) DENTAL	1,203,758,571	1,220,682,079	1,339,093,857	1,204,654,274	1,158,796,436
8 MEDICAL TRANSPORTATION	161,251,351	178,375,436	197,128,942	187,477,795	182,135,139
2 Community Services and Supports - Entitlement					
1 COMMUNITY ATTENDANT SERVICES	818,163,464	855,885,115	869,098,030	940,543,674	971,898,802
2 PRIMARY HOME CARE	10,991,686	14,701,045	14,459,173	14,020,619	14,177,676

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3 DAY ACTIVITY & HEALTH SERVICES	7,732,277	8,439,099	8,560,852	8,554,534	8,692,339
4 NURSING FACILITY PAYMENTS	323,735,125	350,999,847	358,822,281	371,314,784	371,307,346
5 MEDICARE SKILLED NURSING FACILITY	41,524,953	52,564,532	54,608,241	49,885,002	49,877,130
6 HOSPICE	277,385,548	292,672,572	301,739,612	299,314,154	305,798,355
7 INTERMEDIATE CARE FACILITIES - IID	237,867,401	264,117,914	275,587,972	273,635,879	273,636,154
<u>3</u> Long-term Care - Non-entitlement					
1 HOME AND COMMUNITY-BASED SERVICES	1,113,634,605	1,346,211,689	1,282,846,894	1,305,208,268	1,305,968,256
2 COMMUNITY LIVING ASSISTANCE (CLASS)	289,714,956	328,093,653	304,676,932	313,697,295	313,720,944
3 DEAF-BLIND MULTIPLE DISABILITIES	15,380,200	18,356,656	18,407,851	18,241,650	18,242,028
4 TEXAS HOME LIVING WAIVER	115,585,139	123,851,763	116,593,303	104,116,203	104,095,416
5 ALL-INCLUSIVE CARE - ELDERLY (PACE)	41,975,419	45,013,022	43,975,324	44,529,539	44,531,232
<u>4</u> Other Medicaid Services					
1 NON-FULL BENEFIT PAYMENTS	1,778,435,932	1,142,505,285	849,451,594	1,207,340,249	1,207,939,647

2.A. Summary of Base Request by Strategy

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529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
2 MEDICARE PAYMENTS	1,824,981,755	2,084,789,518	2,064,362,201	2,078,482,468	2,118,475,603
3 TRANSFORMATION PAYMENTS	122,263,122	34,573,730	34,573,730	34,570,730	34,570,730
TOTAL, GOAL 1	\$31,529,753,342	\$33,889,583,738	\$36,427,726,529	\$34,913,138,418	\$34,667,645,967
2 Medicaid and CHIP Contracts and Administration					
1 Medicaid & CHIP Contracts and Administration					
1 MEDICAID CONTRACTS & ADMINISTRATION	509,278,624	611,368,520	645,198,538	609,476,054	608,100,042
2 CHIP CONTRACTS & ADMINISTRATION	9,363,793	16,705,935	20,165,723	15,512,353	17,633,375
TOTAL, GOAL 2	\$518,642,417	\$628,074,455	\$665,364,261	\$624,988,407	\$625,733,417
3 Children's Health Insurance Program Services					
1 CHIP Services					
1 CHIP	499,169,982	630,237,542	577,473,382	517,563,615	523,667,565
2 CHIP PERINATAL SERVICES	174,936,716	180,734,255	153,018,092	135,255,723	134,647,650

529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
3 CHIP PRESCRIPTION DRUGS	164,412,856	204,946,267	190,707,494	144,255,431	146,564,844
4 CHIP DENTAL SERVICES	112,358,747	132,922,914	128,945,639	93,790,148	95,515,698
TOTAL, GOAL 3	\$950,878,301	\$1,148,840,978	\$1,050,144,607	\$890,864,917	\$900,395,757

4 Provide Additional Health-related Services

1 Provide Primary Health and Specialty Care

1 WOMEN'S HEALTH PROGRAMS	144,759,502	163,542,870	178,864,875	170,373,616	172,034,129
2 ALTERNATIVES TO ABORTION	21,407,192	43,116,963	36,903,589	40,011,366	40,011,367
3 ECI SERVICES	142,734,413	166,443,328	172,247,755	168,878,711	170,142,861
4 ECI RESPITE & QUALITY ASSURANCE	2,901,804	3,609,827	3,530,966	3,530,966	3,530,966
5 CHILDREN'S BLINDNESS SERVICES	4,037,524	5,748,899	5,748,899	5,748,137	5,748,138
6 AUTISM PROGRAM	6,018,841	7,188,435	7,188,435	7,188,435	7,188,435
7 CHILDREN WITH SPECIAL NEEDS	24,922,494	30,500,815	30,500,818	30,500,817	30,500,816
8 TITLE V DNTL & HLTH SVCS	7,051,999	8,733,928	8,733,928	8,733,928	8,733,928

529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
9 KIDNEY HEALTH CARE	12,221,183	19,986,046	19,991,045	19,991,046	19,991,045
10 ADDITIONAL SPECIALTY CARE	2,897,025	6,583,711	6,583,711	5,720,338	5,720,340
11 COMMUNITY PRIMARY CARE SERVICES	11,202,262	12,173,840	12,173,840	12,173,840	12,173,840
12 ABSTINENCE EDUCATION	4,380,312	7,414,220	7,426,288	7,426,287	7,426,288
<u>2</u> <i>Provide Community Behavioral Health Services</i>					
1 COMMUNITY MENTAL HEALTH SVCS-ADULTS	342,102,704	400,861,658	401,910,710	393,464,529	393,464,530
2 COMMUNITY MENTAL HLTH SVCS-CHILDREN	74,201,438	95,006,123	101,773,698	92,509,484	92,509,483
3 COMMUNITY MENTAL HEALTH CRISIS SVCS	128,716,194	128,034,434	128,199,150	128,199,150	128,199,150
4 SUBSTANCE ABUSE SERVICES	226,345,627	287,523,361	251,184,240	258,073,053	258,073,054
5 BEHAVIORAL HLTH WAIVER & AMENDMENT	23,657,810	53,073,079	53,120,469	53,120,468	53,120,467
6 COMMUNITY MENTAL HEALTH GRANT PGMS	43,608,220	65,000,000	45,000,000	55,000,000	55,000,000
<u>3</u> <i>Build Community Capacity</i>					
1 INDIGENT HEALTH CARE REIMBURSEMENT	439,442	439,443	439,443	439,443	439,443

529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
2 COUNTY INDIGENT HEALTH CARE SVCS	621,991	679,126	679,124	679,126	679,124
TOTAL, GOAL 4	\$1,224,227,977	\$1,505,660,106	\$1,472,200,983	\$1,461,762,740	\$1,464,687,404
5 Encourage Self-Sufficiency					
1 Financial and Other Assistance					
1 TANF (CASH ASSISTANCE) GRANTS	47,720,456	48,871,382	53,652,374	51,026,906	48,222,493
2 PROVIDE WIC SERVICES	645,675,139	812,485,091	812,029,990	812,029,990	812,029,990
3 DISASTER ASSISTANCE	30,240,313	42,102,327	6,534,251	0	0
TOTAL, GOAL 5	\$723,635,908	\$903,458,800	\$872,216,615	\$863,056,896	\$860,252,483
6 Community & Independent Living Services & Coordination					
1 Long-term Care Services & Coordination					
1 GUARDIANSHIP	8,361,549	8,954,276	8,954,275	8,954,276	8,954,275
2 NON-MEDICAID SERVICES	156,619,943	192,088,800	195,924,887	165,420,632	165,420,632

2.A. Summary of Base Request by Strategy

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529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
3 NON-MEDICAID IDD COMMUNITY SVCS	46,400,646	49,901,920	49,901,921	49,901,921	49,901,920
<u>2</u> <i>Provide Rehabilitation Services to Persons with General Disabilities</i>					
1 INDEPENDENT LIVING SERVICES	13,199,657	14,584,039	14,584,037	14,584,039	14,584,037
2 BEST PROGRAM	436,128	530,002	430,000	430,000	430,000
3 COMPREHENSIVE REHABILITATION (CRS)	14,835,011	23,303,772	23,303,772	23,253,772	23,253,772
4 DEAF AND HARD OF HEARING SERVICES	4,041,098	4,222,658	4,222,658	4,222,658	4,222,658
<u>3</u> <i>Other Community Support Services</i>					
1 FAMILY VIOLENCE SERVICES	29,230,534	33,400,273	34,923,095	36,154,291	36,154,291
2 CHILD ADVOCACY PROGRAMS	26,868,699	38,574,816	38,563,004	38,563,005	38,563,004
3 ADDITIONAL ADVOCACY PROGRAMS	816,890	1,031,195	1,031,195	1,031,195	1,031,195
TOTAL, GOAL 6	\$300,810,155	\$366,591,751	\$371,838,844	\$342,515,789	\$342,515,784

7 Mental Health State Hospitals, SSLCs and Other Facilities

1 *State Supported Living Centers*

529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
1 STATE SUPPORTED LIVING CENTERS	691,033,870	691,513,808	702,109,440	692,318,157	687,290,149
<u>2</u> <i>Mental Health State Hospital Facilities and Services</i>					
1 MENTAL HEALTH STATE HOSPITALS	418,835,756	454,102,380	453,784,662	443,351,847	442,071,627
2 MENTAL HEALTH COMMUNITY HOSPITALS	120,732,371	136,040,351	138,505,101	138,397,727	138,397,725
<u>3</u> <i>Other Facilities</i>					
1 OTHER FACILITIES	5,989,878	5,968,651	5,968,651	5,905,168	5,905,169
<u>4</u> <i>Facility Program Support</i>					
1 FACILITY PROGRAM SUPPORT	9,217,068	23,863,649	13,537,766	14,000,652	14,000,652
2 FACILITY CAPITAL REPAIRS & RENOV	514,094,281	575,091,394	16,688,740	222,514,860	12,305,184
TOTAL, GOAL 7	\$1,759,903,224	\$1,886,580,233	\$1,330,594,360	\$1,516,488,411	\$1,299,970,506
<u>8</u> <i>Regulatory, Licensing and Consumer Protection Services</i>					
<u>1</u> <i>Long-Term Care and Acute Care Regulation</i>					
1 FACILITY/COMMUNITY-BASED REGULATION	86,684,873	104,496,033	108,938,706	106,022,414	106,167,571

529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
2 LTC QUALITY OUTREACH	7,055,030	14,365,658	16,519,111	5,039,127	5,039,127
<u>2</u> <i>Child Care Regulation</i>					
1 CHILD CARE REGULATION	33,589,271	52,222,463	51,292,887	50,804,272	50,804,272
<u>3</u> <i>Professional and Occupational Regulation</i>					
1 HEALTH CARE PROFESSIONALS & OTHER	3,588,661	4,838,054	2,944,861	2,964,673	2,964,673
<u>4</u> <i>Texas.gov. Estimated and Nontransferable</i>					
1 TEXAS.GOV	123,140	123,140	123,140	123,140	123,140
TOTAL, GOAL 8	\$131,040,975	\$176,045,348	\$179,818,705	\$164,953,626	\$165,098,783

9 Program Eligibility Determination & Enrollment

1 *Eligibility Operations*

1 INTEGRATED ELIGIBILITY & ENROLLMENT

618,674,817	587,316,140	603,894,926	557,153,486	557,170,202
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2 *Community Access and Supports*

1 LONG-TERM CARE INTAKE & ACCESS

237,687,178	271,086,844	278,369,605	263,767,849	263,767,848
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529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
3 <i>Texas Integrated Eligibility Redesign System</i>					
1 TIERS & ELIGIBILITY SUPPORT TECH	97,298,551	110,651,615	111,699,672	112,066,965	112,066,965
2 TIERS CAPITAL PROJECTS	44,416,518	54,028,655	54,094,304	53,873,170	55,627,786
TOTAL, GOAL 9	\$998,077,064	\$1,023,083,254	\$1,048,058,507	\$986,861,470	\$988,632,801
10 Provide Disability Determination Services within SSA Guidelines					
1 <i>Increase Decisional Accuracy and Timeliness of Determinations</i>					
1 DISABILITY DETERMINATION SVCS (DDS)	100,925,320	105,693,691	105,689,732	105,873,182	105,873,182
TOTAL, GOAL 10	\$100,925,320	\$105,693,691	\$105,689,732	\$105,873,182	\$105,873,182
11 Office of Inspector General					
1 <i>Client and Provider Accountability</i>					
1 OFFICE OF INSPECTOR GENERAL	37,857,850	35,605,902	37,565,190	30,674,299	30,674,299
2 OIG ADMINISTRATIVE SUPPORT	12,631,177	18,522,346	16,999,305	20,992,519	20,992,519

2.A. Summary of Base Request by Strategy

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Goal / Objective / STRATEGY		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
TOTAL, GOAL	11	\$50,489,027	\$54,128,248	\$54,564,495	\$51,666,818	\$51,666,818
12 HHS Enterprise Oversight and Policy						
1 Enterprise Oversight and Policy						
1 HHS SYSTEM SUPPORTS		107,293,167	112,493,497	117,607,351	123,364,464	123,315,575
2 IT OVERSIGHT & PROGRAM SUPPORT		200,768,011	256,042,093	242,060,749	229,434,021	226,073,826
2 Program Support						
1 CENTRAL PROGRAM SUPPORT		32,646,233	41,732,816	42,835,289	41,154,428	41,154,407
2 REGIONAL PROGRAM SUPPORT		96,630,799	105,643,072	108,622,494	101,419,865	99,451,969
TOTAL, GOAL	12	\$437,338,210	\$515,911,478	\$511,125,883	\$495,372,778	\$489,995,777
13 Texas Civil Commitment Office						
1 Administer Texas Civil Commitment Program						
1 TEXAS CIVIL COMMITMENT OFFICE		17,313,444	18,137,031	19,781,089	17,950,178	17,950,177

2.A. Summary of Base Request by Strategy

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Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
TOTAL, GOAL 13	\$17,313,444	\$18,137,031	\$19,781,089	\$17,950,178	\$17,950,177
TOTAL, AGENCY STRATEGY REQUEST	\$38,743,035,364	\$42,221,789,111	\$44,109,124,610	\$42,435,493,630	\$41,980,418,856
TOTAL, AGENCY RIDER APPROPRIATIONS REQUEST*				\$0	\$0
GRAND TOTAL, AGENCY REQUEST	\$38,743,035,364	\$42,221,789,111	\$44,109,124,610	\$42,435,493,630	\$41,980,418,856

529 Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>METHOD OF FINANCING:</u>					
General Revenue Funds:					
1 General Revenue Fund	1,252,734,864	1,536,730,890	1,440,626,912	1,427,364,334	1,420,767,077
705 Medicaid Program Income	14,799,562	8,249,861	3,520,840	18,000,000	18,000,000
706 Vendor Drug Rebates-Medicaid	766,668,167	698,420,452	734,790,836	691,915,502	695,526,588
758 GR Match For Medicaid	8,826,091,505	10,377,353,578	10,220,922,807	12,048,399,639	11,956,501,165
759 GR MOE for TANF	39,414,511	0	0	0	0
3643 Premium Co-payments	324,252	631,963	1,382,533	1,253,116	1,277,621
8001 GR For MH Block Grant	302,026,026	301,140,263	301,139,882	301,140,072	301,140,072
8002 GR For Subst Abuse Prev	46,210,746	46,719,088	46,719,088	46,719,088	46,719,088
8003 GR For Mat & Child Health	17,112,064	20,806,646	20,806,646	20,806,645	20,806,645
8004 GR For Fed Funds (Older Am Act)	4,343,012	4,256,020	4,256,020	4,256,020	4,256,020
8010 GR Match For Title XXI	3,738,945	10,752,552	11,153,785	10,574,504	11,071,011
8014 GR Match for Food Stamp Admin	159,304,346	157,138,138	163,172,560	151,598,956	151,932,512
8024 Tobacco Receipts Match For Medicaid	430,000,000	274,000,000	148,000,000	148,000,000	148,000,000
8025 Tobacco Receipts Match For Chip	58,660,657	142,557,038	259,705,147	233,784,548	235,530,930
8032 GR Certified As Match For Medicaid	291,437,571	286,943,092	277,457,029	280,556,236	278,765,143
8046 Vendor Drug Rebates-Pub Health	5,329,961	12,026,551	12,026,551	9,115,318	9,115,318
8054 Experience Rebates-CHIP	98,447	407,160	206,640	150,000	150,000
8070 Vendor Drug Rebates-CHIP	1,609,762	2,842,874	6,202,300	4,988,519	5,967,225
8075 Cost Sharing - Medicaid Clients	233,136	200,000	200,000	200,000	200,000
8081 Vendor Drug Rebates-Sup Rebates	49,665,340	45,534,741	48,799,658	44,740,131	44,969,451
8086 GR For ECI	4,143,427	24,218,421	21,909,603	22,994,919	22,680,074
8092 Medicare Giveback Provision	483,442,385	469,466,757	457,791,874	455,781,679	462,973,663

2.A. Summary of Base Request by Strategy

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8137 GR Match: Medicaid Entitlement Demand	2,042,500,000	0	2,284,830,010	0	0
SUBTOTAL	\$14,799,888,686	\$14,420,396,085	\$16,465,620,721	\$15,922,339,226	\$15,836,349,603
General Revenue Dedicated Funds:					
129 Hospital Licensing Acct	84,627	2,715,364	2,715,364	2,715,364	2,715,364
469 Crime Victims Comp Acct	10,341,823	10,229,844	10,229,844	10,229,844	10,229,844
543 Texas Capital Trust Acct	289,802	289,802	289,802	289,802	289,802
5010 Sexual Assault Prog Acct	0	5,000,000	5,000,000	5,000,000	5,000,000
5018 Home Health Services Acct	1,575,246	5,635,676	5,634,991	5,633,898	5,633,898
5049 Teaching Hospital Account	439,442	439,443	439,443	439,443	439,443
5080 Quality Assurance	72,277,052	60,000,000	60,000,000	60,000,000	60,000,000
5109 Medicaid Estate Recovery Account	2,098,722	2,300,000	2,300,000	2,300,000	2,300,000
SUBTOTAL	\$87,106,714	\$86,610,129	\$86,609,444	\$86,608,351	\$86,608,351
Federal Funds:					
369 Fed Recovery & Reinvestment Fund	10,092,904	51,549,686	51,284,946	46,592,579	46,592,579
555 Federal Funds	19,366,987,247	26,299,607,374	22,971,061,354	25,370,063,704	25,210,867,237
8059 Supplemental: Federal Funds	2,982,280,533	0	3,720,236,266	0	0
SUBTOTAL	\$22,359,360,684	\$26,351,157,060	\$26,742,582,566	\$25,416,656,283	\$25,257,459,816
Other Funds:					
444 Interagency Contracts - CJG	52,174	0	0	0	0
599 Economic Stabilization Fund	617,847,305	357,935,413	0	0	0
666 Appropriated Receipts	40,968,655	45,688,522	53,367,348	39,698,930	39,698,930
707 Chest Hospital Fees	267,184	325,610	325,610	325,610	325,610

2.A. Summary of Base Request by Strategy

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Goal / Objective / STRATEGY	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
709 Pub Hlth Medica Reimb	60,364,586	58,064,703	63,173,110	63,013,047	62,908,500
777 Interagency Contracts	327,301,774	289,392,492	296,737,475	298,035,820	296,671,140
780 Bond Proceed-Gen Obligat	955,132	2,938,945	0	0	0
802 Lic Plate Trust Fund No. 0802, est	15,229	38,311	26,500	26,500	26,500
8015 Int Contracts-Transfer	16,498,102	16,498,102	16,498,102	16,498,102	16,498,102
8031 MH Collect-Pat Supp & Maint	1,553,165	1,935,722	1,935,722	1,935,722	1,935,722
8033 MH Appropriated Receipts	10,573,438	10,907,731	10,906,440	10,906,440	10,906,440
8044 Medicaid Subrogation Receipts	123,912,005	100,000,000	100,000,000	100,000,000	100,000,000
8051 Universal Services Fund	973,613	988,248	988,248	988,248	988,248
8052 Subrogation Receipts	17,807	25,000	25,000	25,000	25,000
8062 Approp Receipts-Match For Medicaid	58,220,728	19,154,328	19,405,705	19,611,747	20,008,567
8095 ID Collect-Pat Supp & Maint	24,695,905	25,349,484	25,355,401	24,471,876	24,471,876
8096 ID Appropriated Receipts	784,172	527,159	527,428	496,661	496,661
8098 ID Revolving Fund Receipts	80,544	80,779	80,779	80,779	80,779
8148 WIC Rebates	211,597,762	224,959,011	224,959,011	224,959,011	224,959,011
8226 MLPP Revenue Bond Proceeds	0	208,816,277	0	208,816,277	0
SUBTOTAL	\$1,496,679,280	\$1,363,625,837	\$814,311,879	\$1,009,889,770	\$800,001,086
TOTAL, METHOD OF FINANCING	\$38,743,035,364	\$42,221,789,111	\$44,109,124,610	\$42,435,493,630	\$41,980,418,856

*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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Automated Budget and Evaluation System of Texas (ABEST)

Agency code: **529**

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

METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
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GENERAL REVENUE

1 General Revenue Fund

REGULAR APPROPRIATIONS

Reclass Between GR and GR Certified Match for Medicaid

\$24,147,930	\$(2,955,726)	\$(4,505,506)	\$0	\$0
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Reclass Between GR and GR ECI

\$(3,312,860)	\$(2,572,899)	\$166,931	\$0	\$0
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Reclass Between GR and GR Match for Food Stamp Admin

\$(15,974,338)	\$3,746,780	\$(3,319,595)	\$0	\$0
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Reclass Between GR and GR Match for Medicaid

\$129,142,012	\$52,488,216	\$14,574,192	\$0	\$0
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Reclass Between GR and GR Match for Title XXI (CHIP)

\$(411,771)	\$(4,794,845)	\$(3,382,967)	\$0	\$0
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Reclass Between GR and GR for Federal Funds (OAA)

\$408	\$0	\$0	\$0	\$0
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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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
Reclass Between GR and GR for MCHBG	\$120,482	\$0	\$0	\$0	\$0
Reclass Between GR and GR for SAPTBG	\$(1,889,278)	\$24,311,848	\$4,322,996	\$0	\$0
Regular Appropriations from MOF Table (2018-19 GAA)	\$1,100,391,143	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$1,416,381,157	\$1,419,333,892	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$1,427,364,334	\$1,420,767,077
<i>RIDER APPROPRIATION</i>					
Art II Rider 126, Appropriations of Donations: BEST UB (2020-21 GAA)	\$0	\$100,000	\$0	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
Art II Rider 154, UB Authority-TCCO Initial Unexpended Balance Transfer (2018-19 GAA)	\$3,100,000	\$0	\$0	\$0	\$0
Art II Rider 168, Appropriations of Donations: BEST UB (2018-19 GAA)	\$42,365	\$0	\$0	\$0	\$0
Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)	\$6,071,681	\$0	\$0	\$0	\$0
Art IX, Sec 18.09, Contingency for HB 19 (2020-21 GAA)	\$0	\$2,300,000	\$2,300,000	\$0	\$0
Art IX, Sec 18.11, Contingency for HB 1501 (2020-21 GAA)	\$0	\$0	\$(1,860,785)	\$0	\$0
Art IX, Sec 18.68, Contingency for SB 633 (2020-21 GAA)	\$0	\$274,173	\$237,163	\$0	\$0
Art IX, Sec 18.70, Contingency for SB 706 (2020-21 GAA)	\$0	\$1,039,184	\$731,234	\$0	\$0

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
Art IX, Sec 18.85, Contingency for SB 362 (2020-21 GAA)	\$0	\$850,000	\$850,000	\$0	\$0
Art IX, Sec 18.89, Contingency for SB 568 (2020-21 GAA)	\$0	\$286,423	\$565,852	\$0	\$0
Art IX, Sec 18.90, Contingency for SB 569 (2020-21 GAA)	\$0	\$682,787	\$500,706	\$0	\$0
Art II Rider 179, Appropriation and Unexpended Balances: Affordable Housing for the Elderly	\$150,000	\$0	\$0	\$0	\$0
Art II, HHSC Rider 192, Mental Health for Veterans Grant Program	\$11,480,369	\$0	\$0	\$0	\$0
Art II, HHSC Rider 73, Healthy Community Collaboratives (2018-19 GAA) UB from FY2018 to FY2019	\$5,843,038	\$0	\$0	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
<i>TRANSFERS</i>					
Art II, HHSC Rider 104, Funding for Healthy Texas Women Program	\$90,000,000	\$0	\$0	\$0	\$0
Art II, HHSC Rider 107, Transfer to Alternatives to Abortion	\$13,991,300	\$0	\$0	\$0	\$0
Art II, HHSC Rider 135(a)(3), Transfers within Medicaid Client Services	\$0	\$793,961	\$5,429,880	\$0	\$0
Art II, HHSC Rider 181(c)& 180(e), Transfers request that require approval (HHSC-2019-A-596)	\$(34,500,000)	\$0	\$0	\$0	\$0
Art II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Transfer)(HHSC-2018-1-519)	\$(1,075,872)	\$0	\$0	\$0	\$0
Art II, HHSC Rider 187(b),Mental Health Appropriation Transfer between Fiscal Years	\$(15,000,000)	\$0	\$0	\$0	\$0

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
Art II, HHSC Rider 80, Transfer to Alternatives to Abortion	\$0	\$14,000,000	\$6,000,000	\$0	\$0
Art II, HHSC SP, Sec 6 Texas Youth Tobacco Awareness Transfer to DSHS (HHSC-2018-N-563)	\$(58,000)	\$0	\$0	\$0	\$0
Art II, SP, Sec 6, Limitations on Transfer Authority, Contract Oversight FTE's (HHSC-2018-1-519)	\$12,475,183	\$0	\$0	\$0	\$0
Art II, SP, Sec 6, Limitations on Transfer Authority, HHSC Vital Statistics Fraud Unit (HHSC-2020-N-634)	\$0	\$(15,753)	\$(63,010)	\$0	\$0
Art II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DFPS, Child-Care Investigation (HHSC-2017-A-493)	\$(2,993,059)	\$0	\$0	\$0	\$0
Art II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DSHS (HHSC-2017-A-496)	\$3,821,642	\$0	\$0	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
Art II, HHSC Rider 75, Funding for Healthy Texas Women Program (letter HHSC-2019-A-607)	\$0	\$26,003,619	\$0	\$0	\$0
Art II, HHSC SP, Sec 6 Texas Youth Tobacco Awareness Transfer to DSHS (HHSC-2018-N-563)(letter pending)(2020-21 GAA)	\$0	\$(58,000)	\$(58,000)	\$0	\$0
Art IX, Sec 14.04(b)and(g), Transfer from Children to Disaster, ltr 4/24/20 (HHSC-2019-N-XXX) Hill Country Flooding	\$2,290,000	\$0	\$0	\$0	\$0
Art IX, Sec 14.04(b)and(g), Transfer from Children to Disaster, ltr 4/24/20 (HHSC-2019-N-XXX) Severe Weather	\$1,000,000	\$0	\$0	\$0	\$0
Art IX, Sec 14.04(b)and(g), Transfer from Children to Disaster - Tropical Storm Imelda	\$0	\$5,412,261	\$0	\$0	\$0
Art II, SP 6, HHSC Rider 135, Limitations on Transfer Authority - Assessment Costs related to Adopted HHSC EIs, Letter/Email February 24, 2020					

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>	\$0	\$(1,542,296)	\$(1,196,071)	\$0	\$0
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
SB 500, 86th Leg, Regular Session Section 18b-Medicaid Transfers	\$7,500,000	\$0	\$0	\$0	\$0
Comments: Section 18b-Medicaid Transfers					
SB 500, 86th Leg, Regular Session Section 24-Healthy Texas Women	\$10,300,000	\$0	\$0	\$0	\$0
Comments: Section 24-Healthy Texas Women					
SB 500, 86th Leg, Regular Session	\$31,700,000	\$0	\$0	\$0	\$0
Comments: Section 25-State Hospitals					
SB 500, 86th Leg, Regular Session	\$10,100,000	\$0	\$0	\$0	\$0
Comments: Section 27-SSLCs					
<i>LAPSED APPROPRIATIONS</i>					

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
	Lapsed Appropriations	\$(135,717,511)	\$0	\$0	\$0	\$0
TOTAL,	General Revenue Fund	\$1,252,734,864	\$1,536,730,890	\$1,440,626,912	\$1,427,364,334	\$1,420,767,077
<u>705</u> Medicaid Program Income Account No. 705						
<i>REGULAR APPROPRIATIONS</i>						
	Regular Appropriations from MOF Table (2018-19 GAA)	\$50,000,000	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$50,000,000	\$50,000,000	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$18,000,000	\$18,000,000
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations-Lapsed Authority for Collections Not Received at Appropriated Level-Program Income (0705)	\$(35,200,438)	\$(41,750,139)	\$(46,479,160)	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
TOTAL,	Medicaid Program Income Account No. 705	\$14,799,562	\$8,249,861	\$3,520,840	\$18,000,000	\$18,000,000
<u>706</u>	Vendor Drug Rebates—Medicaid Account No. 706					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$940,938,469	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$814,054,747	\$825,318,416	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$691,915,502	\$695,526,588
	<i>LAPSED APPROPRIATIONS</i>					
	Lapsed Authority for Collections not received at appropriate level- drug rebates (706,8081)	\$(174,270,302)	\$(115,634,295)	\$(90,527,580)	\$0	\$0
TOTAL,	Vendor Drug Rebates—Medicaid Account No. 706	\$766,668,167	\$698,420,452	\$734,790,836	\$691,915,502	\$695,526,588
<u>758</u>	GR Match for Medicaid Account No. 758					
	<i>REGULAR APPROPRIATIONS</i>					

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
Reclass Between GR Med and GR Certified Med	\$0	\$(2,661,874)	\$(56,257)	\$0	\$0
Reclass Between GR Med and GR Medicare Giveback	\$149,473	\$14,503,619	\$35,043,326	\$0	\$0
Reclass Between GR and GR Match for Medicaid	\$(129,142,012)	\$(52,488,216)	\$(14,574,192)	\$0	\$0
Regular Appropriations from MOF Table (2018-19 GAA)	\$10,427,913,928	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$10,373,322,558	\$10,451,759,515	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$12,048,399,639	\$11,956,501,165

RIDER APPROPRIATION

2.B. Summary of Base Request by Method of Finance
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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)	\$4,616,106	\$0	\$0	\$0	\$0
Art IX Sec 18.117, Contingency for SB 11 (2020-21 GAA)	\$0	\$(49,672,915)	\$(50,327,085)	\$0	\$0
Art IX Sec 18.55, Contingency for SB 1207 (2020-21 GAA)	\$0	\$692,259	\$692,259	\$0	\$0
Art IX Sec 18.67, Contingency for SB 21 (2020-21 GAA)	\$0	\$(96,362)	\$(220,529)	\$0	\$0
Art II, HHSC Rider 137 Appropriation Transfers between Fiscal Years: Client Services (Carryback from FY21 to FY20)	\$0	\$189,964,349	\$(189,964,349)	\$0	\$0
Art II, HHSC Rider 180, Transfers: Authority and Limitations a.(1)Client Services (Carryback from FY19 to FY18)	\$(989,026,720)	\$0	\$0	\$0	\$0
Art II, HHSC SP, Sec 22 Use of Trauma Fund Receipts					

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
	\$4,009,822	\$0	\$0	\$0	\$0
Art II, SP, Sec 6, Limitations on Transfer Authority	\$20,000,000	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
Art II SP Sec 4, Federal Match Assumptions and Limitations on Use of Available GR Funds	\$518,411	\$0	\$0	\$0	\$0
Art II, HHSC Rider 107, Transfer to Alternatives to Abortion	\$(13,991,300)	\$0	\$0	\$0	\$0
Art II, HHSC Rider 181(c)&180(e), Transfers request that require approval (HHSC-2019-A-596)	\$79,500,000	\$0	\$0	\$0	\$0
Art II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Transfer)(HHSC-2018-1-519)	\$(5,086,827)	\$0	\$0	\$0	\$0

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

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
Art II, HHSC Rider 195, Transfers Medicaid & CHIP Contracts and Administration (Contract Oversight FTE Transfer)(HHSC-2018-1-519)	\$3,567,973	\$0	\$0	\$0	\$0
Art II, HHSC Rider 80, Transfer to Alternatives to Abortion	\$0	\$(14,000,000)	\$(6,000,000)	\$0	\$0
Art II, SP, Sec 6, Limitations on Transfer Authority, Contract Oversight FTE's (HHSC-2018-1-519)	\$365,772	\$0	\$0	\$0	\$0
Art II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DSHS (HHSC-2017-A-496)	\$(4,687,060)	\$0	\$0	\$0	\$0
Art IX, Sec 14.04(b), Notification of Transfer Related to COVID 19 Response (HHSC-2020-N-628)	\$0	\$(50,000,000)	\$0	\$0	\$0
HB 30, 85th Leg, First Called Session, Transfer of appn to TEA and TRS for public school finance	\$(563,000,000)	\$0	\$0	\$0	\$0

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>					
Art II, HHSC Rider 75, Funding for Healthy Texas Women Program (letter HHSC-2019-A-607)	\$0	\$(26,003,619)	\$0	\$0	\$0
Art IX, Sec 14.04(b)and(g), Transfer from Children to Disaster, ltr 4/24/20 (HHSC-2019-N-XXX) Hill Country Flooding	\$(2,290,000)	\$0	\$0	\$0	\$0
Art IX, Sec 14.04(b)and(g), Transfer from Children to Disaster, ltr 4/24/20 (HHSC-2019-N-XXX) Severe Weather	\$(1,000,000)	\$0	\$0	\$0	\$0
Art II, HHSC Rider 135(a)(3), Transfers from Medicaid to TANF	\$0	\$(793,961)	\$(5,429,881)	\$0	\$0
Article IX, Sec 14.04(b)and(g), Tsfr from Children to Disaster	\$0	\$(5,412,260)	\$0	\$0	\$0
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
SB 500, 86th Leg, Regular Session	\$1,500,000	\$0	\$0	\$0	\$0
Comments: Section 26-ECI					

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations	\$ (7,826,061)	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL,	GR Match for Medicaid Account No. 758	\$8,826,091,505	\$10,377,353,578	\$10,220,922,807	\$12,048,399,639	\$11,956,501,165
<u>759</u>	GR MOE for Temporary Assistance for Needy Families Account No. 759					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$48,257,311	\$ 0	\$ 0	\$ 0	\$ 0
	<i>LAPSED APPROPRIATIONS</i>					
	Lapsed Appropriations	\$ (8,842,800)	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL,	GR MOE for Temporary Assistance for Needy Families Account No. 759	\$39,414,511	\$ 0	\$ 0	\$ 0	\$ 0
<u>3643</u>	Premium Co-Payments, Low Income Children Account No. 3643					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)					

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>		\$5,841,004	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)		\$0	\$5,636,431	\$6,055,993	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$1,253,116	\$1,277,621
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Authority for Collections Not Received at Appropriated Level - Premium Co-Pay (3643)		\$(5,516,752)	\$(5,004,468)	\$(4,673,460)	\$0	\$0
TOTAL,	Premium Co-Payments, Low Income Children Account No. 3643	\$324,252	\$631,963	\$1,382,533	\$1,253,116	\$1,277,621
<u>8001</u>	GR for Mental Health Block Grant Account No. 8001					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$302,024,425	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)						

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>		\$0	\$301,140,263	\$301,139,882	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$301,140,072	\$301,140,072
<i>RIDER APPROPRIATION</i>						
Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)		\$1,601	\$0	\$0	\$0	\$0
TOTAL,	GR for Mental Health Block Grant Account No. 8001	\$302,026,026	\$301,140,263	\$301,139,882	\$301,140,072	\$301,140,072
<u>8002</u>	GR for Substance Abuse Prevention and Treatment Block Grant Account No. 8002					
<i>REGULAR APPROPRIATIONS</i>						
Reclass Between GR and GR for SAPTBG		\$1,889,278	\$(24,311,848)	\$(4,322,996)	\$0	\$0
Regular Appropriations from MOF Table (2018-19 GAA)		\$45,094,401	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)						

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
		\$0	\$71,030,936	\$51,042,084	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$46,719,088	\$46,719,088
<i>RIDER APPROPRIATION</i>						
	Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)	\$9,954	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations	\$(782,887)	\$0	\$0	\$0	\$0
TOTAL,	GR for Substance Abuse Prevention and Treatment Block Grant Account No. 8002	\$46,210,746	\$46,719,088	\$46,719,088	\$46,719,088	\$46,719,088
<u>8003</u>	GR for Maternal and Child Health Block Grant Account No. 8003					
<i>REGULAR APPROPRIATIONS</i>						
	Reclass Between GR and GR for MCHBG	\$(120,482)	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2018-19 GAA)					

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023	
<u>GENERAL REVENUE</u>						
	\$20,823,452	\$0	\$0	\$0	\$0	
Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$20,806,646	\$20,806,646	\$0	\$0	
Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$20,806,645	\$20,806,645	
<i>RIDER APPROPRIATION</i>						
Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)	\$966	\$0	\$0	\$0	\$0	
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations	\$(3,591,872)	\$0	\$0	\$0	\$0	
TOTAL,	GR for Maternal and Child Health Block Grant Account No. 8003					
	\$17,112,064	\$20,806,646	\$20,806,646	\$20,806,645	\$20,806,645	
<u>8004</u>	GR Match for Federal Funds (Older Americans Act) Account No. 8004					
<i>REGULAR APPROPRIATIONS</i>						
Reclass between GR and GR for Federal Funds (OAA)						

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023	
<u>GENERAL REVENUE</u>						
	\$(408)	\$0	\$0	\$0	\$0	
Regular Appropriations from MOF Table (2018-19 GAA)	\$4,342,895	\$0	\$0	\$0	\$0	
Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$4,256,020	\$4,256,020	\$0	\$0	
Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$4,256,020	\$4,256,020	
<i>RIDER APPROPRIATION</i>						
Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)	\$525	\$0	\$0	\$0	\$0	
TOTAL,						
GR Match for Federal Funds (Older Americans Act) Account No. 8004	\$4,343,012	\$4,256,020	\$4,256,020	\$4,256,020	\$4,256,020	
<u>8010</u> GR Match for Title XXI (CHIP) Account No. 8010						
<i>REGULAR APPROPRIATIONS</i>						
Reclass between GR and GR Match for Title XXI (CHIP)						

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>	\$411,771	\$4,794,845	\$3,382,967	\$0	\$0
Regular Appropriations from MOF Table (2018-19 GAA)	\$4,169,385	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$5,957,707	\$7,770,818	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$10,574,504	\$11,071,011
<i>RIDER APPROPRIATION</i>					
Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)	\$5,634	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
Art II SP Sec 4, Federal Match Assumptions and Limitations on Use of Available GR Funds-Transfer to Children	\$(333,612)	\$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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
Art II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Transfer)(HHSC-2018-1-519)		\$ (153,123)	\$ 0	\$ 0	\$ 0	\$ 0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations		\$ (361,110)	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL,	GR Match for Title XXI (CHIP) Account No. 8010	\$3,738,945	\$10,752,552	\$11,153,785	\$10,574,504	\$11,071,011
<u>8014</u>	GR Match for Food Stamp Administration Account No. 8014	<i>REGULAR APPROPRIATIONS</i>				
Reclass between GR and GR Match for Food Stamp Admin		\$ 15,974,338	\$ (3,746,780)	\$ 3,319,595	\$ 0	\$ 0
Regular Appropriations from MOF Table (2018-19 GAA)		\$ 153,158,353	\$ 0	\$ 0	\$ 0	\$ 0
Regular Appropriations from MOF Table (2020-21 GAA)		\$ 0	\$ 160,884,918	\$ 159,852,965	\$ 0	\$ 0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$151,598,956	\$151,932,512
<i>RIDER APPROPRIATION</i>						
Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)		\$264,759	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>						
Art II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Transfer)(HHSC-2018-1-519)		\$(10,093,104)	\$0	\$0	\$0	\$0
TOTAL,	GR Match for Food Stamp Administration Account No. 8014	\$159,304,346	\$157,138,138	\$163,172,560	\$151,598,956	\$151,932,512
<u>8024</u>	Tobacco Settlement Receipts Match for Medicaid Account No. 8024					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)		\$430,000,000	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)		\$0	\$274,000,000	\$148,000,000	\$0	\$0

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$148,000,000	\$148,000,000
TOTAL,	Tobacco Settlement Receipts Match for Medicaid Account No. 8024	\$430,000,000	\$274,000,000	\$148,000,000	\$148,000,000	\$148,000,000
<u>8025</u>	Tobacco Settlement Receipts Match for CHIP Account No. 8025					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriation from MOF Table (2018-19 GAA)	\$64,381,791	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$142,557,038	\$259,705,147	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$233,784,548	\$235,530,930
	<i>RIDER APPROPRIATION</i>					
	Article II, HHSC Rider 181(a)(3), Carryback within CHIP Client Services	\$(761,385)	\$0	\$0	\$0	\$0
	<i>LAPSED APPROPRIATIONS</i>					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
	Lapsed Appropriations	\$(4,959,749)	\$0	\$0	\$0	\$0
TOTAL,	Tobacco Settlement Receipts Match for CHIP Account No. 8025	\$58,660,657	\$142,557,038	\$259,705,147	\$233,784,548	\$235,530,930
8032	GR Certified as Match for Medicaid Account No. 8032					
	<i>REGULAR APPROPRIATIONS</i>					
	Reclass between GR Med and GR Certified Med	\$0	\$2,661,874	\$56,257	\$0	\$0
	Reclass between GR and GR Certified Match for Medicaid	\$(24,147,930)	\$2,955,726	\$4,505,506	\$0	\$0
	Regular Appropriations from MOF Table (2018-19 GAA)	\$315,192,666	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$281,325,492	\$272,895,266	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$280,556,236	\$278,765,143
<i>RIDER APPROPRIATION</i>						
Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)		\$577,634	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>						
Art II SP Sec 4, Federal Match Assumptions and Limitations on Use of Available GR Funds-Transfer to Children		\$(184,799)	\$0	\$0	\$0	\$0
TOTAL,	GR Certified as Match for Medicaid Account No. 8032	\$291,437,571	\$286,943,092	\$277,457,029	\$280,556,236	\$278,765,143
<u>8046</u> Vendor Drug Rebates—Public Health Account No. 8046						
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriation from MOF Table (2018-19 GAA)		\$7,886,357	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2020-21 GAA)		\$0	\$12,026,551	\$12,026,551	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$9,115,318	\$9,115,318
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations		\$(2,556,396)	\$0	\$0	\$0	\$0
TOTAL,	Vendor Drug Rebates—Public Health Account No. 8046	\$5,329,961	\$12,026,551	\$12,026,551	\$9,115,318	\$9,115,318
<u>8054</u>	Experience Rebates—CHIP Account No. 8054					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriation from MOF Table (2018-19 GAA)		\$506,770	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2020-21 GAA)		\$0	\$224,228	\$578,011	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$150,000	\$150,000
<i>RIDER APPROPRIATION</i>						

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
Article II, HHSC Rider 48, Use of Additional CHIP Experience Rebates (8054)						
		\$0	\$182,932	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Authority for Collections Not Received at Appropriated Level - CHIP Exp Rebates (8054)						
		\$(408,323)	\$0	\$(371,371)	\$0	\$0
TOTAL,	Experience Rebates—CHIP Account No. 8054	\$98,447	\$407,160	\$206,640	\$150,000	\$150,000
<u>8070</u>	Vendor Drug Rebates—CHIP Account No. 8070					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriation from MOF Table (2018-19 GAA)						
		\$5,802,717	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2020-21 GAA)						
		\$0	\$2,781,678	\$5,228,022	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)						
		\$0	\$0	\$0	\$4,988,519	\$5,967,225

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
<i>RIDER APPROPRIATION</i>						
Article II, HHSC Rider 119(g) Vdrug Rebates - Medicaid (add'l)(8070)						
		\$0	\$61,196	\$974,278	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Authority for Collections Not Received at Appropriated Level - CHIP Vdrug (8070)						
		\$(4,192,955)	\$0	\$0	\$0	\$0
TOTAL,	Vendor Drug Rebates—CHIP Account No. 8070	\$1,609,762	\$2,842,874	\$6,202,300	\$4,988,519	\$5,967,225
<u>8075</u> Cost Sharing - Medicaid Clients Account No. 8075						
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriations from MOF Table (2018-19 GAA)						
		\$200,000	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)						
		\$0	\$200,000	\$200,000	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)						
		\$0	\$0	\$0	\$200,000	\$200,000

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
<i>RIDER APPROPRIATION</i>						
	Art II, Rider 166 Cost Sharing Medicaid Clients	\$33,136	\$0	\$0	\$0	\$0
TOTAL,	Cost Sharing - Medicaid Clients Account No. 8075	\$233,136	\$200,000	\$200,000	\$200,000	\$200,000
<u>8081</u>	Vendor Drug Rebates—Supplemental Rebates Account No. 8081					
<i>REGULAR APPROPRIATIONS</i>						
	Regular Appropriation from MOF Table (2018-19 GAA)	\$82,205,281	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$65,019,260	\$66,380,100	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$44,740,131	\$44,969,451
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Authority for Collections Not Received at Appropriated Level - Drug Rebates (706,8081)	\$(32,539,941)	\$(19,484,519)	\$(17,580,442)	\$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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
TOTAL,	Vendor Drug Rebates—Supplemental Rebates Account No. 8081	\$49,665,340	\$45,534,741	\$48,799,658	\$44,740,131	\$44,969,451
<u>8086</u>	General Revenue for ECI Account No. 8086					
	<i>REGULAR APPROPRIATIONS</i>					
	Reclass Between GR and GR ECI	\$3,312,860	\$2,572,899	\$(166,931)	\$0	\$0
	Regular Appropriation from MOF Table (2018-19 GAA)	\$830,567	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$21,645,522	\$22,076,534	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$22,994,919	\$22,680,074
TOTAL,	General Revenue for ECI Account No. 8086	\$4,143,427	\$24,218,421	\$21,909,603	\$22,994,919	\$22,680,074
<u>8092</u>	Medicare Giveback Provision Account No. 8092					
	<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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
	Reclass Between GR Med and GR Medicare Giveback	\$(149,473)	\$(14,503,619)	\$(35,043,326)	\$0	\$0
	Regular Appropriation from MOF Table (2018-19 GAA)	\$483,591,858	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$483,970,376	\$492,835,200	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$455,781,679	\$462,973,663
TOTAL,	Medicare Giveback Provision Account No. 8092	\$483,442,385	\$469,466,757	\$457,791,874	\$455,781,679	\$462,973,663
8137	GR Match for Medicaid - Entitlement Demand					
	<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
	GR Match: Medicaid Entitlement Demand	\$0	\$0	\$2,284,830,010	\$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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE</u>						
	SB 500 Texas Legislature 86th Regular Session Sec 18a-Medicaid Shortfall	\$1,992,500,000	\$0	\$0	\$0	\$0
	SB 500, 86th Leg, Regular Session	\$50,000,000	\$0	\$0	\$0	\$0
	Comments: Section 19-Children Hospital Rate Increase					
TOTAL,	GR Match for Medicaid - Entitlement Demand	\$2,042,500,000	\$0	\$2,284,830,010	\$0	\$0
TOTAL, ALL	GENERAL REVENUE	\$14,799,888,686	\$14,420,396,085	\$16,465,620,721	\$15,922,339,226	\$15,836,349,603

GENERAL REVENUE FUND - DEDICATED

129 GR Dedicated - Hospital Licensing Account No. 129

REGULAR APPROPRIATIONS

Regular Appropriation from MOF Table (2018-19 GAA)

\$1,685,147	\$0	\$0	\$0	\$0
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Regular Appropriation from MOF Table (2020-21 GAA)

\$0	\$2,715,364	\$2,715,364	\$0	\$0
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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE FUND - DEDICATED</u>						
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$2,715,364	\$2,715,364
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations		\$(1,600,520)	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Hospital Licensing Account No. 129	\$84,627	\$2,715,364	\$2,715,364	\$2,715,364	\$2,715,364
<u>469</u>	GR Dedicated - Compensation to Victims of Crime Account No. 469					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriation from MOF Table (2018-19 GAA)		\$10,229,843	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2020-21 GAA)		\$0	\$10,229,844	\$10,229,844	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$10,229,844	\$10,229,844
<i>RIDER APPROPRIATION</i>						

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE FUND - DEDICATED</u>						
Article II Rider 129c, Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs		\$111,980	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Compensation to Victims of Crime Account No. 469	\$10,341,823	\$10,229,844	\$10,229,844	\$10,229,844	\$10,229,844
<u>543</u>	GR Dedicated - Texas Capital Trust Fund Account No. 543					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriation from MOF Table (2018-19 GAA)	\$289,802	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$289,802	\$289,802	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$289,802	\$289,802
TOTAL,	GR Dedicated - Texas Capital Trust Fund Account No. 543	\$289,802	\$289,802	\$289,802	\$289,802	\$289,802
<u>5010</u>	GR Dedicated - Sexual Assault Program Account No. 5010					
	<i>REGULAR APPROPRIATIONS</i>					

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE FUND - DEDICATED</u>						
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$5,000,000	\$5,000,000	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$5,000,000	\$5,000,000
TOTAL,	GR Dedicated - Sexual Assault Program Account No. 5010	\$0	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
<u>5018</u>	GR Dedicated - Home Health Services Account No. 5018					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriation from MOF Table (2018-19 GAA)	\$9,876,706	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$5,633,898	\$5,633,898	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$5,633,898	\$5,633,898
	<i>RIDER APPROPRIATION</i>					

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<u>GENERAL REVENUE FUND - DEDICATED</u>						
Art IX Sec 18.90, Contingency for SB 569 (2020-21 GAA)		\$0	\$1,778	\$1,093	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations		\$(8,301,460)	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Home Health Services Account No. 5018	\$1,575,246	\$5,635,676	\$5,634,991	\$5,633,898	\$5,633,898
<u>5049</u>	GR Dedicated - State Owned Multicategorical Teaching Hospital Account No. 5049					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriation from MOF Table (2018-19 GAA)		\$439,442	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2020-21 GAA)		\$0	\$439,443	\$439,443	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$439,443	\$439,443

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE FUND - DEDICATED</u>						
TOTAL,	GR Dedicated - State Owned Multicategorical Teaching Hospital Account No. 5049	\$439,442	\$439,443	\$439,443	\$439,443	\$439,443
<u>5080</u>	GR Dedicated - Quality Assurance Account No. 5080					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriation from MOF Table (2018-19 GAA)	\$80,500,000	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$60,000,000	\$60,000,000	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$60,000,000	\$60,000,000
	<i>LAPSED APPROPRIATIONS</i>					
	Lapsed Appropriations	\$(8,222,948)	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Quality Assurance Account No. 5080	\$72,277,052	\$60,000,000	\$60,000,000	\$60,000,000	\$60,000,000
<u>5109</u>	GR Dedicated - Medicaid Estate Recovery Account No. 5109					
	<i>REGULAR APPROPRIATIONS</i>					

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>GENERAL REVENUE FUND - DEDICATED</u>						
	Regular Appropriation from MOF Table (2018-19 GAA)	\$2,700,000	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$2,300,000	\$2,300,000	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$2,300,000	\$2,300,000
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations	\$(601,278)	\$0	\$0	\$0	\$0
TOTAL,	GR Dedicated - Medicaid Estate Recovery Account No. 5109	\$2,098,722	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
TOTAL, ALL	GENERAL REVENUE FUND - DEDICATED	\$87,106,714	\$86,610,129	\$86,609,444	\$86,608,351	\$86,608,351
TOTAL,	GR & GR-DEDICATED FUNDS	\$14,886,995,400	\$14,507,006,214	\$16,552,230,165	\$16,008,947,577	\$15,922,957,954

FEDERAL FUNDS

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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>					
369 Federal American Recovery and Reinvestment Fund Account No. 369					
<i>REGULAR APPROPRIATIONS</i>					
Regular Appropriations from MOF Table (2018-19 GAA)	\$92,682,939	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$51,410,674	\$51,410,674	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$46,592,579	\$46,592,579
<i>RIDER APPROPRIATION</i>					
Art IX, Sec 13.01, Federal Funds/Block Grants (2018-19 GAA)	\$(82,590,035)	\$0	\$0	\$0	\$0
Art IX, Sec 13.01, Federal Funds/Block Grants (2020-21 GAA)	\$0	\$139,012	\$(125,728)	\$0	\$0
TOTAL, Federal American Recovery and Reinvestment Fund Account No. 369	\$10,092,904	\$51,549,686	\$51,284,946	\$46,592,579	\$46,592,579

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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
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FEDERAL FUNDS

555 Federal Funds

REGULAR APPROPRIATIONS

Regular Appropriations from MOF Table (2018-19 GAA)

\$20,449,047,680	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2020-21 GAA)

\$0	\$22,374,263,670	\$23,196,199,379	\$0	\$0
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Regular Appropriation from MOF Table (2022-23 GAA)

\$0	\$0	\$0	\$25,370,063,704	\$25,210,867,237
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RIDER APPROPRIATION

Art IX Sec 13.01, Federal Funds/Block Grants (2018-19 GAA), Money Follows the Person Demo

\$16,039,431	\$6,427,098	\$5,787,765	\$0	\$0
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Art IX Sec 13.09, Unexpended Balances (2020-21 GAA)

\$0	\$(33,099,130)	\$33,099,130	\$0	\$0
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Art IX Sec 14.03(i), UB Authority - Capital Budget (2018-19 GAA)

2.B. Summary of Base Request by Method of Finance
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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>	\$16,543,483	\$0	\$0	\$0	\$0
Art IX Sec 18.55, Contingency for SB 1207 (2020-21 GAA)	\$0	\$692,259	\$692,259	\$0	\$0
Art IX Sec 18.67, Contingency for SB 21 (2020-21 GAA)	\$0	\$(148,648)	\$(343,339)	\$0	\$0
Art IX Sec 18.68, Contingency for SB 633 (2020-21 GAA)	\$0	\$23,517	\$20,343	\$0	\$0
Art IX Sec 18.70, Contingency for SB 706 (2020-21 GAA)	\$0	\$18,652	\$17,041	\$0	\$0
Art IX Sec 18.79, Contingency for SB 2138 (2020-21 GAA)	\$0	\$4,000,000	\$4,000,000	\$0	\$0
Art IX Sec 18.89, Contingency for SB 568 (2020-21 GAA)	\$0	\$326,278	\$366,458	\$0	\$0

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

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>					
Art IX Sec 18.90, Contingency for SB 569 (2020-21 GAA)	\$0	\$452,379	\$278,416	\$0	\$0
Art. II, Rider 160 Subrogation Receipts	\$46,984,953	\$0	\$0	\$0	\$0
Article II, HHSC Rider 119(g) Vdrug Rebates - Medicaid (add'l)(8070)	\$0	\$344,613	\$2,797,607	\$0	\$0
Article II, HHSC Rider 135(a)(3), Electronic Visit Verification (2020-21 GAA)	\$0	\$2,411,469	\$3,424,513	\$0	\$0
Article II, HHSC Rider 137 Appropriation Transfers between Fiscal Years: Client Services (Carryback from FY 21 to FY 20)	\$0	\$293,036,793	\$(309,678,862)	\$0	\$0
Article II, HHSC Rider 17, Receipt of Transfer for Healthcare Transformation	\$56,912,467	\$0	\$0	\$0	\$0
Article II, HHSC Rider 180, Transfers: Authority and Limitations a.(1) Client Services (Carryback from FY 19 to FY 18)					

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>	\$(1,370,292,745)	\$0	\$0	\$0	\$0
Article II, HHSC Rider 26, Receipt of Transfer for Healthcare Transformation and Quality Improvement Program	\$0	\$(48,660,650)	\$(54,087,746)	\$0	\$0
Article II, HHSC Rider 48, Use of Additional CHIP Experience Rebates (8054)	\$0	\$1,030,145	\$0	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority	\$27,709,924	\$0	\$0	\$0	\$0
Article IX, Sec 13.01, Federal Funds/Block Grants (2018-19 GAA)	\$556,605,082	\$0	\$0	\$0	\$0
Article IX, Sec 13.01, Federal Funds/Block Grants (2020-21 GAA)	\$0	\$4,148,108,369	\$381,554,525	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2020-21 GAA)	\$0	\$1,075,711	\$1,133,880	\$0	\$0

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

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>					
Article V, Rider 36, TDCJ TCOOMMI Post Release (2020-21 GAA)	\$0	\$0	\$815,097	\$0	\$0
Article II, HHSC Rider 181(a)(3), Carryback within CHIP Client Services	\$(9,049,230)	\$0	\$0	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA) IAC TCOMMI MH Case Management	\$1,366,212	\$0	\$0	\$0	\$0
Art IX, Sec 8.02, Reimbursements and Payments Authority to Collect above Appropriated Level TPR (8062)	\$159	\$0	\$0	\$0	\$0
Art IX, Sec 8.02, Reimbursements and Payments Authority to Collect above Appropriated Level Value Added Network (8062)	\$2,082,674	\$0	\$0	\$0	\$0
Art II, HHSC, Rider 12 Authority to Collections Above Appropriated Level GME	\$50,989,745	\$0	\$0	\$0	\$0

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

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>					
Art IX, Sec 8, Reimbursements and Payments (MTP) Liquidated Damages (8062)	\$99,573	\$121,340	\$61,980	\$0	\$0
Art IX, Sec 8.02, Reimbursements and Payments Authority to Collect above Appropriated Level (MTP) Experience Rebates (8062)	\$1,059,884	\$29,121	\$805,740	\$0	\$0
Article IX, Sec 8.13 Speciality License Plate Receipts (2020-21 GAA)	\$0	\$472,222	\$499,040	\$0	\$0
<i>TRANSFERS</i>					
Art II SP Sec 4, Federal Match Assumptions and Limitations on Use of Available General Revenue Funds - Transfer to Children	\$21,365,170	\$0	\$0	\$0	\$0
Article II, HHSC Rider 107, Transfer to Alternatives to Abortion	\$(18,489,793)	\$0	\$0	\$0	\$0
Article II, HHSC Rider 181(c) & 180(e), Transfers request that require approval (HHSC-2019-A-596)	\$110,146,946	\$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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>					
Article II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Transfer)(HHSC-2018-1-519)	\$(27,915,220)	\$0	\$0	\$0	\$0
Article II, HHSC Rider 195, Transfers Medicaid & Chip Contracts & Administration (Contract Oversight FTE Transfer)(HHSC-2018-1-519)	\$3,567,973	\$0	\$0	\$0	\$0
Article II, HHSC Rider 75, Funding for Healthy Texas Women Program (letter HHSC-2019-A-607)	\$0	\$(40,112,880)	\$0	\$0	\$0
Article II, HHSC Rider 80, Transfer to Alternatives to Abortion	\$0	\$(21,596,237)	\$(9,781,168)	\$0	\$0
Article II, SP, Sec 16b(2), Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements	\$0	\$(11,730,118)	\$(10,132,897)	\$0	\$0
Article II, SP, Sec 21b(2), Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements	\$(54,784,363)	\$0	\$0	\$0	\$0

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

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>					
Article II, SP, Sec 6, Limitations on Transfer Authority, Contract Oversight FTE's (HHSC-2018-1-519)	\$365,773	\$0	\$0	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DFPS, Child-Care Investigation (HHSC-2017-A-493)	\$(3,946,864)	\$0	\$0	\$0	\$0
Article II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DSHS (HHSC-2017-A-496)	\$(7,397,039)	\$0	\$0	\$0	\$0
Article IX, Sec 14.04(b), Notification of Transfer Related to COVID 19 Response (HHSC-2020-N-628)	\$0	\$(77,129,418)	\$0	\$0	\$0
Article IX, Sec 14.04(b)and(g), Tsfr from Children to Disaster, ltr April 2018	\$705,452	\$0	\$0	\$0	\$0
Art II, HHSC Rider 135(a)(3), Transfers from Medicaid to TANF	\$0	\$(1,224,755)	\$(8,851,763)	\$0	\$0

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

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>					
Article IX, Sec 14.04(b)and(g), Tsfr from Children to Disaster (HHSC-N604) Tropical Storm Imelda	\$0	\$1,783,376	\$0	\$0	\$0
Article IX, Sec 14.04(b)and(g), Transfer from Children to Disaster, ltr 4/24/20 (HHSC-2019-N-XXX) Hill Country Flooding	\$(3,172,786)	\$0	\$0	\$0	\$0
Article IX, Sec 14.04(b)and(g), Transfer from Children to Disaster, ltr 4/24/20 (HHSC-2019-N-XXX) Severe Weather	\$1,614,504	\$0	\$0	\$0	\$0
Article II, HHSC Rider 135(a)(1), Transfers from Medicaid to TANF	\$0	\$(1)	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Appropriations	\$(16,645,900)	\$0	\$0	\$0	\$0
Lapsed Authority for Collections Not Received at Appropriated Level - CHIP Exp Rebates (8054)	\$(6,021,960)	\$0	\$(1,066,380)	\$0	\$0

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

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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>						
Lapsed Authority for Collections Not Received at Appropriated Level - Drug Rebates (706,8081)		\$ (286,534,802)	\$ (208,432,709)	\$ (176,237,117)	\$ 0	\$ 0
Lapsed Authority for Collections Not Received at Appropriated Level - GME (8062)		\$ 0	\$ (290,155)	\$ (1,122,782)	\$ 0	\$ 0
Lapsed Authority for Collections Not Received at Appropriated Level - Premium Co-Pay (3643)		\$ (81,361,232)	\$ (28,181,659)	\$ (13,419,688)	\$ 0	\$ 0
Lapsed Authority for Collections Not Received at Appropriated Level - Program Income (0705)		\$ (48,770,072)	\$ (64,403,278)	\$ (75,770,077)	\$ 0	\$ 0
Lapsed Authority for Collections Not Received at Appropriated Level - CHIP Vdrug (8070)		\$ (61,837,832)	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL,	Federal Funds	\$19,366,987,247	\$26,299,607,374	\$22,971,061,354	\$25,370,063,704	\$25,210,867,237

8059 Supplemental: Federal Funds

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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>FEDERAL FUNDS</u>						
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>						
	Medicaid Entitlement Demand	\$0	\$0	\$3,720,236,266	\$0	\$0
	SB 500 Texas Legislature 86th Regular Session Section 18a - Medicaid Shortfall	\$2,760,601,144	\$0	\$0	\$0	\$0
	SB 500 Texas Legislature 86th Regular Session Section 19 - Children Hospital Rate Increase	\$69,274,809	\$0	\$0	\$0	\$0
	SB 500 Texas Legislature 86th Regular Session Section 20 - Hurricane Harvey	\$152,404,580	\$0	\$0	\$0	\$0
TOTAL,	Supplemental: Federal Funds	\$2,982,280,533	\$0	\$3,720,236,266	\$0	\$0
TOTAL, ALL	FEDERAL FUNDS	\$22,359,360,684	\$26,351,157,060	\$26,742,582,566	\$25,416,656,283	\$25,257,459,816

OTHER FUNDS

444 Interagency Contracts - Criminal Justice Grants

RIDER APPROPRIATION

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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
	Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$52,174	\$0	\$0	\$0	\$0
TOTAL,	Interagency Contracts - Criminal Justice Grants	\$52,174	\$0	\$0	\$0	\$0
<u>493</u>	Blind Endowment Fund Account No. 493					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$10,508	\$0	\$0	\$0	\$0
	<i>LAPSED APPROPRIATIONS</i>					
	Lapsed Appropriations	\$(10,508)	\$0	\$0	\$0	\$0
TOTAL,	Blind Endowment Fund Account No. 493	\$0	\$0	\$0	\$0	\$0
<u>599</u>	Economic Stabilization Fund					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$230,000,000	\$0	\$0	\$0	\$0

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

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>					
<i>RIDER APPROPRIATION</i>					
Art IX, Sec 14.03(i), Capital Budget UB (2018-19 GAA)	\$125,477,586	\$0	\$0	\$0	\$0
Article II, HHSC Rider 140, Unexpended Construction Balances	\$(267,881,050)	\$267,881,049	\$0	\$0	\$0
Art IX, Sec 17.14(d), Deferred Maintenance UB (2018-19 GAA)	\$66,950,769	\$0	\$0	\$0	\$0
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
SB 500 Texas Legislature 86th Regular Session Section 21 - Hospital Construction	\$355,300,000	\$90,054,364	\$0	\$0	\$0
SB 500 Texas Legislature 86th Regular Session Section 22 - Construction Reduction	\$(2,000,000)	\$0	\$0	\$0	\$0
SB 500 Texas Legislature 86th Regular Session Section 20 - Hurricane Harvey	\$110,000,000	\$0	\$0	\$0	\$0

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

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<u>OTHER FUNDS</u>						
TOTAL,	Economic Stabilization Fund	\$617,847,305	\$357,935,413	\$0	\$0	\$0
<u>666</u>	Appropriated Receipts					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriation from MOF Table (2018-19 GAA)	\$31,940,108	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$31,977,729	\$31,977,743	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$39,698,930	\$39,698,930
	<i>RIDER APPROPRIATION</i>					
	Art II SP Sec 13, Appropriation of Receipts: Civil Monetary Damages and Penalties	\$0	\$9,267,315	\$11,580,739	\$0	\$0
	Art II SP Sec 14, Appropriation of Receipts: Civil Monetary Damages and Penalties	\$2,247,823	\$0	\$0	\$0	\$0

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

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<u>OTHER FUNDS</u>					
Art IX Sec 14.03(i), UB Authority - Capital Budget (2018-19 GAA)	\$160	\$0	\$0	\$0	\$0
Art IX Sec 18.79, Contingency for SB 2138 (2020-21 GAA)	\$0	\$4,000,000	\$4,000,000	\$0	\$0
Article IX, General Provisions, Part B, Sec 8.01 Acceptance of Gifts of Money, Sub-section (e)	\$0	\$776,926	\$0	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$7,011,891	\$0	\$0	\$0	\$0
Art IX Sec 18.89, Contingency for SB 568 (2020-21 GAA)	\$0	\$494	\$555	\$0	\$0
Art IX Sec 18.90, Contingency for SB 568 (2020-21 GAA)	\$0	\$681	\$417	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2020-21 GAA)					

2.B. Summary of Base Request by Method of Finance
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<u>OTHER FUNDS</u>						
		\$0	\$(334,623)	\$5,807,894	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations					
		\$(231,327)	\$0	\$0	\$0	\$0
TOTAL,	Appropriated Receipts					
		\$40,968,655	\$45,688,522	\$53,367,348	\$39,698,930	\$39,698,930
<u>707</u>	State Chest Hospital Fees and Receipts Account No. 707					
<i>REGULAR APPROPRIATIONS</i>						
	Regular Appropriations from MOF Table (2018-19 GAA)					
		\$698,016	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)					
		\$0	\$325,610	\$325,610	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)					
		\$0	\$0	\$0	\$325,610	\$325,610
<i>LAPSED APPROPRIATIONS</i>						
	Lapsed Appropriations					

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

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<u>OTHER FUNDS</u>						
		\$(430,832)	\$0	\$0	\$0	\$0
TOTAL,	State Chest Hospital Fees and Receipts Account No. 707					
		\$267,184	\$325,610	\$325,610	\$325,610	\$325,610
<u>709</u>	Public Health Medicaid Reimbursements Account No. 709					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$99,905,917	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$65,668,882	\$69,388,869	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$63,013,047	\$62,908,500
	<i>TRANSFERS</i>					
	Art II, SP, Sec 16b(2), Limitation; Expenditure and Transfer of Public Health Medicaid Reimbursements	\$0	\$(7,604,179)	\$(6,215,759)	\$0	\$0

2.B. Summary of Base Request by Method of Finance
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METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
	Art II, SP, Sec 21b(2), Limitation; Expenditure and Transfer of Public Health Medicaid Reimbursements	\$(39,541,331)	\$0	\$0	\$0	\$0
TOTAL,	Public Health Medicaid Reimbursements Account No. 709	\$60,364,586	\$58,064,703	\$63,173,110	\$63,013,047	\$62,908,500
<u>777</u>	Interagency Contracts					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$315,894,055	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$331,078,721	\$331,549,037	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$298,035,820	\$296,671,140
	<i>RIDER APPROPRIATION</i>					
	Art IX Sec 14.03(i), UB Authority - Capital Budget (2018-19 GAA)	\$606,482	\$0	\$0	\$0	\$0

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>					
Article II, HHSC Rider 17, Receipt of Transfer for Healthcare Transformation	\$41,077,318	\$0	\$0	\$0	\$0
Article II, HHSC Rider 26, Receipt of Transfer for Healthcare Transformation and Quality Improvement Program	\$0	\$(31,238,213)	\$(32,869,890)	\$0	\$0
Article II, HHSC SP, Sec 22 Use of Trauma Fund Receipts	\$(4,009,822)	\$0	\$0	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$(27,231,957)	\$0	\$0	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2020-21 GAA)	\$0	\$(11,541,730)	\$(3,535,386)	\$0	\$0
Article V, Rider 36, TDCJ TCOOMMI Post Release (2020-21 GAA)	\$0	\$0	\$500,000	\$0	\$0
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA) IAC TCOMMI MH Case Management					

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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
		\$986,082	\$0	\$0	\$0	\$0
	Article IX, Sec 8.13 Speciality License Plate Receipts (2020-21 GAA)	\$0	\$306,123	\$306,123	\$0	\$0
	<i>TRANSFERS</i>					
	Article IX, Sec 6.10, Limitations of State Employment Levels (HHSC-2019-N-608)	\$0	\$787,591	\$787,591	\$0	\$0
	<i>LAPSED APPROPRIATIONS</i>					
	Lapsed Appropriations	\$(20,384)	\$0	\$0	\$0	\$0
TOTAL,	Interagency Contracts	\$327,301,774	\$289,392,492	\$296,737,475	\$298,035,820	\$296,671,140
<u>780</u>	Bond Proceeds - General Obligation Bonds					
	<i>RIDER APPROPRIATION</i>					
	Article II, HHSC Rider 140, Unexpended Construction Balances	\$(2,938,945)	\$2,938,945	\$0	\$0	\$0
	Article II, HHSC Rider 186, Unexpended Construction Balances					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
		\$3,894,077	\$0	\$0	\$0	\$0
TOTAL,	Bond Proceeds - General Obligation Bonds					
		\$955,132	\$2,938,945	\$0	\$0	\$0
<u>802</u>	License Plate Trust Fund Account No. 0802, estimated					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$37,000	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$26,500	\$26,500	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$26,500	\$26,500
	<i>RIDER APPROPRIATION</i>					
	Article IX, Sec 8.13 Speciality License Plate Receipts (2018-19 GAA)	\$(7,899)	\$0	\$0	\$0	\$0
	Article IX, Sec 8.13 Speciality License Plate Receipts (2020-21 GAA)					

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>		\$0	\$11,811	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations		\$(13,872)	\$0	\$0	\$0	\$0
TOTAL,	License Plate Trust Fund Account No. 0802, estimated	\$15,229	\$38,311	\$26,500	\$26,500	\$26,500
<u>8015</u>	Interagency Contracts - Transfer from Foundation School Fund No. 193					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriation from MOF Table (2018-19 GAA)		\$15,787,645	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2020-21 GAA)		\$0	\$16,498,102	\$16,498,102	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$16,498,102	\$16,498,102
<i>RIDER APPROPRIATION</i>						
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)						

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
		\$710,457	\$0	\$0	\$0	\$0
TOTAL,	Interagency Contracts - Transfer from Foundation School Fund No. 193	\$16,498,102	\$16,498,102	\$16,498,102	\$16,498,102	\$16,498,102
<u>8031</u>	MH Collections for Patient Support and Maintenance Account No. 8031					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$1,553,165	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$1,935,722	\$1,935,722	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$1,935,722	\$1,935,722
TOTAL,	MH Collections for Patient Support and Maintenance Account No. 8031	\$1,553,165	\$1,935,722	\$1,935,722	\$1,935,722	\$1,935,722
<u>8033</u>	MH Appropriated Receipts Account No. 8033					
	<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				
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<u>OTHER FUNDS</u>						
		\$13,169,335	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$10,906,440	\$10,906,440	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$10,906,440	\$10,906,440
<i>RIDER APPROPRIATION</i>						
	Art II Rider 170, Mental Health (MH) and Intellectual Disability (ID) Appropriated Receipts (2018-19 GAA)	\$(2,595,897)	\$0	\$0	\$0	\$0
	Art II Rider 128, Mental Health (MH) and Intellectual Disability (ID) Appropriated Receipts (2020-21 GAA)	\$0	\$1,291	\$0	\$0	\$0
TOTAL,	MH Appropriated Receipts Account No. 8033	\$10,573,438	\$10,907,731	\$10,906,440	\$10,906,440	\$10,906,440
<u>8044</u>	Medicaid Subrogation Receipts (State Share) Account No. 8044					
	<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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
	Regular Appropriations from MOF Table (2018-19 GAA)	\$90,000,000	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$100,000,000	\$100,000,000	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$100,000,000	\$100,000,000
<i>RIDER APPROPRIATION</i>						
	Art. II, Rider 160 Subrogation Receipts	\$33,912,005	\$0	\$0	\$0	\$0
TOTAL,	Medicaid Subrogation Receipts (State Share) Account No. 8044	\$123,912,005	\$100,000,000	\$100,000,000	\$100,000,000	\$100,000,000
<u>8051</u>	Universal Services Fund Reimbursements Account No. 8051					
<i>REGULAR APPROPRIATIONS</i>						
	Regular Appropriation from MOF Table (2018-19 GAA)	\$989,710	\$0	\$0	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
Regular Appropriation from MOF Table (2020-21 GAA)		\$0	\$988,248	\$988,248	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)		\$0	\$0	\$0	\$988,248	\$988,248
<i>RIDER APPROPRIATION</i>						
Art IX Sec 14.03(i), UB Authority - Capital Budget (2018-19 GAA)		\$332	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Appropriations		\$(16,429)	\$0	\$0	\$0	\$0
TOTAL,	Universal Services Fund Reimbursements Account No. 8051	\$973,613	\$988,248	\$988,248	\$988,248	\$988,248
<u>8052</u>	Subrogation Receipts Account No. 8052					
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriation from MOF Table (2018-19 GAA)		\$118,480	\$0	\$0	\$0	\$0

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$303,432	\$303,432	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$25,000	\$25,000
<i>RIDER APPROPRIATION</i>						
	Article IX, Sec 8.02 Reimbursement and Payments (2020-21 GAA)	\$0	\$(278,432)	\$(278,432)	\$0	\$0
	Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$(100,673)	\$0	\$0	\$0	\$0
TOTAL,	Subrogation Receipts Account No. 8052	\$17,807	\$25,000	\$25,000	\$25,000	\$25,000
<u>8062</u>	Appropriated Receipts - Match for Medicaid Account No. 8062					
<i>REGULAR APPROPRIATIONS</i>						
	Regular Appropriations from MOF Table (2018-19 GAA)	\$19,505,547	\$0	\$0	\$0	\$0

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Agency code: 529	Agency name: Health and Human Services Commission				
METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>					
Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$19,860,578	\$20,177,858	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$19,611,747	\$20,008,567
<i>RIDER APPROPRIATION</i>					
Art. IX, Sec 8.02,Reimbursements and Payments Authority to Collect above Appropriated Level (MTP) Experience Rebates (8062)	\$764,985	\$18,878	\$494,260	\$0	\$0
Art II, HHSC, Rider 12 Authority to Collections Above Appropriated Level GME	\$36,802,516	\$0	\$0	\$0	\$0
Art. IX, Sec 8,Reimbursements and Payments (MTP) Liquidated Damages (8062)	\$71,868	\$78,660	\$38,020	\$0	\$0
Art IX, Sec 8.02, Reimbursements and Payments Authority to Collect above Appropriated Level TPR (8062)	\$115	\$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 2019	Est 2020	Bud 2021	Req 2022	Req 2023	
<u>OTHER FUNDS</u>						
Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$(427,500)	\$0	\$0	\$0	\$0	
Art IX, Sec 8.02, Reimbursements and Payments Authority to Collect above Appropriated Level Value Added Network (8062)	\$1,503,197	\$0	\$0	\$0	\$0	
Article IX, Sec 8.02 Reimbursement and Payments (2020-21 GAA)	\$0	\$(615,692)	\$(615,692)	\$0	\$0	
<i>LAPSED APPROPRIATIONS</i>						
Lapsed Authority for Collections Not Received at Appropriated Level - GME (8062)	\$0	\$(188,096)	\$(688,741)	\$0	\$0	
TOTAL, Appropriated Receipts - Match for Medicaid Account No. 8062	\$58,220,728	\$19,154,328	\$19,405,705	\$19,611,747	\$20,008,567	
<u>8095</u> ID Collections for Patient Support and Maintenance Account No. 8095						
<i>REGULAR APPROPRIATIONS</i>						
Regular Appropriation from MOF Table (2018-19 GAA)	\$25,376,050	\$0	\$0	\$0	\$0	

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Agency code: 529		Agency name: Health and Human Services Commission				
METHOD OF FINANCING		Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$25,352,370	\$25,355,401	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$24,471,876	\$24,471,876
<i>RIDER APPROPRIATION</i>						
	Art II Rider 127, Mental Health (MH) and Intellectual Disability (ID) Collections for Patient Support and Maintenance (2020-21 GAA)	\$0	\$(2,886)	\$0	\$0	\$0
	Art II Rider 169, Mental Health (MH) and Intellectual Disability (ID) Collections for Patient Support and Maintenance (2018-19 GAA)	\$(713,104)	\$0	\$0	\$0	\$0
	Art IX Sec 14.03(i), UB Authority - Capital Budget (2018-19 GAA)	\$32,959	\$0	\$0	\$0	\$0
TOTAL,	ID Collections for Patient Support and Maintenance Account No. 8095	\$24,695,905	\$25,349,484	\$25,355,401	\$24,471,876	\$24,471,876
<u>8096</u>	ID Appropriated Receipts Account No. 8096					
	<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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>					
Regular Appropriation from MOF Table (2018-19 GAA)	\$811,433	\$0	\$0	\$0	\$0
Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$527,291	\$527,428	\$0	\$0
Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$496,661	\$496,661
<i>RIDER APPROPRIATION</i>					
Art II Rider 128, Mental Health (MH) and Intellectual Disability (ID) Appropriated Receipts (2020-21 GAA)	\$0	\$(132)	\$0	\$0	\$0
Art II Rider 170, Mental Health (MH) and Intellectual Disability (ID) Appropriated Receipts (2018-19 GAA)	\$(28,697)	\$0	\$0	\$0	\$0
Art IX Sec 14.03(i), UB Authority - Capital Budget (2018-19 GAA)	\$1,436	\$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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
TOTAL,	ID Appropriated Receipts Account No. 8096	\$784,172	\$527,159	\$527,428	\$496,661	\$496,661
<u>8098</u>	ID Revolving Fund Receipts Account No. 8098					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriation from MOF Table (2018-19 GAA)	\$80,544	\$0	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2020-21 GAA)	\$0	\$80,779	\$80,779	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$80,779	\$80,779
TOTAL,	ID Revolving Fund Receipts Account No. 8098	\$80,544	\$80,779	\$80,779	\$80,779	\$80,779
<u>8133</u>	Foundation School Funds as Match for Medicaid					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriation from MOF Table (2018-19 GAA)	\$710,457	\$0	\$0	\$0	\$0
	<i>RIDER APPROPRIATION</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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
	Article IX, Sec 8.02 Reimbursement and Payments (2018-19 GAA)	\$(710,457)	\$0	\$0	\$0	\$0
TOTAL,	Foundation School Funds as Match for Medicaid	\$0	\$0	\$0	\$0	\$0
<u>8148</u>	WIC Rebates Account No. 8148					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2018-19 GAA)	\$224,959,011	\$0	\$0	\$0	\$0
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$224,959,011	\$224,959,011	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$224,959,011	\$224,959,011
	<i>LAPSED APPROPRIATIONS</i>					
	Lapsed Appropriations	\$(13,361,249)	\$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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
<u>OTHER FUNDS</u>						
TOTAL,	WIC Rebates Account No. 8148					
		\$211,597,762	\$224,959,011	\$224,959,011	\$224,959,011	\$224,959,011
<u>8226</u>	MLPP Revenue Bond Proceeds					
	<i>REGULAR APPROPRIATIONS</i>					
	Regular Appropriations from MOF Table (2020-21 GAA)	\$0	\$208,816,277	\$0	\$0	\$0
	Regular Appropriation from MOF Table (2022-23 GAA)	\$0	\$0	\$0	\$208,816,277	\$0
TOTAL,	MLPP Revenue Bond Proceeds	\$0	\$208,816,277	\$0	\$208,816,277	\$0
TOTAL, ALL	OTHER FUNDS	\$1,496,679,280	\$1,363,625,837	\$814,311,879	\$1,009,889,770	\$800,001,086
GRAND TOTAL		\$38,743,035,364	\$42,221,789,111	\$44,109,124,610	\$42,435,493,630	\$41,980,418,856

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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
FULL-TIME-EQUIVALENT POSITIONS					
REGULAR APPROPRIATIONS					
Regular Appropriations from MOF Table (2018-19 GAA)	39,683.4	0.0	0.0	0.0	0.0
Regular Appropriations from MOF Table (2020-21 GAA)	0.0	37,936.8	38,306.6	0.0	0.0
Regular Appropriation from MOF Table (2022-23 GAA)	0.0	0.0	0.0	38,296.0	38,296.0
RIDER APPROPRIATION					
Art IX Sec 18.11, Contingency for HB 1501 (2020-21 GAA)	0.0	0.0	(45.5)	0.0	0.0
Art IX Sec 18.68, Contingency for SB 633 (2020-21 GAA)	0.0	3.3	3.3	0.0	0.0
Art IX Sec 18.70, Contingency for SB 706 (2020-21 GAA)	0.0	15.8	15.8	0.0	0.0
Art IX Sec 18.79, Contingency for SB 2138 (2020-21 GAA)	0.0	10.0	10.0	0.0	0.0
Art IX Sec 18.89, Contingency for SB 568 (2020-21 GAA)	0.0	3.3	3.3	0.0	0.0
Art IX Sec 18.90, Contingency for SB 569 (2020-21 GAA)	0.0	8.5	8.5	0.0	0.0

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METHOD OF FINANCING	Exp 2019	Est 2020	Bud 2021	Req 2022	Req 2023	
Article II, HHSC Rider 127, FTE Authority during Federally-Declared Disasters (ltr 9/1/2017 (N-476))(ltr 1/1/2017(N-473)) (2018-19 GAA)	223.0	0.0	0.0	0.0	0.0	0.0
Article II, HHSC Rider 92, FTE Authority during Federally-Declared Disasters (Letter Pending) (2020-21 GAA)	0.0	21.0	21.0	0.0	0.0	0.0
TRANSFERS						
Art II, Spec Prov, Sec 6, Limits on Trans Authority- HHSC TCID Security Positions (2020-21 GAA), Letter pending - 10 FTE's from HHSC to DSHS	0.0	(10.0)	(10.0)	0.0	0.0	0.0
Article II, SP, Sec 6, Limitations on Transfer Authority, Contact Tracing for IT (2020-21 GAA) - 8 FTE's from DSHS to HHSC	0.0	8.0	8.0	0.0	0.0	0.0
Article II, HHSC Rider 181, Transfers within Medicaid Client Services (Contract Oversight FTE Transfer) (HHSC-2018-1-519)	(291.0)	0.0	0.0	0.0	0.0	0.0
Article II, HHSC Rider 195, Transfers Medicaid & Chip Contracts & Administration (Contract Oversight FTE Transfer)(HHSC-2018-1-519)	98.0	0.0	0.0	0.0	0.0	0.0
Art II, HHSC Rider 203, Staffing & Capital Authority in lieu Contracted Responsibilities (Est Help Desk Provider, DFPS, ltr 1/17/17(N-449)(18-19 GAA)	22.0	0.0	0.0	0.0	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 2019	Est 2020	Bud 2021	Req 2022	Req 2023
Art II, SP, Sec 6, Limitations on Transfer Authority, Contract Oversight FTE's (HHSC-2018-1-519)	193.0	0.0	0.0	0.0	0.0
Art II, SP, Sec 6, Limitations on Transfer Authority, HHSC to DFPS, Child-Care Investigation (HHSC-2017-A-493)	(119.0)	0.0	0.0	0.0	0.0
Art II, SP, Sec 6, Limitations on Transfer Authority, HHSC Vital Statistics Fraud Unit (HHSC-2020-N-634)	0.0	(4.0)	(4.0)	0.0	0.0
UNAUTHORIZED NUMBER OVER (BELOW) CAP					
Unauthorized Number Over (Below) Cap	(3,738.0)	0.0	0.0	0.0	0.0
TOTAL, ADJUSTED FTES	36,071.4	37,992.7	38,317.0	38,296.0	38,296.0
NUMBER OF 100% FEDERALLY FUNDED FTEs	1,950.2	1,647.7	1,647.7	1,647.7	1,647.7

2.C. Summary of Base Request by Object of Expense
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529 Health and Human Services Commission

OBJECT OF EXPENSE	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1001 SALARIES AND WAGES	\$1,561,472,591	\$1,643,136,048	\$1,699,134,800	\$1,665,794,624	\$1,664,465,690
1002 OTHER PERSONNEL COSTS	\$115,780,693	\$62,775,817	\$63,815,381	\$64,235,871	\$64,238,871
2001 PROFESSIONAL FEES AND SERVICES	\$875,608,487	\$1,206,735,675	\$1,232,535,953	\$1,145,024,271	\$1,093,317,756
2002 FUELS AND LUBRICANTS	\$2,100,232	\$2,164,570	\$2,288,585	\$2,306,295	\$2,306,295
2003 CONSUMABLE SUPPLIES	\$13,901,188	\$12,521,862	\$12,997,687	\$12,633,526	\$12,630,481
2004 UTILITIES	\$60,642,456	\$57,596,910	\$55,135,327	\$55,459,186	\$55,457,559
2005 TRAVEL	\$34,507,209	\$42,121,949	\$41,974,763	\$36,333,205	\$36,336,029
2006 RENT - BUILDING	\$102,064,901	\$111,672,918	\$115,648,082	\$114,249,412	\$114,249,416
2007 RENT - MACHINE AND OTHER	\$46,135,711	\$35,383,186	\$30,500,321	\$32,630,266	\$32,630,270
2009 OTHER OPERATING EXPENSE	\$445,598,328	\$478,258,445	\$435,845,886	\$482,971,735	\$438,551,601
3001 CLIENT SERVICES	\$33,412,174,929	\$36,191,969,391	\$38,619,718,864	\$36,924,256,887	\$36,687,616,704
3002 FOOD FOR PERSONS - WARDS OF STATE	\$20,526,345	\$20,514,700	\$21,823,993	\$22,034,724	\$21,377,693
4000 GRANTS	\$1,533,673,144	\$1,785,386,252	\$1,750,189,078	\$1,724,152,600	\$1,724,823,003
5000 CAPITAL EXPENDITURES	\$518,849,150	\$571,551,388	\$27,515,890	\$153,411,028	\$32,417,488
OOE Total (Excluding Riders)	\$38,743,035,364	\$42,221,789,111	\$44,109,124,610	\$42,435,493,630	\$41,980,418,856
OOE Total (Riders)					
Grand Total	\$38,743,035,364	\$42,221,789,111	\$44,109,124,610	\$42,435,493,630	\$41,980,418,856

2.D. Summary of Base Request Objective Outcomes
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation system of Texas (ABEST)

10/26/2020 3:00:04PM

529 Health and Human Services Commission

Goal/ Objective / Outcome	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1 Medicaid					
1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients					
KEY 1 Average Medicaid and CHIP Children Recipient Months Per Month	3,203,636.00	3,348,403.00	3,563,520.00	3,388,576.00	3,277,643.00
KEY 2 Average Full Benefit Medicaid Recipient Months Per Month	3,915,011.00	4,106,846.00	4,324,702.00	4,170,406.00	4,051,136.00
KEY 3 Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)	495.61	521.27	542.40	527.34	537.67
KEY 4 Medicaid Rec Months: Proportion in Managed Care	91.91%	93.43%	94.22%	94.18%	93.91%
KEY 5 Avg # of Members Receiving Waiver Services through Managed Care	61,446.00	65,155.00	67,380.00	66,617.00	67,072.00
KEY 6 Avg # Members Receiving Nursing Facility Care through Managed Care	0.00	54,157.00	54,060.00	51,650.00	51,653.00
KEY 7 Avg Number Served per Month: Medically Dependent Children Program	5,314.00	5,758.00	5,647.00	5,734.00	5,734.00
3 Children's Health Insurance Program Services					
1 CHIP Services					
KEY 1 Average CHIP Programs Recipient Months Per Month	408,277.00	408,802.00	428,270.00	370,949.00	377,328.00
KEY 2 Average CHIP Programs Benefit Cost with Prescription Benefit	189.42	187.50	192.73	200.13	198.85

2.D. Summary of Base Request Objective Outcomes
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation system of Texas (ABEST)

10/26/2020 3:00:04PM

529 Health and Human Services Commission

Goal/ Objective / Outcome	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
4 Provide Additional Health-related Services					
1 Provide Primary Health and Specialty Care					
KEY 1 Percent of ECI Clients Enrolled in Medicaid	65.20%	65.10%	63.00%	64.00%	64.00%
2 Provide Community Behavioral Health Services					
KEY 1 % Adults Receiving Community MH Svcs Whose Functional Level Improved	58.00%	51.00%	58.00%	51.00%	51.00%
KEY 2 % Children Rcvng Community MH Svcs Whose Functional Level Improved	56.00%	53.00%	58.00%	53.00%	53.00%
KEY 3 % Rcvng Crisis Svcs Who Avoid Psychiatric Hospitalization w/in 30 days	89.00%	97.00%	93.00%	97.00%	97.00%
KEY 4 % Adults Who Complete Trtmt Pgm and Report No Past Month Substance Use	90.00%	86.00%	85.00%	86.00%	86.00%
KEY 5 % Youth Who Complete Trtmnt Pgm and Report No Past Month Substance Use	90.00%	92.00%	90.00%	92.00%	92.00%
KEY 6 % Of Adults With OUD Receiving Medication-assisted Treatment	83.00%	53.00%	35.00%	53.00%	53.00%
9 Program Eligibility Determination & Enrollment					
2 Community Access and Supports					
1 Percent LTC Ombudsman Complaints Resolved or Partially Resolved	90.17%	86.34%	80.00%	80.00%	80.00%
11 Office of Inspector General					
1 Client and Provider Accountability					
1 Net State Dollars Recovered Per Dollar Expended from All Funds	2.71	2.57	2.00	2.00	2.00

2.E. Summary of Exceptional Items Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
 TIME : 3:04:42PM

Agency code: 529

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

Priority	Item	2022			2023			Biennium	
		GR and GR/GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds
1	Maintain Cost Growth	\$517,464,033	\$1,329,215,503		\$1,027,391,060	\$2,673,742,626		\$1,544,855,093	\$4,002,958,129
2	Foster Care Litigation	\$15,084,441	\$15,084,441	139.9	\$18,584,018	\$18,584,018	152.0	\$33,668,459	\$33,668,459
3	DAA for Hepatitis C No Restrictions	\$24,396,430	\$60,766,501		\$21,574,973	\$54,989,978		\$45,971,403	\$115,756,479
4	Access Medicaid LTS & Supp Waivers	\$19,382,052	\$50,116,942	56.4	\$52,206,558	\$137,504,572	64.5	\$71,588,610	\$187,621,514
5	EVV Expansion	\$875,000	\$6,500,000	0.0	\$378,750	\$1,515,000	0.0	\$1,253,750	\$8,015,000
6	IT Security Threat	\$25,006,629	\$36,471,846	17.1	\$23,053,955	\$33,480,983	17.1	\$48,060,584	\$69,952,829
7	Phase 1: MMIS Modernization Procure	\$8,840,728	\$57,948,881	0.0	\$23,660,421	\$211,884,259	0.0	\$32,501,149	\$269,833,140
8	IDD System Redesign and Waiver	\$4,206,207	\$25,063,999	17.2	\$4,363,905	\$26,134,673	29.4	\$8,570,112	\$51,198,672
9	Comm Integration Ind w Disabilities	\$1	\$1		\$1	\$1		\$2	\$2
10	Compliance with Data Governance	\$4,035,947	\$5,029,763	12.2	\$4,625,377	\$5,575,914	12.2	\$8,661,324	\$10,605,677
11	Construction & Expanded Ops	\$3	\$3		\$2	\$2		\$5	\$5
12	Critical Infrastructure & Safety	\$58,770,428	\$105,687,437	4.1	\$1,999,376	\$1,999,376	4.1	\$60,769,804	\$107,686,813
13	Stabilize E-Discovery	\$3,733,524	\$5,500,000		\$1,120,057	\$1,650,000		\$4,853,581	\$7,150,000
14	CAPPS Compliance and Stabilization	\$7,871,889	\$11,532,711	45.6	\$8,422,346	\$12,478,717	47.7	\$16,294,235	\$24,011,428
15	Article II Assessment Costs	\$14,718,764	\$14,718,764		\$13,352,938	\$13,352,938		\$28,071,702	\$28,071,702
16	OIG - Restoring Cuts to Nurse	\$976,395	\$2,440,987		\$976,395	\$2,440,987		\$1,952,790	\$4,881,974
17	OIG - Access to Work Number	\$125,865	\$250,000		\$125,865	\$250,000		\$251,730	\$500,000
18	TCCO -Caseload Growth/Housing Rate	\$810,057	\$810,057		\$2,345,775	\$2,345,775		\$3,155,832	\$3,155,832
19	TCCO - Offsite Healthcare	\$356,712	\$356,712		\$356,712	\$356,712		\$713,424	\$713,424
20	TCCO - Case Manager Career Ladder	\$22,896	\$22,896		\$45,792	\$45,792		\$68,688	\$68,688
21	TCCO - Contracted Pro Services	\$25,000	\$25,000		\$25,000	\$25,000		\$50,000	\$50,000
22	TCCO - Additional FTE Request	\$107,265	\$107,265		\$108,278	\$108,278		\$215,543	\$215,543

2.E. Summary of Exceptional Items Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
 TIME : 3:04:42PM

Agency code: 529

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

Priority	Item	2022			2023			Biennium		
		GR and GR/Dedicated	All Funds	FTEs	GR and GR/Dedicated	All Funds	FTEs	GR and GR/Dedicated	All Funds	
Total, Exceptional Items Request		\$706,810,266	\$1,727,649,709	292.5	\$1,204,717,554	\$3,198,465,601	327.0	\$1,911,527,820	\$4,926,115,310	
Method of Financing										
	General Revenue	\$706,810,266	\$706,810,266		\$1,204,717,554	\$1,204,717,554		\$1,911,527,820	\$1,911,527,820	
	General Revenue - Dedicated									
	Federal Funds		973,922,434			1,993,748,047			2,967,670,481	
	Other Funds		46,917,009			0			46,917,009	
		\$706,810,266	\$1,727,649,709		\$1,204,717,554	\$3,198,465,601		\$1,911,527,820	\$4,926,115,310	
Full Time Equivalent Positions				292.5				327.0		
Number of 100% Federally Funded FTEs				0.0				0.0		

2.F. Summary of Total Request by Strategy
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : 10/26/2020

TIME : 3:06:11PM

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

Goal/Objective/STRATEGY	Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
1 Medicaid						
<i>1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients</i>						
1 AGED AND MEDICARE-RELATED	\$5,447,151,472	\$5,493,789,692	\$271,594,982	\$563,757,828	\$5,718,746,454	\$6,057,547,520
2 DISABILITY-RELATED	7,564,503,654	7,565,235,532	385,562,535	801,486,021	7,950,066,189	8,366,721,553
3 PREGNANT WOMEN	1,194,539,210	1,184,712,634	12,620,977	26,381,328	1,207,160,187	1,211,093,962
4 OTHER ADULTS	769,735,764	739,445,166	25,233,693	47,729,227	794,969,457	787,174,393
5 CHILDREN	7,634,580,474	7,432,877,609	210,681,659	429,439,333	7,845,262,133	7,862,316,942
6 MEDICAID PRESCRIPTION DRUGS	3,847,040,727	3,767,722,101	226,630,394	393,131,392	4,073,671,121	4,160,853,493
7 HEALTH STEPS (EPSDT) DENTAL	1,204,654,274	1,158,796,436	33,641,947	68,621,799	1,238,296,221	1,227,418,235
8 MEDICAL TRANSPORTATION	187,477,795	182,135,139	9,146,551	18,284,357	196,624,346	200,419,496
<i>2 Community Services and Supports - Entitlement</i>						
1 COMMUNITY ATTENDANT SERVICES	940,543,674	971,898,802	3,574,621	7,409,318	944,118,295	979,308,120
2 PRIMARY HOME CARE	14,020,619	14,177,676	49,703	106,962	14,070,322	14,284,638
3 DAY ACTIVITY & HEALTH SERVICES	8,554,534	8,692,339	41,739	50,463	8,596,273	8,742,802
4 NURSING FACILITY PAYMENTS	371,314,784	371,307,346	3,572,649	6,528,434	374,887,433	377,835,780
5 MEDICARE SKILLED NURSING FACILITY	49,885,002	49,877,130	1,652,249	3,710,280	51,537,251	53,587,410
6 HOSPICE	299,314,154	305,798,355	2,007,308	4,148,964	301,321,462	309,947,319
7 INTERMEDIATE CARE FACILITIES - IID	273,635,879	273,636,154	571,340	526,990	274,207,219	274,163,144
<i>3 Long-term Care - Non-entitlement</i>						
1 HOME AND COMMUNITY-BASED SERVICES	1,305,208,268	1,305,968,256	38,673,702	103,712,169	1,343,881,970	1,409,680,425
2 COMMUNITY LIVING ASSISTANCE (CLASS)	313,697,295	313,720,944	12,741,558	28,884,834	326,438,853	342,605,778
3 DEAF-BLIND MULTIPLE DISABILITIES	18,241,650	18,242,028	239,120	645,607	18,480,770	18,887,635
4 TEXAS HOME LIVING WAIVER	104,116,203	104,095,416	15,723,294	22,501,861	119,839,497	126,597,277
5 ALL-INCLUSIVE CARE - ELDERLY (PACE)	44,529,539	44,531,232	0	0	44,529,539	44,531,232

2.F. Summary of Total Request by Strategy
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : 10/26/2020
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Agency code: 529 Agency name: Health and Human Services Commission

Goal/Objective/STRATEGY	Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
<i>4 Other Medicaid Services</i>						
1 NON-FULL BENEFIT PAYMENTS	\$1,207,340,249	\$1,207,939,647	\$30,484,622	\$53,882,629	\$1,237,824,871	\$1,261,822,276
2 MEDICARE PAYMENTS	2,078,482,468	2,118,475,603	115,538,292	209,095,808	2,194,020,760	2,327,571,411
3 TRANSFORMATION PAYMENTS	34,570,730	34,570,730	0	0	34,570,730	34,570,730
TOTAL, GOAL 1	\$34,913,138,418	\$34,667,645,967	\$1,399,982,935	\$2,790,035,604	\$36,313,121,353	\$37,457,681,571
2 Medicaid and CHIP Contracts and Administration						
<i>1 Medicaid & CHIP Contracts and Administration</i>						
1 MEDICAID CONTRACTS & ADMINISTRATION	609,476,054	608,100,042	89,471,585	238,267,339	698,947,639	846,367,381
2 CHIP CONTRACTS & ADMINISTRATION	15,512,353	17,633,375	0	0	15,512,353	17,633,375
TOTAL, GOAL 2	\$624,988,407	\$625,733,417	\$89,471,585	\$238,267,339	\$714,459,992	\$864,000,756
3 Children's Health Insurance Program Services						
<i>1 CHIP Services</i>						
1 CHIP	517,563,615	523,667,565	22,956,063	47,777,221	540,519,678	571,444,786
2 CHIP PERINATAL SERVICES	135,255,723	134,647,650	2,519,144	5,909,941	137,774,867	140,557,591
3 CHIP PRESCRIPTION DRUGS	144,255,431	146,564,844	4,085,629	7,810,094	148,341,060	154,374,938
4 CHIP DENTAL SERVICES	93,790,148	95,515,698	2,912,073	6,023,377	96,702,221	101,539,075
TOTAL, GOAL 3	\$890,864,917	\$900,395,757	\$32,472,909	\$67,520,633	\$923,337,826	\$967,916,390

2.F. Summary of Total Request by Strategy
 87th Regular Session, Agency Submission, Version 1
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DATE : 10/26/2020

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

Goal/Objective/STRATEGY	Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
4 Provide Additional Health-related Services						
1 Provide Primary Health and Specialty Care						
1 WOMEN'S HEALTH PROGRAMS	\$170,373,616	\$172,034,129	\$0	\$0	\$170,373,616	\$172,034,129
2 ALTERNATIVES TO ABORTION	40,011,366	40,011,367	0	0	40,011,366	40,011,367
3 ECI SERVICES	168,878,711	170,142,861	0	0	168,878,711	170,142,861
4 ECI RESPITE & QUALITY ASSURANCE	3,530,966	3,530,966	0	0	3,530,966	3,530,966
5 CHILDREN'S BLINDNESS SERVICES	5,748,137	5,748,138	0	0	5,748,137	5,748,138
6 AUTISM PROGRAM	7,188,435	7,188,435	0	0	7,188,435	7,188,435
7 CHILDREN WITH SPECIAL NEEDS	30,500,817	30,500,816	0	0	30,500,817	30,500,816
8 TITLE V DNTL & HLTH SVCS	8,733,928	8,733,928	0	0	8,733,928	8,733,928
9 KIDNEY HEALTH CARE	19,991,046	19,991,045	0	0	19,991,046	19,991,045
10 ADDITIONAL SPECIALTY CARE	5,720,338	5,720,340	0	0	5,720,338	5,720,340
11 COMMUNITY PRIMARY CARE SERVICES	12,173,840	12,173,840	0	0	12,173,840	12,173,840
12 ABSTINENCE EDUCATION	7,426,287	7,426,288	0	0	7,426,287	7,426,288
2 Provide Community Behavioral Health Services						
1 COMMUNITY MENTAL HEALTH SVCS-ADULTS	393,464,529	393,464,530	0	0	393,464,529	393,464,530
2 COMMUNITY MENTAL HLTH SVCS-CHILDREN	92,509,484	92,509,483	0	0	92,509,484	92,509,483
3 COMMUNITY MENTAL HEALTH CRISIS SVCS	128,199,150	128,199,150	0	0	128,199,150	128,199,150
4 SUBSTANCE ABUSE SERVICES	258,073,053	258,073,054	0	0	258,073,053	258,073,054
5 BEHAVIORAL HLTH WAIVER & AMENDMENT	53,120,468	53,120,467	0	0	53,120,468	53,120,467
6 COMMUNITY MENTAL HEALTH GRANT PGMS	55,000,000	55,000,000	0	0	55,000,000	55,000,000
3 Build Community Capacity						
1 INDIGENT HEALTH CARE REIMBURSEMENT	439,443	439,443	0	0	439,443	439,443
2 COUNTY INDIGENT HEALTH CARE SVCS	679,126	679,124	0	0	679,126	679,124

2.F. Summary of Total Request by Strategy
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : 10/26/2020

TIME : 3:06:11PM

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

Goal/Objective/STRATEGY	Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
TOTAL, GOAL 4	\$1,461,762,740	\$1,464,687,404	\$0	\$0	\$1,461,762,740	\$1,464,687,404
5 Encourage Self-Sufficiency						
<i>1 Financial and Other Assistance</i>						
1 TANF (CASH ASSISTANCE) GRANTS	\$51,026,906	\$48,222,493	\$856,722	\$1,698,148	\$51,883,628	\$49,920,641
2 PROVIDE WIC SERVICES	812,029,990	812,029,990	0	0	812,029,990	812,029,990
3 DISASTER ASSISTANCE	0	0	0	0	0	0
TOTAL, GOAL 5	\$863,056,896	\$860,252,483	\$856,722	\$1,698,148	\$863,913,618	\$861,950,631
6 Community & Independent Living Services & Coordination						
<i>1 Long-term Care Services & Coordination</i>						
1 GUARDIANSHIP	8,954,276	8,954,275	0	0	8,954,276	8,954,275
2 NON-MEDICAID SERVICES	165,420,632	165,420,632	0	0	165,420,632	165,420,632
3 NON-MEDICAID IDD COMMUNITY SVCS	49,901,921	49,901,920	0	0	49,901,921	49,901,920
<i>2 Provide Rehabilitation Services to Persons with General Disabilitie</i>						
1 INDEPENDENT LIVING SERVICES	14,584,039	14,584,037	0	0	14,584,039	14,584,037
2 BEST PROGRAM	430,000	430,000	0	0	430,000	430,000
3 COMPREHENSIVE REHABILITATION (CRS)	23,253,772	23,253,772	0	0	23,253,772	23,253,772
4 DEAF AND HARD OF HEARING SERVICES	4,222,658	4,222,658	0	0	4,222,658	4,222,658
<i>3 Other Community Support Services</i>						
1 FAMILY VIOLENCE SERVICES	36,154,291	36,154,291	0	0	36,154,291	36,154,291
2 CHILD ADVOCACY PROGRAMS	38,563,005	38,563,004	0	0	38,563,005	38,563,004
3 ADDITIONAL ADVOCACY PROGRAMS	1,031,195	1,031,195	0	0	1,031,195	1,031,195
TOTAL, GOAL 6	\$342,515,789	\$342,515,784	\$0	\$0	\$342,515,789	\$342,515,784

2.F. Summary of Total Request by Strategy
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : 10/26/2020

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

Goal/Objective/STRATEGY	Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
7 Mental Health State Hospitals, SSLCs and Other Facilities						
<i>1 State Supported Living Centers</i>						
1 STATE SUPPORTED LIVING CENTERS	\$692,318,157	\$687,290,149	\$56,802	\$56,802	\$692,374,959	\$687,346,951
<i>2 Mental Health State Hospital Facilities and Services</i>						
1 MENTAL HEALTH STATE HOSPITALS	443,351,847	442,071,627	3,478,111	2,482,477	446,829,958	444,554,104
2 MENTAL HEALTH COMMUNITY HOSPITALS	138,397,727	138,397,725	0	0	138,397,727	138,397,725
<i>3 Other Facilities</i>						
1 OTHER FACILITIES	5,905,168	5,905,169	0	0	5,905,168	5,905,169
<i>4 Facility Program Support</i>						
1 FACILITY PROGRAM SUPPORT	14,000,652	14,000,652	10,300,084	446,041	24,300,736	14,446,693
2 FACILITY CAPITAL REPAIRS & RENOV	222,514,860	12,305,184	93,834,019	0	316,348,879	12,305,184
TOTAL, GOAL 7	\$1,516,488,411	\$1,299,970,506	\$107,669,016	\$2,985,320	\$1,624,157,427	\$1,302,955,826
8 Regulatory, Licensing and Consumer Protection Services						
<i>1 Long-Term Care and Acute Care Regulation</i>						
1 FACILITY/COMMUNITY-BASED REGULATION	106,022,414	106,167,571	1,958,118	2,495,576	107,980,532	108,663,147
2 LTC QUALITY OUTREACH	5,039,127	5,039,127	0	0	5,039,127	5,039,127
<i>2 Child Care Regulation</i>						
1 CHILD CARE REGULATION	50,804,272	50,804,272	13,175,820	12,365,240	63,980,092	63,169,512
<i>3 Professional and Occupational Regulation</i>						
1 HEALTH CARE PROFESSIONALS & OTHER	2,964,673	2,964,673	0	0	2,964,673	2,964,673
<i>4 Texas.gov. Estimated and Nontransferable</i>						
1 TEXAS.GOV	123,140	123,140	0	0	123,140	123,140
TOTAL, GOAL 8	\$164,953,626	\$165,098,783	\$15,133,938	\$14,860,816	\$180,087,564	\$179,959,599

2.F. Summary of Total Request by Strategy
 87th Regular Session, Agency Submission, Version 1
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Agency code: 529 Agency name: Health and Human Services Commission

Goal/Objective/STRATEGY	Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
9 Program Eligibility Determination & Enrollment						
<i>1 Eligibility Operations</i>						
1 INTEGRATED ELIGIBILITY & ENROLLMENT	\$557,153,486	\$557,170,202	\$0	\$0	\$557,153,486	\$557,170,202
<i>2 Community Access and Supports</i>						
1 LONG-TERM CARE INTAKE & ACCESS	263,767,849	263,767,848	2,846,687	4,023,956	266,614,536	267,791,804
<i>3 Texas Integrated Eligibility Redesign System</i>						
1 TIERS & ELIGIBILITY SUPPORT TECH	112,066,965	112,066,965	750,000	750,000	112,816,965	112,816,965
2 TIERS CAPITAL PROJECTS	53,873,170	55,627,786	0	640,000	53,873,170	56,267,786
TOTAL, GOAL 9	\$986,861,470	\$988,632,801	\$3,596,687	\$5,413,956	\$990,458,157	\$994,046,757
10 Provide Disability Determination Services within SSA Guidelines						
<i>1 Increase Decisional Accuracy and Timeliness of Determinations</i>						
1 DISABILITY DETERMINATION SVCS (DDS)	105,873,182	105,873,182	0	0	105,873,182	105,873,182
TOTAL, GOAL 10	\$105,873,182	\$105,873,182	\$0	\$0	\$105,873,182	\$105,873,182
11 Office of Inspector General						
<i>1 Client and Provider Accountability</i>						
1 OFFICE OF INSPECTOR GENERAL	30,674,299	30,674,299	2,690,987	2,690,987	33,365,286	33,365,286
2 OIG ADMINISTRATIVE SUPPORT	20,992,519	20,992,519	0	0	20,992,519	20,992,519
TOTAL, GOAL 11	\$51,666,818	\$51,666,818	\$2,690,987	\$2,690,987	\$54,357,805	\$54,357,805

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 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
12 HHS Enterprise Oversight and Policy						
1 <i>Enterprise Oversight and Policy</i>						
1 HHS SYSTEM SUPPORTS	\$123,364,464	\$123,315,575	\$14,957,505	\$13,654,295	\$138,321,969	\$136,969,870
2 IT OVERSIGHT & PROGRAM SUPPORT	229,434,021	226,073,826	59,495,495	58,456,946	288,929,516	284,530,772
2 <i>Program Support</i>						
1 CENTRAL PROGRAM SUPPORT	41,154,428	41,154,407	0	0	41,154,428	41,154,407
2 REGIONAL PROGRAM SUPPORT	101,419,865	99,451,969	0	0	101,419,865	99,451,969
TOTAL, GOAL 12	\$495,372,778	\$489,995,777	\$74,453,000	\$72,111,241	\$569,825,778	\$562,107,018
13 Texas Civil Commitment Office						
1 <i>Administer Texas Civil Commitment Program</i>						
1 TEXAS CIVIL COMMITMENT OFFICE	17,950,178	17,950,177	1,321,930	2,881,557	19,272,108	20,831,734
TOTAL, GOAL 13	\$17,950,178	\$17,950,177	\$1,321,930	\$2,881,557	\$19,272,108	\$20,831,734
TOTAL, AGENCY STRATEGY REQUEST	\$42,435,493,630	\$41,980,418,856	\$1,727,649,709	\$3,198,465,601	\$44,163,143,339	\$45,178,884,457
TOTAL, AGENCY RIDER APPROPRIATIONS REQUEST						
GRAND TOTAL, AGENCY REQUEST	\$42,435,493,630	\$41,980,418,856	\$1,727,649,709	\$3,198,465,601	\$44,163,143,339	\$45,178,884,457

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 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
General Revenue Funds:						
1 General Revenue Fund	\$1,427,364,334	\$1,420,767,077	\$118,667,523	\$64,197,100	\$1,546,031,857	\$1,484,964,177
705 Medicaid Program Income	18,000,000	18,000,000	0	0	18,000,000	18,000,000
706 Vendor Drug Rebates-Medicaid	691,915,502	695,526,588	0	0	691,915,502	695,526,588
758 GR Match For Medicaid	12,048,399,639	11,956,501,165	532,395,422	1,062,298,839	12,580,795,061	13,018,800,004
759 GR MOE for TANF	0	0	0	0	0	0
3643 Premium Co-payments	1,253,116	1,277,621	0	0	1,253,116	1,277,621
8001 GR For MH Block Grant	301,140,072	301,140,072	0	0	301,140,072	301,140,072
8002 GR For Subst Abuse Prev	46,719,088	46,719,088	0	0	46,719,088	46,719,088
8003 GR For Mat & Child Health	20,806,645	20,806,645	0	0	20,806,645	20,806,645
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	10,574,504	11,071,011	173,405	191,879	10,747,909	11,262,890
8014 GR Match for Food Stamp Admin	151,598,956	151,932,512	3,772,535	3,339,691	155,371,491	155,272,203
8024 Tobacco Receipts Match For Medicaid	148,000,000	148,000,000	0	0	148,000,000	148,000,000
8025 Tobacco Receipts Match For Chip	233,784,548	235,530,930	8,754,697	18,217,066	242,539,245	253,747,996
8032 GR Certified As Match For Medicaid	280,556,236	278,765,143	1,654,984	1,699,555	282,211,220	280,464,698
8046 Vendor Drug Rebates-Pub Health	9,115,318	9,115,318	0	0	9,115,318	9,115,318
8054 Experience Rebates-CHIP	150,000	150,000	0	0	150,000	150,000
8070 Vendor Drug Rebates-CHIP	4,988,519	5,967,225	0	0	4,988,519	5,967,225
8075 Cost Sharing - Medicaid Clients	200,000	200,000	0	0	200,000	200,000
8081 Vendor Drug Rebates-Sup Rebates	44,740,131	44,969,451	0	0	44,740,131	44,969,451

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

<i>Goal/Objective/STRATEGY</i>	Base 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
General Revenue Funds:						
8086 GR For ECI	\$22,994,919	\$22,680,074	\$0	\$0	\$22,994,919	\$22,680,074
8092 Medicare Giveback Provision	455,781,679	462,973,663	41,391,700	54,773,424	497,173,379	517,747,087
8137 GR Match: Medicaid Entitlement Demand	0	0	0	0	0	0
	\$15,922,339,226	\$15,836,349,603	\$706,810,266	\$1,204,717,554	\$16,629,149,492	\$17,041,067,157
General Revenue Dedicated Funds:						
129 Hospital Licensing Acct	2,715,364	2,715,364	0	0	2,715,364	2,715,364
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
5010 Sexual Assault Prog Acct	5,000,000	5,000,000	0	0	5,000,000	5,000,000
5018 Home Health Services Acct	5,633,898	5,633,898	0	0	5,633,898	5,633,898
5049 Teaching Hospital Account	439,443	439,443	0	0	439,443	439,443
5080 Quality Assurance	60,000,000	60,000,000	0	0	60,000,000	60,000,000
5109 Medicaid Estate Recovery Account	2,300,000	2,300,000	0	0	2,300,000	2,300,000
	\$86,608,351	\$86,608,351	\$0	\$0	\$86,608,351	\$86,608,351
Federal Funds:						
369 Fed Recovery & Reinvestment Fund	46,592,579	46,592,579	0	0	46,592,579	46,592,579
555 Federal Funds	25,370,063,704	25,210,867,237	973,922,434	1,993,748,047	26,343,986,138	27,204,615,284
8059 Supplemental: Federal Funds	0	0	0	0	0	0
	\$25,416,656,283	\$25,257,459,816	\$973,922,434	\$1,993,748,047	\$26,390,578,717	\$27,251,207,863
Other Funds:						
444 Interagency Contracts - CJG	0	0	0	0	0	0
599 Economic Stabilization Fund	0	0	0	0	0	0

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 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
Other Funds:						
666 Appropriated Receipts	\$39,698,930	\$39,698,930	\$0	\$0	\$39,698,930	\$39,698,930
707 Chest Hospital Fees	325,610	325,610	0	0	325,610	325,610
709 Pub Hlth Mediced Reimb	63,013,047	62,908,500	0	0	63,013,047	62,908,500
777 Interagency Contracts	298,035,820	296,671,140	0	0	298,035,820	296,671,140
780 Bond Proceed-Gen Obligat	0	0	0	0	0	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	1,935,722	1,935,722	0	0	1,935,722	1,935,722
8033 MH Appropriated Receipts	10,906,440	10,906,440	0	0	10,906,440	10,906,440
8044 Medicaid Subrogation Receipts	100,000,000	100,000,000	0	0	100,000,000	100,000,000
8051 Universal Services Fund	988,248	988,248	0	0	988,248	988,248
8052 Subrogation Receipts	25,000	25,000	0	0	25,000	25,000
8062 Approp Receipts-Match For Medicaid	19,611,747	20,008,567	0	0	19,611,747	20,008,567
8095 ID Collect-Pat Supp & Maint	24,471,876	24,471,876	0	0	24,471,876	24,471,876
8096 ID Appropriated Receipts	496,661	496,661	0	0	496,661	496,661
8098 ID Revolving Fund Receipts	80,779	80,779	0	0	80,779	80,779
8148 WIC Rebates	224,959,011	224,959,011	0	0	224,959,011	224,959,011
8226 MLPP Revenue Bond Proceeds	208,816,277	0	46,917,009	0	255,733,286	0
	\$1,009,889,770	\$800,001,086	\$46,917,009	\$0	\$1,056,806,779	\$800,001,086
TOTAL, METHOD OF FINANCING	\$42,435,493,630	\$41,980,418,856	\$1,727,649,709	\$3,198,465,601	\$44,163,143,339	\$45,178,884,457

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 2022	Base 2023	Exceptional 2022	Exceptional 2023	Total Request 2022	Total Request 2023
FULL TIME EQUIVALENT POSITIONS	38,302.0	38,302.0	292.5	327.0	38,594.5	38,629.0

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

Date : 10/26/2020

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Agency code: 529

Agency name: Health and Human Services Commission

Goal/ Objective / Outcome

		BL 2022	BL 2023	Excp 2022	Excp 2023	Total Request 2022	Total Request 2023
1	Medicaid						
1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients						
KEY	1 Average Medicaid and CHIP Children Recipient Months Per Month						
		3,388,576.00	3,277,643.00			3,388,576.00	3,277,643.00
KEY	2 Average Full Benefit Medicaid Recipient Months Per Month						
		4,170,406.00	4,051,136.00	4,170,799.00	4,052,250.00	4,170,799.00	4,052,250.00
KEY	3 Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)						
		527.34	537.67	527.60	538.46	527.60	538.46
KEY	4 Medicaid Rec Months: Proportion in Managed Care						
		94.18%	93.91%			94.18%	93.91%
KEY	5 Avg # of Members Receiving Waiver Services through Managed Care						
		66,617.00	67,072.00	72,643.00	73,504.00	72,643.00	73,504.00
KEY	6 Avg # Members Receiving Nursing Facility Care through Managed Care						
		51,650.00	51,653.00	51,556.00	51,387.00	51,556.00	51,387.00
KEY	7 Avg Number Served per Month: Medically Dependent Children Program						
		5,734.00	5,734.00	5,793.00	5,903.00	5,793.00	5,903.00
3	Children's Health Insurance Program Services						
1	CHIP Services						

2.G. Summary of Total Request Objective Outcomes
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation system of Texas (ABEST)

Date : 10/26/2020

Time: 3:07:52PM

Agency code: 529

Agency name: Health and Human Services Commission

Goal/ Objective / Outcome

		BL 2022	BL 2023	Excp 2022	Excp 2023	Total Request 2022	Total Request 2023
KEY	1 Average CHIP Programs Recipient Months Per Month	370,949.00	377,328.00			370,949.00	377,328.00
KEY	2 Average CHIP Programs Benefit Cost with Prescription Benefit	200.13	198.85	207.43	213.76	207.43	213.76
4	Provide Additional Health-related Services						
1	<i>Provide Primary Health and Specialty Care</i>						
KEY	1 Percent of ECI Clients Enrolled in Medicaid	64.00%	64.00%			64.00%	64.00%
2	<i>Provide Community Behavioral Health Services</i>						
KEY	1 % Adults Receiving Community MH Svcs Whose Functional Level Improved	51.00%	51.00%			51.00%	51.00%
KEY	2 % Children Rcvng Community MH Svcs Whose Functional Level Improved	53.00%	53.00%			53.00%	53.00%
KEY	3 % Rcvng Crisis Svcs Who Avoid Psychiatric Hospitalization w/in 30 days	97.00%	97.00%			97.00%	97.00%
KEY	4 % Adults Who Complete Trtmt Pgm and Report No Past Month Substance Use	86.00%	86.00%			86.00%	86.00%
KEY	5 % Youth Who Complete Trtmnt Pgm and Report No Past Month Substance Use	92.00%	92.00%			92.00%	92.00%

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	BL	Excp	Excp	Total	Total
		2022	2023	2022	2023	Request	Request
						2022	2023
KEY	6 % Of Adults With OUD Receiving Medication-assisted Treatment						
		53.00%	53.00%			53.00%	53.00%
9	Program Eligibility Determination & Enrollment						
2	<i>Community Access and Supports</i>						
	1 Percent LTC Ombudsman Complaints Resolved or Partially Resolved						
		80.00%	80.00%			80.00%	80.00%
11	Office of Inspector General						
1	<i>Client and Provider Accountability</i>						
	1 Net State Dollars Recovered Per Dollar Expended from All Funds						
		2.00	2.00			2.00	2.00

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Aged and Medicare-Related Recipient Months Per Month: Total	372,266.00	378,084.00	379,739.00	380,221.00	386,198.00
Efficiency Measures:						
KEY 1	Average Aged and Medicare-Related Cost Per Recipient Month	1,131.49	1,293.07	1,352.30	1,193.47	1,185.11
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$0	\$0	\$0	\$0
3001	CLIENT SERVICES	\$5,123,043,128	\$5,853,514,546	\$6,168,190,739	\$5,445,214,772	\$5,491,728,872
4000	GRANTS	\$0	\$0	\$0	\$1,936,700	\$2,060,820
TOTAL, OBJECT OF EXPENSE		\$5,123,043,128	\$5,853,514,546	\$6,168,190,739	\$5,447,151,472	\$5,493,789,692
Method of Financing:						
1	General Revenue Fund	\$2,609,748	\$0	\$0	\$1,936,700	\$2,060,820
758	GR Match For Medicaid	\$1,863,450,102	\$2,019,672,031	\$1,981,388,245	\$2,054,284,052	\$2,073,074,044
8137	GR Match: Medicaid Entitlemt Demand	\$245,000,000	\$0	\$303,886,002	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,111,059,850	\$2,019,672,031	\$2,285,274,247	\$2,056,220,752	\$2,075,134,864

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$2,660,155,523	\$3,833,832,795	\$3,387,513,811	\$3,382,159,138	\$3,410,007,244
	93.778.005 XIX FMAP @ 90%	\$45,335	\$9,720	\$9,351	\$8,282	\$8,404
	93.791.000 Money Follows Person Reblncng Demo	\$12,335,855	\$0	\$0	\$8,763,300	\$8,639,180
CFDA Subtotal, Fund	555	\$2,672,536,713	\$3,833,842,515	\$3,387,523,162	\$3,390,930,720	\$3,418,654,828
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$339,446,565	\$0	\$495,393,330	\$0	\$0
CFDA Subtotal, Fund	8059	\$339,446,565	\$0	\$495,393,330	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$3,011,983,278	\$3,833,842,515	\$3,882,916,492	\$3,390,930,720	\$3,418,654,828
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,447,151,472	\$5,493,789,692
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$5,123,043,128	\$5,853,514,546	\$6,168,190,739	\$5,447,151,472	\$5,493,789,692
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2022-23 assumes the current projected Medicaid caseloads at FY 2021 cost levels. 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.

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 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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$12,021,705,285	\$10,940,941,164	\$(1,080,764,121)	\$(1,080,764,121)	Client Service Forecast Difference
			\$(1,080,764,121)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Disability-Related Recipient Months Per Month: Total	409,409.00	422,843.00	445,892.00	430,679.00	427,346.00
Efficiency Measures:						
KEY 1	Average Disability-Related Cost Per Recipient Month	1,320.21	1,397.64	1,486.74	1,462.90	1,476.34
Objects of Expense:						
3001	CLIENT SERVICES	\$6,381,688,998	\$7,036,396,560	\$7,974,592,967	\$7,564,014,954	\$7,564,715,512
4000	GRANTS	\$0	\$0	\$0	\$488,700	\$520,020
TOTAL, OBJECT OF EXPENSE		\$6,381,688,998	\$7,036,396,560	\$7,974,592,967	\$7,564,503,654	\$7,565,235,532
Method of Financing:						
1	General Revenue Fund	\$122,743	\$0	\$0	\$488,700	\$520,020
758	GR Match For Medicaid	\$2,241,678,509	\$2,447,708,951	\$2,465,755,034	\$2,884,436,007	\$2,887,320,930
8075	Cost Sharing - Medicaid Clients	\$233,136	\$200,000	\$200,000	\$200,000	\$200,000
8137	GR Match: Medicaid Entitlemt Demand	\$410,210,067	\$0	\$513,271,696	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,652,244,455	\$2,447,908,951	\$2,979,226,730	\$2,885,124,707	\$2,888,040,950

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
555	Federal Funds					
93.778.000	XIX FMAP	\$3,156,957,554	\$4,588,438,942	\$4,158,586,656	\$4,677,126,180	\$4,674,972,523
93.778.005	XIX FMAP @ 90%	\$56,600	\$48,667	\$46,816	\$41,467	\$42,079
93.791.000	Money Follows Person Reblncng Demo	\$4,085,907	\$0	\$0	\$2,211,300	\$2,179,980
CFDA Subtotal, Fund	555	\$3,161,100,061	\$4,588,487,609	\$4,158,633,472	\$4,679,378,947	\$4,677,194,582
8059	Supplemental: Federal Funds					
93.778.000	XIX FMAP	\$568,344,482	\$0	\$836,732,765	\$0	\$0
CFDA Subtotal, Fund	8059	\$568,344,482	\$0	\$836,732,765	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$3,729,444,543	\$4,588,487,609	\$4,995,366,237	\$4,679,378,947	\$4,677,194,582
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$7,564,503,654	\$7,565,235,532
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$6,381,688,998	\$7,036,396,560	\$7,974,592,967	\$7,564,503,654	\$7,565,235,532

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: 2 Disability-Related Eligibility Group Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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The Disability-Related strategy includes the hospital, physician, and other medical services provided to eligible disability-related recipients who are under age 65 who receive Supplemental Security Income (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 long term services and supports that are paid through the STAR+PLUS, STAR Health and STAR Kids programs, including the Medically Dependent Children’s Program in STAR Kids and STAR Health. 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.

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 federal poverty level to purchase Medicaid coverage.

Funding for FY 2022-23 assumes the current projected Medicaid caseloads at FY 2021 cost levels. 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 with disabilities qualify for a 6 percent increase in the FMAP rate.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 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. 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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$15,010,989,527	\$15,129,739,186	\$118,749,659	\$118,749,659	Client Service Forecast Difference
			\$118,749,659	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Pregnant Women Recipient Months Per Month	137,696.00	159,136.00	152,855.00	140,420.00	140,979.00
Efficiency Measures:						
KEY 1	Average Pregnant Women Cost Per Recipient Month	661.43	691.52	720.33	705.66	701.10
Objects of Expense:						
3001	CLIENT SERVICES	\$1,044,196,299	\$1,255,544,874	\$1,371,687,152	\$1,194,539,210	\$1,184,712,634
TOTAL, OBJECT OF EXPENSE		\$1,044,196,299	\$1,255,544,874	\$1,371,687,152	\$1,194,539,210	\$1,184,712,634
Method of Financing:						
758	GR Match For Medicaid	\$356,645,733	\$436,654,286	\$395,989,874	\$455,319,756	\$451,869,521
8137	GR Match: Medicaid Entitlemt Demand	\$73,089,267	\$0	\$116,242,137	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$429,735,000	\$436,654,286	\$512,232,011	\$455,319,756	\$451,869,521
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$1,275,252	\$718,842	\$617,566	\$651,363	\$654,207
93.778.000	XIX FMAP	\$492,515,910	\$800,328,700	\$651,573,566	\$723,693,297	\$717,267,060
93.778.005	XIX FMAP @ 90%	\$19,405,237	\$17,843,046	\$17,766,701	\$14,874,794	\$14,921,846

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund	555	\$513,196,399	\$818,890,588	\$669,957,833	\$739,219,454	\$732,843,113
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$101,264,900	\$0	\$189,497,308	\$0	\$0
CFDA Subtotal, Fund	8059	\$101,264,900	\$0	\$189,497,308	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$614,461,299	\$818,890,588	\$859,455,141	\$739,219,454	\$732,843,113
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,194,539,210	\$1,184,712,634
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,044,196,299	\$1,255,544,874	\$1,371,687,152	\$1,194,539,210	\$1,184,712,634

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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 2022-23 assumes the current projected Medicaid caseloads at FY 2021 cost levels.

Legal Base: Title XIX of the Social Security Act

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$2,627,232,026	\$2,379,251,844	\$(247,980,182)	\$(247,980,182)	Client Service Forecast Difference
			<u>\$(247,980,182)</u>	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Other Adult Recipient Months Per Month	136,301.00	146,181.00	150,172.00	141,880.00	136,113.00
Efficiency Measures:						
KEY 1	Average Other Adult Cost Per Recipient Month	379.04	403.25	428.18	452.28	452.77
Objects of Expense:						
3001	CLIENT SERVICES	\$675,393,742	\$700,129,224	\$772,282,714	\$769,735,764	\$739,445,166
TOTAL, OBJECT OF EXPENSE		\$675,393,742	\$700,129,224	\$772,282,714	\$769,735,764	\$739,445,166
Method of Financing:						
758	GR Match For Medicaid	\$244,614,208	\$228,455,964	\$225,822,977	\$275,137,403	\$263,681,919
8137	GR Match: Medicaid Entitlemt Demand	\$21,008,772	\$0	\$44,915,141	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$265,622,980	\$228,455,964	\$270,738,118	\$275,137,403	\$263,681,919
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$184,093	\$107,401,325	\$112,679,625	\$112,497,463	\$113,117,581
93.778.000	XIX FMAP	\$373,266,524	\$356,761,996	\$307,161,356	\$373,440,600	\$354,337,331
93.778.005	XIX FMAP @ 90%	\$6,526,314	\$6,816,062	\$7,289,316	\$7,466,421	\$7,114,458

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund	555	\$379,976,931	\$470,979,383	\$427,130,297	\$493,404,484	\$474,569,370
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$29,107,573	\$0	\$73,220,422	\$0	\$0
CFDA Subtotal, Fund	8059	\$29,107,573	\$0	\$73,220,422	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$409,084,504	\$470,979,383	\$500,350,719	\$493,404,484	\$474,569,370
Method of Financing:						
777	Interagency Contracts	\$686,258	\$693,877	\$1,193,877	\$1,193,877	\$1,193,877
SUBTOTAL, MOF (OTHER FUNDS)		\$686,258	\$693,877	\$1,193,877	\$1,193,877	\$1,193,877
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$769,735,764	\$739,445,166
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$675,393,742	\$700,129,224	\$772,282,714	\$769,735,764	\$739,445,166
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2022-23 assumes the current projected Medicaid caseloads at FY 2021 cost levels.

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 points 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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$1,472,411,938	\$1,509,180,930	\$36,768,992	\$36,768,992	Client Service Forecast Difference
			\$36,768,992	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
 STRATEGY: 5 Children Eligibility Group

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Income-Eligible Children Recipient Months Per Month	2,826,076.00	2,968,840.00	3,164,357.00	3,044,084.00	2,926,832.00
KEY 2	Average STAR Health Foster Care Children Recipient Months Per Month	33,263.00	31,591.00	31,623.00	33,123.00	33,669.00
Efficiency Measures:						
KEY 1	Average Income-Eligible Children Cost Per Recipient Month	171,098.00	179.05	187.90	196.49	198.48
KEY 2	Average STAR Health Foster Care Children Cost Per Recipient Month	786.53	877.52	952.12	1,009.73	1,016.53
Objects of Expense:						
3001	CLIENT SERVICES	\$6,116,543,946	\$6,691,319,219	\$7,567,187,484	\$7,634,580,474	\$7,432,877,609
TOTAL, OBJECT OF EXPENSE		\$6,116,543,946	\$6,691,319,219	\$7,567,187,484	\$7,634,580,474	\$7,432,877,609
Method of Financing:						
1	General Revenue Fund	\$0	\$1,817,748	\$0	\$0	\$0
705	Medicaid Program Income	\$14,799,562	\$8,249,861	\$3,520,840	\$18,000,000	\$18,000,000
758	GR Match For Medicaid	\$926,387,780	\$1,760,394,745	\$1,490,387,872	\$2,515,270,470	\$2,441,479,730

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8024	Tobacco Receipts Match For Medicaid	\$430,000,000	\$274,000,000	\$148,000,000	\$148,000,000	\$148,000,000
8137	GR Match: Medicaid Entitlemt Demand	\$747,848,761	\$0	\$957,321,204	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,119,036,103	\$2,044,462,354	\$2,599,229,916	\$2,681,270,470	\$2,607,479,730
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$306,825,656	\$315,774,394	\$292,829,123	\$316,403,001	\$306,428,273
93.778.000	XIX FMAP	\$2,157,101,241	\$4,116,269,431	\$2,898,819,709	\$4,420,603,212	\$4,303,159,213
93.778.005	XIX FMAP @ 90%	\$7,168,783	\$8,285,443	\$9,161,250	\$10,082,317	\$9,588,919
CFDA Subtotal, Fund	555	\$2,471,095,680	\$4,440,329,268	\$3,200,810,082	\$4,747,088,530	\$4,619,176,405
8059	Supplemental: Federal Funds					
93.778.000	XIX FMAP	\$1,188,546,184	\$0	\$1,560,619,889	\$0	\$0
CFDA Subtotal, Fund	8059	\$1,188,546,184	\$0	\$1,560,619,889	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$3,659,641,864	\$4,440,329,268	\$4,761,429,971	\$4,747,088,530	\$4,619,176,405
Method of Financing:						
599	Economic Stabilization Fund	\$110,000,000	\$0	\$0	\$0	\$0
777	Interagency Contracts	\$97,950,777	\$100,777,597	\$100,777,597	\$100,471,474	\$100,471,474
8044	Medicaid Subrogation Receipts	\$123,912,005	\$100,000,000	\$100,000,000	\$100,000,000	\$100,000,000

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8062	Approp Receipts-Match For Medicaid	\$6,003,197	\$5,750,000	\$5,750,000	\$5,750,000	\$5,750,000
SUBTOTAL, MOF (OTHER FUNDS)		\$337,865,979	\$206,527,597	\$206,527,597	\$206,221,474	\$206,221,474
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$7,634,580,474	\$7,432,877,609
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$6,116,543,946	\$6,691,319,219	\$7,567,187,484	\$7,634,580,474	\$7,432,877,609

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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 2022-23 assumes the current projected Medicaid caseloads at FY 2021 cost levels.

Legal Base: Title XIX of the Social Security Act

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$14,258,506,703	\$15,067,458,083	\$808,951,380	\$808,951,380	Client Service Forecast Difference
			<u>\$808,951,380</u>	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Efficiency Measures:						
KEY 1	Average Cost/Medicaid Recipient Month: Prescription Drugs	82.68	80.99	85.60	76.87	77.50
Objects of Expense:						
3001	CLIENT SERVICES	\$3,804,505,725	\$3,990,846,360	\$4,439,798,684	\$3,847,040,727	\$3,767,722,101
TOTAL, OBJECT OF EXPENSE		\$3,804,505,725	\$3,990,846,360	\$4,439,798,684	\$3,847,040,727	\$3,767,722,101
Method of Financing:						
706	Vendor Drug Rebates-Medicaid	\$766,668,167	\$698,420,452	\$734,790,836	\$690,794,095	\$694,404,308
758	GR Match For Medicaid	\$649,582,420	\$626,505,226	\$525,875,015	\$722,575,285	\$689,855,406
8081	Vendor Drug Rebates-Sup Rebates	\$49,665,340	\$45,534,741	\$48,799,658	\$44,740,131	\$44,969,451
8137	GR Match: Medicaid Entitlemt Demand	\$80,000,000	\$0	\$341,989,592	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,545,915,927	\$1,370,460,419	\$1,651,455,101	\$1,458,109,511	\$1,429,229,165
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$107,517,016	\$100,468,052	\$92,561,226	\$120,567,075	\$117,719,912
93.778.000	XIX FMAP	\$2,031,791,831	\$2,505,697,102	\$2,122,912,375	\$2,253,568,754	\$2,206,350,905
93.778.005	XIX FMAP @ 90%	\$8,441,256	\$14,220,787	\$15,360,384	\$14,795,387	\$14,422,119

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund	555	\$2,147,750,103	\$2,620,385,941	\$2,230,833,985	\$2,388,931,216	\$2,338,492,936
8059 Supplemental: Federal Funds						
	93.778.000 XIX FMAP	\$110,839,695	\$0	\$557,509,598	\$0	\$0
CFDA Subtotal, Fund	8059	\$110,839,695	\$0	\$557,509,598	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,258,589,798	\$2,620,385,941	\$2,788,343,583	\$2,388,931,216	\$2,338,492,936
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$3,847,040,727	\$3,767,722,101
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$3,804,505,725	\$3,990,846,360	\$4,439,798,684	\$3,847,040,727	\$3,767,722,101

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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. 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. Beginning in 2010, federal rebate rates increased as a result of the Affordable Care Act; but the 8% increase (rebate offset amount) is returned in full to the federal government.

Prescription drug benefits are delivered through fee-for-service (FFS) and managed care organizations (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. 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 services through a home and community-based long-term services and supports waiver.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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' 3-year average of per capita income to the National 3-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.

Per federal statute (SSA §1927(d) (1)-(2)), the state may not limit recipient's access to drug products that meet the federal definition of a "Covered Outpatient Drug" if the drug's manufacturer has a rebate agreement with the Centers for Medicaid and Medicare Services (CMS).

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$8,430,645,044	\$7,614,762,828	\$(815,882,216)	\$(815,882,216)	Client Service Forecast Difference
			\$(815,882,216)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average THSteps (EPSDT) Dental Recipient Months Per Month	3,012,510.00	3,159,356.00	3,358,005.00	3,236,330.00	3,116,091.00
Efficiency Measures:						
KEY 1	Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month	33.49	32.24	33.20	31.01	30.99
Objects of Expense:						
3001	CLIENT SERVICES	\$1,203,758,571	\$1,220,682,079	\$1,339,093,857	\$1,204,654,274	\$1,158,796,436
TOTAL, OBJECT OF EXPENSE		\$1,203,758,571	\$1,220,682,079	\$1,339,093,857	\$1,204,654,274	\$1,158,796,436
Method of Financing:						
758	GR Match For Medicaid	\$360,258,298	\$404,117,398	\$488,361,267	\$450,856,802	\$433,992,784
8137	GR Match: Medicaid Entitlemt Demand	\$103,096,539	\$0	\$2,701,512	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$463,354,837	\$404,117,398	\$491,062,779	\$450,856,802	\$433,992,784
Method of Financing:						
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$108,038,143	\$97,501,813	\$87,611,198	\$83,250,588	\$80,298,283
	93.778.000 XIX FMAP	\$489,525,615	\$719,062,868	\$760,419,880	\$670,546,884	\$644,505,369

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund	555	\$597,563,758	\$816,564,681	\$848,031,078	\$753,797,472	\$724,803,652
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$142,839,861	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	8059	\$142,839,861	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$740,403,619	\$816,564,681	\$848,031,078	\$753,797,472	\$724,803,652
Method of Financing:						
8062	Approp Receipts-Match For Medicaid	\$115	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$115	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,204,654,274	\$1,158,796,436
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,203,758,571	\$1,220,682,079	\$1,339,093,857	\$1,204,654,274	\$1,158,796,436
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2022-23 assumes the current projected Medicaid caseloads at FY 2021 cost trends.

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 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 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.

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
 STRATEGY: 7 Health Steps (EPSDT) Dental

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$2,559,775,936	\$2,363,450,710	\$(196,325,226)	\$(196,325,226)	Client Service Forecast Difference
			<u>\$(196,325,226)</u>	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Efficiency Measures:						
KEY 1	Average Nonemergency Transportation (NEMT) Cost Per Recipient Month	3.55	3.77	3.95	3.84	3.84
Objects of Expense:						
3001	CLIENT SERVICES	\$161,251,351	\$178,375,436	\$197,128,942	\$187,477,795	\$182,135,139
TOTAL, OBJECT OF EXPENSE		\$161,251,351	\$178,375,436	\$197,128,942	\$187,477,795	\$182,135,139
Method of Financing:						
1	General Revenue Fund	\$15,003	\$0	\$0	\$17,436	\$16,945
758	GR Match For Medicaid	\$61,203,334	\$61,760,229	\$73,322,497	\$71,198,100	\$69,211,428
8137	GR Match: Medicaid Entitlemt Demand	\$5,569,076	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$66,787,413	\$61,760,229	\$73,322,497	\$71,215,536	\$69,228,373
Method of Financing:						
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$74	\$3,367,860	\$3,089,946	\$3,017,866	\$2,910,746
93.778.000	XIX FMAP	\$85,781,750	\$112,985,309	\$120,019,719	\$112,555,734	\$109,311,762
93.778.003	XIX 50%	\$129,327	\$164,500	\$164,500	\$156,379	\$151,978
CFDA Subtotal, Fund	555	\$85,911,151	\$116,517,669	\$123,274,165	\$115,729,979	\$112,374,486

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8059	Supplemental: Federal Funds 93.778.000 XIX FMAP	\$7,715,934	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	8059	\$7,715,934	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$93,627,085	\$116,517,669	\$123,274,165	\$115,729,979	\$112,374,486
Method of Financing:						
8062	Approp Receipts-Match For Medicaid	\$836,853	\$97,538	\$532,280	\$532,280	\$532,280
SUBTOTAL, MOF (OTHER FUNDS)		\$836,853	\$97,538	\$532,280	\$532,280	\$532,280
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$187,477,795	\$182,135,139
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$161,251,351	\$178,375,436	\$197,128,942	\$187,477,795	\$182,135,139

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

Base funding for FY 2022-23 holds costs at FY 2021 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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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, 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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$375,504,378	\$369,612,934	\$(5,891,444)	\$(5,891,444)	Client Service Forecast Difference
			\$(5,891,444)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average # of Individuals Served Per Mnth: Community Attendant Services	63,767.00	64,374.00	64,557.00	67,626.00	69,032.00
Efficiency Measures:						
KEY 1	Average Mthly Cost Per Individual Served: Community Attendant Services	1,061.59	1,098.68	1,111.72	1,148.75	1,163.56
Objects of Expense:						
3001	CLIENT SERVICES	\$818,163,464	\$855,885,115	\$869,098,030	\$940,543,674	\$971,898,802
TOTAL, OBJECT OF EXPENSE		\$818,163,464	\$855,885,115	\$869,098,030	\$940,543,674	\$971,898,802
Method of Financing:						
758	GR Match For Medicaid	\$273,949,285	\$298,890,553	\$325,777,269	\$359,997,423	\$372,366,988
8137	GR Match: Medicaid Entitlemt Demand	\$67,019,712	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$340,968,997	\$298,890,553	\$325,777,269	\$359,997,423	\$372,366,988
Method of Financing:						
5109	Medicaid Estate Recovery Account	\$2,098,722	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$2,098,722	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$382,240,190	\$554,694,562	\$541,020,761	\$578,246,251	\$597,231,814
CFDA Subtotal, Fund	555	\$382,240,190	\$554,694,562	\$541,020,761	\$578,246,251	\$597,231,814
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$92,855,555	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	8059	\$92,855,555	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$475,095,745	\$554,694,562	\$541,020,761	\$578,246,251	\$597,231,814
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$940,543,674	\$971,898,802
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$818,163,464	\$855,885,115	\$869,098,030	\$940,543,674	\$971,898,802
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 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 2020 and \$37.47 in FY 2021.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,724,983,145	\$1,912,442,476	\$187,459,331	\$187,459,331	Client Service Forecast Difference
			\$187,459,331	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: 2 Primary Home Care Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Number of Individuals Served Per Month: Primary Home Care	980.00	1,096.00	1,090.00	1,054.00	1,054.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Individual Served: Primary Home Care	1,047.23	1,071.35	1,084.64	1,094.32	1,106.71
Objects of Expense:						
3001	CLIENT SERVICES	\$10,991,686	\$14,701,045	\$14,459,173	\$14,020,619	\$14,177,676
TOTAL, OBJECT OF EXPENSE		\$10,991,686	\$14,701,045	\$14,459,173	\$14,020,619	\$14,177,676
Method of Financing:						
758	GR Match For Medicaid	\$4,597,626	\$5,192,937	\$5,458,859	\$5,400,742	\$5,465,494
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$4,597,626	\$5,192,937	\$5,458,859	\$5,400,742	\$5,465,494
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$6,394,060	\$9,508,108	\$9,000,314	\$8,619,877	\$8,712,182
CFDA Subtotal, Fund	555	\$6,394,060	\$9,508,108	\$9,000,314	\$8,619,877	\$8,712,182

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (FEDERAL FUNDS)		\$6,394,060	\$9,508,108	\$9,000,314	\$8,619,877	\$8,712,182
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$14,020,619	\$14,177,676
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$10,991,686	\$14,701,045	\$14,459,173	\$14,020,619	\$14,177,676

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 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 2020 and \$50.63 in FY 21. 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)

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$29,160,218	\$28,198,295	\$(961,923)	\$(961,923)	Client Service Forecast Difference
			\$(961,923)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Number of Individuals Per Month: Day Activity/Health Services	1,250.00	1,246.00	1,247.00	1,247.00	1,259.00
Efficiency Measures:						
KEY 1	Avg Mthly Cost Per Individual Served: Day Activity and Health Services	555.00	564.25	572.08	572.08	575.42
Objects of Expense:						
3001	CLIENT SERVICES	\$7,732,277	\$8,439,099	\$8,560,852	\$8,554,534	\$8,692,339
TOTAL, OBJECT OF EXPENSE		\$7,732,277	\$8,439,099	\$8,560,852	\$8,554,534	\$8,692,339
Method of Financing:						
758	GR Match For Medicaid	\$3,236,154	\$2,970,684	\$3,231,741	\$3,295,206	\$3,350,897
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$3,236,154	\$2,970,684	\$3,231,741	\$3,295,206	\$3,350,897
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$4,496,123	\$5,468,415	\$5,329,111	\$5,259,328	\$5,341,442
CFDA Subtotal, Fund	555	\$4,496,123	\$5,468,415	\$5,329,111	\$5,259,328	\$5,341,442

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (FEDERAL FUNDS)		\$4,496,123	\$5,468,415	\$5,329,111	\$5,259,328	\$5,341,442
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$8,554,534	\$8,692,339
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$7,732,277	\$8,439,099	\$8,560,852	\$8,554,534	\$8,692,339

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 for this program is lower than it would be otherwise.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$16,999,951	\$17,246,873	\$246,922	\$246,922	Client Service Forecast Difference
			\$246,922	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg. Number Receiving Medicaid-funded FFS Nursing Facility Services/Mo	6,655.00	6,722.00	6,723.00	6,723.00	7,160.00
KEY 2	Average Number Receiving Personal Needs Allowance Per Month	7,177.00	6,824.00	6,824.00	6,824.00	6,857.00
Efficiency Measures:						
KEY 1	Net Nursing Facility Cost Per Medicaid FFS Resident Per Month	3,900.51	3,928.51	3,956.14	3,942.72	3,942.72
Objects of Expense:						
3001	CLIENT SERVICES	\$317,502,573	\$346,840,073	\$354,662,507	\$366,314,784	\$366,307,346
4000	GRANTS	\$6,232,552	\$4,159,774	\$4,159,774	\$5,000,000	\$5,000,000
TOTAL, OBJECT OF EXPENSE		\$323,735,125	\$350,999,847	\$358,822,281	\$371,314,784	\$371,307,346
Method of Financing:						
1	General Revenue Fund	\$8,803,904	\$8,070,266	\$8,070,266	\$0	\$0
758	GR Match For Medicaid	\$109,389,860	\$121,073,131	\$132,886,408	\$147,573,619	\$147,679,909
8137	GR Match: Medicaid Entitlemt Demand	\$21,355,672	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$139,549,436	\$129,143,397	\$140,956,674	\$147,573,619	\$147,679,909

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$153,204,183	\$221,788,494	\$217,797,651	\$223,696,165	\$223,582,437
	93.778.003 XIX 50%	\$36,988	\$67,956	\$67,956	\$45,000	\$45,000
CFDA Subtotal, Fund	555	\$153,241,171	\$221,856,450	\$217,865,607	\$223,741,165	\$223,627,437
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$29,588,202	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	8059	\$29,588,202	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$182,829,373	\$221,856,450	\$217,865,607	\$223,741,165	\$223,627,437
Method of Financing:						
777	Interagency Contracts	\$1,356,316	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$1,356,316	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$371,314,784	\$371,307,346
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$323,735,125	\$350,999,847	\$358,822,281	\$371,314,784	\$371,307,346
FULL TIME EQUIVALENT POSITIONS:						

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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STRATEGY DESCRIPTION AND JUSTIFICATION:

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:

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 2020 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 2020 and \$72.39 per month in FY 2021. 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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$709,822,128	\$742,622,130	\$32,800,002	\$32,800,002	Client Service Forecast Difference
			\$32,800,002	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Number Receiving Nursing Facility Copayments/Mo	1,705.00	1,743.00	1,770.00	1,630.00	1,630.00
Efficiency Measures:						
KEY 1	Net Medicaid/Medicare Copay Per Individual Nursing Facility Svcs	2,368.23	2,428.60	2,548.53	2,529.63	2,529.63
Objects of Expense:						
3001	CLIENT SERVICES	\$41,524,953	\$52,564,532	\$54,608,241	\$49,885,002	\$49,877,130
TOTAL, OBJECT OF EXPENSE		\$41,524,953	\$52,564,532	\$54,608,241	\$49,885,002	\$49,877,130
Method of Financing:						
1	General Revenue Fund	\$0	\$1,740,342	\$0	\$0	\$0
758	GR Match For Medicaid	\$17,361,665	\$17,891,643	\$20,624,043	\$19,220,764	\$19,232,609
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$17,361,665	\$19,631,985	\$20,624,043	\$19,220,764	\$19,232,609
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$24,163,288	\$32,932,547	\$33,984,198	\$30,664,238	\$30,644,521

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund	555	\$24,163,288	\$32,932,547	\$33,984,198	\$30,664,238	\$30,644,521
SUBTOTAL, MOF (FEDERAL FUNDS)		\$24,163,288	\$32,932,547	\$33,984,198	\$30,664,238	\$30,644,521
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$49,885,002	\$49,877,130
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$41,524,953	\$52,564,532	\$54,608,241	\$49,885,002	\$49,877,130

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$107,172,773	\$99,762,132	\$(7,410,641)	\$(7,410,641)	Client Service Forecast Difference
			\$(7,410,641)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 1 Medicaid
 OBJECTIVE: 2 Community Services and Supports - Entitlement
 STRATEGY: 6 Hospice

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Number of Individuals Receiving Hospice Services Per Month	7,711.00	7,932.00	8,139.00	8,051.00	8,210.00
Efficiency Measures:						
KEY 1	Average Net Payment Per Individual Per Month for Hospice	3,049.52	3,081.26	3,099.56	3,108.74	3,113.90
Objects of Expense:						
3001	CLIENT SERVICES	\$277,385,548	\$292,672,572	\$301,739,612	\$299,314,154	\$305,798,355
TOTAL, OBJECT OF EXPENSE		\$277,385,548	\$292,672,572	\$301,739,612	\$299,314,154	\$305,798,355
Method of Financing:						
758	GR Match For Medicaid	\$98,400,236	\$102,995,511	\$113,901,484	\$115,295,812	\$117,885,266
8137	GR Match: Medicaid Entitlemt Demand	\$17,887,973	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$116,288,209	\$102,995,511	\$113,901,484	\$115,295,812	\$117,885,266
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$136,313,621	\$189,677,061	\$187,838,128	\$184,018,342	\$187,913,089
CFDA Subtotal, Fund	555	\$136,313,621	\$189,677,061	\$187,838,128	\$184,018,342	\$187,913,089

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8059	Supplemental: Federal Funds 93.778.000 XIX FMAP	\$24,783,718	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	8059	\$24,783,718	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$161,097,339	\$189,677,061	\$187,838,128	\$184,018,342	\$187,913,089
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$299,314,154	\$305,798,355
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$277,385,548	\$292,672,572	\$301,739,612	\$299,314,154	\$305,798,355

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 for this program is lower than it would be otherwise.

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$594,412,184	\$605,112,509	\$10,700,325	\$10,700,325	Client Service Forecast Difference
			\$10,700,325	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Number of Persons in ICF/IID Medicaid Beds Per Month	4,775.00	4,730.00	4,732.00	4,730.00	4,730.00
Efficiency Measures:						
KEY 1	Monthly Cost Per ICF/IID Medicaid Eligible Individual	4,424.81	4,656.61	4,856.73	4,820.42	4,820.42
Objects of Expense:						
3001	CLIENT SERVICES	\$237,867,401	\$264,117,914	\$275,587,972	\$273,635,879	\$273,636,154
TOTAL, OBJECT OF EXPENSE		\$237,867,401	\$264,117,914	\$275,587,972	\$273,635,879	\$273,636,154
Method of Financing:						
758	GR Match For Medicaid	\$27,347,830	\$32,961,470	\$44,033,385	\$45,404,541	\$45,486,737
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$27,347,830	\$32,961,470	\$44,033,385	\$45,404,541	\$45,486,737
Method of Financing:						
5080	Quality Assurance	\$72,277,052	\$60,000,000	\$60,000,000	\$60,000,000	\$60,000,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$72,277,052	\$60,000,000	\$60,000,000	\$60,000,000	\$60,000,000
Method of Financing:						
555	Federal Funds					

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	93.778.000 XIX FMAP	\$138,242,519	\$171,156,444	\$171,554,587	\$168,231,338	\$168,149,417
CFDA Subtotal, Fund	555	\$138,242,519	\$171,156,444	\$171,554,587	\$168,231,338	\$168,149,417
SUBTOTAL, MOF (FEDERAL FUNDS)		\$138,242,519	\$171,156,444	\$171,554,587	\$168,231,338	\$168,149,417

TOTAL, METHOD OF FINANCE (INCLUDING RIDERS) **\$273,635,879** **\$273,636,154**

TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS) **\$237,867,401** **\$264,117,914** **\$275,587,972** **\$273,635,879** **\$273,636,154**

FULL TIME EQUIVALENT POSITIONS:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 for this program is lower than it would be otherwise.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$539,705,886	\$547,272,033	\$7,566,147	\$7,566,147	Client Service Forecast Difference
			\$7,566,147	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg # Individuals Served Per Mth: Home & Community Based Services (HCS)	26,090.00	26,365.00	27,938.00	28,669.00	28,669.00
Efficiency Measures:						
KEY 1	Avg Mthly Cost Per Individual Served: Home & Community Based Services	3,670.81	3,809.09	3,875.82	3,796.11	3,796.11
KEY 2	Avg Mthly Cost Indiv Served: Home and Community-Based Svcs Residential	5,294.01	5,555.43	5,577.71	5,520.96	5,520.96
KEY 3	Avg Mthly Cost Indiv: Home & Community-Based Svcs Non Residential	2,848.33	2,922.99	2,932.51	2,920.97	2,920.97
Explanatory/Input Measures:						
KEY 1	# Individuals Receiving Services at the End of the Fiscal Year: HCS	26,173.00	26,827.00	28,341.00	28,669.00	28,669.00
KEY 2	Percent of HCS Recipients Receiving Residential Services	33.61 %	33.71 %	33.66 %	33.66 %	33.66 %
Objects of Expense:						
3001	CLIENT SERVICES	\$1,113,634,605	\$1,346,211,689	\$1,282,846,894	\$1,305,208,268	\$1,305,968,256
TOTAL, OBJECT OF EXPENSE		\$1,113,634,605	\$1,346,211,689	\$1,282,846,894	\$1,305,208,268	\$1,305,968,256

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1	General Revenue Fund	\$83,285	\$250,000	\$250,000	\$250,000	\$250,000
758	GR Match For Medicaid	\$458,937,786	\$474,788,172	\$473,884,714	\$495,016,881	\$495,698,159
8137	GR Match: Medicaid Entitlemt Demand	\$0	\$0	\$2,899,222	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$459,021,071	\$475,038,172	\$477,033,936	\$495,266,881	\$495,948,159
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$648,093,112	\$863,485,752	\$793,448,711	\$802,253,622	\$802,332,332
	93.791.000 Money Follows Person Reblncng Demo	\$5,127,753	\$5,787,765	\$5,787,765	\$5,787,765	\$5,787,765
CFDA Subtotal, Fund	555	\$653,220,865	\$869,273,517	\$799,236,476	\$808,041,387	\$808,120,097
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$4,676,482	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$4,676,482	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$653,220,865	\$869,273,517	\$803,912,958	\$808,041,387	\$808,120,097
Method of Financing:						
777	Interagency Contracts	\$1,392,669	\$1,900,000	\$1,900,000	\$1,900,000	\$1,900,000
SUBTOTAL, MOF (OTHER FUNDS)		\$1,392,669	\$1,900,000	\$1,900,000	\$1,900,000	\$1,900,000

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,305,208,268	\$1,305,968,256
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,113,634,605	\$1,346,211,689	\$1,282,846,894	\$1,305,208,268	\$1,305,968,256

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.

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 2020 for this program is lower than it would be otherwise.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$2,629,058,583	\$2,611,176,524	\$(17,882,059)	\$(17,882,059)	Client Service Forecast Difference
			\$(17,882,059)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Number of Individuals Served Per Month: CLASS Waiver	5,515.00	5,379.00	5,543.00	5,963.00	5,963.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Individual: CLASS Waiver	4,391.50	4,496.94	4,587.00	4,384.27	4,384.27
Explanatory/Input Measures:						
KEY 1	# of Persons Receiving Svcs at the End of the Fiscal Year: CLASS	5,447.00	5,401.00	5,590.00	5,963.00	5,963.00
Objects of Expense:						
3001	CLIENT SERVICES	\$289,714,956	\$328,093,653	\$304,676,932	\$313,697,295	\$313,720,944
TOTAL, OBJECT OF EXPENSE		\$289,714,956	\$328,093,653	\$304,676,932	\$313,697,295	\$313,720,944
Method of Financing:						
758	GR Match For Medicaid	\$109,454,356	\$105,040,416	\$102,403,404	\$107,830,308	\$107,932,554
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$109,454,356	\$105,040,416	\$102,403,404	\$107,830,308	\$107,932,554
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$180,260,600	\$223,053,237	\$202,273,528	\$205,866,987	\$205,788,390

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund	555	\$180,260,600	\$223,053,237	\$202,273,528	\$205,866,987	\$205,788,390
SUBTOTAL, MOF (FEDERAL FUNDS)		\$180,260,600	\$223,053,237	\$202,273,528	\$205,866,987	\$205,788,390
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$313,697,295	\$313,720,944
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$289,714,956	\$328,093,653	\$304,676,932	\$313,697,295	\$313,720,944

FULL TIME EQUIVALENT POSITIONS:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 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 1: Maintain Medicaid Non-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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$632,770,585	\$627,418,239	\$(5,352,346)	\$(5,352,346)	Client Service Forecast Difference
			\$(5,352,346)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Number of Individuals Served Per Month: Deaf-Blind Waiver	339.00	337.00	337.00	338.00	338.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Individual: Deaf-Blind Waiver	3,836.70	4,441.75	4,492.75	4,504.18	4,504.18
Explanatory/Input Measures:						
KEY 1	# of Persons Receiving Services at the End of the Fiscal Year: DBMD	334.00	337.00	336.00	338.00	338.00
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$186,059	\$100,453	\$100,453	\$207,501	\$207,501
2009	OTHER OPERATING EXPENSE	\$53,732	\$160,572	\$160,572	\$53,524	\$53,524
3001	CLIENT SERVICES	\$15,140,409	\$18,095,631	\$18,146,826	\$17,980,625	\$17,981,003
TOTAL, OBJECT OF EXPENSE		\$15,380,200	\$18,356,656	\$18,407,851	\$18,241,650	\$18,242,028
Method of Financing:						
1	General Revenue Fund	\$239,792	\$261,025	\$261,025	\$261,025	\$261,025
758	GR Match For Medicaid	\$5,907,068	\$6,108,620	\$6,349,170	\$6,259,672	\$6,265,279
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$6,146,860	\$6,369,645	\$6,610,195	\$6,520,697	\$6,526,304

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$9,233,340	\$11,987,011	\$11,797,656	\$11,720,953	\$11,715,724
CFDA Subtotal, Fund	555	\$9,233,340	\$11,987,011	\$11,797,656	\$11,720,953	\$11,715,724
SUBTOTAL, MOF (FEDERAL FUNDS)		\$9,233,340	\$11,987,011	\$11,797,656	\$11,720,953	\$11,715,724
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$18,241,650	\$18,242,028
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$15,380,200	\$18,356,656	\$18,407,851	\$18,241,650	\$18,242,028
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: 3 Deaf-Blind Multiple Disabilities (DBMD) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 for this program is lower than it would be otherwise.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$36,764,507	\$36,483,678	\$(280,829)	\$(280,829)	Client Service Forecast Difference
			\$(280,829)	Total of Explanation of Biennial Change

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg Number of Individuals Served Per Month: Texas Home Living Waiver	5,292.00	5,005.00	4,698.00	4,548.00	4,548.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Individual Served: Texas Home Living Waiver	1,914.81	1,829.42	2,192.17	1,907.23	1,907.23
Explanatory/Input Measures:						
KEY 1	# of Individuals Receiving Svcs at the End of the Fiscal Year: Tx HML	5,183.00	4,931.00	4,618.00	4,548.00	4,548.00
Objects of Expense:						
3001	CLIENT SERVICES	\$115,585,139	\$123,851,763	\$116,593,303	\$104,116,203	\$104,095,416
TOTAL, OBJECT OF EXPENSE		\$115,585,139	\$123,851,763	\$116,593,303	\$104,116,203	\$104,095,416
Method of Financing:						
758	GR Match For Medicaid	\$44,315,668	\$42,142,828	\$38,313,092	\$36,434,216	\$36,458,170
8137	GR Match: Medicaid Entitlemt Demand	\$0	\$0	\$1,603,504	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$44,315,668	\$42,142,828	\$39,916,596	\$36,434,216	\$36,458,170

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
555	Federal Funds					
	93.778.000 XIX FMAP	\$71,269,471	\$81,708,935	\$74,090,235	\$67,681,987	\$67,637,246
CFDA Subtotal, Fund	555	\$71,269,471	\$81,708,935	\$74,090,235	\$67,681,987	\$67,637,246
8059	Supplemental: Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$2,586,472	\$0	\$0
CFDA Subtotal, Fund	8059	\$0	\$0	\$2,586,472	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$71,269,471	\$81,708,935	\$76,676,707	\$67,681,987	\$67,637,246
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$104,116,203	\$104,095,416
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$115,585,139	\$123,851,763	\$116,593,303	\$104,116,203	\$104,095,416

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: 4 Texas Home Living Waiver Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 for this program is lower than it would be otherwise.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$240,445,066	\$208,211,619	\$(32,233,447)	\$(32,233,447)	Client Service Forecast Difference
			\$(32,233,447)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg # of Recipients Per Month: Program for All Inclusive Care (PACE)	1,191.00	1,207.00	1,237.00	1,253.00	1,253.00
Efficiency Measures:						
KEY 1	Avg Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)	2,944.99	2,959.94	2,962.20	2,962.45	2,962.45
Explanatory/Input Measures:						
KEY 1	Number of Persons Receiving Svcs End of Fiscal Year: PACE	1,194.00	1,220.00	1,253.00	1,253.00	1,253.00
Objects of Expense:						
3001	CLIENT SERVICES	\$41,975,419	\$45,013,022	\$43,975,324	\$44,529,539	\$44,531,232
TOTAL, OBJECT OF EXPENSE		\$41,975,419	\$45,013,022	\$43,975,324	\$44,529,539	\$44,531,232
Method of Financing:						
758	GR Match For Medicaid	\$17,595,874	\$15,932,708	\$16,600,685	\$17,152,778	\$17,166,790
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$17,595,874	\$15,932,708	\$16,600,685	\$17,152,778	\$17,166,790
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	93.778.000 XIX FMAP	\$24,379,545	\$29,080,314	\$27,374,639	\$27,376,761	\$27,364,442
CFDA Subtotal, Fund	555	\$24,379,545	\$29,080,314	\$27,374,639	\$27,376,761	\$27,364,442
SUBTOTAL, MOF (FEDERAL FUNDS)		\$24,379,545	\$29,080,314	\$27,374,639	\$27,376,761	\$27,364,442
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$44,529,539	\$44,531,232
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$41,975,419	\$45,013,022	\$43,975,324	\$44,529,539	\$44,531,232

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

This strategy will be impacted by the following exceptional items: item 1: Maintain Medicaid Waiver Programs at FY 2019 levels.

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$88,988,346	\$89,060,771	\$72,425	\$72,425	Client Service Forecast Difference
			\$72,425	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly Number of Non-citizens Receiving Emergency Services	8,679.00	8,823.00	8,860.00	7,769.00	7,802.00
Efficiency Measures:						
KEY 1	Average Emergency Services for Non-citizens Cost Per Recipient Month	3,677.00	3,654.00	3,749.00	3,605.00	3,605.00
Objects of Expense:						
3001	CLIENT SERVICES	\$1,778,435,932	\$1,142,505,285	\$849,451,594	\$1,207,340,249	\$1,207,939,647
TOTAL, OBJECT OF EXPENSE		\$1,778,435,932	\$1,142,505,285	\$849,451,594	\$1,207,340,249	\$1,207,939,647
Method of Financing:						
758	GR Match For Medicaid	\$171,664,614	\$125,216,347	\$186,935,439	\$171,362,173	\$170,168,568
8137	GR Match: Medicaid Entitlemt Demand	\$48,022,367	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$219,686,981	\$125,216,347	\$186,935,439	\$171,362,173	\$170,168,568
Method of Financing:						
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$13,036,335	\$0	\$0	\$0	\$0
	93.778.000 XIX FMAP	\$308,066,665	\$269,429,387	\$340,019,580	\$302,512,658	\$302,733,373

529 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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	93.778.005 XIX FMAP @ 90%	\$5,484	\$0	\$0	\$0	\$0
	93.778.009 SHARS	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
CFDA Subtotal, Fund	555	\$1,440,833,582	\$1,004,084,273	\$643,106,433	\$1,017,802,390	\$1,018,023,105
8059 Supplemental: Federal Funds						
	93.778.000 XIX FMAP	\$66,534,806	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	8059	\$66,534,806	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,507,368,388	\$1,004,084,273	\$643,106,433	\$1,017,802,390	\$1,018,023,105
Method of Financing:						
709	Pub Hlth Medicaid Reimb	\$0	\$0	\$6,388,422	\$4,948,344	\$6,123,812
8062	Approp Receipts-Match For Medicaid	\$51,380,563	\$13,204,665	\$13,021,300	\$13,227,342	\$13,624,162
SUBTOTAL, MOF (OTHER FUNDS)		\$51,380,563	\$13,204,665	\$19,409,722	\$18,175,686	\$19,747,974
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,207,340,249	\$1,207,939,647
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,778,435,932	\$1,142,505,285	\$849,451,594	\$1,207,340,249	\$1,207,939,647
FULL TIME EQUIVALENT POSITIONS:						

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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STRATEGY DESCRIPTION AND JUSTIFICATION:

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

SHARS includes Medicaid reimbursement to independent school districts and public charter schools for the federal share of medically necessary state plan services they provide to children enrolled in Medicaid who are also receiving special education services through their school.

Base funding for FY 2022-23 holds costs at FY 2021 levels.

Strategy funding for FY 2020-21 assumes the current projected Medicaid caseloads at FY 2019 cost levels.

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 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.

529 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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,991,956,879	\$2,415,279,896	\$423,323,017	\$423,323,017	Client Service Forecast Difference
			\$423,323,017	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Part B Recipient Months Per Month	670,728.00	669,775.00	681,719.00	687,637.00	701,677.00
Efficiency Measures:						
KEY 1	Average Part B Premium Per Month	135.00	141.62	149.84	149.88	149.88
Objects of Expense:						
3001	CLIENT SERVICES	\$1,824,981,755	\$2,084,789,518	\$2,064,362,201	\$2,078,482,468	\$2,118,475,603
TOTAL, OBJECT OF EXPENSE		\$1,824,981,755	\$2,084,789,518	\$2,064,362,201	\$2,078,482,468	\$2,118,475,603
Method of Financing:						
758	GR Match For Medicaid	\$334,256,739	\$548,164,238	\$577,645,384	\$592,684,583	\$603,324,742
8092	Medicare Giveback Provision	\$483,442,385	\$469,466,757	\$457,791,874	\$455,781,679	\$462,973,663
8137	GR Match: Medicaid Entitlemt Demand	\$202,391,794	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,020,090,918	\$1,017,630,995	\$1,035,437,258	\$1,048,466,262	\$1,066,298,405
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$462,503,432	\$996,549,258	\$952,541,064	\$945,956,598	\$961,719,985
	93.778.007 XIX ADM @ 100	\$61,974,347	\$70,609,265	\$76,383,879	\$84,059,608	\$90,457,213

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund	555	\$524,477,779	\$1,067,158,523	\$1,028,924,943	\$1,030,016,206	\$1,052,177,198
8059 Supplemental: Federal Funds						
93.778.000 XIX FMAP		\$280,413,058	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	8059	\$280,413,058	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$804,890,837	\$1,067,158,523	\$1,028,924,943	\$1,030,016,206	\$1,052,177,198
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$2,078,482,468	\$2,118,475,603
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,824,981,755	\$2,084,789,518	\$2,064,362,201	\$2,078,482,468	\$2,118,475,603

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

Base funding for FY 2022-23 holds costs at FY 2021 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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$4,149,151,719	\$4,196,958,071	\$47,806,352	\$47,806,352	Client Service Forecast Difference
			\$47,806,352	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$93,962	\$93,962
3001	CLIENT SERVICES	\$122,263,122	\$34,573,730	\$34,573,730	\$34,476,768	\$34,476,768
TOTAL, OBJECT OF EXPENSE		\$122,263,122	\$34,573,730	\$34,573,730	\$34,570,730	\$34,570,730
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$70,663,304	\$20,994,731	\$21,311,945	\$21,310,101	\$21,308,945
	93.778.003 XIX 50%	\$0	\$46,981	\$46,981	\$46,981	\$46,981
CFDA Subtotal, Fund	555	\$70,663,304	\$21,041,712	\$21,358,926	\$21,357,082	\$21,355,926
SUBTOTAL, MOF (FEDERAL FUNDS)		\$70,663,304	\$21,041,712	\$21,358,926	\$21,357,082	\$21,355,926
Method of Financing:						
777	Interagency Contracts	\$51,599,818	\$13,532,018	\$13,214,804	\$13,213,648	\$13,214,804
SUBTOTAL, MOF (OTHER FUNDS)		\$51,599,818	\$13,532,018	\$13,214,804	\$13,213,648	\$13,214,804

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$34,570,730	\$34,570,730
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$122,263,122	\$34,573,730	\$34,573,730	\$34,570,730	\$34,570,730

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:

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. 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 2020-2021 biennium. On December 21, 2017, the Centers for Medicare and Medicaid Services (CMS) approved a five-year renewal of the Texas 1115 Transformation Waiver from October 2017 to September 2022, Demonstration Years (DY) 7-11. The renewal continues Medicaid managed care statewide along with the Uncompensated Care pool and the Delivery System Reform Incentive Payment (DSRIP) program pool.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$69,147,460	\$69,141,460	\$(6,000)	\$(6,000)	Client Service Forecast Difference
			\$(6,000)	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 Service Categories:
 STRATEGY: 1 Medicaid Contracts and Administration Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$46,317,317	\$55,700,720	\$62,099,383	\$60,459,383	\$60,459,382
1002	OTHER PERSONNEL COSTS	\$1,869,211	\$1,275,612	\$1,225,338	\$1,227,085	\$1,227,085
2001	PROFESSIONAL FEES AND SERVICES	\$432,727,182	\$531,600,115	\$564,065,388	\$520,408,004	\$518,604,598
2002	FUELS AND LUBRICANTS	\$2,553	\$5,084	\$4,870	\$4,870	\$4,870
2003	CONSUMABLE SUPPLIES	\$101,462	\$91,400	\$71,938	\$69,438	\$69,438
2004	UTILITIES	\$1,119,985	\$1,723,905	\$1,702,335	\$1,697,935	\$1,697,935
2005	TRAVEL	\$609,446	\$782,338	\$1,441,225	\$537,116	\$537,199
2006	RENT - BUILDING	\$1,567,723	\$1,922,081	\$2,038,374	\$2,038,374	\$2,038,374
2007	RENT - MACHINE AND OTHER	\$248,268	\$200,301	\$181,734	\$181,734	\$181,734
2009	OTHER OPERATING EXPENSE	\$23,194,858	\$17,202,979	\$9,935,401	\$9,996,339	\$9,996,338
4000	GRANTS	\$77,712	\$79,500	\$692,133	\$966,797	\$842,411
5000	CAPITAL EXPENDITURES	\$1,442,907	\$784,485	\$1,740,419	\$11,888,979	\$12,440,678
TOTAL, OBJECT OF EXPENSE		\$509,278,624	\$611,368,520	\$645,198,538	\$609,476,054	\$608,100,042
Method of Financing:						
1	General Revenue Fund	\$39,368,794	\$42,070,297	\$36,646,342	\$36,619,411	\$37,152,552
758	GR Match For Medicaid	\$153,278,882	\$171,436,700	\$176,390,861	\$164,522,469	\$164,188,095

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$192,647,676	\$213,506,997	\$213,037,203	\$201,141,880	\$201,340,647
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$10,092,904	\$51,549,686	\$51,284,946	\$46,592,579	\$46,592,579
CFDA Subtotal, Fund	369	\$10,092,904	\$51,549,686	\$51,284,946	\$46,592,579	\$46,592,579
555	Federal Funds					
	93.687.000 Maternal Opioid Misuse Model	\$0	\$0	\$749,999	\$996,612	\$872,308
	93.778.003 XIX 50%	\$115,201,804	\$121,726,823	\$124,030,987	\$113,822,736	\$113,786,586
	93.778.004 XIX ADM @ 75%	\$107,296,491	\$137,616,739	\$141,306,093	\$140,768,192	\$140,133,347
	93.778.005 XIX FMAP @ 90%	\$17,507,685	\$25,800,180	\$38,621,493	\$29,986,238	\$29,206,758
	93.778.007 XIX ADM @ 100	\$66,518,775	\$60,450,000	\$75,450,000	\$75,450,000	\$75,450,000
	93.788.000 Opioid STR	\$13,289	\$0	\$0	\$0	\$0
	93.796.000 Survey & Certification TitleXIX 75%	\$0	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$306,538,044	\$345,593,742	\$380,158,572	\$361,023,778	\$359,448,999
SUBTOTAL, MOF (FEDERAL FUNDS)		\$316,630,948	\$397,143,428	\$431,443,518	\$407,616,357	\$406,041,578

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
666	Appropriated Receipts	\$0	\$615,970	\$615,692	\$615,692	\$615,692
8062	Approp Receipts-Match For Medicaid	\$0	\$102,125	\$102,125	\$102,125	\$102,125
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$718,095	\$717,817	\$717,817	\$717,817
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$609,476,054	\$608,100,042
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$509,278,624	\$611,368,520	\$645,198,538	\$609,476,054	\$608,100,042
FULL TIME EQUIVALENT POSITIONS:		767.4	952.4	952.4	952.4	952.4

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,256,567,058	\$1,217,576,096	\$(38,990,962)	\$(38,990,962)	See supplemental SBC schedule.
			<u>\$(38,990,962)</u>	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,757,206	\$3,006,883	\$3,068,248	\$3,068,248	\$3,068,248
1002	OTHER PERSONNEL COSTS	\$70,932	\$61,365	\$62,617	\$62,617	\$62,617
2001	PROFESSIONAL FEES AND SERVICES	\$6,965,623	\$12,986,689	\$16,361,363	\$11,707,993	\$13,829,015
2002	FUELS AND LUBRICANTS	\$451	\$882	\$846	\$846	\$846
2003	CONSUMABLE SUPPLIES	\$15,327	\$9,749	\$6,589	\$6,589	\$6,589
2004	UTILITIES	\$38,238	\$36,128	\$30,623	\$30,623	\$30,623
2005	TRAVEL	\$1,805	\$2,659	\$2,674	\$2,674	\$2,674
2006	RENT - BUILDING	\$282,901	\$338,465	\$359,613	\$359,613	\$359,613
2007	RENT - MACHINE AND OTHER	\$43,435	\$34,709	\$31,174	\$31,174	\$31,174
2009	OTHER OPERATING EXPENSE	\$187,591	\$228,406	\$241,976	\$241,976	\$241,976
5000	CAPITAL EXPENDITURES	\$284	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$9,363,793	\$16,705,935	\$20,165,723	\$15,512,353	\$17,633,375
Method of Financing:						
8010	GR Match For Title XXI	\$594,545	\$2,502,183	\$4,321,929	\$3,985,086	\$4,534,101
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$594,545	\$2,502,183	\$4,321,929	\$3,985,086	\$4,534,101

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$8,769,248	\$14,203,752	\$15,843,794	\$11,527,267	\$13,099,274
CFDA Subtotal, Fund	555	\$8,769,248	\$14,203,752	\$15,843,794	\$11,527,267	\$13,099,274
SUBTOTAL, MOF (FEDERAL FUNDS)		\$8,769,248	\$14,203,752	\$15,843,794	\$11,527,267	\$13,099,274
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$15,512,353	\$17,633,375
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$9,363,793	\$16,705,935	\$20,165,723	\$15,512,353	\$17,633,375
FULL TIME EQUIVALENT POSITIONS:		26.1	43.2	43.2	43.2	43.2
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$36,871,658	\$33,145,728	\$(3,725,930)	\$(3,725,930)	See supplemental biennial change schedule.
			\$(3,725,930)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average CHIP Children Recipient Months Per Month	377,421.00	379,392.00	398,980.00	344,286.00	350,605.00
Efficiency Measures:						
KEY 1	Average CHIP Children Benefit Cost Per Recipient Month	134.08	134.68	139.66	146.30	146.29
Objects of Expense:						
3001	CLIENT SERVICES	\$499,169,982	\$630,237,542	\$577,473,382	\$517,563,615	\$523,667,565
TOTAL, OBJECT OF EXPENSE		\$499,169,982	\$630,237,542	\$577,473,382	\$517,563,615	\$523,667,565
Method of Financing:						
3643	Premium Co-payments	\$324,252	\$631,963	\$1,382,533	\$1,253,116	\$1,277,621
8025	Tobacco Receipts Match For Chip	\$31,618,195	\$79,194,372	\$145,444,067	\$138,131,035	\$139,856,888
8054	Experience Rebates-CHIP	\$98,447	\$407,160	\$206,640	\$150,000	\$150,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$32,040,894	\$80,233,495	\$147,033,240	\$139,534,151	\$141,284,509
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$467,128,212	\$550,003,098	\$430,439,193	\$378,028,464	\$382,382,056
CFDA Subtotal, Fund	555	\$467,128,212	\$550,003,098	\$430,439,193	\$378,028,464	\$382,382,056

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (FEDERAL FUNDS)		\$467,128,212	\$550,003,098	\$430,439,193	\$378,028,464	\$382,382,056
Method of Financing:						
	666 Appropriated Receipts	\$876	\$949	\$949	\$1,000	\$1,000
SUBTOTAL, MOF (OTHER FUNDS)		\$876	\$949	\$949	\$1,000	\$1,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$517,563,615	\$523,667,565
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$499,169,982	\$630,237,542	\$577,473,382	\$517,563,615	\$523,667,565

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,207,710,924	\$1,041,231,180	\$(166,479,744)	\$(166,479,744)	Client Service Forecast Difference
			\$(166,479,744)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Perinatal Recipient Months Per Month	30,856.00	29,410.00	29,291.00	26,663.00	26,723.00
Efficiency Measures:						
KEY 1	Average Perinatal Benefit Cost Per Recipient Month	421.86	406.22	413.82	416.74	416.73
Objects of Expense:						
3001	CLIENT SERVICES	\$174,936,716	\$180,734,255	\$153,018,092	\$135,255,723	\$134,647,650
TOTAL, OBJECT OF EXPENSE		\$174,936,716	\$180,734,255	\$153,018,092	\$135,255,723	\$134,647,650
Method of Financing:						
8025	Tobacco Receipts Match For Chip	\$11,084,232	\$23,097,306	\$38,973,454	\$36,464,943	\$36,327,936
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$11,084,232	\$23,097,306	\$38,973,454	\$36,464,943	\$36,327,936
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$163,852,484	\$157,636,949	\$114,044,638	\$98,790,780	\$98,319,714
CFDA Subtotal, Fund	555	\$163,852,484	\$157,636,949	\$114,044,638	\$98,790,780	\$98,319,714
SUBTOTAL, MOF (FEDERAL FUNDS)		\$163,852,484	\$157,636,949	\$114,044,638	\$98,790,780	\$98,319,714

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$135,255,723	\$134,647,650
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$174,936,716	\$180,734,255	\$153,018,092	\$135,255,723	\$134,647,650

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$333,752,347	\$269,903,373	\$(63,848,974)	\$(63,848,974)	Client Service Forecast Difference
			\$(63,848,974)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Efficiency Measures:						
KEY 1	Average Cost/CHIP Recipient Month: Pharmacy Benefit	33.59	33.29	34.32	32.41	32.37
Objects of Expense:						
3001	CLIENT SERVICES	\$164,412,856	\$204,946,267	\$190,707,494	\$144,255,431	\$146,564,844
TOTAL, OBJECT OF EXPENSE		\$164,412,856	\$204,946,267	\$190,707,494	\$144,255,431	\$146,564,844
Method of Financing:						
8025	Tobacco Receipts Match For Chip	\$8,828,274	\$23,327,357	\$42,404,877	\$33,902,746	\$33,575,971
8070	Vendor Drug Rebates-CHIP	\$1,609,762	\$2,842,874	\$6,202,300	\$4,988,519	\$5,967,225
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$10,438,036	\$26,170,231	\$48,607,177	\$38,891,265	\$39,543,196
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$153,974,820	\$178,776,036	\$142,100,317	\$105,364,166	\$107,021,648
CFDA Subtotal, Fund	555	\$153,974,820	\$178,776,036	\$142,100,317	\$105,364,166	\$107,021,648
SUBTOTAL, MOF (FEDERAL FUNDS)		\$153,974,820	\$178,776,036	\$142,100,317	\$105,364,166	\$107,021,648

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$144,255,431	\$146,564,844
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$164,412,856	\$204,946,267	\$190,707,494	\$144,255,431	\$146,564,844

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$395,653,761	\$290,820,275	\$(104,833,486)	\$(104,833,486)	Client Service Forecast Difference
			\$(104,833,486)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Efficiency Measures:						
KEY 1	Average Monthly Cost of the Dental Benefit Per Chip Program Recipient	23.95	23.53	23.93	22.70	22.70
Objects of Expense:						
3001	CLIENT SERVICES	\$112,358,747	\$132,922,914	\$128,945,639	\$93,790,148	\$95,515,698
TOTAL, OBJECT OF EXPENSE		\$112,358,747	\$132,922,914	\$128,945,639	\$93,790,148	\$95,515,698
Method of Financing:						
8025	Tobacco Receipts Match For Chip	\$7,129,956	\$16,938,003	\$32,882,749	\$25,285,824	\$25,770,135
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$7,129,956	\$16,938,003	\$32,882,749	\$25,285,824	\$25,770,135
Method of Financing:						
555	Federal Funds 93.767.000 CHIP	\$105,228,791	\$115,984,911	\$96,062,890	\$68,504,324	\$69,745,563
CFDA Subtotal, Fund	555	\$105,228,791	\$115,984,911	\$96,062,890	\$68,504,324	\$69,745,563
SUBTOTAL, MOF (FEDERAL FUNDS)		\$105,228,791	\$115,984,911	\$96,062,890	\$68,504,324	\$69,745,563

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$93,790,148	\$95,515,698
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$112,358,747	\$132,922,914	\$128,945,639	\$93,790,148	\$95,515,698

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$261,868,553	\$189,305,846	\$(72,562,707)	\$(72,562,707)	Client Service Forecast Difference
			\$(72,562,707)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg Monthly # Women Enrolled in Services through Healthy Texas Women	279,672.90	310,424.80	337,503.80	332,815.20	332,452.70
KEY 2	Average Monthly Number of Family Planning Clients Receiving Services	12,501.90	12,792.90	13,048.70	14,271.90	14,557.30
KEY 3	Average Monthly Number of Women Receiving HTW Services	36,346.10	40,038.70	43,866.10	43,252.40	43,205.30
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Healthy Texas Women Client Receiving Services	24.96	24.54	24.60	25.53	25.82
KEY 2	Average Monthly Cost Per Family Planning Client Receiving Services	256.29	242.57	242.54	176.18	176.18
Explanatory/Input Measures:						
KEY 1	# of Certified Clinical Providers Enrolled in Healthy Texas Women Pgm	3,057.00	3,057.00	5,500.00	5,500.00	5,500.00
KEY 2	Number of Clinical Providers Enrolled in Family Planning	53.00	50.00	53.00	53.00	53.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,615,384	\$2,167,146	\$1,819,194	\$1,825,538	\$1,825,538
1002	OTHER PERSONNEL COSTS	\$185,130	\$41,586	\$30,435	\$30,435	\$30,435

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
2001	PROFESSIONAL FEES AND SERVICES	\$4,408,148	\$5,738,729	\$4,027,033	\$4,380,400	\$4,384,431
2002	FUELS AND LUBRICANTS	\$365	\$231	\$220	\$220	\$220
2003	CONSUMABLE SUPPLIES	\$11,786	\$2,738	\$2,184	\$2,184	\$2,184
2004	UTILITIES	\$33,862	\$38,052	\$39,399	\$39,399	\$39,399
2005	TRAVEL	\$13,690	\$48,090	\$72,952	\$72,952	\$72,952
2006	RENT - BUILDING	\$224,383	\$82,414	\$88,615	\$88,615	\$88,615
2007	RENT - MACHINE AND OTHER	\$35,410	\$8,678	\$7,976	\$7,976	\$7,976
2009	OTHER OPERATING EXPENSE	\$582,777	\$1,501,085	\$471,877	\$471,877	\$471,876
3001	CLIENT SERVICES	\$107,542,440	\$122,690,635	\$140,140,759	\$132,124,912	\$133,781,395
4000	GRANTS	\$30,106,127	\$31,223,486	\$32,164,231	\$31,329,108	\$31,329,108
5000	CAPITAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$144,759,502	\$163,542,870	\$178,864,875	\$170,373,616	\$172,034,129

Method of Financing:

1	General Revenue Fund	\$134,817,572	\$113,000,841	\$90,478,518	\$70,006,999	\$69,758,999
706	Vendor Drug Rebates-Medicaid	\$0	\$0	\$0	\$1,121,407	\$1,122,280
758	GR Match For Medicaid	\$0	\$6,615,889	\$19,341,895	\$20,163,257	\$20,571,631
8046	Vendor Drug Rebates-Pub Health	\$0	\$2,911,233	\$2,911,233	\$0	\$0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$134,817,572	\$122,527,963	\$112,731,646	\$91,291,663	\$91,452,910
Method of Financing:						
555	Federal Funds					
93.558.667	TANF to Title XX	\$3,192,336	\$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
93.778.000	XIX FMAP	\$0	\$11,474,076	\$18,270,771	\$24,432,380	\$24,863,330
93.778.003	XIX 50%	\$0	\$567,354	\$1,189,467	\$1,270,718	\$1,271,609
93.778.005	XIX FMAP @ 90%	\$0	\$17,948,223	\$34,812,614	\$42,353,601	\$43,421,026
93.898.000	Cancer Prevention & Control Program	\$5,209,847	\$6,004,457	\$6,004,457	\$6,004,457	\$6,004,457
CFDA Subtotal, Fund	555	\$9,941,930	\$41,014,907	\$65,298,106	\$79,081,953	\$80,581,219
SUBTOTAL, MOF (FEDERAL FUNDS)		\$9,941,930	\$41,014,907	\$65,298,106	\$79,081,953	\$80,581,219
Method of Financing:						
666	Appropriated Receipts	\$0	\$0	\$835,123	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$0	\$835,123	\$0	\$0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$170,373,616	\$172,034,129
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$144,759,502	\$163,542,870	\$178,864,875	\$170,373,616	\$172,034,129
FULL TIME EQUIVALENT POSITIONS:		24.7	27.5	27.5	27.5	27.5

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$342,407,745	\$342,407,745	\$0	<u>\$0</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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Persons Receiving Services as Alternative to Abortion	66,408.00	92,845.00	102,183.00	102,183.00	102,183.00
2	Number of Alternatives to Abortion Services Provided	326,838.00	1,936,028.00	422,823.00	422,823.00	422,823.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$44,615	\$54,358	\$59,160	\$59,160	\$59,160
1002	OTHER PERSONNEL COSTS	\$820	\$1,138	\$1,320	\$1,320	\$1,320
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$300	\$29,371	\$29,371	\$29,371
2005	TRAVEL	\$228	\$5,500	\$5,500	\$5,500	\$5,500
2009	OTHER OPERATING EXPENSE	\$621	\$142,932	\$49,791	\$74,964	\$74,964
4000	GRANTS	\$21,360,908	\$42,912,735	\$36,758,447	\$39,841,051	\$39,841,052
TOTAL, OBJECT OF EXPENSE		\$21,407,192	\$43,116,963	\$36,903,589	\$40,011,366	\$40,011,367
Method of Financing:						
1	General Revenue Fund	\$18,407,192	\$40,020,634	\$33,855,425	\$36,938,029	\$36,938,030
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$18,407,192	\$40,020,634	\$33,855,425	\$36,938,029	\$36,938,030
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	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
Method of Financing:						
	666 Appropriated Receipts	\$0	\$96,329	\$48,164	\$73,337	\$73,337
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$96,329	\$48,164	\$73,337	\$73,337
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$40,011,366	\$40,011,367
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$21,407,192	\$43,116,963	\$36,903,589	\$40,011,366	\$40,011,367
FULL TIME EQUIVALENT POSITIONS:		0.8	1.0	1.0	1.0	1.0

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: 2 Alternatives to Abortion. Nontransferable. Service: 23 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)		\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$80,020,552	\$80,022,733	\$2,181	\$2,181	See supplemental biennial change schedule.
			\$2,181	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly Number of Children Served in Comprehensive Services	31,422.70	32,352.10	33,596.30	34,118.40	35,267.20
KEY 2	Average Monthly Number of Referrals to Local Programs	7,351.10	7,583.70	7,858.30	8,063.30	8,328.60
KEY 3	Average Monthly Number of Eligibility Determinations Completed	4,335.30	4,395.70	4,560.80	4,693.20	4,847.50
KEY 4	Avg Monthly Number of Children Determined Eligible for ECI Services	2,925.00	2,668.00	4,543.00	2,891.00	3,010.00
KEY 5	Average Monthly Number of Children Newly Enrolled in ECI	2,800.00	2,577.00	2,777.00	2,669.00	2,715.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Child: Comprehensive Services/State & Federal	374.24	428.73	435.32	414.54	406.15
Explanatory/Input Measures:						
KEY 1	Average Monthly Number of Hrs of Service Delivered Per Child Per Month	2.70	2.70	2.70	2.70	2.70
Objects of Expense:						
3001	CLIENT SERVICES	\$48,719,382	\$49,353,840	\$51,689,120	\$48,971,223	\$49,596,023
4000	GRANTS	\$94,015,031	\$117,089,488	\$120,558,635	\$119,907,488	\$120,546,838

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, OBJECT OF EXPENSE		\$142,734,413	\$166,443,328	\$172,247,755	\$168,878,711	\$170,142,861
Method of Financing:						
758	GR Match For Medicaid	\$20,439,726	\$17,346,587	\$19,486,679	\$18,837,751	\$19,093,303
8032	GR Certified As Match For Medicaid	\$5,181,909	\$4,900,938	\$5,097,744	\$4,647,317	\$4,706,610
8086	GR For ECI	\$4,143,427	\$23,352,736	\$21,043,915	\$22,129,232	\$21,814,387
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$29,765,062	\$45,600,261	\$45,628,338	\$45,614,300	\$45,614,300
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	\$43,283,518	\$48,323,990	\$52,690,005	\$51,854,395	\$52,690,004
	93.434.000 ESSA Preschool Development Grants	\$16,074	\$199,973	\$0	\$0	\$0
	93.558.000 Temp AssistNeedy Families	\$14,366,449	\$13,781,686	\$15,000,000	\$15,000,000	\$15,000,000
	93.778.003 XIX 50%	\$5,394,426	\$4,900,939	\$5,097,744	\$4,647,317	\$4,706,610
	93.778.013 XIX FMAP TCM	\$7,536,406	\$8,644,689	\$8,801,403	\$8,131,266	\$8,230,990
	93.778.018 XIX Medicaid - SST	\$20,724,548	\$23,336,599	\$23,375,074	\$21,976,242	\$22,245,766
CFDA Subtotal, Fund	555	\$96,452,546	\$104,319,001	\$110,095,351	\$106,740,345	\$108,004,495
SUBTOTAL, MOF (FEDERAL FUNDS)		\$96,452,546	\$104,319,001	\$110,095,351	\$106,740,345	\$108,004,495

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
666	Appropriated Receipts	\$18,703	\$25,964	\$25,964	\$25,964	\$25,964
8015	Int Contracts-Transfer	\$16,498,102	\$16,498,102	\$16,498,102	\$16,498,102	\$16,498,102
SUBTOTAL, MOF (OTHER FUNDS)		\$16,516,805	\$16,524,066	\$16,524,066	\$16,524,066	\$16,524,066
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$168,878,711	\$170,142,861
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$142,734,413	\$166,443,328	\$172,247,755	\$168,878,711	\$170,142,861
FULL TIME EQUIVALENT POSITIONS:						
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$338,691,083	\$339,021,572	\$330,489	\$330,489	Client Service Forecast Difference
			\$330,489	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,163,587	\$2,741,629	\$2,741,629	\$2,741,629	\$2,741,629
1002	OTHER PERSONNEL COSTS	\$82,222	\$50,522	\$42,714	\$42,714	\$42,714
2001	PROFESSIONAL FEES AND SERVICES	\$36,455	\$39,897	\$41,616	\$41,616	\$41,616
2002	FUELS AND LUBRICANTS	\$0	\$665	\$661	\$661	\$661
2003	CONSUMABLE SUPPLIES	\$2,838	\$3,156	\$3,084	\$3,084	\$3,084
2004	UTILITIES	\$6,620	\$13,626	\$13,786	\$13,786	\$13,786
2005	TRAVEL	\$47,930	\$93,746	\$94,585	\$94,585	\$94,585
2006	RENT - BUILDING	\$2,922	\$7,465	\$7,447	\$7,447	\$7,447
2007	RENT - MACHINE AND OTHER	\$2,671	\$5,674	\$5,693	\$5,693	\$5,693
2009	OTHER OPERATING EXPENSE	\$200,421	\$253,447	\$179,751	\$179,751	\$179,751
4000	GRANTS	\$356,138	\$400,000	\$400,000	\$400,000	\$400,000
TOTAL, OBJECT OF EXPENSE		\$2,901,804	\$3,609,827	\$3,530,966	\$3,530,966	\$3,530,966
Method of Financing:						
1	General Revenue Fund	\$356,138	\$400,000	\$400,000	\$400,000	\$400,000
758	GR Match For Medicaid	\$550,000	\$550,000	\$550,000	\$550,000	\$550,000

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$906,138	\$950,000	\$950,000	\$950,000	\$950,000
Method of Financing:						
555 Federal Funds						
	84.181.000 Special Education Grants	\$1,445,666	\$2,109,827	\$2,030,966	\$2,030,966	\$2,030,966
	93.778.003 XIX 50%	\$550,000	\$550,000	\$550,000	\$550,000	\$550,000
CFDA Subtotal, Fund	555	\$1,995,666	\$2,659,827	\$2,580,966	\$2,580,966	\$2,580,966
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,995,666	\$2,659,827	\$2,580,966	\$2,580,966	\$2,580,966
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$3,530,966	\$3,530,966
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,901,804	\$3,609,827	\$3,530,966	\$3,530,966	\$3,530,966
FULL TIME EQUIVALENT POSITIONS:		32.4	37.9	37.9	37.9	37.9
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: 4 Ensure ECI Respite Services & Quality ECI Services Service: 28 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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:

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$7,140,793	\$7,061,932	\$(78,861)	\$(78,861)	See supplemental biennial difference schedule.
			\$(78,861)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly Number of Children Receiving Blindness Services	0.00	0.00	0.00	3,026.00	3,026.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Child: Children's Blindness Services	73.43	152.78	153.00	153.00	153.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,596,468	\$3,431,864	\$3,434,798	\$3,434,798	\$3,434,798
1002	OTHER PERSONNEL COSTS	\$107,092	\$96,928	\$79,315	\$79,315	\$79,315
2001	PROFESSIONAL FEES AND SERVICES	\$4,531	\$52,803	\$52,724	\$52,724	\$52,724
2002	FUELS AND LUBRICANTS	\$96	\$117	\$112	\$112	\$112
2003	CONSUMABLE SUPPLIES	\$5,122	\$1,722	\$1,719	\$1,719	\$1,719
2004	UTILITIES	\$32,348	\$34,192	\$33,573	\$33,573	\$33,573
2005	TRAVEL	\$230,593	\$235,808	\$205,810	\$205,810	\$205,810
2006	RENT - BUILDING	\$59,149	\$43,802	\$46,397	\$46,397	\$46,397
2007	RENT - MACHINE AND OTHER	\$9,326	\$14,936	\$14,502	\$14,502	\$14,502
2009	OTHER OPERATING EXPENSE	\$100,649	\$480,162	\$523,384	\$522,586	\$522,586
3001	CLIENT SERVICES	\$892,150	\$1,356,565	\$1,356,565	\$1,356,601	\$1,356,602

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, OBJECT OF EXPENSE		\$4,037,524	\$5,748,899	\$5,748,899	\$5,748,137	\$5,748,138
Method of Financing:						
1	General Revenue Fund	\$1,301,840	\$3,735,059	\$3,735,059	\$3,735,061	\$3,735,062
758	GR Match For Medicaid	\$1,653,495	\$1,006,539	\$1,006,540	\$1,006,538	\$1,006,538
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,955,335	\$4,741,598	\$4,741,599	\$4,741,599	\$4,741,600
Method of Financing:						
555	Federal Funds					
	93.778.003 XIX 50%	\$1,081,427	\$1,006,539	\$1,006,538	\$1,006,538	\$1,006,538
CFDA Subtotal, Fund	555	\$1,081,427	\$1,006,539	\$1,006,538	\$1,006,538	\$1,006,538
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,081,427	\$1,006,539	\$1,006,538	\$1,006,538	\$1,006,538
Method of Financing:						
666	Appropriated Receipts	\$762	\$762	\$762	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$762	\$762	\$762	\$0	\$0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,748,137	\$5,748,138
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$4,037,524	\$5,748,899	\$5,748,899	\$5,748,137	\$5,748,138
FULL TIME EQUIVALENT POSITIONS:		60.2	77.7	77.7	77.7	77.7

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 Service Categories:
 STRATEGY: 5 Children's Blindness Services Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$11,497,798	\$11,496,275	\$(1,523)	\$(1,523)	See supplemental biennial difference schedule.
			<u>\$(1,523)</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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly Number of Children Receiving Focused Autism Services	460.00	460.00	500.00	500.00	500.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Child Receiving Focused Autism Services	482.14	373.12	500.00	550.00	550.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$160,913	\$212,822	\$217,180	\$217,180	\$217,180
1002	OTHER PERSONNEL COSTS	\$3,876	\$6,746	\$6,831	\$6,831	\$6,831
2001	PROFESSIONAL FEES AND SERVICES	\$21,789	\$299,145	\$280,210	\$280,210	\$280,210
2003	CONSUMABLE SUPPLIES	\$131	\$6,138	\$6,133	\$6,133	\$6,133
2004	UTILITIES	\$645	\$7,738	\$7,832	\$7,832	\$7,832
2005	TRAVEL	\$2,511	\$45,792	\$59,141	\$59,141	\$59,141
2006	RENT - BUILDING	\$2,116	\$851	\$895	\$895	\$895
2007	RENT - MACHINE AND OTHER	\$338	\$89	\$82	\$82	\$82
2009	OTHER OPERATING EXPENSE	\$5,802	\$34,042	\$35,061	\$35,061	\$35,061
4000	GRANTS	\$5,820,720	\$6,575,072	\$6,575,070	\$6,575,070	\$6,575,070
TOTAL, OBJECT OF EXPENSE		\$6,018,841	\$7,188,435	\$7,188,435	\$7,188,435	\$7,188,435

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
1	General Revenue Fund	\$5,997,205	\$7,146,435	\$7,146,435	\$7,146,435	\$7,146,435
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$5,997,205	\$7,146,435	\$7,146,435	\$7,146,435	\$7,146,435
Method of Financing:						
777	Interagency Contracts	\$21,636	\$42,000	\$42,000	\$42,000	\$42,000
SUBTOTAL, MOF (OTHER FUNDS)		\$21,636	\$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)		\$6,018,841	\$7,188,435	\$7,188,435	\$7,188,435	\$7,188,435
FULL TIME EQUIVALENT POSITIONS:		2.7	3.4	3.4	3.4	3.4
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: 6 Autism Program Service: 27 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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. This strategy also contains the appropriation to support the Texas Autism Research and Resource Center (TARRC) which provides 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 ASD.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

TEA, DFPS and TWC contribute funding for the TARRC through an interagency contract.

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$14,376,870	\$14,376,870	\$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: 7 Children with Special Health Care Needs

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg Mon Number of CSHCN Clients Receiving Services	909.00	862.00	900.00	900.00	900.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per CSHCN Clients Receiving Services	2,097.00	2,255.00	2,386.00	2,400.00	2,400.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$954,373	\$1,267,444	\$1,347,278	\$1,347,278	\$1,347,278
1002	OTHER PERSONNEL COSTS	\$30,268	\$21,413	\$17,418	\$17,418	\$17,418
2001	PROFESSIONAL FEES AND SERVICES	\$1,285,006	\$1,497,214	\$1,482,036	\$1,482,036	\$1,482,036
2003	CONSUMABLE SUPPLIES	\$632	\$1,391	\$484	\$484	\$484
2004	UTILITIES	\$4,926	\$7,105	\$7,209	\$7,209	\$7,209
2005	TRAVEL	\$1,175	\$1,605	\$1,698	\$1,698	\$1,698
2006	RENT - BUILDING	\$6,997	\$3,003	\$3,157	\$3,157	\$3,157
2007	RENT - MACHINE AND OTHER	\$1,122	\$317	\$292	\$292	\$292
2009	OTHER OPERATING EXPENSE	\$26,991	\$321,740	\$321,740	\$321,740	\$321,740
3001	CLIENT SERVICES	\$22,611,004	\$27,379,583	\$27,319,506	\$27,319,505	\$27,319,504
TOTAL, OBJECT OF EXPENSE		\$24,922,494	\$30,500,815	\$30,500,818	\$30,500,817	\$30,500,816

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
1	General Revenue Fund	\$2,909,840	\$4,320,294	\$4,320,297	\$4,320,297	\$4,320,296
8003	GR For Mat & Child Health	\$16,012,654	\$19,225,176	\$19,225,176	\$19,225,175	\$19,225,175
8046	Vendor Drug Rebates-Pub Health	\$0	\$955,345	\$955,345	\$955,345	\$955,345
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$18,922,494	\$24,500,815	\$24,500,818	\$24,500,817	\$24,500,816
Method of Financing:						
555	Federal Funds					
	93.994.000 Maternal and Child Healt	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
CFDA Subtotal, Fund	555	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
SUBTOTAL, MOF (FEDERAL FUNDS)		\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$30,500,817	\$30,500,816
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$24,922,494	\$30,500,815	\$30,500,818	\$30,500,817	\$30,500,816
FULL TIME EQUIVALENT POSITIONS:		19.5	22.6	22.6	22.6	22.6

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</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 Dental and Health Services

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Infants <1 and Children Age 1-21 Years Provided Services	37,206.00	24,628.00	32,000.00	32,000.00	32,000.00
KEY 2	Number of Women over 21 Provided Title V Services	5,602.00	2,543.00	4,300.00	4,300.00	4,300.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$75,031	\$160,927	\$161,016	\$161,016	\$161,016
1002	OTHER PERSONNEL COSTS	\$3,920	\$5,707	\$6,000	\$6,000	\$6,000
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$90,019	\$90,038	\$90,038	\$90,038
2005	TRAVEL	\$0	\$2,500	\$2,000	\$2,000	\$2,000
2009	OTHER OPERATING EXPENSE	\$1,125	\$68,617	\$68,716	\$68,716	\$68,716
4000	GRANTS	\$6,971,923	\$8,406,158	\$8,406,158	\$8,406,158	\$8,406,158
TOTAL, OBJECT OF EXPENSE		\$7,051,999	\$8,733,928	\$8,733,928	\$8,733,928	\$8,733,928
Method of Financing:						
8003	GR For Mat & Child Health	\$1,099,410	\$1,581,470	\$1,581,470	\$1,581,470	\$1,581,470
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,099,410	\$1,581,470	\$1,581,470	\$1,581,470	\$1,581,470
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: 8 Title V Dental and Health Services

Service Categories:

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	93.994.000 Maternal and Child Healt	\$5,952,589	\$7,152,458	\$7,152,458	\$7,152,458	\$7,152,458
CFDA Subtotal, Fund	555	\$5,952,589	\$7,152,458	\$7,152,458	\$7,152,458	\$7,152,458
SUBTOTAL, MOF (FEDERAL FUNDS)		\$5,952,589	\$7,152,458	\$7,152,458	\$7,152,458	\$7,152,458
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$8,733,928	\$8,733,928
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$7,051,999	\$8,733,928	\$8,733,928	\$8,733,928	\$8,733,928
FULL TIME EQUIVALENT POSITIONS:		1.4	3.0	3.0	3.0	3.0

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
 STRATEGY: 8 Title V Dental and Health Services

Service Categories:

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$17,467,856	\$17,467,856	\$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: 9 Kidney Health Care

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Kidney Health Clients Provided Services	18,264.00	17,321.00	19,250.00	19,250.00	19,250.00
Efficiency Measures:						
KEY 1	Average Annual Cost Per Kidney Health Care Client	603.00	474.70	868.00	868.00	868.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$956,966	\$973,737	\$983,146	\$983,146	\$983,146
1002	OTHER PERSONNEL COSTS	\$59,378	\$21,061	\$18,015	\$18,015	\$18,015
2001	PROFESSIONAL FEES AND SERVICES	\$44,548	\$263,858	\$262,319	\$262,319	\$262,319
2002	FUELS AND LUBRICANTS	\$64	\$42	\$40	\$40	\$40
2003	CONSUMABLE SUPPLIES	\$2,386	\$1,654	\$1,520	\$1,520	\$1,520
2004	UTILITIES	\$6,942	\$5,405	\$5,278	\$5,278	\$5,278
2005	TRAVEL	\$306	\$169	\$174	\$174	\$174
2006	RENT - BUILDING	\$38,724	\$15,146	\$15,921	\$15,921	\$15,921
2007	RENT - MACHINE AND OTHER	\$6,215	\$1,600	\$1,470	\$1,470	\$1,470
2009	OTHER OPERATING EXPENSE	\$67,017	\$38,542	\$32,782	\$32,783	\$32,782
3001	CLIENT SERVICES	\$11,038,637	\$18,664,832	\$18,670,380	\$18,670,380	\$18,670,380
TOTAL, OBJECT OF EXPENSE		\$12,221,183	\$19,986,046	\$19,991,045	\$19,991,046	\$19,991,045

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
1	General Revenue Fund	\$5,957,562	\$10,315,863	\$10,315,862	\$10,315,863	\$10,315,862
8046	Vendor Drug Rebates-Pub Health	\$5,329,961	\$8,159,973	\$8,159,973	\$8,159,973	\$8,159,973
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$11,287,523	\$18,475,836	\$18,475,835	\$18,475,836	\$18,475,835
Method of Financing:						
666	Appropriated Receipts	\$933,660	\$1,510,210	\$1,515,210	\$1,515,210	\$1,515,210
SUBTOTAL, MOF (OTHER FUNDS)		\$933,660	\$1,510,210	\$1,515,210	\$1,515,210	\$1,515,210
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$19,991,046	\$19,991,045
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$12,221,183	\$19,986,046	\$19,991,045	\$19,991,046	\$19,991,045
FULL TIME EQUIVALENT POSITIONS:		20.3	21.1	21.1	21.1	21.1
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 CHANGE</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$39,977,091	\$39,982,091	\$5,000	\$5,000	See supplemental biennial difference schedule.
			<u>\$5,000</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: 10 Additional Specialty Care

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Explanatory/Input Measures:						
1	Number of Epilepsy Program Clients Provided Services	8,403.00	7,346.00	4,500.00	4,500.00	4,500.00
2	Number of Hemophilia Assistance Program Clients	1.00	1.00	1.00	1.00	1.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$103,533	\$108,546	\$113,743	\$113,743	\$113,743
1002	OTHER PERSONNEL COSTS	\$3,609	\$3,518	\$3,733	\$3,733	\$3,733
2001	PROFESSIONAL FEES AND SERVICES	\$1,000,070	\$1,000,791	\$1,001,058	\$1,001,058	\$1,001,058
2003	CONSUMABLE SUPPLIES	\$93	\$14,585	\$14,587	\$14,587	\$14,587
2004	UTILITIES	\$755	\$4,295	\$4,403	\$4,403	\$4,403
2005	TRAVEL	\$268	\$5,977	\$6,013	\$6,013	\$6,013
2009	OTHER OPERATING EXPENSE	\$2,764	\$223,835	\$220,694	\$36,939	\$36,939
3001	CLIENT SERVICES	\$23,716	\$2,625,000	\$2,625,000	\$2,625,000	\$2,625,000
4000	GRANTS	\$1,762,217	\$2,597,164	\$2,594,480	\$1,914,862	\$1,914,864
TOTAL, OBJECT OF EXPENSE		\$2,897,025	\$6,583,711	\$6,583,711	\$5,720,338	\$5,720,340
Method of Financing:						
1	General Revenue Fund	\$2,817,929	\$3,760,153	\$3,760,153	\$3,585,385	\$3,585,383
758	GR Match For Medicaid	\$35,955	\$1,337,777	\$1,361,296	\$1,022,665	\$1,022,667

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8010	GR Match For Title XXI	\$456	\$18,681	\$18,532	\$18,532	\$18,532
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,854,340	\$5,116,611	\$5,139,981	\$4,626,582	\$4,626,582
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$6,730	\$117,980	\$71,091	\$71,091	\$71,091
	93.778.003 XIX 50%	\$35,955	\$1,337,777	\$1,361,296	\$1,022,665	\$1,022,667
CFDA Subtotal, Fund	555	\$42,685	\$1,455,757	\$1,432,387	\$1,093,756	\$1,093,758
SUBTOTAL, MOF (FEDERAL FUNDS)		\$42,685	\$1,455,757	\$1,432,387	\$1,093,756	\$1,093,758
Method of Financing:						
777	Interagency Contracts	\$0	\$11,343	\$11,343	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$11,343	\$11,343	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,720,338	\$5,720,340
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,897,025	\$6,583,711	\$6,583,711	\$5,720,338	\$5,720,340
FULL TIME EQUIVALENT POSITIONS:		1.3	1.5	1.5	1.5	1.5

529 Health and Human Services Commission

GOAL: 4 Provide Additional Health-related Services
 OBJECTIVE: 1 Provide Primary Health and Specialty Care Service Categories:
 STRATEGY: 10 Additional Specialty Care Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
<u>Base Spending (Est 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$13,167,422	\$11,440,678	\$(1,726,744)	\$(1,726,744)	See supplemental biennial difference schedule.
			<u>\$(1,726,744)</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: 11 Community Primary Care Services

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
1	# Primary Hlth Care Clients Receiving Svcs	210,344.00	108,000.00	108,000.00	108,000.00	108,000.00
Efficiency Measures:						
1	Average Cost Per Primary Health Care Client	54.30	119.00	102.00	150.00	150.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$195,356	\$223,875	\$224,565	\$224,565	\$224,565
1002	OTHER PERSONNEL COSTS	\$9,472	\$4,432	\$4,585	\$4,585	\$4,585
2001	PROFESSIONAL FEES AND SERVICES	\$473	\$3,290	\$2,825	\$2,825	\$2,825
2003	CONSUMABLE SUPPLIES	\$882	\$110	\$77	\$77	\$77
2004	UTILITIES	\$1,346	\$400	\$367	\$367	\$367
2005	TRAVEL	\$3,708	\$4,290	\$3,242	\$3,242	\$3,242
2006	RENT - BUILDING	\$9,404	\$3,694	\$3,884	\$3,884	\$3,884
2007	RENT - MACHINE AND OTHER	\$1,510	\$390	\$358	\$358	\$358
2009	OTHER OPERATING EXPENSE	\$12,725	\$6,951	\$7,529	\$7,529	\$7,529
4000	GRANTS	\$10,967,386	\$11,926,408	\$11,926,408	\$11,926,408	\$11,926,408
TOTAL, OBJECT OF EXPENSE		\$11,202,262	\$12,173,840	\$12,173,840	\$12,173,840	\$12,173,840

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: 11 Community Primary Care Services

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1	General Revenue Fund	\$11,202,262	\$12,173,840	\$12,173,840	\$12,173,840	\$12,173,840
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$11,202,262	\$12,173,840	\$12,173,840	\$12,173,840	\$12,173,840
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$12,173,840	\$12,173,840
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$11,202,262	\$12,173,840	\$12,173,840	\$12,173,840	\$12,173,840
FULL TIME EQUIVALENT POSITIONS:		3.1	4.0	4.0	4.0	4.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

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:

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: 11 Community Primary Care Services Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Persons Served in Abstinence Education Programs	10,033.00	17,424.00	19,500.00	24,000.00	30,000.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$304,709	\$343,051	\$343,051	\$343,051	\$343,051
1002	OTHER PERSONNEL COSTS	\$68,045	\$8,855	\$7,391	\$7,391	\$7,391
2001	PROFESSIONAL FEES AND SERVICES	\$371,671	\$441,186	\$452,035	\$452,035	\$452,035
2002	FUELS AND LUBRICANTS	\$150	\$99	\$95	\$95	\$95
2003	CONSUMABLE SUPPLIES	\$4,827	\$1,298	\$994	\$994	\$994
2004	UTILITIES	\$14,143	\$14,121	\$14,269	\$14,269	\$14,269
2005	TRAVEL	\$7,353	\$17,433	\$17,758	\$17,758	\$17,758
2006	RENT - BUILDING	\$90,437	\$35,367	\$37,177	\$37,177	\$37,177
2007	RENT - MACHINE AND OTHER	\$14,518	\$3,735	\$3,434	\$3,434	\$3,434
2009	OTHER OPERATING EXPENSE	\$102,043	\$46,786	\$47,797	\$47,794	\$47,795
4000	GRANTS	\$3,402,416	\$6,502,289	\$6,502,287	\$6,502,289	\$6,502,289
TOTAL, OBJECT OF EXPENSE		\$4,380,312	\$7,414,220	\$7,426,288	\$7,426,287	\$7,426,288

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1	General Revenue Fund	\$507,340	\$507,339	\$507,340	\$507,339	\$507,340
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$507,340	\$507,339	\$507,340	\$507,339	\$507,340
Method of Financing:						
555	Federal Funds					
	93.235.000 ABSTINENCE EDUCATION	\$3,872,972	\$6,906,881	\$6,918,948	\$6,918,948	\$6,918,948
CFDA Subtotal, Fund	555	\$3,872,972	\$6,906,881	\$6,918,948	\$6,918,948	\$6,918,948
SUBTOTAL, MOF (FEDERAL FUNDS)		\$3,872,972	\$6,906,881	\$6,918,948	\$6,918,948	\$6,918,948
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$7,426,287	\$7,426,288
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$4,380,312	\$7,414,220	\$7,426,288	\$7,426,287	\$7,426,288
FULL TIME EQUIVALENT POSITIONS:		4.4	5.4	5.4	5.4	5.4

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 Service Categories:
 STRATEGY: 12 Abstinence Education Service: 23 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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>	
Base Spending (Est 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$14,840,508	\$14,852,575	\$12,067	\$12,067	See supplemental biennial difference schedule.
			\$12,067	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: 1 Community Mental Health Services (MHS) for Adults

Service Categories:
 Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly Number of Adults Receiving Community MH Services	73,267.00	92,128.00	93,588.00	92,100.00	92,100.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Adult: Community Mental Health Services	400.00	490.00	400.00	450.00	450.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$5,486,456	\$7,500,371	\$8,748,426	\$8,748,426	\$8,748,426
1002	OTHER PERSONNEL COSTS	\$256,460	\$167,039	\$130,535	\$130,535	\$130,535
2001	PROFESSIONAL FEES AND SERVICES	\$3,364,963	\$7,494,773	\$7,691,203	\$7,691,203	\$7,691,203
2002	FUELS AND LUBRICANTS	\$274	\$512	\$488	\$488	\$488
2003	CONSUMABLE SUPPLIES	\$11,023	\$11,196	\$10,170	\$10,170	\$10,170
2004	UTILITIES	\$49,731	\$92,149	\$93,012	\$93,012	\$93,012
2005	TRAVEL	\$77,239	\$212,185	\$181,234	\$181,234	\$181,234
2006	RENT - BUILDING	\$174,399	\$189,455	\$198,656	\$198,656	\$198,656
2007	RENT - MACHINE AND OTHER	\$26,877	\$19,548	\$18,132	\$18,132	\$18,132
2009	OTHER OPERATING EXPENSE	\$537,090	\$695,806	\$671,710	\$671,710	\$671,710
4000	GRANTS	\$332,116,700	\$384,478,624	\$384,167,144	\$375,720,963	\$375,720,964

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
5000	CAPITAL EXPENDITURES	\$1,492	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$342,102,704	\$400,861,658	\$401,910,710	\$393,464,529	\$393,464,530
Method of Financing:						
1	General Revenue Fund	\$118,940,803	\$145,694,903	\$145,525,429	\$147,603,706	\$147,603,707
758	GR Match For Medicaid	\$531,437	\$2,614,422	\$2,702,457	\$664,899	\$664,899
8001	GR For MH Block Grant	\$180,226,427	\$180,226,427	\$180,226,428	\$180,226,427	\$180,226,427
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$299,698,667	\$328,535,752	\$328,454,314	\$328,495,032	\$328,495,033
Method of Financing:						
555	Federal Funds					
	93.150.000 Projects for Assistance	\$4,458,633	\$4,991,603	\$4,991,125	\$4,991,125	\$4,991,125
	93.558.667 TANF to Title XX	\$4,365,721	\$4,558,479	\$4,558,478	\$4,558,478	\$4,558,478
	93.667.000 Social Svcs Block Grants	\$3,266,042	\$3,266,042	\$3,266,042	\$3,266,042	\$3,266,042
	93.778.003 XIX 50%	\$385,851	\$576,864	\$664,899	\$664,899	\$664,899
	93.788.000 Opioid STR	\$565,321	\$2,093,145	\$4,058,793	\$2,068,168	\$2,068,168
	93.791.000 Money Follows Person Reblncng Demo	\$1,474,150	\$5,095,910	\$5,178,001	\$5,178,001	\$5,178,001
	93.958.000 Block Grants for Communi	\$27,876,302	\$51,605,210	\$50,601,696	\$44,105,422	\$44,105,422
CFDA Subtotal, Fund	555	\$42,392,020	\$72,187,253	\$73,319,034	\$64,832,135	\$64,832,135

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (FEDERAL FUNDS)		\$42,392,020	\$72,187,253	\$73,319,034	\$64,832,135	\$64,832,135
Method of Financing:						
8033	MH Appropriated Receipts	\$12,017	\$138,653	\$137,362	\$137,362	\$137,362
SUBTOTAL, MOF (OTHER FUNDS)		\$12,017	\$138,653	\$137,362	\$137,362	\$137,362
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$393,464,529	\$393,464,530
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$342,102,704	\$400,861,658	\$401,910,710	\$393,464,529	\$393,464,530
FULL TIME EQUIVALENT POSITIONS:		76.0	114.7	114.7	114.7	114.7

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).

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$802,772,368	\$786,929,059	\$(15,843,309)	\$(15,843,309)	See supplemental biennial difference schedule.
			\$(15,843,309)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly Number of Children Receiving Community MH Services	20,727.00	27,317.00	29,557.00	27,300.00	27,300.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Child Receiving Community MH Services	425.00	380.00	425.00	390.00	390.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,269,659	\$1,585,488	\$1,683,647	\$1,683,647	\$1,683,647
1002	OTHER PERSONNEL COSTS	\$192,603	\$49,566	\$25,587	\$25,587	\$25,587
2001	PROFESSIONAL FEES AND SERVICES	\$124,651	\$917,139	\$778,694	\$778,694	\$778,694
2002	FUELS AND LUBRICANTS	\$670	\$1,415	\$1,356	\$1,356	\$1,356
2003	CONSUMABLE SUPPLIES	\$23,055	\$16,443	\$11,505	\$11,505	\$11,505
2004	UTILITIES	\$61,375	\$68,677	\$59,942	\$59,942	\$59,942
2005	TRAVEL	\$22,620	\$66,929	\$43,783	\$43,783	\$43,783
2006	RENT - BUILDING	\$421,039	\$540,484	\$573,467	\$573,467	\$573,467
2007	RENT - MACHINE AND OTHER	\$64,679	\$55,476	\$49,963	\$49,963	\$49,963
2009	OTHER OPERATING EXPENSE	\$371,597	\$451,594	\$469,947	\$469,947	\$469,947
4000	GRANTS	\$71,648,787	\$91,252,912	\$98,075,807	\$88,811,593	\$88,811,592

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
5000	CAPITAL EXPENDITURES	\$703	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$74,201,438	\$95,006,123	\$101,773,698	\$92,509,484	\$92,509,483
Method of Financing:						
1	General Revenue Fund	\$19,182,829	\$25,206,661	\$25,203,011	\$25,202,820	\$25,202,819
758	GR Match For Medicaid	\$646,187	\$741,032	\$745,063	\$745,063	\$745,063
8001	GR For MH Block Grant	\$42,687,849	\$42,688,230	\$42,687,848	\$42,688,039	\$42,688,039
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$62,516,865	\$68,635,923	\$68,635,922	\$68,635,922	\$68,635,921
Method of Financing:						
555	Federal Funds					
	93.243.000 Project Reg. & Natl Significance	\$0	\$736,000	\$778,208	\$778,822	\$778,822
	93.558.667 TANF to Title XX	\$8,737,396	\$8,892,844	\$8,892,844	\$8,892,844	\$8,892,844
	93.778.003 XIX 50%	\$646,187	\$741,032	\$745,063	\$745,063	\$745,063
	93.958.000 Block Grants for Communi	\$2,300,990	\$16,000,324	\$22,721,661	\$13,456,833	\$13,456,833
CFDA Subtotal, Fund	555	\$11,684,573	\$26,370,200	\$33,137,776	\$23,873,562	\$23,873,562
SUBTOTAL, MOF (FEDERAL FUNDS)		\$11,684,573	\$26,370,200	\$33,137,776	\$23,873,562	\$23,873,562

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$92,509,484	\$92,509,483
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$74,201,438	\$95,006,123	\$101,773,698	\$92,509,484	\$92,509,483
FULL TIME EQUIVALENT POSITIONS:		18.1	21.9	21.9	21.9	21.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

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:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$196,779,821	\$185,018,967	\$(11,760,854)	\$(11,760,854)	See supplemental biennial difference schedule.
			\$(11,760,854)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	# Persons Receiving Crisis Residential Services Per Year Funded by GR	25,000.00	23,224.00	25,000.00	23,200.00	23,200.00
KEY 2	# Persons Receiving Crisis Outpatient Services Per Year Funded by GR	72,200.00	93,390.00	90,000.00	93,400.00	93,400.00
Efficiency Measures:						
KEY 1	Avg GR Spent Per Person for Crisis Residential Services	2,800.00	2,004.00	2,800.00	2,300.00	2,300.00
KEY 2	Avg GR Spent Per Person for Crisis Outpatient Services	600.00	406.00	600.00	445.00	445.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,665,213	\$2,039,542	\$2,369,277	\$2,369,277	\$2,369,277
1002	OTHER PERSONNEL COSTS	\$56,510	\$40,793	\$35,729	\$35,729	\$35,729
2001	PROFESSIONAL FEES AND SERVICES	\$1,388,407	\$635,466	\$636,252	\$636,252	\$636,252
2002	FUELS AND LUBRICANTS	\$40	\$72	\$69	\$69	\$69
2003	CONSUMABLE SUPPLIES	\$1,896	\$1,360	\$1,383	\$1,383	\$1,383
2004	UTILITIES	\$10,445	\$20,259	\$20,683	\$20,683	\$20,683
2005	TRAVEL	\$24,311	\$66,131	\$49,843	\$49,843	\$49,843
2006	RENT - BUILDING	\$27,964	\$29,400	\$30,735	\$30,735	\$30,735
2007	RENT - MACHINE AND OTHER	\$3,898	\$2,814	\$2,592	\$2,592	\$2,592

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
2009	OTHER OPERATING EXPENSE	\$142,977	\$196,420	\$189,539	\$189,539	\$189,539
4000	GRANTS	\$125,393,923	\$125,002,177	\$124,863,048	\$124,863,048	\$124,863,048
5000	CAPITAL EXPENDITURES	\$610	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$128,716,194	\$128,034,434	\$128,199,150	\$128,199,150	\$128,199,150
Method of Financing:						
1	General Revenue Fund	\$48,082,474	\$46,443,631	\$46,443,631	\$46,443,631	\$46,443,631
8001	GR For MH Block Grant	\$78,875,606	\$78,225,606	\$78,225,606	\$78,225,606	\$78,225,606
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$126,958,080	\$124,669,237	\$124,669,237	\$124,669,237	\$124,669,237
Method of Financing:						
555	Federal Funds					
	93.243.000 Project Reg. & Natl Significance	\$0	\$1,402,561	\$1,567,277	\$1,567,277	\$1,567,277
	93.667.000 Social Svcs Block Grants	\$1,637,636	\$1,637,636	\$1,637,636	\$1,637,636	\$1,637,636
	93.788.000 Opioid STR	\$120,478	\$325,000	\$325,000	\$325,000	\$325,000
CFDA Subtotal, Fund	555	\$1,758,114	\$3,365,197	\$3,529,913	\$3,529,913	\$3,529,913
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,758,114	\$3,365,197	\$3,529,913	\$3,529,913	\$3,529,913

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$128,199,150	\$128,199,150
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$128,716,194	\$128,034,434	\$128,199,150	\$128,199,150	\$128,199,150
FULL TIME EQUIVALENT POSITIONS:		26.4	30.6	30.6	30.6	30.6

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$256,233,584	\$256,398,300	\$164,716	\$164,716	See supplemental SBC schedule.
			\$164,716	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg Mo Number of Youth Served in Substance Abuse Prevention Programs	151,847.00	107,339.00	155,000.00	129,800.00	129,800.00
KEY 2	Avg Mo Number of Youth Served in Treatment Programs for SA	1,582.00	937.00	1,200.00	1,000.00	1,000.00
3	Avg Mo Number of Adults Served in SA Intervention Programs	6,959.00	5,498.00	7,400.00	5,500.00	5,500.00
4	Avg Mo Number of Youth Served in SA Intervention Programs	565.00	504.00	600.00	504.00	504.00
KEY 5	Avg Mo Number of Adults Served in Treatment Programs for SA	9,957.00	9,722.00	10,500.00	9,480.00	9,480.00
Efficiency Measures:						
KEY 1	Average Mo Cost Per Youth for Substance Abuse Prevention Services	16.75	23.00	16.75	19.00	19.00
2	Average Mo Cost Per Adult for Substance Abuse Intervention Services	193.55	171.00	193.55	164.00	164.00
3	Average Mo Cost Per Youth for Substance Abuse Intervention Services	260.64	199.00	260.64	200.00	200.00
KEY 4	Average Mo Cost Per Adult Served in Treatment Programs for SA	1,766.39	448.00	680.61	448.00	448.00

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
KEY 5	Average Mo Cost Per Youth Served in Treatment Programs for SA	3,581.00	616.00	1,076.79	616.00	616.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$6,193,739	\$10,928,023	\$14,795,959	\$14,776,106	\$14,776,106
1002	OTHER PERSONNEL COSTS	\$118,634	\$157,138	\$213,909	\$213,789	\$213,789
2001	PROFESSIONAL FEES AND SERVICES	\$5,445,175	\$16,655,066	\$13,453,287	\$13,313,130	\$13,313,130
2003	CONSUMABLE SUPPLIES	\$2,905	\$5,922	\$892	\$892	\$892
2004	UTILITIES	\$21,915	\$36,838	\$35,412	\$35,412	\$35,412
2005	TRAVEL	\$102,731	\$346,731	\$251,800	\$251,800	\$251,800
2006	RENT - BUILDING	\$27,110	\$52,679	\$26,810	\$26,810	\$26,810
2007	RENT - MACHINE AND OTHER	\$72	\$587	\$586	\$586	\$586
2009	OTHER OPERATING EXPENSE	\$928,926	\$551,858	\$574,290	\$573,336	\$573,336
3001	CLIENT SERVICES	\$10,482,003	\$36,962,934	\$25,254,662	\$22,883,605	\$22,883,605
4000	GRANTS	\$203,022,417	\$221,825,585	\$196,576,633	\$205,997,587	\$205,997,588
TOTAL, OBJECT OF EXPENSE		\$226,345,627	\$287,523,361	\$251,184,240	\$258,073,053	\$258,073,054
Method of Financing:						
1	General Revenue Fund	\$0	\$24,311,848	\$4,322,996	\$14,317,421	\$14,317,422

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8002	GR For Subst Abuse Prev	\$45,945,873	\$46,719,088	\$46,719,088	\$46,719,088	\$46,719,088
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$45,945,873	\$71,030,936	\$51,042,084	\$61,036,509	\$61,036,510
Method of Financing:						
555	Federal Funds					
	93.243.000 Project Reg. & Natl Significance	\$2,837,130	\$1,931,594	\$2,071,746	\$1,931,590	\$1,931,590
	93.788.000 Opioid STR	\$32,414,068	\$67,967,510	\$52,171,902	\$49,800,845	\$49,800,845
	93.958.000 Block Grants for Communi	\$334,220	\$954,166	\$954,166	\$954,166	\$954,166
	93.959.000 Block Grants for Prevent	\$144,814,336	\$145,431,498	\$144,736,685	\$144,142,286	\$144,142,286
CFDA Subtotal, Fund	555	\$180,399,754	\$216,284,768	\$199,934,499	\$196,828,887	\$196,828,887
SUBTOTAL, MOF (FEDERAL FUNDS)		\$180,399,754	\$216,284,768	\$199,934,499	\$196,828,887	\$196,828,887
Method of Financing:						
8033	MH Appropriated Receipts	\$0	\$207,657	\$207,657	\$207,657	\$207,657
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$207,657	\$207,657	\$207,657	\$207,657

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$258,073,053	\$258,073,054
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$226,345,627	\$287,523,361	\$251,184,240	\$258,073,053	\$258,073,054
FULL TIME EQUIVALENT POSITIONS:		86.5	193.3	193.3	193.3	193.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

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:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$538,707,601	\$516,146,107	\$(22,561,494)	\$(22,561,494)	See supplemental SBC schedule.
			\$(22,561,494)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly Number of Clients Served in HCBS-AMH Program	138.70	212.00	270.50	350.60	417.40
KEY 2	Average Monthly Number of Clients Served in YES Waiver	1,098.20	1,075.60	1,339.50	1,392.50	1,479.70
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Client Served in HCBS-AMH Pgm	5,849.84	5,647.81	5,960.80	5,413.78	5,578.16
KEY 2	Average Monthly Cost Per Client Served in YES Waiver	516.02	507.24	539.83	547.90	572.20
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,630,031	\$1,888,775	\$2,254,469	\$2,254,469	\$2,254,469
1002	OTHER PERSONNEL COSTS	\$34,130	\$25,227	\$24,815	\$24,815	\$24,815
2001	PROFESSIONAL FEES AND SERVICES	\$1,600,372	\$2,662,602	\$1,638,204	\$2,035,795	\$2,035,796
2002	FUELS AND LUBRICANTS	\$2	\$4	\$4	\$4	\$4
2003	CONSUMABLE SUPPLIES	\$959	\$162	\$165	\$165	\$165
2004	UTILITIES	\$3,913	\$12,730	\$7,384	\$7,384	\$7,384
2005	TRAVEL	\$56,503	\$90,393	\$90,377	\$90,377	\$90,377
2006	RENT - BUILDING	\$5,786	\$1,532	\$1,599	\$1,599	\$1,599
2007	RENT - MACHINE AND OTHER	\$489	\$163	\$149	\$149	\$149

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
2009	OTHER OPERATING EXPENSE	\$73,755	\$36,140	\$55,763	\$55,763	\$55,763
3001	CLIENT SERVICES	\$19,631,341	\$47,135,673	\$48,050,614	\$47,653,022	\$47,653,020
4000	GRANTS	\$620,529	\$1,219,678	\$996,926	\$996,926	\$996,926
TOTAL, OBJECT OF EXPENSE		\$23,657,810	\$53,073,079	\$53,120,469	\$53,120,468	\$53,120,467
Method of Financing:						
1	General Revenue Fund	\$4,679,061	\$4,568,164	\$4,134,811	\$4,134,810	\$4,134,809
758	GR Match For Medicaid	\$7,905,252	\$19,017,715	\$19,451,068	\$19,451,068	\$19,451,068
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$12,584,313	\$23,585,879	\$23,585,879	\$23,585,878	\$23,585,877
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$9,783,512	\$28,038,680	\$28,038,678	\$28,038,678	\$28,038,678
	93.778.003 XIX 50%	\$1,289,985	\$1,448,520	\$1,495,912	\$1,495,912	\$1,495,912
CFDA Subtotal, Fund	555	\$11,073,497	\$29,487,200	\$29,534,590	\$29,534,590	\$29,534,590
SUBTOTAL, MOF (FEDERAL FUNDS)		\$11,073,497	\$29,487,200	\$29,534,590	\$29,534,590	\$29,534,590

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$53,120,468	\$53,120,467
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$23,657,810	\$53,073,079	\$53,120,469	\$53,120,468	\$53,120,467
FULL TIME EQUIVALENT POSITIONS:		26.0	27.9	27.9	27.9	27.9

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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>		<u>BIENNIAL</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$106,193,548	\$106,240,935	\$47,387	\$47,387	See supplemental SBC schedule.
			\$47,387	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: 6 Community Mental Health Grant Programs Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
4000	GRANTS	\$43,608,220	\$65,000,000	\$45,000,000	\$55,000,000	\$55,000,000
TOTAL, OBJECT OF EXPENSE		\$43,608,220	\$65,000,000	\$45,000,000	\$55,000,000	\$55,000,000
Method of Financing:						
1	General Revenue Fund	\$43,608,220	\$65,000,000	\$45,000,000	\$55,000,000	\$55,000,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$43,608,220	\$65,000,000	\$45,000,000	\$55,000,000	\$55,000,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$55,000,000	\$55,000,000
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$43,608,220	\$65,000,000	\$45,000,000	\$55,000,000	\$55,000,000

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

Behavioral health grant programs that support communities providing mental health and/or behavioral health services to meet the needs of specific Texas populations.

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: 6 Community Mental Health Grant Programs Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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External factors such as economic health, competing priorities, workforce shortage, and the ability for communities to identify and secure in-kind match to address gaps in their service area could impact availability of these Programs.

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$110,000,000	\$110,000,000	\$0	\$0	No Change.
			\$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: 1 Indigent Health Care Reimbursement (UTMB)

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
4000	GRANTS	\$439,442	\$439,443	\$439,443	\$439,443	\$439,443
TOTAL, OBJECT OF EXPENSE		\$439,442	\$439,443	\$439,443	\$439,443	\$439,443
Method of Financing:						
5049	Teaching Hospital Account	\$439,442	\$439,443	\$439,443	\$439,443	\$439,443
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$439,442	\$439,443	\$439,443	\$439,443	\$439,443
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$439,443	\$439,443
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$439,442	\$439,443	\$439,443	\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020-21 General Appropriations Act, 86th Legislature, 2019 (Article II, Health and Human Services Commission, Rider 142) 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:

N/A

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$84,099	\$96,314	\$97,899	\$97,899	\$97,899
1002	OTHER PERSONNEL COSTS	\$4,849	\$7,499	\$3,412	\$3,412	\$3,412
2001	PROFESSIONAL FEES AND SERVICES	\$45	\$139	\$190	\$190	\$190
2003	CONSUMABLE SUPPLIES	\$77	\$52	\$37	\$37	\$37
2004	UTILITIES	\$202	\$386	\$370	\$370	\$370
2005	TRAVEL	\$832	\$1,550	\$2,062	\$2,062	\$2,062
2006	RENT - BUILDING	\$1,380	\$1,640	\$1,742	\$1,742	\$1,742
2007	RENT - MACHINE AND OTHER	\$213	\$168	\$151	\$151	\$151
2009	OTHER OPERATING EXPENSE	\$2,266	\$42,693	\$48,897	\$48,899	\$48,897
3001	CLIENT SERVICES	\$528,028	\$528,685	\$524,364	\$524,364	\$524,364
TOTAL, OBJECT OF EXPENSE		\$621,991	\$679,126	\$679,124	\$679,126	\$679,124
Method of Financing:						
1	General Revenue Fund	\$502,355	\$483,662	\$483,660	\$483,662	\$483,660
758	GR Match For Medicaid	\$24,196	\$47,732	\$47,732	\$47,732	\$47,732
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$526,551	\$531,394	\$531,392	\$531,394	\$531,392

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
	93.778.003 XIX 50%	\$24,196	\$47,732	\$47,732	\$47,732	\$47,732
CFDA Subtotal, Fund	555	\$24,196	\$47,732	\$47,732	\$47,732	\$47,732
SUBTOTAL, MOF (FEDERAL FUNDS)		\$24,196	\$47,732	\$47,732	\$47,732	\$47,732
Method of Financing:						
666	Appropriated Receipts					
SUBTOTAL, MOF (OTHER FUNDS)		\$71,244	\$100,000	\$100,000	\$100,000	\$100,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$679,126	\$679,124
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$621,991	\$679,126	\$679,124	\$679,126	\$679,124
FULL TIME EQUIVALENT POSITIONS:		1.8	2.0	2.0	2.0	2.0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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</u>	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,358,250	\$1,358,250	\$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: 1 Temporary Assistance for Needy Families Grants

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Number of TANF Basic Cash Assistance Recipients Per Month	46,603.00	46,410.00	50,262.00	47,091.00	44,672.00
KEY 2	Avg Number of State Two-Parent Cash Assist Recipients Per Month	1,846.00	1,917.00	2,203.00	2,230.00	1,900.00
Efficiency Measures:						
KEY 1	Average Monthly Grant: TANF Basic Cash Assistance	76.79	78.82	80.62	75.60	80.26
KEY 2	Average Monthly Grant: State Two-Parent Cash Assistance Program	79.28	80.56	82.27	77.93	83.32
Objects of Expense:						
3001	CLIENT SERVICES	\$47,720,456	\$48,871,382	\$53,652,374	\$51,026,906	\$48,222,493
TOTAL, OBJECT OF EXPENSE		\$47,720,456	\$48,871,382	\$53,652,374	\$51,026,906	\$48,222,493
Method of Financing:						
1	General Revenue Fund	\$1,702,304	\$44,022,727	\$48,658,647	\$47,755,003	\$44,926,371
759	GR MOE for TANF	\$39,414,511	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$41,116,815	\$44,022,727	\$48,658,647	\$47,755,003	\$44,926,371

Method of Financing:

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 1 Temporary Assistance for Needy Families Grants

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
555	Federal Funds					
	93.558.000 Temp AssistNeedy Families	\$6,603,641	\$4,848,655	\$4,993,727	\$3,271,903	\$3,296,122
CFDA Subtotal, Fund	555	\$6,603,641	\$4,848,655	\$4,993,727	\$3,271,903	\$3,296,122
SUBTOTAL, MOF (FEDERAL FUNDS)		\$6,603,641	\$4,848,655	\$4,993,727	\$3,271,903	\$3,296,122
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$51,026,906	\$48,222,493
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$47,720,456	\$48,871,382	\$53,652,374	\$51,026,906	\$48,222,493
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$102,523,756	\$99,249,399	\$(3,274,357)	\$(3,274,357)	Client Service forecast change.
			\$(3,274,357)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of WIC Participants Provided Nutritious Supplemental Food	695,626.00	679,552.00	775,000.00	780,000.00	780,000.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$9,747,186	\$11,698,274	\$13,564,773	\$13,564,773	\$13,564,773
1002	OTHER PERSONNEL COSTS	\$421,167	\$198,175	\$238,618	\$238,618	\$238,618
2001	PROFESSIONAL FEES AND SERVICES	\$10,548,919	\$19,100,881	\$32,918,396	\$31,118,799	\$31,118,799
2002	FUELS AND LUBRICANTS	\$155	\$365	\$329	\$329	\$329
2003	CONSUMABLE SUPPLIES	\$846,781	\$386,312	\$124,185	\$124,185	\$124,185
2004	UTILITIES	\$600,264	\$625,778	\$673,356	\$673,356	\$673,356
2005	TRAVEL	\$306,705	\$899,712	\$326,785	\$326,785	\$326,785
2006	RENT - BUILDING	\$78,739	\$106,714	\$94,227	\$94,227	\$94,227
2007	RENT - MACHINE AND OTHER	\$71,699	\$46,048	\$63,924	\$63,924	\$63,924
2009	OTHER OPERATING EXPENSE	\$13,305,748	\$24,334,199	\$24,851,869	\$24,851,869	\$24,851,869
3001	CLIENT SERVICES	\$453,201,748	\$557,948,977	\$542,731,463	\$543,833,469	\$543,833,469
4000	GRANTS	\$156,546,028	\$197,139,656	\$196,442,065	\$197,139,656	\$197,139,656
TOTAL, OBJECT OF EXPENSE		\$645,675,139	\$812,485,091	\$812,029,990	\$812,029,990	\$812,029,990

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
10.557.001	SPECIAL SUPPL FOOD WIC	\$400,500,149	\$552,849,385	\$552,850,877	\$552,850,877	\$552,850,877
10.557.013	Breastfeeding Peer Counseling	\$8,274,742	\$10,220,102	\$10,220,102	\$10,220,102	\$10,220,102
10.559.000	Summer Food Service Prog	\$47,292	\$0	\$0	\$0	\$0
10.578.000	WGS: Elec Benefits Trnsfr -Stimulus	\$40,051	\$456,593	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$408,862,234	\$563,526,080	\$563,070,979	\$563,070,979	\$563,070,979
SUBTOTAL, MOF (FEDERAL FUNDS)		\$408,862,234	\$563,526,080	\$563,070,979	\$563,070,979	\$563,070,979
Method of Financing:						
666	Appropriated Receipts	\$25,215,143	\$24,000,000	\$24,000,000	\$24,000,000	\$24,000,000
8148	WIC Rebates	\$211,597,762	\$224,959,011	\$224,959,011	\$224,959,011	\$224,959,011
SUBTOTAL, MOF (OTHER FUNDS)		\$236,812,905	\$248,959,011	\$248,959,011	\$248,959,011	\$248,959,011
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$812,029,990	\$812,029,990
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$645,675,139	\$812,485,091	\$812,029,990	\$812,029,990	\$812,029,990
FULL TIME EQUIVALENT POSITIONS:		178.3	207.0	207.0	207.0	207.0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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:

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,624,515,081	\$1,624,059,980	\$(455,101)	\$(455,101)	See supplemental SBC schedule.
			\$(455,101)	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 Disaster Assistance

Service Categories:
 Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,145,710	\$3,458,832	\$516,546	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$66,206	\$184,716	\$7,080	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$168,554	\$648,442	\$207,371	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$11,984	\$899	\$0	\$0	\$0
2004	UTILITIES	\$16,669	\$18,058	\$4,610	\$0	\$0
2005	TRAVEL	\$162,198	\$307,392	\$55,172	\$0	\$0
2006	RENT - BUILDING	\$0	\$4,063	\$4,063	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$0	\$10,000	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$21,436,587	\$22,865,888	\$5,739,409	\$0	\$0
3001	CLIENT SERVICES	\$4,000,000	\$12,894,766	\$0	\$0	\$0
4000	GRANTS	\$2,232,405	\$1,709,271	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$30,240,313	\$42,102,327	\$6,534,251	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$3,290,000	\$5,412,260	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$3,290,000	\$5,412,260	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 5 Encourage Self-Sufficiency
 OBJECTIVE: 1 Financial and Other Assistance
 STRATEGY: 3 Disaster Assistance

Service Categories:
 Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
16.575.000	Crime Victims Assistance	\$316,833	\$1,703,162	\$580,550	\$0	\$0
93.982.000	Mental Health Disaster A	\$1,623,874	\$1,124,208	\$224,992	\$0	\$0
97.032.000	Crisis Counseling	\$3,875,760	\$1,449,245	\$0	\$0	\$0
97.032.119	COV19 Crisis Counseling	\$0	\$133,820	\$5,728,709	\$0	\$0
97.050.000	Indvdl. & Househld Other Needs	\$1,590,867	\$10,360,484	\$0	\$0	\$0
97.088.000	Case Management Pilot	\$19,542,979	\$21,919,148	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$26,950,313	\$36,690,067	\$6,534,251	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$26,950,313	\$36,690,067	\$6,534,251	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$30,240,313	\$42,102,327	\$6,534,251	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		40.4	21.0	21.0	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 Disaster Assistance Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: 3 Disaster Assistance Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$48,636,578	\$0	\$(48,636,578)	\$(48,636,578)	DISASTER BASED FUNDING: Amounts are transferred and awarded based on declared disasters.
			\$(48,636,578)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg Number of Wards Receiving Guardianship Services	870.00	879.00	882.00	886.00	890.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$5,629,526	\$6,199,375	\$6,313,082	\$6,313,618	\$6,313,618
1002	OTHER PERSONNEL COSTS	\$345,158	\$177,047	\$171,611	\$171,611	\$171,611
2001	PROFESSIONAL FEES AND SERVICES	\$15,798	\$99,512	\$109,094	\$109,094	\$109,094
2002	FUELS AND LUBRICANTS	\$383	\$613	\$584	\$584	\$584
2003	CONSUMABLE SUPPLIES	\$13,215	\$8,342	\$4,833	\$4,833	\$4,833
2004	UTILITIES	\$89,248	\$87,568	\$84,771	\$84,771	\$84,771
2005	TRAVEL	\$336,749	\$311,037	\$303,795	\$303,795	\$303,795
2006	RENT - BUILDING	\$231,561	\$218,141	\$229,307	\$229,307	\$229,307
2007	RENT - MACHINE AND OTHER	\$37,126	\$23,058	\$21,187	\$21,187	\$21,187
2009	OTHER OPERATING EXPENSE	\$1,596,800	\$1,752,628	\$1,639,056	\$1,638,521	\$1,638,520
3001	CLIENT SERVICES	\$65,985	\$76,955	\$76,955	\$76,955	\$76,955
TOTAL, OBJECT OF EXPENSE		\$8,361,549	\$8,954,276	\$8,954,275	\$8,954,276	\$8,954,275
Method of Financing:						
1	General Revenue Fund	\$1,137,597	\$1,730,323	\$1,730,323	\$1,730,323	\$1,730,323

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,137,597	\$1,730,323	\$1,730,323	\$1,730,323	\$1,730,323
Method of Financing:						
555	Federal Funds					
	93.667.000 Social Svcs Block Grants	\$7,223,952	\$7,223,953	\$7,223,952	\$7,223,953	\$7,223,952
CFDA Subtotal, Fund	555	\$7,223,952	\$7,223,953	\$7,223,952	\$7,223,953	\$7,223,952
SUBTOTAL, MOF (FEDERAL FUNDS)		\$7,223,952	\$7,223,953	\$7,223,952	\$7,223,953	\$7,223,952
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$8,954,276	\$8,954,275
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$8,361,549	\$8,954,276	\$8,954,275	\$8,954,276	\$8,954,275
FULL TIME EQUIVALENT POSITIONS:		117.6	126.5	126.5	126.5	126.5
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$17,908,551	\$17,908,551	\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg # of Individuals Served Per Month: Non Medicaid Comm Care (XX/GR)	33,259.00	34,930.00	32,985.00	32,985.00	32,985.00
Objects of Expense:						
3001	CLIENT SERVICES	\$84,676,013	\$94,806,843	\$94,959,351	\$95,341,851	\$95,341,851
4000	GRANTS	\$71,943,930	\$97,281,957	\$100,965,536	\$70,078,781	\$70,078,781
TOTAL, OBJECT OF EXPENSE		\$156,619,943	\$192,088,800	\$195,924,887	\$165,420,632	\$165,420,632
Method of Financing:						
1	General Revenue Fund	\$14,699,118	\$25,840,195	\$24,875,195	\$25,357,695	\$25,357,695
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)		\$18,074,347	\$29,215,424	\$28,250,424	\$28,732,924	\$28,732,924
Method of Financing:						
555	Federal Funds					
93.041.000	Prevention of Elder Abuse	\$19,483	\$20,726	\$20,726	\$21,032	\$21,032
93.043.000	Disease Prevention and Health Promo	\$1,647,836	\$1,653,691	\$1,653,691	\$1,653,691	\$1,653,691
93.044.000	Grants for Supportive Services	\$13,069,385	\$12,472,299	\$12,472,299	\$12,472,299	\$12,472,299
93.044.119	COV19 Aging/Title III B/Grants Prgm	\$0	\$3,403,217	\$5,104,826	\$0	\$0
93.045.000	Nutrition Services	\$36,233,379	\$35,733,208	\$35,733,208	\$35,455,208	\$35,455,208

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.045.119	COVID19 Special Prgms Aging Title III	\$0	\$21,391,651	\$23,984,579	\$0	\$0
93.048.000	Discretionary Projects	\$0	\$100,000	\$100,000	\$0	\$0
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$7,488,051	\$6,616,063	\$6,616,062	\$6,616,062	\$6,616,062
93.052.119	COVID19 Nat Fam Caregiver Supp III E	\$0	\$1,013,105	\$1,519,656	\$0	\$0
93.053.000	Nutrition Services Incentive Pgm	\$11,183,533	\$11,565,487	\$11,565,487	\$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
CFDA Subtotal, Fund	555	\$138,545,596	\$162,873,376	\$167,674,463	\$136,687,708	\$136,687,708
SUBTOTAL, MOF (FEDERAL FUNDS)		\$138,545,596	\$162,873,376	\$167,674,463	\$136,687,708	\$136,687,708
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$165,420,632	\$165,420,632
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$156,619,943	\$192,088,800	\$195,924,887	\$165,420,632	\$165,420,632
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The population of age 60+ continues to increase based on Texas Demographic Center, Office of the State Demographer at the University of Texas at San Antonio.

The gradual aging of the population will likely result in an increase in the number of individuals living with a disability and/or a chronic health condition, will increase the number of individuals needing services provided through both Title III and Title XX programs.

The increase in demand for Title XX services will increase workloads for case workers who perform federally mandated face-to-face assessments and may potentially increase the need for additional contracted providers to meet the demand.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$388,013,687	\$330,841,264	\$(57,172,423)	\$(57,172,423)	See supplemental SBC schedule.
			<u>\$(57,172,423)</u>	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly # of Individuals with IDD Receiving Community Services	4,942.00	4,942.00	4,942.00	4,942.00	4,942.00
Efficiency Measures:						
KEY 1	Average Mthly Cost Per Individual Receiving Community Services	560.24	560.24	560.24	560.24	560.24
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$549,972	\$549,972	\$549,972	\$549,972
2009	OTHER OPERATING EXPENSE	\$1,133,881	\$650,472	\$650,472	\$650,472	\$650,472
4000	GRANTS	\$45,266,765	\$48,701,476	\$48,701,477	\$48,701,477	\$48,701,476
TOTAL, OBJECT OF EXPENSE		\$46,400,646	\$49,901,920	\$49,901,921	\$49,901,921	\$49,901,920
Method of Financing:						
1	General Revenue Fund	\$46,398,921	\$49,898,920	\$49,898,921	\$49,898,921	\$49,898,920
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$46,398,921	\$49,898,920	\$49,898,921	\$49,898,921	\$49,898,920
Method of Financing:						
802	Lic Plate Trust Fund No. 0802, est	\$1,725	\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (OTHER FUNDS)		\$1,725	\$3,000	\$3,000	\$3,000	\$3,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$49,901,921	\$49,901,920
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$46,400,646	\$49,901,920	\$49,901,921	\$49,901,921	\$49,901,920

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$99,803,841	\$99,803,841	\$0	<u>\$0</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: 1 Independent Living Services (General, Blind, and CILs) Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	# People Receiving Services from Centers for Independent Living	5,773.00	4,465.00	6,391.00	4,474.00	5,119.00
KEY 2	# of People Rec'g HHSC Contracted Independent Living Svcs	1,933.00	2,166.00	1,784.00	2,003.00	2,100.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,175,568	\$1,384,424	\$1,441,180	\$1,441,180	\$1,441,180
1002	OTHER PERSONNEL COSTS	\$41,505	\$42,755	\$34,812	\$34,812	\$34,812
2001	PROFESSIONAL FEES AND SERVICES	\$10,684	\$35,510	\$39,685	\$39,685	\$39,685
2002	FUELS AND LUBRICANTS	\$283	\$176	\$167	\$167	\$167
2003	CONSUMABLE SUPPLIES	\$9,940	\$2,170	\$1,612	\$1,612	\$1,612
2004	UTILITIES	\$28,377	\$19,660	\$19,173	\$19,173	\$19,173
2005	TRAVEL	\$41,437	\$86,115	\$83,627	\$83,627	\$83,627
2006	RENT - BUILDING	\$62,000	\$62,551	\$65,753	\$65,753	\$65,753
2007	RENT - MACHINE AND OTHER	\$32,196	\$6,614	\$6,079	\$6,079	\$6,079
2009	OTHER OPERATING EXPENSE	\$433,610	\$219,239	\$214,000	\$214,002	\$214,000
4000	GRANTS	\$11,364,057	\$12,724,825	\$12,677,949	\$12,677,949	\$12,677,949
TOTAL, OBJECT OF EXPENSE		\$13,199,657	\$14,584,039	\$14,584,037	\$14,584,039	\$14,584,037

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
1	General Revenue Fund	\$3,063,830	\$4,447,161	\$4,447,161	\$4,447,161	\$4,447,161
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$3,063,830	\$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	\$1,550,001	\$1,550,001	\$1,550,001	\$1,550,001	\$1,550,001
CFDA Subtotal, Fund	555	\$1,550,001	\$1,550,001	\$1,550,001	\$1,550,001	\$1,550,001
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,550,001	\$1,550,001	\$1,550,001	\$1,550,001	\$1,550,001
Method of Financing:						
777	Interagency Contracts	\$8,585,826	\$8,586,877	\$8,586,875	\$8,586,877	\$8,586,875
SUBTOTAL, MOF (OTHER FUNDS)		\$8,585,826	\$8,586,877	\$8,586,875	\$8,586,877	\$8,586,875
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$14,584,039	\$14,584,037
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$13,199,657	\$14,584,039	\$14,584,037	\$14,584,039	\$14,584,037
FULL TIME EQUIVALENT POSITIONS:		20.9	25.7	25.7	25.7	25.7

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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STRATEGY DESCRIPTION AND JUSTIFICATION:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$29,168,076	\$29,168,076	\$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: 2 Blindness Education, Screening and Treatment (BEST) Program Service: 23 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
1	Number of Individuals Receiving Treatment Services in BEST Program	76.00	76.00	112.00	96.00	112.00
2	Number of Individuals Receiving Screening Services in BEST Program.	3,055.00	1,254.00	3,020.00	2,000.00	2,452.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$82,873	\$59,348	\$56,394	\$56,394	\$56,394
1002	OTHER PERSONNEL COSTS	\$2,640	\$1,850	\$1,323	\$1,323	\$1,323
2001	PROFESSIONAL FEES AND SERVICES	\$109,980	\$113,562	\$136,884	\$136,884	\$136,884
2003	CONSUMABLE SUPPLIES	\$133	\$92	\$158	\$158	\$158
2004	UTILITIES	\$0	\$44	\$40	\$40	\$40
2005	TRAVEL	\$0	\$2,104	\$5,104	\$5,104	\$5,104
2006	RENT - BUILDING	\$0	\$401	\$421	\$421	\$421
2007	RENT - MACHINE AND OTHER	\$0	\$42	\$38	\$38	\$38
2009	OTHER OPERATING EXPENSE	\$1,337	\$2,557	\$2,923	\$2,923	\$2,923
3001	CLIENT SERVICES	\$239,165	\$350,002	\$226,715	\$226,715	\$226,715
TOTAL, OBJECT OF EXPENSE		\$436,128	\$530,002	\$430,000	\$430,000	\$430,000

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: 2 Blindness Education, Screening and Treatment (BEST) Program Service: 23 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1	General Revenue Fund	\$436,128	\$530,002	\$430,000	\$430,000	\$430,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$436,128	\$530,002	\$430,000	\$430,000	\$430,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$430,000	\$430,000
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$436,128	\$530,002	\$430,000	\$430,000	\$430,000
FULL TIME EQUIVALENT POSITIONS:		1.0	1.0	1.0	1.0	1.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$960,002	\$860,000	\$(100,002)	\$(100,002)	See supplemental SBC schedule.
			\$(100,002)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg Monthly # of People Receiving Comprehensive Rehabilitation Svcs	499.00	547.00	506.00	506.00	550.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,070,909	\$1,172,367	\$1,296,904	\$1,296,904	\$1,296,904
1002	OTHER PERSONNEL COSTS	\$175,802	\$29,133	\$20,018	\$20,018	\$20,018
2001	PROFESSIONAL FEES AND SERVICES	\$649,151	\$613,612	\$415,194	\$106,000	\$106,000
2002	FUELS AND LUBRICANTS	\$356	\$223	\$213	\$213	\$213
2003	CONSUMABLE SUPPLIES	\$14,350	\$9,227	\$8,840	\$8,840	\$8,840
2004	UTILITIES	\$37,461	\$19,431	\$19,145	\$19,145	\$19,145
2005	TRAVEL	\$61,518	\$75,190	\$90,344	\$90,344	\$90,344
2006	RENT - BUILDING	\$215,118	\$79,468	\$83,536	\$83,536	\$83,536
2007	RENT - MACHINE AND OTHER	\$34,535	\$12,159	\$14,279	\$14,279	\$14,279
2009	OTHER OPERATING EXPENSE	\$247,057	\$319,273	\$341,233	\$341,233	\$341,233
3001	CLIENT SERVICES	\$12,328,754	\$20,973,689	\$21,014,066	\$21,273,260	\$21,273,260
TOTAL, OBJECT OF EXPENSE		\$14,835,011	\$23,303,772	\$23,303,772	\$23,253,772	\$23,253,772

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: 3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries Service: 27 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1	General Revenue Fund	\$14,817,204	\$23,278,772	\$23,278,772	\$23,228,772	\$23,228,772
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$14,817,204	\$23,278,772	\$23,278,772	\$23,228,772	\$23,228,772
Method of Financing:						
8052	Subrogation Receipts	\$17,807	\$25,000	\$25,000	\$25,000	\$25,000
SUBTOTAL, MOF (OTHER FUNDS)		\$17,807	\$25,000	\$25,000	\$25,000	\$25,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$23,253,772	\$23,253,772
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$14,835,011	\$23,303,772	\$23,303,772	\$23,253,772	\$23,253,772
FULL TIME EQUIVALENT POSITIONS:		22.1	24.4	24.4	24.4	24.4

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

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 CRS, whose framework is based largely on a direct service delivery model.

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$46,607,544	\$46,507,544	\$(100,000)	\$(100,000)	See supplemental SBC schedule.
			\$(100,000)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
1	Number of Interpreter Certificates Issued	1,878.00	1,800.00	1,765.00	1,765.00	1,765.00
KEY 2	Number of Equipment/Service Vouchers Issued	27,304.00	27,500.00	25,000.00	25,000.00	25,000.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,334,720	\$1,405,071	\$1,401,056	\$1,401,056	\$1,401,056
1002	OTHER PERSONNEL COSTS	\$58,655	\$27,905	\$27,725	\$27,725	\$27,725
2001	PROFESSIONAL FEES AND SERVICES	\$181,062	\$298,576	\$289,126	\$286,502	\$286,502
2002	FUELS AND LUBRICANTS	\$42	\$33	\$32	\$32	\$32
2003	CONSUMABLE SUPPLIES	\$4,403	\$3,340	\$2,692	\$2,692	\$2,692
2004	UTILITIES	\$7,341	\$10,087	\$9,398	\$9,398	\$9,398
2005	TRAVEL	\$12,442	\$18,837	\$25,306	\$25,306	\$25,306
2006	RENT - BUILDING	\$26,081	\$13,147	\$13,850	\$13,850	\$13,850
2007	RENT - MACHINE AND OTHER	\$4,001	\$1,230	\$1,114	\$1,114	\$1,114
2009	OTHER OPERATING EXPENSE	\$125,176	\$120,818	\$85,763	\$85,763	\$85,763
3001	CLIENT SERVICES	\$2,287,175	\$2,323,614	\$2,366,596	\$2,369,220	\$2,369,220
TOTAL, OBJECT OF EXPENSE		\$4,041,098	\$4,222,658	\$4,222,658	\$4,222,658	\$4,222,658

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: 4 Provide Services to Persons Who Are Deaf or Hard of Hearing Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1	General Revenue Fund	\$2,651,612	\$2,858,670	\$2,858,670	\$2,858,670	\$2,858,670
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,651,612	\$2,858,670	\$2,858,670	\$2,858,670	\$2,858,670
Method of Financing:						
666	Appropriated Receipts	\$37,267	\$40,740	\$40,740	\$40,740	\$40,740
777	Interagency Contracts	\$399,657	\$325,000	\$325,000	\$325,000	\$325,000
802	Lic Plate Trust Fund No. 0802, est	\$2,101	\$10,000	\$10,000	\$10,000	\$10,000
8051	Universal Services Fund	\$950,461	\$988,248	\$988,248	\$988,248	\$988,248
SUBTOTAL, MOF (OTHER FUNDS)		\$1,389,486	\$1,363,988	\$1,363,988	\$1,363,988	\$1,363,988
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$4,222,658	\$4,222,658
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$4,041,098	\$4,222,658	\$4,222,658	\$4,222,658	\$4,222,658
FULL TIME EQUIVALENT POSITIONS:		22.6	24.1	24.1	24.1	24.1
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: 4 Provide Services to Persons Who Are Deaf or Hard of Hearing Service: 24 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$8,445,316	\$8,445,316	\$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 Service Categories:
 STRATEGY: 1 Family Violence Services Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$480,571	\$635,792	\$635,791	\$639,340	\$639,340
1002	OTHER PERSONNEL COSTS	\$23,839	\$28,703	\$28,703	\$29,276	\$29,276
2001	PROFESSIONAL FEES AND SERVICES	\$1,415,359	\$2,365,195	\$3,868,006	\$1,603,523	\$1,603,523
2002	FUELS AND LUBRICANTS	\$16	\$10	\$10	\$10	\$10
2003	CONSUMABLE SUPPLIES	\$1,014	\$72	\$123	\$123	\$123
2004	UTILITIES	\$2,413	\$1,214	\$11,314	\$3,180	\$3,180
2005	TRAVEL	\$16,055	\$17,218	\$25,901	\$25,901	\$25,901
2006	RENT - BUILDING	\$9,620	\$5,877	\$3,995	\$3,977	\$3,977
2007	RENT - MACHINE AND OTHER	\$1,545	\$406	\$406	\$367	\$367
2009	OTHER OPERATING EXPENSE	\$21,987	\$18,786	\$21,846	\$21,596	\$21,596
4000	GRANTS	\$27,258,115	\$30,327,000	\$30,327,000	\$33,826,998	\$33,826,998
TOTAL, OBJECT OF EXPENSE		\$29,230,534	\$33,400,273	\$34,923,095	\$36,154,291	\$36,154,291
Method of Financing:						
1	General Revenue Fund	\$10,659,231	\$13,889,906	\$13,889,906	\$17,389,906	\$17,389,906
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$10,659,231	\$13,889,906	\$13,889,906	\$17,389,906	\$17,389,906

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
93.558.667	TANF to Title XX	\$11,002,361	\$11,002,361	\$11,002,361	\$11,002,360	\$11,002,360
93.667.000	Social Svcs Block Grants	\$1,054,001	\$1,055,289	\$1,055,289	\$1,055,289	\$1,055,289
93.671.000	Family Violence Preventio	\$6,514,941	\$6,706,736	\$6,706,736	\$6,706,736	\$6,706,736
93.671.119	COV19 Fam Violence Prev & Srvs/Dom	\$0	\$745,981	\$2,268,803	\$0	\$0
CFDA Subtotal, Fund	555	\$18,571,303	\$19,510,367	\$21,033,189	\$18,764,385	\$18,764,385
SUBTOTAL, MOF (FEDERAL FUNDS)		\$18,571,303	\$19,510,367	\$21,033,189	\$18,764,385	\$18,764,385
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$36,154,291	\$36,154,291
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$29,230,534	\$33,400,273	\$34,923,095	\$36,154,291	\$36,154,291
FULL TIME EQUIVALENT POSITIONS:		7.6	8.4	8.4	8.4	8.4
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Family Violence Program shelters continue to have a high denial rate due to lack of space. COVID-19 is further impacting this rate due to social distancing and quarantine requirements. It is expected that as COVID-19 risks are reduced, programs will experience a surge in survivors seeking shelter services.

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$68,323,368	\$72,308,582	\$3,985,214	\$3,985,214	See supplemental SBC schedule.
			<u>\$3,985,214</u>	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: 2 Child Advocacy Programs Service: 28 Income: A.2 Age: B.1

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0	\$0
4000	GRANTS	\$26,868,699	\$38,574,816	\$38,563,004	\$38,563,005	\$38,563,004
TOTAL, OBJECT OF EXPENSE		\$26,868,699	\$38,574,816	\$38,563,004	\$38,563,005	\$38,563,004
Method of Financing:						
1	General Revenue Fund	\$16,515,473	\$23,319,661	\$23,319,660	\$23,319,661	\$23,319,660
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$16,515,473	\$23,319,661	\$23,319,660	\$23,319,661	\$23,319,660
Method of Financing:						
469	Crime Victims Comp Acct	\$10,341,823	\$10,229,844	\$10,229,844	\$10,229,844	\$10,229,844
5010	Sexual Assault Prog Acct	\$0	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$10,341,823	\$15,229,844	\$15,229,844	\$15,229,844	\$15,229,844
Method of Financing:						
802	Lic Plate Trust Fund No. 0802, est	\$11,403	\$25,311	\$13,500	\$13,500	\$13,500
SUBTOTAL, MOF (OTHER FUNDS)		\$11,403	\$25,311	\$13,500	\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$38,563,005	\$38,563,004
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$26,868,699	\$38,574,816	\$38,563,004	\$38,563,005	\$38,563,004

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$77,137,820	\$77,126,009	\$(11,811)	\$(11,811)	See supplemental SBC schedule.
			\$(11,811)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$383,281	\$432,002	\$463,439	\$463,439	\$463,439
1002	OTHER PERSONNEL COSTS	\$26,278	\$11,954	\$11,871	\$11,871	\$11,871
2001	PROFESSIONAL FEES AND SERVICES	\$192,700	\$249,840	\$237,354	\$237,354	\$237,354
2002	FUELS AND LUBRICANTS	\$42	\$28	\$26	\$26	\$26
2003	CONSUMABLE SUPPLIES	\$1,801	\$763	\$774	\$774	\$774
2004	UTILITIES	\$5,167	\$3,577	\$5,498	\$5,498	\$5,498
2005	TRAVEL	\$7,968	\$35,873	\$35,879	\$35,879	\$35,879
2006	RENT - BUILDING	\$31,583	\$14,800	\$13,812	\$13,812	\$13,812
2007	RENT - MACHINE AND OTHER	\$4,138	\$2,064	\$1,478	\$1,478	\$1,478
2009	OTHER OPERATING EXPENSE	\$79,850	\$190,294	\$171,064	\$171,064	\$171,064
4000	GRANTS	\$84,082	\$90,000	\$90,000	\$90,000	\$90,000
TOTAL, OBJECT OF EXPENSE		\$816,890	\$1,031,195	\$1,031,195	\$1,031,195	\$1,031,195
Method of Financing:						
1	General Revenue Fund	\$414,002	\$625,432	\$625,432	\$625,432	\$625,432
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$414,002	\$625,432	\$625,432	\$625,432	\$625,432

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
555	Federal Funds					
	93.296.000 St Grant to Improve Minority Health	\$163,346	\$166,221	\$166,221	\$166,221	\$166,221
	93.558.000 Temp AssistNeedy Families	\$239,542	\$239,542	\$239,542	\$239,542	\$239,542
CFDA Subtotal, Fund	555	\$402,888	\$405,763	\$405,763	\$405,763	\$405,763
SUBTOTAL, MOF (FEDERAL FUNDS)		\$402,888	\$405,763	\$405,763	\$405,763	\$405,763
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,031,195	\$1,031,195
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$816,890	\$1,031,195	\$1,031,195	\$1,031,195	\$1,031,195
FULL TIME EQUIVALENT POSITIONS:		6.2	7.1	7.1	7.1	7.1
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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:

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$2,062,390	\$2,062,390	\$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: 1 State Supported Living Centers
 STRATEGY: 1 State Supported Living Centers

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

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly Number of SSLC Campus Residents	2,907.00	2,848.00	2,751.00	2,685.00	2,619.00
KEY 2	# Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff	595.00	2,804.00	2,804.00	2,804.00	2,804.00
KEY 3	# Confirmed Abuse/Neglect/Exploitation Incidents at SSLC	389.00	311.00	311.00	311.00	311.00
Efficiency Measures:						
KEY 1	Average Monthly Cost Per Campus Resident	19,809.48	20,233.90	21,021.68	21,487.22	21,868.72
Objects of Expense:						
1001	SALARIES AND WAGES	\$448,150,148	\$448,238,153	\$450,657,913	\$450,921,167	\$450,921,159
1002	OTHER PERSONNEL COSTS	\$22,256,725	\$22,345,402	\$24,620,004	\$24,870,004	\$24,873,004
2001	PROFESSIONAL FEES AND SERVICES	\$39,410,046	\$39,642,800	\$37,066,376	\$40,728,441	\$40,728,441
2002	FUELS AND LUBRICANTS	\$1,192,694	\$1,192,694	\$1,167,786	\$1,167,786	\$1,167,786
2003	CONSUMABLE SUPPLIES	\$2,256,749	\$2,690,194	\$3,589,080	\$3,864,080	\$3,864,080
2004	UTILITIES	\$10,174,293	\$11,161,467	\$10,735,023	\$10,735,023	\$10,735,023
2005	TRAVEL	\$1,268,542	\$1,770,536	\$1,345,515	\$1,345,515	\$1,345,515
2006	RENT - BUILDING	\$625,902	\$615,577	\$766,904	\$1,290,395	\$1,290,395
2007	RENT - MACHINE AND OTHER	\$4,010,219	\$4,010,221	\$4,025,945	\$4,185,549	\$4,185,549
2009	OTHER OPERATING EXPENSE	\$140,783,572	\$138,941,778	\$146,023,295	\$130,904,777	\$125,640,601

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
3001	CLIENT SERVICES	\$5,026,798	\$5,026,797	\$5,330,105	\$5,388,370	\$5,388,370
3002	FOOD FOR PERSONS - WARDS OF STATE	\$12,754,315	\$12,754,318	\$13,503,160	\$13,551,893	\$13,551,893
5000	CAPITAL EXPENDITURES	\$3,123,867	\$3,123,871	\$3,278,334	\$3,365,157	\$3,598,333
TOTAL, OBJECT OF EXPENSE		\$691,033,870	\$691,513,808	\$702,109,440	\$692,318,157	\$687,290,149

Method of Financing:

1	General Revenue Fund	\$22,849,662	\$12,073,360	\$6,980,871	\$7,822,266	\$7,625,512
8032	GR Certified As Match For Medicaid	\$262,563,543	\$261,231,212	\$252,880,755	\$257,289,971	\$255,400,449
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$285,413,205	\$273,304,572	\$259,861,626	\$265,112,237	\$263,025,961

Method of Financing:

555	Federal Funds					
93.498.119	COVID19 Provider Relief Fund	\$0	\$0	\$8,141,816	\$0	\$0
93.778.000	XIX FMAP	\$381,240,231	\$392,691,473	\$409,056,817	\$401,284,387	\$398,342,655
93.791.000	Money Follows Person Reblncng Demo	\$527,697	\$639,333	\$0	\$872,352	\$872,352
CFDA Subtotal, Fund	555	\$381,767,928	\$393,330,806	\$417,198,633	\$402,156,739	\$399,215,007
SUBTOTAL, MOF (FEDERAL FUNDS)		\$381,767,928	\$393,330,806	\$417,198,633	\$402,156,739	\$399,215,007

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
666	Appropriated Receipts	\$0	\$0	\$170,751	\$170,751	\$170,751
8095	ID Collect-Pat Supp & Maint	\$23,065,699	\$24,305,085	\$24,305,085	\$24,305,085	\$24,305,085
8096	ID Appropriated Receipts	\$706,494	\$492,566	\$492,566	\$492,566	\$492,566
8098	ID Revolving Fund Receipts	\$80,544	\$80,779	\$80,779	\$80,779	\$80,779
SUBTOTAL, MOF (OTHER FUNDS)		\$23,852,737	\$24,878,430	\$25,049,181	\$25,049,181	\$25,049,181
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$692,318,157	\$687,290,149
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$691,033,870	\$691,513,808	\$702,109,440	\$692,318,157	\$687,290,149
FULL TIME EQUIVALENT POSITIONS:		11,496.3	11,782.6	11,774.2	11,774.2	11,774.2

STRATEGY DESCRIPTION AND JUSTIFICATION:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$1,393,623,248	\$1,379,608,306	\$(14,014,942)	\$(14,014,942)	See supplemental SBC schedule.
			<u>\$(14,014,942)</u>	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Daily Census of State Mental Health Facilities	2,400.00	2,130.00	2,130.00	2,130.00	2,130.00
Efficiency Measures:						
KEY 1	Average Daily Cost Per Occupied State Mental Health Facility Bed	542.00	553.00	561.00	569.00	578.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$287,087,000	\$289,900,260	\$291,999,570	\$294,405,578	\$293,125,565
1002	OTHER PERSONNEL COSTS	\$12,013,836	\$14,013,836	\$15,998,652	\$16,024,659	\$16,024,659
2001	PROFESSIONAL FEES AND SERVICES	\$29,414,736	\$31,435,673	\$34,171,120	\$29,717,046	\$30,374,070
2002	FUELS AND LUBRICANTS	\$651,630	\$651,627	\$814,942	\$832,652	\$832,652
2003	CONSUMABLE SUPPLIES	\$5,096,824	\$5,096,819	\$5,657,265	\$5,183,107	\$5,183,107
2004	UTILITIES	\$9,439,951	\$9,439,949	\$9,734,882	\$10,120,575	\$10,120,571
2005	TRAVEL	\$380,589	\$390,875	\$444,273	\$530,519	\$530,519
2006	RENT - BUILDING	\$3,808,385	\$3,808,387	\$3,751,340	\$7,680,729	\$7,680,733
2007	RENT - MACHINE AND OTHER	\$3,640,476	\$3,640,472	\$3,267,145	\$3,520,085	\$3,520,089
2009	OTHER OPERATING EXPENSE	\$55,493,047	\$79,325,745	\$73,460,509	\$62,764,680	\$62,764,478
3001	CLIENT SERVICES	\$1,595,007	\$1,595,003	\$1,606,598	\$1,574,618	\$1,574,618
3002	FOOD FOR PERSONS - WARDS OF STATE	\$7,693,356	\$7,725,821	\$8,286,272	\$8,448,270	\$7,791,239

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
4000	GRANTS	\$1,587,899	\$1,587,894	\$1,295,078	\$1,129,406	\$1,129,403
5000	CAPITAL EXPENDITURES	\$933,020	\$5,490,019	\$3,297,016	\$1,419,923	\$1,419,924
TOTAL, OBJECT OF EXPENSE		\$418,835,756	\$454,102,380	\$453,784,662	\$443,351,847	\$442,071,627
Method of Financing:						
1	General Revenue Fund	\$341,332,077	\$375,347,211	\$387,729,835	\$375,970,245	\$375,970,038
758	GR Match For Medicaid	\$155,970	\$0	\$0	\$0	\$0
8032	GR Certified As Match For Medicaid	\$10,437,192	\$948,237	\$901,475	\$948,237	\$948,237
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$351,925,239	\$376,295,448	\$388,631,310	\$376,918,482	\$376,918,275
Method of Financing:						
555	Federal Funds					
	93.498.119 COV19 Provider Relief Fund	\$0	\$11,373,567	\$0	\$0	\$0
	93.558.667 TANF to Title XX	\$3,574,220	\$3,574,220	\$3,574,220	\$3,574,220	\$3,574,220
	93.778.000 XIX FMAP	\$929,911	\$1,462,740	\$1,462,740	\$1,462,740	\$1,462,740
CFDA Subtotal, Fund	555	\$4,504,131	\$16,410,527	\$5,036,960	\$5,036,960	\$5,036,960
SUBTOTAL, MOF (FEDERAL FUNDS)		\$4,504,131	\$16,410,527	\$5,036,960	\$5,036,960	\$5,036,960

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
709	Pub Hlth Medico Reimb	\$50,243,886	\$47,944,002	\$46,663,989	\$47,944,002	\$46,663,989
777	Interagency Contracts	\$47,914	\$955,260	\$955,260	\$955,260	\$955,260
8031	MH Collect-Pat Supp & Maint	\$1,553,165	\$1,935,722	\$1,935,722	\$1,935,722	\$1,935,722
8033	MH Appropriated Receipts	\$10,561,421	\$10,561,421	\$10,561,421	\$10,561,421	\$10,561,421
SUBTOTAL, MOF (OTHER FUNDS)		\$62,406,386	\$61,396,405	\$60,116,392	\$61,396,405	\$60,116,392
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$443,351,847	\$442,071,627
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$418,835,756	\$454,102,380	\$453,784,662	\$443,351,847	\$442,071,627
FULL TIME EQUIVALENT POSITIONS:		7,383.0	7,490.7	7,868.8	7,868.8	7,868.8

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$907,887,042	\$885,423,474	\$(22,463,568)	\$(22,463,568)	See supplemental SBC schedule.
			<u>\$(22,463,568)</u>	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Daily Number of Occupied MH Community Hospital Beds	606.00	665.00	656.00	665.00	665.00
Efficiency Measures:						
KEY 1	Average Daily Cost Per Occupied MH Community Hospital Bed	508.00	434.00	508.00	459.00	459.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$88,093	\$279,313	\$367,691	\$367,691	\$367,691
1002	OTHER PERSONNEL COSTS	\$2,763	\$3,084	\$4,636	\$4,636	\$4,636
2001	PROFESSIONAL FEES AND SERVICES	\$210	\$26,488,710	\$26,490,064	\$26,490,064	\$26,490,064
2002	FUELS AND LUBRICANTS	\$2	\$4	\$4	\$4	\$4
2003	CONSUMABLE SUPPLIES	\$120	\$247	\$238	\$238	\$238
2004	UTILITIES	\$609	\$4,780	\$4,949	\$4,949	\$4,949
2005	TRAVEL	\$1,356	\$24,640	\$24,764	\$24,764	\$24,764
2006	RENT - BUILDING	\$1,488	\$1,546	\$1,628	\$1,628	\$1,628
2007	RENT - MACHINE AND OTHER	\$238	\$165	\$152	\$152	\$152
2009	OTHER OPERATING EXPENSE	\$4,278	\$9,552	\$10,027	\$10,029	\$10,027
4000	GRANTS	\$120,633,211	\$109,228,310	\$111,600,948	\$111,493,572	\$111,493,572

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
5000	CAPITAL EXPENDITURES	\$3	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$120,732,371	\$136,040,351	\$138,505,101	\$138,397,727	\$138,397,725
Method of Financing:						
1	General Revenue Fund	\$110,611,671	\$125,919,650	\$128,384,402	\$128,277,026	\$128,277,026
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$110,611,671	\$125,919,650	\$128,384,402	\$128,277,026	\$128,277,026
Method of Financing:						
709	Pub Hlth Mediced Reimb	\$10,120,700	\$10,120,701	\$10,120,699	\$10,120,701	\$10,120,699
SUBTOTAL, MOF (OTHER FUNDS)		\$10,120,700	\$10,120,701	\$10,120,699	\$10,120,701	\$10,120,699
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$138,397,727	\$138,397,725
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$120,732,371	\$136,040,351	\$138,505,101	\$138,397,727	\$138,397,725
FULL TIME EQUIVALENT POSITIONS:		1.1	4.5	4.5	4.5	4.5
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$274,545,452	\$276,795,452	\$2,250,000	\$2,250,000	See supplemental SBC schedule.
			\$2,250,000	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$3,598,862	\$3,856,526	\$3,460,400	\$3,545,400	\$3,545,400
1002	OTHER PERSONNEL COSTS	\$260,480	\$259,128	\$191,588	\$201,588	\$201,588
2001	PROFESSIONAL FEES AND SERVICES	\$641,243	\$713,371	\$909,684	\$812,172	\$812,172
2002	FUELS AND LUBRICANTS	\$1,028	\$1,340	\$1,329	\$1,329	\$1,329
2003	CONSUMABLE SUPPLIES	\$36,513	\$38,450	\$37,656	\$37,656	\$37,656
2004	UTILITIES	\$109,774	\$177,794	\$176,829	\$176,829	\$176,829
2005	TRAVEL	\$18,114	\$17,830	\$17,833	\$17,833	\$17,833
2006	RENT - BUILDING	\$99,957	\$86,315	\$91,101	\$111,101	\$111,101
2007	RENT - MACHINE AND OTHER	\$64,182	\$40,779	\$39,977	\$39,977	\$39,977
2009	OTHER OPERATING EXPENSE	\$1,034,509	\$727,768	\$992,904	\$911,933	\$911,934
3001	CLIENT SERVICES	\$46,416	\$14,789	\$14,789	\$14,789	\$14,789
3002	FOOD FOR PERSONS - WARDS OF STATE	\$78,674	\$34,561	\$34,561	\$34,561	\$34,561
5000	CAPITAL EXPENDITURES	\$126	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$5,989,878	\$5,968,651	\$5,968,651	\$5,905,168	\$5,905,169
Method of Financing:						
1	General Revenue Fund	\$3,080,901	\$3,816,860	\$3,847,114	\$3,862,066	\$3,862,067

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
758	GR Match For Medicaid	\$816,222	\$689,430	\$656,859	\$643,065	\$643,065
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$3,897,123	\$4,506,290	\$4,503,973	\$4,505,131	\$4,505,132
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$1,825,571	\$1,063,507	\$1,065,824	\$1,001,183	\$1,001,183
CFDA Subtotal, Fund	555	\$1,825,571	\$1,063,507	\$1,065,824	\$1,001,183	\$1,001,183
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,825,571	\$1,063,507	\$1,065,824	\$1,001,183	\$1,001,183
Method of Financing:						
707	Chest Hospital Fees	\$267,184	\$325,610	\$325,610	\$325,610	\$325,610
8095	ID Collect-Pat Supp & Maint	\$0	\$73,244	\$73,244	\$73,244	\$73,244
SUBTOTAL, MOF (OTHER FUNDS)		\$267,184	\$398,854	\$398,854	\$398,854	\$398,854
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,905,168	\$5,905,169
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$5,989,878	\$5,968,651	\$5,968,651	\$5,905,168	\$5,905,169
FULL TIME EQUIVALENT POSITIONS:		43.5	92.4	92.4	92.4	92.4

529 Health and Human Services Commission

GOAL: 7 Mental Health State Hospitals, SSLCs and Other Facilities
 OBJECTIVE: 3 Other Facilities Service Categories:
 STRATEGY: 1 Other State Medical Facilities Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$11,937,302	\$11,810,337	\$(126,965)	\$(126,965)	See supplemental SBC schedule.
			\$(126,965)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$7,552,877	\$9,641,126	\$9,525,652	\$9,630,003	\$9,630,003
1002	OTHER PERSONNEL COSTS	\$246,683	\$625,410	\$179,582	\$414,883	\$414,883
2001	PROFESSIONAL FEES AND SERVICES	\$115,740	\$1,097,397	\$1,122,719	\$1,122,719	\$1,122,719
2002	FUELS AND LUBRICANTS	\$13	\$364	\$341	\$341	\$341
2003	CONSUMABLE SUPPLIES	\$18,108	\$21,048	\$19,588	\$19,588	\$19,588
2004	UTILITIES	\$32,386	\$64,737	\$63,351	\$63,351	\$63,351
2005	TRAVEL	\$172,948	\$229,826	\$223,850	\$223,850	\$223,850
2006	RENT - BUILDING	\$24,214	\$106,896	\$108,490	\$108,490	\$108,490
2007	RENT - MACHINE AND OTHER	\$49,973	\$61,106	\$60,825	\$60,825	\$60,825
2009	OTHER OPERATING EXPENSE	\$963,912	\$2,263,633	\$2,204,763	\$2,327,997	\$2,327,997
5000	CAPITAL EXPENDITURES	\$40,214	\$9,752,106	\$28,605	\$28,605	\$28,605
TOTAL, OBJECT OF EXPENSE		\$9,217,068	\$23,863,649	\$13,537,766	\$14,000,652	\$14,000,652
Method of Financing:						
1	General Revenue Fund	\$3,875,994	\$14,825,354	\$4,779,623	\$5,154,889	\$5,150,889
758	GR Match For Medicaid	\$36,050	\$34,745	\$45,064	\$45,064	\$45,064
8010	GR Match For Title XXI	\$249	\$559	\$1,033	\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8014	GR Match for Food Stamp Admin	\$12,844	\$12,206	\$13,207	\$12,586	\$12,586
8032	GR Certified As Match For Medicaid	\$2,137,878	\$3,402,052	\$3,612,488	\$3,238,521	\$3,242,521
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$6,063,015	\$18,274,916	\$8,451,415	\$8,451,414	\$8,451,414

Method of Financing:

555	Federal Funds					
10.557.001	SPECIAL SUPPL FOOD WIC	\$0	\$1,459	\$1,565	\$1,505	\$1,505
10.561.000	State Admin Match SNAP	\$0	\$12,311	\$13,209	\$12,693	\$12,693
93.658.050	Foster Care Title IV-E Admin @ 50%	\$0	\$227	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$6,779	\$6,779	\$6,779	\$6,779	\$6,779
93.767.000	CHIP	\$0	\$3,137	\$3,394	\$4,490	\$4,490
93.777.000	State Survey and Certific	\$1,479	\$0	\$0	\$0	\$0
93.777.005	HEALTH INSURANCE BENEFITS	\$0	\$305	\$0	\$4,082	\$4,082
93.778.000	XIX FMAP	\$2,816,427	\$5,352,862	\$4,840,288	\$5,168,345	\$5,168,345
93.778.003	XIX 50%	\$36,050	\$34,745	\$37,362	\$45,064	\$45,064
93.796.000	Survey & Certification TitleXIX 75%	\$0	\$0	\$0	\$2,927	\$2,927
CFDA Subtotal, Fund	555	\$2,860,735	\$5,411,825	\$4,902,597	\$5,245,885	\$5,245,885
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,860,735	\$5,411,825	\$4,902,597	\$5,245,885	\$5,245,885

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
777	Interagency Contracts	\$262,836	\$79,266	\$86,112	\$205,711	\$205,711
8095	ID Collect-Pat Supp & Maint	\$30,381	\$93,547	\$93,547	\$93,547	\$93,547
8096	ID Appropriated Receipts	\$101	\$4,095	\$4,095	\$4,095	\$4,095
SUBTOTAL, MOF (OTHER FUNDS)		\$293,318	\$176,908	\$183,754	\$303,353	\$303,353
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$14,000,652	\$14,000,652
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$9,217,068	\$23,863,649	\$13,537,766	\$14,000,652	\$14,000,652
FULL TIME EQUIVALENT POSITIONS:		148.7	177.6	177.6	177.6	177.6

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 Service Categories:
 STRATEGY: 1 Facility Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$37,401,415	\$28,001,304	\$(9,400,111)	\$(9,400,111)	See supplemental SBC schedule.
			\$(9,400,111)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$2,002,326	\$25,528,022	\$0	\$50,115,907	\$0
2004	UTILITIES	\$413,941	\$6,283	\$0	\$0	\$0
2005	TRAVEL	\$4,716	\$37,784	\$2,000	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$421,236	\$200,000	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$3,366,196	\$1,658,125	\$150,186	\$38,743,197	\$112,186
5000	CAPITAL EXPENDITURES	\$507,885,866	\$547,661,180	\$16,536,554	\$133,655,756	\$12,192,998
TOTAL, OBJECT OF EXPENSE		\$514,094,281	\$575,091,394	\$16,688,740	\$222,514,860	\$12,305,184
Method of Financing:						
1	General Revenue Fund	\$5,002,042	\$5,110,957	\$16,398,938	\$13,408,781	\$12,015,382
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$5,002,042	\$5,110,957	\$16,398,938	\$13,408,781	\$12,015,382
Method of Financing:						
543	Texas Capital Trust Acct	\$289,802	\$289,802	\$289,802	\$289,802	\$289,802
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$289,802	\$289,802	\$289,802	\$289,802	\$289,802
Method of Financing:						
599	Economic Stabilization Fund	\$507,847,305	\$357,935,413	\$0	\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
780	Bond Proceed-Gen Obligat	\$955,132	\$2,938,945	\$0	\$0	\$0
8226	MLPP Revenue Bond Proceeds	\$0	\$208,816,277	\$0	\$208,816,277	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$508,802,437	\$569,690,635	\$0	\$208,816,277	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$222,514,860	\$12,305,184
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$514,094,281	\$575,091,394	\$16,688,740	\$222,514,860	\$12,305,184

FULL TIME EQUIVALENT POSITIONS:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Texas, with its climactic extremes, presents its own challenges to maintaining a large system of state hospitals and state supported living centers. Roofs and HVAC components are especially susceptible to deterioration resulting from the harsh climate. Limestone sediments found in much of the State’s potable water causes deterioration in plumbing systems. 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 conditions. If related failures are not repaired immediately, damage may rapidly progress as a result of rain water intrusion into building wall spaces which results in rapid deterioration of internal building finishes and may contribute to unsafe building conditions (e.g., mold 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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$591,780,134	\$234,820,044	\$(356,960,090)	\$(356,960,090)	See supplemental SBC schedule.
			\$(356,960,090)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Long-Term Care & Health Care Regulation Licenses Issued	9,830.00	7,038.00	7,256.00	7,456.00	7,656.00
KEY 2	Number of Long-Term Care & Health Care Contacts	16,132.00	22,038.00	22,408.00	23,037.00	23,036.00
Efficiency Measures:						
KEY 1	Average Daily Caseload Per Worker Provider Investigations	12.20	15.00	11.20	11.20	11.50
Objects of Expense:						
1001	SALARIES AND WAGES	\$71,337,215	\$79,812,360	\$85,411,601	\$85,435,956	\$85,435,956
1002	OTHER PERSONNEL COSTS	\$2,331,893	\$1,832,862	\$1,800,350	\$1,799,230	\$1,799,230
2001	PROFESSIONAL FEES AND SERVICES	\$805,413	\$8,004,433	\$7,070,963	\$5,047,367	\$5,047,366
2002	FUELS AND LUBRICANTS	\$16,202	\$3,720	\$3,565	\$3,565	\$3,565
2003	CONSUMABLE SUPPLIES	\$134,990	\$58,108	\$55,520	\$55,520	\$55,520
2004	UTILITIES	\$1,033,634	\$1,215,856	\$1,226,603	\$1,222,603	\$1,222,603
2005	TRAVEL	\$6,466,401	\$8,127,288	\$7,508,122	\$6,946,349	\$6,946,349
2006	RENT - BUILDING	\$1,523,867	\$1,442,104	\$1,521,246	\$1,521,246	\$1,521,246
2007	RENT - MACHINE AND OTHER	\$484,552	\$169,834	\$155,362	\$155,362	\$155,362
2009	OTHER OPERATING EXPENSE	\$2,525,675	\$3,829,468	\$4,185,374	\$3,835,216	\$3,980,374
5000	CAPITAL EXPENDITURES	\$25,031	\$0	\$0	\$0	\$0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, OBJECT OF EXPENSE		\$86,684,873	\$104,496,033	\$108,938,706	\$106,022,414	\$106,167,571
Method of Financing:						
1	General Revenue Fund	\$17,560,347	\$21,293,140	\$20,651,455	\$18,636,388	\$18,781,545
758	GR Match For Medicaid	\$13,336,834	\$14,664,219	\$15,304,847	\$15,191,122	\$15,191,122
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$30,897,181	\$35,957,359	\$35,956,302	\$33,827,510	\$33,972,667
Method of Financing:						
129	Hospital Licensing Acct	\$0	\$2,710,114	\$2,710,114	\$2,710,114	\$2,710,114
5018	Home Health Services Acct	\$1,575,246	\$5,633,898	\$5,633,898	\$5,633,898	\$5,633,898
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$1,575,246	\$8,344,012	\$8,344,012	\$8,344,012	\$8,344,012
Method of Financing:						
555	Federal Funds					
93.667.000	Social Svcs Block Grants	\$3,424,363	\$3,424,363	\$3,424,363	\$3,424,363	\$3,424,363
93.777.000	State Survey and Certific	\$19,233,501	\$21,932,272	\$23,666,306	\$23,416,062	\$23,416,062
93.777.003	CLINICAL LAB AMEND PROGRM	\$1,050,674	\$1,431,201	\$1,535,864	\$1,567,182	\$1,567,182
93.777.005	HEALTH INSURANCE BENEFITS	\$4,535,518	\$4,952,469	\$5,338,621	\$5,389,718	\$5,389,718
93.778.003	XIX 50%	\$7,297,150	\$8,113,220	\$8,585,752	\$8,146,840	\$8,146,840
93.796.000	Survey & Certification TitleXIX 75%	\$18,119,055	\$19,653,017	\$21,358,287	\$21,132,867	\$21,132,867

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	93.959.000 Block Grants for Prevent	\$526,971	\$533,126	\$574,205	\$562,388	\$562,388
CFDA Subtotal, Fund	555	\$54,187,232	\$60,039,668	\$64,483,398	\$63,639,420	\$63,639,420
SUBTOTAL, MOF (FEDERAL FUNDS)		\$54,187,232	\$60,039,668	\$64,483,398	\$63,639,420	\$63,639,420
Method of Financing:						
	777 Interagency Contracts	\$25,214	\$154,994	\$154,994	\$211,472	\$211,472
SUBTOTAL, MOF (OTHER FUNDS)		\$25,214	\$154,994	\$154,994	\$211,472	\$211,472
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$106,022,414	\$106,167,571
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$86,684,873	\$104,496,033	\$108,938,706	\$106,022,414	\$106,167,571
FULL TIME EQUIVALENT POSITIONS:		1,388.3	1,582.6	1,578.6	1,578.6	1,578.6

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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. In the 2017 legislative session, HB2025 changed the licensure period for assisted living facilities, day activity and health services, intermediate care facilities for individuals with intellectual disabilities, and prescribed pediatric extended care centers from two years to three years. In the 2019 legislative session, HB3193 changed the licensure period for home and community support services agencies from two years to three years. The expected implementation is January 2021.

EXPLANATION OF BIENNIAL CHANGE (includes Rider amounts):

<u>STRATEGY BIENNIAL TOTAL - ALL FUNDS</u>		BIENNIAL	<u>EXPLANATION OF BIENNIAL CHANGE</u>	
Base Spending (Est 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$213,434,739	\$212,189,985	\$(1,244,754)	\$(1,244,754)	See supplemental SBC schedule.
			\$(1,244,754)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$3,921,680	\$3,708,236	\$3,284,847	\$3,012,098	\$3,012,098
1002	OTHER PERSONNEL COSTS	\$77,120	\$97,215	\$90,893	\$92,211	\$92,211
2001	PROFESSIONAL FEES AND SERVICES	\$663,881	\$7,362,257	\$11,310,773	\$521,269	\$521,269
2002	FUELS AND LUBRICANTS	\$0	\$702	\$673	\$673	\$673
2003	CONSUMABLE SUPPLIES	\$837	\$9,995	\$10,508	\$10,508	\$10,508
2004	UTILITIES	\$33,777	\$116,419	\$96,169	\$135,474	\$135,474
2005	TRAVEL	\$763,947	\$608,089	\$802,112	\$537,099	\$537,099
2006	RENT - BUILDING	\$54,199	\$304,008	\$320,454	\$320,454	\$320,454
2007	RENT - MACHINE AND OTHER	\$17,343	\$37,286	\$34,591	\$34,591	\$34,591
2009	OTHER OPERATING EXPENSE	\$1,522,246	\$2,116,451	\$568,091	\$374,750	\$374,750
3001	CLIENT SERVICES	\$0	\$5,000	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$7,055,030	\$14,365,658	\$16,519,111	\$5,039,127	\$5,039,127

Method of Financing:

1	General Revenue Fund	\$6,036	\$20,861	\$11,325	\$7,438	\$7,438
758	GR Match For Medicaid	\$1,789,646	\$1,924,915	\$1,934,451	\$1,694,938	\$1,694,938

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,795,682	\$1,945,776	\$1,945,776	\$1,702,376	\$1,702,376
Method of Financing:						
555	Federal Funds					
	93.778.003 XIX 50%	\$1,178,691	\$1,396,087	\$1,405,398	\$1,166,734	\$1,166,734
	93.778.004 XIX ADM @ 75%	\$1,832,834	\$1,586,480	\$1,587,198	\$1,584,654	\$1,584,654
CFDA Subtotal, Fund	555	\$3,011,525	\$2,982,567	\$2,992,596	\$2,751,388	\$2,751,388
SUBTOTAL, MOF (FEDERAL FUNDS)		\$3,011,525	\$2,982,567	\$2,992,596	\$2,751,388	\$2,751,388
Method of Financing:						
666	Appropriated Receipts	\$2,247,823	\$9,437,315	\$11,580,739	\$585,363	\$585,363
SUBTOTAL, MOF (OTHER FUNDS)		\$2,247,823	\$9,437,315	\$11,580,739	\$585,363	\$585,363
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,039,127	\$5,039,127
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$7,055,030	\$14,365,658	\$16,519,111	\$5,039,127	\$5,039,127
FULL TIME EQUIVALENT POSITIONS:		63.2	71.4	71.4	71.4	71.4

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$30,884,769	\$10,078,254	\$(20,806,515)	\$(20,806,515)	See supplemental SBC schedule.
			\$(20,806,515)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Child Care Facility Inspections	45,382.00	22,863.00	34,898.00	35,397.00	35,397.00
KEY 2	Number of Completed Non-Abuse/Neglect Investigations	18,979.00	14,554.00	16,794.00	17,034.00	17,034.00
KEY 3	Number of Child Care Regulatory Permits Issued	10,184.00	10,184.00	9,579.00	11,147.00	11,426.00
Efficiency Measures:						
KEY 1	Average Monthly Day Care Caseload Per Monitoring Worker	85.00	75.82	82.12	82.84	83.50
KEY 2	Average Monthly Residential Caseload Per Monitoring Worker	25.70	28.09	21.33	21.03	21.10
Objects of Expense:						
1001	SALARIES AND WAGES	\$25,883,991	\$31,313,506	\$31,000,090	\$33,040,712	\$33,040,712
1002	OTHER PERSONNEL COSTS	\$1,227,396	\$987,895	\$841,501	\$841,501	\$841,501
2001	PROFESSIONAL FEES AND SERVICES	\$109,620	\$11,477,759	\$10,544,146	\$7,439,260	\$7,439,260
2002	FUELS AND LUBRICANTS	\$1,444	\$2,487	\$2,369	\$2,369	\$2,369
2003	CONSUMABLE SUPPLIES	\$51,133	\$95,380	\$75,958	\$72,208	\$72,208
2004	UTILITIES	\$410,800	\$363,893	\$405,433	\$405,433	\$405,433
2005	TRAVEL	\$1,908,309	\$2,499,647	\$2,520,770	\$2,515,691	\$2,515,691
2006	RENT - BUILDING	\$926,745	\$908,408	\$954,002	\$954,002	\$954,002

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
2007	RENT - MACHINE AND OTHER	\$139,867	\$92,853	\$84,843	\$84,843	\$84,843
2009	OTHER OPERATING EXPENSE	\$2,928,363	\$4,480,635	\$4,863,775	\$5,448,253	\$5,448,253
5000	CAPITAL EXPENDITURES	\$1,603	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$33,589,271	\$52,222,463	\$51,292,887	\$50,804,272	\$50,804,272

Method of Financing:

1	General Revenue Fund	\$12,817,149	\$25,070,666	\$24,487,570	\$24,559,733	\$24,559,733
758	GR Match For Medicaid	\$0	\$0	\$290	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$12,817,149	\$25,070,666	\$24,487,860	\$24,559,733	\$24,559,733

Method of Financing:

555	Federal Funds					
93.575.000	ChildCareDevFnd Blk Grant	\$14,937,266	\$23,012,646	\$23,018,274	\$23,018,274	\$23,018,274
93.658.050	Foster Care Title IV-E Admin @ 50%	\$2,242,410	\$2,003,253	\$1,983,070	\$1,458,330	\$1,458,330
93.667.000	Social Svcs Block Grants	\$971,645	\$971,086	\$971,086	\$971,086	\$971,086
CFDA Subtotal, Fund	555	\$18,151,321	\$25,986,985	\$25,972,430	\$25,447,690	\$25,447,690
SUBTOTAL, MOF (FEDERAL FUNDS)		\$18,151,321	\$25,986,985	\$25,972,430	\$25,447,690	\$25,447,690

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
777	Interagency Contracts	\$2,620,801	\$1,164,812	\$832,597	\$796,849	\$796,849
SUBTOTAL, MOF (OTHER FUNDS)		\$2,620,801	\$1,164,812	\$832,597	\$796,849	\$796,849
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$50,804,272	\$50,804,272
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$33,589,271	\$52,222,463	\$51,292,887	\$50,804,272	\$50,804,272
FULL TIME EQUIVALENT POSITIONS:		598.9	718.1	718.1	718.1	718.1

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, heightened monitoring activities for residential operations that show a pattern of contract or standards violations, and investigations of complaints alleging non-compliance. This strategy also funds the investigation of reports alleging violations of minimum standards 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:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$103,515,350	\$101,608,544	\$(1,906,806)	\$(1,906,806)	See supplemental SBC schedule.
			\$(1,906,806)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Licenses/Credentials Issued	168,131.00	105,304.00	59,935.00	60,135.00	60,335.00
KEY 2	Number of Investigations Completed	649.00	861.00	314.00	314.00	314.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$3,022,174	\$3,820,205	\$2,131,277	\$2,271,854	\$2,271,854
1002	OTHER PERSONNEL COSTS	\$141,956	\$109,857	\$97,893	\$97,893	\$97,893
2001	PROFESSIONAL FEES AND SERVICES	\$11,765	\$267,365	\$206,365	\$151,387	\$151,387
2002	FUELS AND LUBRICANTS	\$141	\$262	\$250	\$250	\$250
2003	CONSUMABLE SUPPLIES	\$17,592	\$17,038	\$8,674	\$8,674	\$8,674
2004	UTILITIES	\$22,923	\$25,527	\$18,303	\$18,303	\$18,303
2005	TRAVEL	\$71,849	\$304,612	\$118,965	\$118,965	\$118,965
2006	RENT - BUILDING	\$87,189	\$94,443	\$99,685	\$99,685	\$99,685
2007	RENT - MACHINE AND OTHER	\$18,882	\$15,010	\$10,950	\$10,950	\$10,950
2009	OTHER OPERATING EXPENSE	\$194,055	\$183,735	\$252,499	\$186,712	\$186,712
4000	GRANTS	\$135	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$3,588,661	\$4,838,054	\$2,944,861	\$2,964,673	\$2,964,673

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1	General Revenue Fund	\$2,320,222	\$3,423,548	\$1,551,917	\$2,492,881	\$2,492,881
758	GR Match For Medicaid	\$145,155	\$147,322	\$137,024	\$137,024	\$137,024
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,465,377	\$3,570,870	\$1,688,941	\$2,629,905	\$2,629,905
Method of Financing:						
555	Federal Funds					
	93.777.000 State Survey and Certific	\$242,630	\$239,082	\$272,575	\$165,687	\$165,687
	93.777.005 HEALTH INSURANCE BENEFITS	\$10,188	\$9,907	\$165,687	\$0	\$0
	93.778.003 XIX 50%	\$131,502	\$134,140	\$120,996	\$120,996	\$120,996
	93.796.000 Survey & Certification TitleXIX 75%	\$40,972	\$39,565	\$48,085	\$48,085	\$48,085
	93.959.000 Block Grants for Prevent	\$165,797	\$195,913	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$591,089	\$618,607	\$607,343	\$334,768	\$334,768
SUBTOTAL, MOF (FEDERAL FUNDS)		\$591,089	\$618,607	\$607,343	\$334,768	\$334,768
Method of Financing:						
666	Appropriated Receipts	\$532,195	\$648,577	\$648,577	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$532,195	\$648,577	\$648,577	\$0	\$0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$2,964,673	\$2,964,673
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$3,588,661	\$4,838,054	\$2,944,861	\$2,964,673	\$2,964,673
FULL TIME EQUIVALENT POSITIONS:		70.2	82.4	40.9	40.9	40.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Credentialing/Certification LTC 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 curriculum.

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; 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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$7,782,915	\$5,929,346	\$(1,853,569)	\$(1,853,569)	See supplemental SBC schedule.
			\$(1,853,569)	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 4 Texas.gov. Estimated and Nontransferable
 STRATEGY: 1 Texas.gov. Estimated and Nontransferable

Service Categories:

Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
2009	OTHER OPERATING EXPENSE	\$123,140	\$123,140	\$123,140	\$123,140	\$123,140
TOTAL, OBJECT OF EXPENSE		\$123,140	\$123,140	\$123,140	\$123,140	\$123,140
Method of Financing:						
1	General Revenue Fund	\$123,140	\$117,890	\$117,890	\$117,890	\$117,890
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$123,140	\$117,890	\$117,890	\$117,890	\$117,890
Method of Financing:						
129	Hospital Licensing Acct	\$0	\$5,250	\$5,250	\$5,250	\$5,250
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$0	\$5,250	\$5,250	\$5,250	\$5,250
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$123,140	\$123,140
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$123,140	\$123,140	\$123,140	\$123,140	\$123,140
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL: 8 Regulatory, Licensing and Consumer Protection Services
 OBJECTIVE: 4 Texas.gov. Estimated and Nontransferable Service Categories:
 STRATEGY: 1 Texas.gov. Estimated and Nontransferable Service: 16 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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STRATEGY DESCRIPTION AND JUSTIFICATION:

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>		<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$246,280	\$246,280	\$0	\$0	No Change.
			\$0	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Average Monthly Number of Eligibility Determinations	997,500.00	925,000.00	920,000.00	915,000.00	915,000.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$309,633,813	\$320,698,162	\$331,359,597	\$298,995,099	\$298,995,098
1002	OTHER PERSONNEL COSTS	\$59,415,896	\$9,729,063	\$8,650,074	\$8,650,074	\$8,650,074
2001	PROFESSIONAL FEES AND SERVICES	\$129,255,266	\$145,086,690	\$162,226,579	\$119,226,397	\$119,243,443
2002	FUELS AND LUBRICANTS	\$33,636	\$66,442	\$63,732	\$63,732	\$63,732
2003	CONSUMABLE SUPPLIES	\$1,233,341	\$1,180,189	\$984,853	\$854,142	\$854,142
2004	UTILITIES	\$3,694,622	\$3,821,874	\$3,565,228	\$3,565,228	\$3,565,228
2005	TRAVEL	\$15,017,129	\$15,666,342	\$16,129,439	\$13,779,274	\$13,782,016
2006	RENT - BUILDING	\$22,603,275	\$26,656,149	\$28,121,585	\$28,121,585	\$28,121,585
2007	RENT - MACHINE AND OTHER	\$3,370,943	\$2,715,307	\$2,457,589	\$2,457,589	\$2,457,589
2009	OTHER OPERATING EXPENSE	\$56,208,546	\$34,316,334	\$25,779,143	\$56,883,259	\$56,880,188
3001	CLIENT SERVICES	\$184,581	\$544,042	\$530,347	\$530,347	\$530,347
4000	GRANTS	\$17,653,034	\$26,447,932	\$24,026,760	\$24,026,760	\$24,026,760
5000	CAPITAL EXPENDITURES	\$370,735	\$387,614	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$618,674,817	\$587,316,140	\$603,894,926	\$557,153,486	\$557,170,202

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
1	General Revenue Fund	\$17,550,521	\$22,747,789	\$14,738,636	\$13,642,270	\$13,643,326
758	GR Match For Medicaid	\$99,608,364	\$91,204,689	\$94,420,938	\$88,021,043	\$88,021,804
8010	GR Match For Title XXI	\$1,829,428	\$3,722,795	\$4,358,866	\$4,188,138	\$4,188,263
8014	GR Match for Food Stamp Admin	\$106,749,751	\$97,708,309	\$101,869,827	\$91,630,891	\$91,634,543
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$225,738,064	\$215,383,582	\$215,388,267	\$197,482,342	\$197,487,936
Method of Financing:						
555	Federal Funds					
10.535.000	SNAP Recipient Integrity Education	\$0	\$331,409	\$200,000	\$314,920	\$314,920
10.545.000	SNAP Farmers' Markets Program	\$0	\$75,000	\$0	\$0	\$0
10.557.001	SPECIAL SUPPL FOOD WIC	\$0	\$18,982	\$19,877	\$19,877	\$19,877
10.561.000	State Admin Match SNAP	\$126,284,240	\$129,751,887	\$129,689,703	\$119,450,387	\$119,454,039
84.181.000	Special Education Grants	\$0	\$964	\$973	\$0	\$0
93.558.000	Temp AssistNeedy Families	\$6,267,637	\$5,380,612	\$5,528,390	\$5,334,569	\$5,334,530
93.558.667	TANF to Title XX	\$0	\$146,551	\$146,551	\$146,551	\$146,551
93.667.000	Social Svcs Block Grants	\$55	\$0	\$0	\$0	\$0
93.767.000	CHIP	\$25,845,997	\$21,451,247	\$21,656,005	\$19,364,399	\$19,365,063
93.778.003	XIX 50%	\$32,716,624	\$30,451,750	\$29,815,431	\$27,718,996	\$27,718,995
93.778.004	XIX ADM @ 75%	\$200,597,456	\$182,075,763	\$193,523,624	\$180,614,207	\$180,614,207

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	93.778.005 XIX FMAP @ 90%	\$243,009	\$556,825	\$886,433	\$879,587	\$886,433
CFDA Subtotal, Fund	555	\$391,955,018	\$370,240,990	\$381,466,987	\$353,843,493	\$353,854,615
SUBTOTAL, MOF (FEDERAL FUNDS)		\$391,955,018	\$370,240,990	\$381,466,987	\$353,843,493	\$353,854,615
Method of Financing:						
666	Appropriated Receipts	\$0	\$0	\$5,760,894	\$4,548,873	\$4,548,873
777	Interagency Contracts	\$981,735	\$1,691,568	\$1,278,778	\$1,278,778	\$1,278,778
SUBTOTAL, MOF (OTHER FUNDS)		\$981,735	\$1,691,568	\$7,039,672	\$5,827,651	\$5,827,651
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$557,153,486	\$557,170,202
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$618,674,817	\$587,316,140	\$603,894,926	\$557,153,486	\$557,170,202
FULL TIME EQUIVALENT POSITIONS:		7,901.8	7,913.6	7,913.6	7,913.6	7,913.6
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$1,191,211,066	\$1,114,323,688	\$(76,887,378)	\$(76,887,378)	See supplemental SBC schedule.
			\$(76,887,378)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Avg Mthly # Individuals w/IDD Receiving Assessment & Serv Coordination	35,815.00	35,429.00	35,429.00	35,429.00	35,429.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$55,171,222	\$57,648,960	\$60,764,207	\$58,113,308	\$58,113,308
1002	OTHER PERSONNEL COSTS	\$3,845,389	\$2,044,988	\$1,770,329	\$1,770,329	\$1,770,329
2001	PROFESSIONAL FEES AND SERVICES	\$5,078,571	\$17,121,525	\$13,587,715	\$13,363,710	\$13,363,710
2002	FUELS AND LUBRICANTS	\$6,757	\$8,434	\$8,080	\$8,080	\$8,080
2003	CONSUMABLE SUPPLIES	\$279,382	\$201,937	\$128,205	\$128,205	\$128,205
2004	UTILITIES	\$837,176	\$828,553	\$783,065	\$783,065	\$783,065
2005	TRAVEL	\$3,866,639	\$5,044,910	\$5,521,136	\$4,407,021	\$4,407,020
2006	RENT - BUILDING	\$4,239,889	\$3,236,000	\$3,418,909	\$3,418,909	\$3,418,909
2007	RENT - MACHINE AND OTHER	\$680,690	\$343,099	\$311,291	\$311,291	\$311,291
2009	OTHER OPERATING EXPENSE	\$4,803,795	\$6,454,340	\$5,826,523	\$5,169,445	\$5,169,445
3001	CLIENT SERVICES	\$68,849,432	\$80,867,116	\$84,929,936	\$80,867,115	\$80,867,115
4000	GRANTS	\$90,023,561	\$97,286,982	\$101,320,209	\$95,427,371	\$95,427,371
5000	CAPITAL EXPENDITURES	\$4,675	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$237,687,178	\$271,086,844	\$278,369,605	\$263,767,849	\$263,767,848

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:						
1	General Revenue Fund	\$55,516,866	\$60,681,774	\$58,826,391	\$59,805,753	\$59,805,753
758	GR Match For Medicaid	\$62,519,211	\$62,312,431	\$64,016,614	\$61,379,590	\$61,379,589
8004	GR For Fed Funds (Older Am Act)	\$880,791	\$880,791	\$880,791	\$880,791	\$880,791
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$118,916,868	\$123,874,996	\$123,723,796	\$122,066,134	\$122,066,133
Method of Financing:						
555	Federal Funds					
93.041.000	Prevention of Elder Abuse	\$230,731	\$253,249	\$273,775	\$253,249	\$253,249
93.042.000	Long Term Care Ombudsman	\$1,127,941	\$1,128,970	\$1,011,210	\$1,128,970	\$1,128,970
93.042.119	COV19 Aging/Title VII/ LTC Omb Svcs	\$0	\$500,000	\$500,000	\$0	\$0
93.044.000	Grants for Supportive Services	\$16,241,977	\$16,098,013	\$16,046,782	\$16,046,557	\$16,046,557
93.044.119	COV19 Aging/Title III B/Grants Prgm	\$0	\$1,249,197	\$3,747,590	\$0	\$0
93.045.000	Nutrition Services	\$7,074,865	\$8,497,360	\$8,693,542	\$8,971,107	\$8,971,107
93.045.119	COV19 Special Prgms Aging Title III	\$0	\$810,289	\$2,430,870	\$0	\$0
93.048.000	Discretionary Projects	\$0	\$224,889	\$215,395	\$215,395	\$215,395
93.048.119	COV19 Special Prgms Aging IV & II	\$0	\$1,500,000	\$1,500,000	\$0	\$0
93.051.000	Alzheimer's Disease Demo Grants Pgm	\$312,459	\$0	\$0	\$0	\$0
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$4,267,001	\$4,695,170	\$4,738,416	\$4,738,326	\$4,738,326
93.052.119	COV19 Nat Fam Caregiver Supp III E	\$0	\$974,911	\$2,924,736	\$0	\$0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.071.000	MIPPA Priority Area 2 AAA	\$336,333	\$362,429	\$362,429	\$362,429	\$362,429
93.071.001	MIPPA Priority Area 3 ADRs	\$318,629	\$818,730	\$823,861	\$820,857	\$820,857
93.071.002	MIPPA Priority One SHIP	\$489,883	\$456,771	\$456,771	\$456,771	\$456,771
93.324.000	State Health Insurance Assis. Prog.	\$2,655,255	\$1,924,867	\$2,165,146	\$1,897,034	\$1,897,034
93.667.000	Social Svcs Block Grants	\$5,459,567	\$4,839,456	\$4,861,401	\$4,861,401	\$4,861,401
93.777.000	State Survey and Certific	\$0	\$54,836	\$61,378	\$62,139	\$62,139
93.777.005	HEALTH INSURANCE BENEFITS	\$0	\$16,274	\$18,215	\$19,139	\$19,139
93.778.000	XIX FMAP	\$42,237,209	\$50,050,440	\$51,186,535	\$50,718,659	\$50,718,659
93.778.002	MEDICAID REIMBURSE ADMIN	\$247,243	\$0	\$0	\$0	\$0
93.778.003	XIX 50%	\$26,004,809	\$28,058,064	\$29,517,890	\$27,303,730	\$27,303,730
93.778.004	XIX ADM @ 75%	\$5,991,321	\$5,357,345	\$6,082,249	\$6,817,336	\$6,817,336
93.791.000	Money Follows Person Reblncng Demo	\$3,956,494	\$14,600,992	\$14,058,933	\$14,058,933	\$14,058,933
93.796.000	Survey & Certification TitleXIX 75%	\$63,147	\$68,447	\$76,613	\$77,611	\$77,611
94.011.000	Foster Grandparent Progra	\$1,755,446	\$1,974,367	\$1,932,072	\$1,932,072	\$1,932,072
CFDA Subtotal, Fund	555	\$118,770,310	\$144,515,066	\$153,685,809	\$140,741,715	\$140,741,715
SUBTOTAL, MOF (FEDERAL FUNDS)		\$118,770,310	\$144,515,066	\$153,685,809	\$140,741,715	\$140,741,715
Method of Financing:						
666	Appropriated Receipts	\$0	\$2,696,782	\$960,000	\$960,000	\$960,000
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$2,696,782	\$960,000	\$960,000	\$960,000

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$263,767,849	\$263,767,848
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$237,687,178	\$271,086,844	\$278,369,605	\$263,767,849	\$263,767,848
FULL TIME EQUIVALENT POSITIONS:		1,219.9	1,294.7	1,294.7	1,294.7	1,294.7

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$549,456,449	\$527,535,697	\$(21,920,752)	\$(21,920,752)	See supplemental SBC schedule.
			\$(21,920,752)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$18,758,736	\$21,005,521	\$22,935,590	\$22,935,590	\$22,935,590
1002	OTHER PERSONNEL COSTS	\$459,005	\$393,038	\$416,523	\$416,523	\$416,523
2001	PROFESSIONAL FEES AND SERVICES	\$63,873,821	\$77,383,057	\$76,755,897	\$77,005,896	\$77,005,896
2002	FUELS AND LUBRICANTS	\$396	\$792	\$760	\$760	\$760
2003	CONSUMABLE SUPPLIES	\$17,634	\$82,914	\$142,069	\$130,569	\$130,569
2004	UTILITIES	\$8,247,740	\$5,653,603	\$5,370,819	\$5,370,819	\$5,370,819
2005	TRAVEL	\$33,436	\$32,947	\$28,116	\$28,116	\$28,116
2006	RENT - BUILDING	\$248,467	\$303,421	\$322,270	\$322,270	\$322,270
2007	RENT - MACHINE AND OTHER	\$60,467	\$59,340	\$56,353	\$56,353	\$56,353
2009	OTHER OPERATING EXPENSE	\$5,453,921	\$5,736,982	\$5,671,275	\$5,800,069	\$5,800,069
5000	CAPITAL EXPENDITURES	\$144,928	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$97,298,551	\$110,651,615	\$111,699,672	\$112,066,965	\$112,066,965
Method of Financing:						
1	General Revenue Fund	\$3,741,048	\$5,521,964	\$5,529,876	\$5,094,603	\$5,094,786
758	GR Match For Medicaid	\$11,642,352	\$13,774,332	\$13,972,171	\$14,796,059	\$14,796,059
8010	GR Match For Title XXI	\$587,708	\$907,402	\$790,857	\$760,819	\$760,819

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8014	GR Match for Food Stamp Admin	\$18,485,577	\$20,535,774	\$20,797,941	\$19,625,432	\$19,625,432
8032	GR Certified As Match For Medicaid	\$183,220	\$132,535	\$143,667	\$140,381	\$140,381
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$34,639,905	\$40,872,007	\$41,234,512	\$40,417,294	\$40,417,477

Method of Financing:

555 Federal Funds

10.557.001	SPECIAL SUPPL FOOD WIC	\$18,258	\$4,999	\$4,940	\$19,569	\$19,386
10.561.000	State Admin Match SNAP	\$18,485,577	\$20,535,775	\$20,797,941	\$19,625,432	\$19,625,432
93.044.000	Grants for Supportive Services	\$578	\$160	\$160	\$1,309	\$1,309
93.045.000	Nutrition Services	\$731	\$203	\$203	\$1,255	\$1,255
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$153	\$44	\$44	\$270	\$270
93.071.001	MIPPA Priority Area 3 ADRs	\$119	\$29	\$29	\$0	\$0
93.150.000	Projects for Assistance	\$85	\$0	\$0	\$0	\$0
93.235.000	ABSTINENCE EDUCATION	\$459	\$0	\$0	\$0	\$0
93.243.000	Project Reg. & Natl Significance	\$289	\$0	\$0	\$0	\$0
93.296.000	St Grant to Improve Minority Health	\$102	\$0	\$0	\$0	\$0
93.558.000	Temp AssistNeedy Families	\$1,636,312	\$1,153,532	\$1,150,476	\$1,153,532	\$1,153,532
93.658.050	Foster Care Title IV-E Admin @ 50%	\$3,026	\$0	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$53,057	\$4,752	\$4,752	\$4,752	\$4,752
93.767.000	CHIP	\$4,467,440	\$4,216,577	\$3,989,252	\$4,007,845	\$4,007,845
93.777.000	State Survey and Certific	\$36,247	\$0	\$18,415	\$17,541	\$17,541

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.777.003	CLINICAL LAB AMEND PROGRM	\$0	\$87	\$87	\$0	\$0
93.777.005	HEALTH INSURANCE BENEFITS	\$7,850	\$6,671	\$4,009	\$0	\$0
93.778.000	XIX FMAP	\$241,310	\$204,438	\$221,611	\$218,554	\$218,554
93.778.003	XIX 50%	\$1,077,851	\$620,524	\$689,091	\$700,292	\$700,292
93.778.004	XIX ADM @ 75%	\$29,566,808	\$37,929,919	\$38,255,395	\$40,712,056	\$40,712,056
93.778.005	XIX FMAP @ 90%	\$6,276,556	\$4,628,443	\$4,799,948	\$4,650,053	\$4,650,053
93.788.000	Opioid STR	\$578	\$0	\$0	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$35,115	\$4,040	\$4,040	\$25,037	\$25,037
93.958.000	Block Grants for Communi	\$459	\$116	\$116	\$0	\$0
93.959.000	Block Grants for Prevent	\$7,548	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$61,916,508	\$69,310,309	\$69,940,509	\$71,137,497	\$71,137,314
SUBTOTAL, MOF (FEDERAL FUNDS)		\$61,916,508	\$69,310,309	\$69,940,509	\$71,137,497	\$71,137,314
Method of Financing:						
777	Interagency Contracts	\$742,138	\$460,608	\$515,960	\$512,174	\$512,174
8095	ID Collect-Pat Supp & Maint	\$0	\$8,328	\$8,328	\$0	\$0
8096	ID Appropriated Receipts	\$0	\$363	\$363	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$742,138	\$469,299	\$524,651	\$512,174	\$512,174

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$112,066,965	\$112,066,965
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$97,298,551	\$110,651,615	\$111,699,672	\$112,066,965	\$112,066,965
FULL TIME EQUIVALENT POSITIONS:		303.8	315.1	315.1	315.1	315.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

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:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$222,351,287	\$224,133,930	\$1,782,643	\$1,782,643	See supplemental SBC schedule.
			\$1,782,643	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$4,523,261	\$15,604,631	\$16,809,511	\$12,836,141	\$13,442,842
2004	UTILITIES	\$184,016	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$37,190,684	\$36,080,616	\$35,289,793	\$38,992,279	\$40,087,956
5000	CAPITAL EXPENDITURES	\$2,518,557	\$2,343,408	\$1,995,000	\$2,044,750	\$2,096,988
TOTAL, OBJECT OF EXPENSE		\$44,416,518	\$54,028,655	\$54,094,304	\$53,873,170	\$55,627,786
Method of Financing:						
1	General Revenue Fund	\$2,049,735	\$2,394,463	\$3,260,929	\$1,729,216	\$1,722,818
758	GR Match For Medicaid	\$4,846,687	\$5,871,261	\$5,732,005	\$5,882,123	\$6,088,508
8010	GR Match For Title XXI	\$301,546	\$390,311	\$381,198	\$403,558	\$417,342
8014	GR Match for Food Stamp Admin	\$9,329,147	\$11,237,226	\$11,100,871	\$11,373,737	\$11,750,964
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$16,527,115	\$19,893,261	\$20,475,003	\$19,388,634	\$19,979,632
Method of Financing:						
555	Federal Funds					
	10.561.000 State Admin Match SNAP	\$9,329,148	\$11,237,228	\$11,100,870	\$11,373,737	\$11,750,964
	93.558.000 Temp AssistNeedy Families	\$322,511	\$358,760	\$359,196	\$310,306	\$320,884
	93.767.000 CHIP	\$1,739,997	\$2,088,425	\$2,040,602	\$2,204,472	\$2,279,779

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	93.778.004 XIX ADM @ 75%	\$13,561,800	\$16,195,179	\$15,734,711	\$16,171,010	\$16,749,471
	93.778.005 XIX FMAP @ 90%	\$2,935,947	\$4,255,802	\$4,383,922	\$4,425,011	\$4,547,056
CFDA Subtotal, Fund	555	\$27,889,403	\$34,135,394	\$33,619,301	\$34,484,536	\$35,648,154
SUBTOTAL, MOF (FEDERAL FUNDS)		\$27,889,403	\$34,135,394	\$33,619,301	\$34,484,536	\$35,648,154
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$53,873,170	\$55,627,786
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$44,416,518	\$54,028,655	\$54,094,304	\$53,873,170	\$55,627,786
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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

3.A. Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

10/27/2020 11:14:51AM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$108,122,959	\$109,500,956	\$1,377,997	\$1,377,997	See supplemental SBC schedule.
			\$1,377,997	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Disability Cases Determined	339,000.00	265,545.00	315,000.00	315,000.00	315,000.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$41,501,690	\$43,629,851	\$50,556,984	\$50,556,984	\$50,556,984
1002	OTHER PERSONNEL COSTS	\$2,041,399	\$1,254,322	\$1,225,157	\$1,225,157	\$1,225,157
2001	PROFESSIONAL FEES AND SERVICES	\$12,187,994	\$26,528,624	\$21,271,616	\$21,271,616	\$21,271,616
2002	FUELS AND LUBRICANTS	\$789	\$1,762	\$1,645	\$1,645	\$1,645
2003	CONSUMABLE SUPPLIES	\$189,197	\$523,262	\$520,567	\$520,567	\$520,567
2004	UTILITIES	\$589,326	\$1,008,210	\$606,801	\$606,801	\$606,801
2005	TRAVEL	\$67,756	\$140,344	\$155,215	\$155,215	\$155,215
2006	RENT - BUILDING	\$3,208,430	\$3,359,409	\$3,364,002	\$3,364,002	\$3,364,002
2007	RENT - MACHINE AND OTHER	\$136,557	\$115,162	\$114,557	\$114,557	\$114,557
2009	OTHER OPERATING EXPENSE	\$4,675,083	\$4,163,993	\$4,674,926	\$4,674,926	\$4,674,926
3001	CLIENT SERVICES	\$36,325,398	\$24,968,752	\$23,198,262	\$23,381,712	\$23,381,712
5000	CAPITAL EXPENDITURES	\$1,701	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$100,925,320	\$105,693,691	\$105,689,732	\$105,873,182	\$105,873,182

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
555	Federal Funds					
	96.001.000 Social Security Disability Ins	\$100,925,320	\$105,693,691	\$105,689,732	\$105,873,182	\$105,873,182
CFDA Subtotal, Fund	555	\$100,925,320	\$105,693,691	\$105,689,732	\$105,873,182	\$105,873,182
SUBTOTAL, MOF (FEDERAL FUNDS)		\$100,925,320	\$105,693,691	\$105,689,732	\$105,873,182	\$105,873,182
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$105,873,182	\$105,873,182
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$100,925,320	\$105,693,691	\$105,689,732	\$105,873,182	\$105,873,182
FULL TIME EQUIVALENT POSITIONS:		780.2	825.5	825.5	825.5	825.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$211,383,423	\$211,746,364	\$362,941	\$362,941	See supplemental SBC schedule.
			\$362,941	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Completed Provider and Recipient Investigations	15,554.00	16,939.00	15,147.00	15,147.00	15,147.00
KEY 2	Number of Audits and Reviews Performed	38.00	34.00	37.00	37.00	37.00
3	Number of Nursing Facility Utilization Reviews	529.00	156.00	320.00	320.00	320.00
4	Number of Hospital Utilization Reviews	18,098.00	22,000.00	20,798.00	20,798.00	20,798.00
KEY 5	Total Dollars Recovered (Millions)	421.22	485.70	379.26	377.65	377.65
6	Referrals to OAG Fraud Control Unit	382.00	522.00	522.00	522.00	522.00
KEY 7	Total Medicaid Overpayments Recovered with Special Investigation Units	141,962.00	1,376,359.00	750,000.00	750,000.00	750,000.00
KEY 8	Average Number of Clients in the Inspector General Lock-in Program	1,723.00	2,122.00	1,700.00	1,700.00	1,700.00
KEY 9	Total Dollars Identified (Millions)	718,255,641.00	613,098,969.00	553,081,959.00	551,901,959.00	551,901,959.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$30,176,930	\$30,772,243	\$31,957,166	\$25,745,464	\$25,745,464
1002	OTHER PERSONNEL COSTS	\$1,054,058	\$668,401	\$915,120	\$705,121	\$705,121
2001	PROFESSIONAL FEES AND SERVICES	\$4,041,566	\$891,164	\$1,505,996	\$1,480,225	\$1,480,225
2003	CONSUMABLE SUPPLIES	\$20,471	\$18,620	\$18,402	\$18,402	\$18,402
2004	UTILITIES	\$164,780	\$143,789	\$122,107	\$114,555	\$114,555

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
2005	TRAVEL	\$981,069	\$1,388,321	\$1,450,406	\$1,081,474	\$1,081,474
2007	RENT - MACHINE AND OTHER	\$32,579	\$57,784	\$31,190	\$31,190	\$31,190
2009	OTHER OPERATING EXPENSE	\$1,368,172	\$1,515,580	\$1,414,803	\$1,347,868	\$1,347,868
5000	CAPITAL EXPENDITURES	\$18,225	\$150,000	\$150,000	\$150,000	\$150,000
TOTAL, OBJECT OF EXPENSE		\$37,857,850	\$35,605,902	\$37,565,190	\$30,674,299	\$30,674,299

Method of Financing:

1	General Revenue Fund	\$1,309,507	\$3,585,693	\$1,796,411	\$726,326	\$726,326
758	GR Match For Medicaid	\$10,659,096	\$9,172,226	\$11,397,962	\$9,390,666	\$9,390,666
8010	GR Match For Title XXI	\$25,740	\$320,081	\$78,035	\$69,185	\$69,185
8014	GR Match for Food Stamp Admin	\$3,685,930	\$3,571,779	\$3,915,813	\$3,566,639	\$3,566,639
8032	GR Certified As Match For Medicaid	\$527,498	\$1,102,982	\$498,040	\$514,627	\$514,627
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$16,207,771	\$17,752,761	\$17,686,261	\$14,267,443	\$14,267,443

Method of Financing:

555	Federal Funds					
10.557.001	SPECIAL SUPPL FOOD WIC	\$54,541	\$29,093	\$33,148	\$28,843	\$28,843
10.561.000	State Admin Match SNAP	\$3,792,693	\$3,777,975	\$3,963,313	\$3,614,139	\$3,614,139
93.558.000	Temp AssistNeedy Families	\$436,845	\$182,055	\$181,536	\$62,758	\$62,758

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.667.000	Social Svcs Block Grants	\$22	\$0	\$0	\$0	\$0
93.767.000	CHIP	\$406,192	\$330,493	\$381,875	\$366,479	\$366,479
93.777.000	State Survey and Certific	\$47,751	\$26,659	\$30,184	\$25,901	\$25,901
93.777.005	HEALTH INSURANCE BENEFITS	\$10,436	\$5,734	\$6,493	\$0	\$0
93.778.000	XIX FMAP	\$715,961	\$709,805	\$771,125	\$801,172	\$801,172
93.778.003	XIX 50%	\$8,888,082	\$10,260,724	\$10,758,461	\$9,119,716	\$9,119,716
93.778.004	XIX ADM @ 75%	\$4,518,038	\$884,702	\$1,887,807	\$784,081	\$784,081
93.788.000	Opioid STR	\$3,810	\$0	\$0	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$48,612	\$27,076	\$30,657	\$28,728	\$28,728
96.001.000	Social Security Disability Ins	\$229,556	\$127,142	\$143,956	\$9,054	\$9,054
CFDA Subtotal, Fund	555	\$19,152,539	\$16,361,458	\$18,188,555	\$14,840,871	\$14,840,871
SUBTOTAL, MOF (FEDERAL FUNDS)		\$19,152,539	\$16,361,458	\$18,188,555	\$14,840,871	\$14,840,871
Method of Financing:						
777	Interagency Contracts	\$2,497,540	\$1,469,632	\$1,668,323	\$1,565,985	\$1,565,985
8095	ID Collect-Pat Supp & Maint	\$0	\$21,138	\$21,138	\$0	\$0
8096	ID Appropriated Receipts	\$0	\$913	\$913	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$2,497,540	\$1,491,683	\$1,690,374	\$1,565,985	\$1,565,985

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$30,674,299	\$30,674,299
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$37,857,850	\$35,605,902	\$37,565,190	\$30,674,299	\$30,674,299
FULL TIME EQUIVALENT POSITIONS:		502.8	523.5	523.5	523.5	523.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Office of Inspector General (OIG) is responsible for investigating fraud, waste, and abuse in the provision and delivery of health and human services in the state. This is performed through audits, investigations, inspections and reviews, which may result in recoveries, sanctions or corrective actions and recommendations of policies that enhance prevention and detection of fraud, waste and abuse. The OIG also assists with Medicaid provider enrollment by performing background checks on high risk providers. The OIG works to ensure taxpayer funds used to provide services are spent only for their intended purpose.

In order to produce quality work products, 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) and inspections are conducted under the federal "Silver Book" standard.

Functional sections include: Medicaid Program Integrity; General Investigations; Inspections and Investigations; Audit; Internal Affairs; Data and Technology; Legal; Chief Strategy Office and Operations.

Enabling Statute: Government Code, Section 531.102

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The following factors combine to potentially impact OIG’s ability to accomplish its mission:

- The transition to managed care from fee-for-service brings different program integrity risks. This requires the OIG to change its approach to identifying and recovering funds due to fraud, waste and abuse in health and human services.
- Aging IT systems that need to be enhanced to accommodate data in the managed care program
- Volume of external requests for audits or investigations.
- Access to necessary data sets to increase the identification of fraud, waste and abuse.
- Inability of Lock-In nurses to access databases which would provide information involving the use or misuse of prescription medications.
- Identification of program integrity issues in Texas by federal agencies.
- Coordination or implementation of state and federal guidance and legislation.
- Statutory responsibility for auditing, reviewing, or investigating Managed Care Organizations and HHS programs to maximize recoveries.
- Call volume on the OIG Fraud Hotline
- Inability to attract employees for technical and nursing positions due to pay disparity with other state agencies and private industry

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$73,171,092	\$61,348,598	\$(11,822,494)	\$(11,822,494)	See supplemental SBC schedule.
			<u>\$(11,822,494)</u>	Total of Explanation of Biennial Change

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability Service Categories:
 STRATEGY: 2 Office of Inspector General Administrative Support Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Trainings Presented by OIG Staff	202.00	140.00	150.00	150.00	150.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$5,663,471	\$8,043,661	\$8,351,553	\$9,098,865	\$9,098,865
1002	OTHER PERSONNEL COSTS	\$718,729	\$735,000	\$745,000	\$775,000	\$775,000
2001	PROFESSIONAL FEES AND SERVICES	\$943,849	\$5,579,179	\$5,432,888	\$6,775,650	\$6,775,650
2002	FUELS AND LUBRICANTS	\$3,195	\$5,184	\$4,986	\$4,986	\$4,986
2003	CONSUMABLE SUPPLIES	\$111,445	\$64,302	\$45,907	\$45,907	\$45,907
2004	UTILITIES	\$297,100	\$240,400	\$208,368	\$208,367	\$208,367
2005	TRAVEL	\$49,968	\$72,982	\$72,518	\$71,018	\$71,018
2006	RENT - BUILDING	\$2,058,436	\$2,034,571	\$1,216,839	\$2,160,743	\$2,160,743
2007	RENT - MACHINE AND OTHER	\$299,435	\$204,957	\$179,465	\$179,466	\$179,466
2009	OTHER OPERATING EXPENSE	\$2,116,970	\$1,542,110	\$741,781	\$1,672,517	\$1,672,517
5000	CAPITAL EXPENDITURES	\$368,579	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$12,631,177	\$18,522,346	\$16,999,305	\$20,992,519	\$20,992,519
Method of Financing:						
1	General Revenue Fund	\$1,918,054	\$565,752	\$965,523	\$954,084	\$954,084

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability Service Categories:
 STRATEGY: 2 Office of Inspector General Administrative Support Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
758	GR Match For Medicaid	\$2,451,334	\$3,412,114	\$2,936,117	\$5,039,700	\$5,039,700
8010	GR Match For Title XXI	\$7,551	\$430,699	\$42,642	\$29,717	\$29,717
8014	GR Match for Food Stamp Admin	\$909,985	\$729,764	\$1,193,215	\$1,181,525	\$1,181,525
8032	GR Certified As Match For Medicaid	\$57,475	\$13,213	\$76,956	\$80,277	\$80,277
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$5,344,399	\$5,151,542	\$5,214,453	\$7,285,303	\$7,285,303

Method of Financing:

555	Federal Funds					
10.557.001	SPECIAL SUPPL FOOD WIC	\$29,546	\$59,927	\$65,097	\$61,493	\$61,493
10.561.000	State Admin Match SNAP	\$814,121	\$1,144,354	\$1,193,215	\$1,181,525	\$1,181,525
93.558.000	Temp AssistNeedy Families	\$0	\$0	\$0	\$53,888	\$53,888
93.767.000	CHIP	\$84,072	\$138,016	\$132,579	\$150,519	\$150,519
93.777.000	State Survey and Certific	\$0	\$53,558	\$58,277	\$55,258	\$55,258
93.777.005	HEALTH INSURANCE BENEFITS	\$0	\$11,663	\$12,690	\$0	\$0
93.778.000	XIX FMAP	\$54,708	\$76,800	\$123,607	\$124,924	\$124,924
93.778.003	XIX 50%	\$2,132,583	\$3,306,824	\$1,300,907	\$3,405,198	\$3,405,198
93.778.004	XIX ADM @ 75%	\$136	\$3,045,587	\$4,846,210	\$4,842,214	\$4,842,214
93.778.005	XIX FMAP @ 90%	\$812,887	\$1,778,652	\$0	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$0	\$54,622	\$59,434	\$61,290	\$61,290
96.001.000	Social Security Disability Ins	\$133,688	\$256,236	\$278,801	\$51,342	\$51,342

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability Service Categories:
 STRATEGY: 2 Office of Inspector General Administrative Support Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund	555	\$4,061,741	\$9,926,239	\$8,070,817	\$9,987,651	\$9,987,651
SUBTOTAL, MOF (FEDERAL FUNDS)		\$4,061,741	\$9,926,239	\$8,070,817	\$9,987,651	\$9,987,651
Method of Financing:						
777	Interagency Contracts	\$3,225,037	\$3,444,565	\$3,711,126	\$3,719,565	\$3,719,565
8095	ID Collect-Pat Supp & Maint	\$0	\$0	\$2,782	\$0	\$0
8096	ID Appropriated Receipts	\$0	\$0	\$127	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$3,225,037	\$3,444,565	\$3,714,035	\$3,719,565	\$3,719,565
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$20,992,519	\$20,992,519
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$12,631,177	\$18,522,346	\$16,999,305	\$20,992,519	\$20,992,519
FULL TIME EQUIVALENT POSITIONS:		93.1	125.6	125.6	125.6	125.6

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: 2 Office of Inspector General Administrative Support Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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The Office of Inspector General - Administrative Support strategy is responsible for supporting the OIG's fraud, waste and abuse investigative programs. Included in this strategy are: Strategic Initiatives, Data Operations, Strategic Ops and Professional Development, Communication and Government Relations and Policy and Publications. These areas perform 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. From a budget perspective, the OIG's executive management for all its programs are included in this strategy as is the Medicaid Fraud and Detection System (MFADS) contract.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The following factors potentially impact OIG's Administrative Support strategy's ability to accomplish its mission:

- Aging IT systems that need to be enhanced to accommodate data in the managed care program
- Access to necessary data sets to increase the identification of fraud, waste and abuse.
- Inability of Lock-In nurses to access databases which would provide information involving the use or misuse of prescription medications.
- Identification of program integrity issues in Texas by federal agencies.
- Coordination or implementation of state and federal guidance and legislation.

529 Health and Human Services Commission

GOAL: 11 Office of Inspector General
 OBJECTIVE: 1 Client and Provider Accountability Service Categories:
 STRATEGY: 2 Office of Inspector General Administrative Support Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$35,521,651	\$41,985,038	\$6,463,387	\$6,463,387	See supplemental SBC schedule.
			\$6,463,387	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$76,949,152	\$80,119,853	\$86,927,596	\$90,676,081	\$90,627,192
1002	OTHER PERSONNEL COSTS	\$1,989,457	\$1,706,595	\$1,754,965	\$1,804,005	\$1,804,005
2001	PROFESSIONAL FEES AND SERVICES	\$14,522,049	\$19,200,090	\$19,935,502	\$19,544,577	\$19,544,577
2002	FUELS AND LUBRICANTS	\$107,539	\$80,035	\$74,740	\$74,740	\$74,740
2003	CONSUMABLE SUPPLIES	\$207,180	\$122,620	\$92,847	\$92,847	\$92,847
2004	UTILITIES	\$543,205	\$580,204	\$567,456	\$649,956	\$649,956
2005	TRAVEL	\$598,492	\$632,381	\$664,354	\$885,411	\$885,411
2006	RENT - BUILDING	\$2,687,613	\$2,325,522	\$1,807,220	\$2,307,220	\$2,307,220
2007	RENT - MACHINE AND OTHER	\$379,318	\$303,712	\$270,230	\$270,230	\$270,230
2009	OTHER OPERATING EXPENSE	\$6,752,092	\$5,976,961	\$3,941,993	\$4,837,943	\$4,837,943
4000	GRANTS	\$2,540,113	\$1,443,660	\$1,570,448	\$2,221,454	\$2,221,454
5000	CAPITAL EXPENDITURES	\$16,957	\$1,864	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$107,293,167	\$112,493,497	\$117,607,351	\$123,364,464	\$123,315,575
Method of Financing:						
1	General Revenue Fund	\$16,365,466	\$19,642,088	\$12,691,223	\$17,808,998	\$17,796,805
758	GR Match For Medicaid	\$8,742,542	\$14,718,782	\$21,523,219	\$15,165,964	\$15,155,048

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8010	GR Match For Title XXI	\$107,721	\$992,694	\$298,090	\$332,377	\$332,246
8014	GR Match for Food Stamp Admin	\$5,268,874	\$4,790,082	\$5,881,796	\$7,244,622	\$7,239,673
8032	GR Certified As Match For Medicaid	\$2,301,814	\$3,052,258	\$2,938,816	\$3,055,365	\$3,055,365
8086	GR For ECI	\$0	\$865,685	\$865,688	\$865,687	\$865,687
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$32,786,417	\$44,061,589	\$44,198,832	\$44,473,013	\$44,444,824

Method of Financing:

555 Federal Funds

10.557.001	SPECIAL SUPPL FOOD WIC	\$454,340	\$427,220	\$464,091	\$653,343	\$653,343
10.561.000	State Admin Match SNAP	\$5,268,887	\$5,411,620	\$5,817,865	\$7,244,622	\$7,239,673
84.126.000	Rehabilitation Services_V	\$27,909	\$0	\$0	\$0	\$0
84.181.000	Special Education Grants	\$95,615	\$2,845	\$2,845	\$0	\$0
93.044.000	Grants for Supportive Services	\$0	\$30,678	\$139,994	\$40,487	\$40,487
93.045.000	Nutrition Services	\$0	\$28,050	\$17,735	\$39,835	\$39,835
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$3	\$9,194	\$3,922	\$8,392	\$8,392
93.104.000	Comprehensive Community M	\$1,921,349	\$3,294,371	\$3,299,122	\$2,316,233	\$2,316,233
93.235.000	ABSTINENCE EDUCATION	\$0	\$0	\$0	\$6,817	\$6,817
93.243.000	Project Reg. & Natl Significance	\$1,971,719	\$2,040,476	\$2,044,841	\$1,912,482	\$1,912,482
93.558.000	Temp AssistNeedy Families	\$396,499	\$413,435	\$407,860	\$413,435	\$407,860
93.558.667	TANF to Title XX	\$0	\$1,505	\$1,409	\$1,505	\$1,409

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.667.000	Social Svcs Block Grants	\$236,998	\$478,620	\$478,620	\$478,620	\$478,620
93.767.000	CHIP	\$1,524,771	\$1,606,024	\$1,459,567	\$1,731,865	\$1,731,173
93.777.000	State Survey and Certific	\$634,765	\$441,448	\$483,490	\$591,230	\$591,230
93.777.005	HEALTH INSURANCE BENEFITS	\$149,545	\$83,680	\$91,165	\$157,054	\$157,054
93.778.000	XIX FMAP	\$3,028,740	\$4,817,205	\$4,729,755	\$5,649,568	\$5,654,257
93.778.003	XIX 50%	\$19,003,289	\$21,718,713	\$23,870,074	\$20,779,414	\$20,768,502
93.778.004	XIX ADM @ 75%	\$204,006	\$647,312	\$719,909	\$0	\$0
93.791.000	Money Follows Person Reblncng Demo	\$0	\$0	\$3,057	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$1,296,562	\$1,222,987	\$1,802,388	\$1,980,613	\$1,980,613
93.958.000	Block Grants for Communi	\$0	\$1,204	\$10,740	\$0	\$0
93.959.000	Block Grants for Prevent	\$6,224	\$20,374	\$5,318	\$0	\$0
96.001.000	Social Security Disability Ins	\$1,780,227	\$1,415,728	\$1,548,046	\$289,656	\$289,640
CFDA Subtotal, Fund	555	\$38,001,448	\$44,112,689	\$47,401,813	\$44,295,171	\$44,277,620
SUBTOTAL, MOF (FEDERAL FUNDS)		\$38,001,448	\$44,112,689	\$47,401,813	\$44,295,171	\$44,277,620
Method of Financing:						
666	Appropriated Receipts	\$11,059,648	\$6,300,548	\$7,000,613	\$7,000,000	\$7,000,000
777	Interagency Contracts	\$25,444,637	\$17,843,856	\$18,831,278	\$27,596,280	\$27,593,131
8095	ID Collect-Pat Supp & Maint	\$980	\$167,909	\$167,909	\$0	\$0
8096	ID Appropriated Receipts	\$37	\$6,906	\$6,906	\$0	\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (OTHER FUNDS)		\$36,505,302	\$24,319,219	\$26,006,706	\$34,596,280	\$34,593,131
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$123,364,464	\$123,315,575
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$107,293,167	\$112,493,497	\$117,607,351	\$123,364,464	\$123,315,575
FULL TIME EQUIVALENT POSITIONS:		1,028.2	1,385.7	1,385.7	1,385.7	1,385.7

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Consolidated System Support svcs strategy includes funding for all HHS System support functions that have been consolidated at HHSC for the benefit of all HHS agencies, including: Human Resources, Payroll and Leave Support, Procurement, Information Technology Oversight, Facilities and Leasing, Workforce Support svcs, Community Support and Collaborations, Center for the Elimination of Disproportionality and Disparities, Enterprise Risk Management and Safety and Civil Rights.

Funding also provides oversight support of the State Hospitals and the State Supported Living Centers operated for programs/functions such as risk management, training, food transportation, nutrition planning, and facility management. This strategy includes funding for the on- going operations of Centralized Accounting and Payroll/Personnel System (CAPPS). These functions support the entire HHS system.

Legal Base: Section 531.0055, 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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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Changes in staffing or program in the HHS agencies impact the level of administrative support needed. Changes in law or rules relating to leasing, purchasing facilities or information technology affect the cost of support svcs. Economic trends that affect lease cost and purchase prices may also affect the cost of support svcs. Legislative changes to employee benefits; affect the cost of human resources support svcs. New federal regulations including civil rights affect the cost of support svcs. Homeland Security responses may require additional security initiatives at facilities and affect the cost of support svcs. Data Center Consolidation affects the cost of support svcs for the HHS agencies. Changes in cost allocation factors affect the distribution of shared costs across the HHS agencies and the demand for GR. The GASB Statement #51 could impact the purchase and depreciation of certain software and the return of federal funds and the reliance of 100% state funds.

Outsourcing of administrative svcs and associated costs affect the cost of support svcs for the HHS agencies. Optimization projects and agency reductions or increases in staff affect the cost of support svcs for the HHS Enterprise agencies. Technology solutions that increase efficiencies could result in short-term costs in support svcs with long-term savings in other areas.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$230,100,848	\$246,680,039	\$16,579,191	\$16,579,191	See supplemental SBC schedule.
			\$16,579,191	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$38,181,963	\$43,744,223	\$46,483,984	\$48,021,197	\$48,021,197
1002	OTHER PERSONNEL COSTS	\$889,600	\$1,813,562	\$901,808	\$936,631	\$936,631
2001	PROFESSIONAL FEES AND SERVICES	\$88,113,690	\$129,408,877	\$121,330,534	\$101,048,992	\$97,855,967
2002	FUELS AND LUBRICANTS	\$479	\$1,736	\$1,643	\$1,643	\$1,643
2003	CONSUMABLE SUPPLIES	\$21,606	\$51,668	\$58,219	\$41,677	\$38,632
2004	UTILITIES	\$16,440,362	\$14,778,264	\$14,519,591	\$14,364,725	\$14,363,102
2005	TRAVEL	\$54,257	\$231,637	\$355,226	\$324,226	\$324,226
2006	RENT - BUILDING	\$296,225	\$562,336	\$585,436	\$585,436	\$585,436
2007	RENT - MACHINE AND OTHER	\$25,451,649	\$16,854,443	\$13,333,175	\$16,469,467	\$16,469,467
2009	OTHER OPERATING EXPENSE	\$30,022,082	\$47,365,250	\$44,040,019	\$47,188,913	\$47,026,411
5000	CAPITAL EXPENDITURES	\$1,296,098	\$1,230,097	\$451,114	\$451,114	\$451,114
TOTAL, OBJECT OF EXPENSE		\$200,768,011	\$256,042,093	\$242,060,749	\$229,434,021	\$226,073,826
Method of Financing:						
1	General Revenue Fund	\$24,152,243	\$48,022,341	\$41,152,551	\$40,933,362	\$39,742,211
758	GR Match For Medicaid	\$35,759,674	\$43,654,768	\$41,977,827	\$41,101,543	\$40,750,075
8001	GR For MH Block Grant	\$236,144	\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8002	GR For Subst Abuse Prev	\$2	\$0	\$0	\$0	\$0
8004	GR For Fed Funds (Older Am Act)	\$117	\$0	\$0	\$0	\$0
8010	GR Match For Title XXI	\$230,719	\$1,261,293	\$694,922	\$619,238	\$612,745
8014	GR Match for Food Stamp Admin	\$12,016,437	\$14,974,598	\$14,732,014	\$13,442,903	\$13,302,691
8032	GR Certified As Match For Medicaid	\$7,666,114	\$11,746,381	\$10,875,934	\$10,236,745	\$10,199,792
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$80,061,450	\$119,659,381	\$109,433,248	\$106,333,791	\$104,607,514
Method of Financing:						
5018	Home Health Services Acct	\$0	\$1,756	\$1,073	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$0	\$1,756	\$1,073	\$0	\$0
Method of Financing:						
555	Federal Funds					
10.557.001	SPECIAL SUPPL FOOD WIC	\$1,616,783	\$2,035,911	\$1,965,692	\$1,952,595	\$1,925,203
10.559.000	Summer Food Service Prog	\$0	\$150	\$0	\$0	\$0
10.561.000	State Admin Match SNAP	\$21,512,330	\$14,974,599	\$14,732,014	\$13,443,455	\$13,303,129
84.126.000	Rehabilitation Services_V	\$1,412	\$69	\$0	\$0	\$0
84.181.000	Special Education Grants	\$147,242	\$26,057	\$0	\$0	\$0
93.044.000	Grants for Supportive Services	\$11,125	\$42,904	\$42,572	\$99,388	\$99,060

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.045.000	Nutrition Services	\$17,137	\$54,636	\$54,211	\$95,752	\$95,432
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$4,423	\$11,898	\$11,804	\$20,280	\$20,231
93.071.001	MIPPA Priority Area 3 ADRs	\$70	\$0	\$0	\$0	\$0
93.150.000	Projects for Assistance	\$54	\$0	\$0	\$0	\$0
93.235.000	ABSTINENCE EDUCATION	\$204	\$0	\$0	\$0	\$0
93.243.000	Project Reg. & Natl Significance	\$183	\$0	\$0	\$0	\$0
93.296.000	St Grant to Improve Minority Health	\$64	\$0	\$0	\$0	\$0
93.369.000	Independent Living_State	\$45,477	\$0	\$0	\$0	\$0
93.369.001	Independent Living_State_Rehab	\$106,317	\$0	\$0	\$0	\$0
93.558.000	Temp AssistNeedy Families	\$564,630	\$721,275	\$674,621	\$721,275	\$674,621
93.558.667	TANF to Title XX	\$403	\$11,587	\$6,689	\$0	\$0
93.575.000	ChildCareDevFnd Blk Grant	\$6,827	\$32,452	\$26,853	\$0	\$0
93.658.050	Foster Care Title IV-E Admin @ 50%	\$1,857	\$258,070	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$827,611	\$1,390,305	\$1,372,819	\$1,390,305	\$1,372,819
93.752.001	Texas Cancer Prevention and Control	\$0	\$16	\$0	\$0	\$0
93.767.000	CHIP	\$3,410,065	\$3,876,278	\$3,746,070	\$3,278,687	\$3,243,686
93.777.000	State Survey and Certific	\$1,300,336	\$1,599,555	\$1,548,864	\$1,328,893	\$1,324,842
93.777.002	SURVEY & CERT @ 75%	\$500,659	\$0	\$0	\$0	\$0
93.777.003	CLINICAL LAB AMEND PROGRAM	\$146	\$1,722	\$1,742	\$0	\$0
93.777.005	HEALTH INSURANCE BENEFITS	\$281,379	\$347,354	\$335,542	\$381,050	\$375,207
93.778.000	XIX FMAP	\$10,528,634	\$18,703,079	\$16,869,261	\$15,796,780	\$15,781,646
93.778.003	XIX 50%	\$34,096,804	\$41,208,595	\$39,535,733	\$39,656,135	\$39,425,668

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	93.778.004 XIX ADM @ 75%	\$2,367,780	\$3,792,204	\$3,579,756	\$1,667,953	\$1,667,953
	93.778.005 XIX FMAP @ 90%	\$3,076,568	\$4,808,933	\$5,996,074	\$2,547,658	\$2,047,361
	93.779.000 Health Care Financing Res	\$8,555	\$0	\$0	\$0	\$0
	93.788.000 Opioid STR	\$113,329	\$1,607,971	\$0	\$0	\$0
	93.791.000 Money Follows Person Reblncng Demo	\$0	\$3,079	\$3,778	\$0	\$0
	93.796.000 Survey & Certification TitleXIX 75%	\$1,596,151	\$1,999,442	\$1,748,390	\$1,818,832	\$1,622,631
	93.898.000 Cancer Prevention & Control Program	\$0	\$5,397	\$0	\$0	\$0
	93.958.000 Block Grants for Communi	\$280	\$130,354	\$130,081	\$6,001	\$4,766
	93.959.000 Block Grants for Prevent	\$4,082	\$15,500	\$15,514	\$61,319	\$48,699
	96.001.000 Social Security Disability Ins	\$926,006	\$1,396,455	\$1,473,892	\$1,471,872	\$1,363,943
CFDA Subtotal, Fund	555	\$83,074,923	\$99,055,847	\$93,871,972	\$85,738,230	\$84,396,897
SUBTOTAL, MOF (FEDERAL FUNDS)		\$83,074,923	\$99,055,847	\$93,871,972	\$85,738,230	\$84,396,897
Method of Financing:						
666	Appropriated Receipts	\$619,711	\$621	\$753	\$0	\$0
777	Interagency Contracts	\$35,965,773	\$36,671,172	\$38,097,071	\$37,362,000	\$37,069,415
8051	Universal Services Fund	\$23,152	\$0	\$0	\$0	\$0
8095	ID Collect-Pat Supp & Maint	\$975,540	\$632,183	\$635,357	\$0	\$0
8096	ID Appropriated Receipts	\$47,462	\$21,133	\$21,275	\$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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (OTHER FUNDS)		\$37,631,638	\$37,325,109	\$38,754,456	\$37,362,000	\$37,069,415
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$229,434,021	\$226,073,826
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$200,768,011	\$256,042,093	\$242,060,749	\$229,434,021	\$226,073,826
FULL TIME EQUIVALENT POSITIONS:		593.2	639.2	639.3	639.3	639.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Information Technology Oversight and Program Support strategy provides technology products, svcs, and support to all HHSC divisions to further their efforts in achieving the HHSC Mission. Chapter 201 of Title 1 of the Texas Administrative Code, Planning and Management of Information Resources Technologies governs Information Resources planning and management. This responsibility extends to establishing, managing, and monitoring agreements for IT products, svcs, and/or support supplied by external organizations. svcs include application development and support, desktop and WAN/LAN support and troubleshooting, coordination of cabling and hardware repair, and liaison with external automation svcs providers (such as mainframe and mid-tier data center processing and telecommunications svcs). These svcs are distributed in a network-computing environment that spans agency offices statewide. Included are staff costs; professional svcs and contracted staff costs; network data circuits, mainframe, mid-tier, and network equipment costs; software licenses; and computer equipment maintenance related to the support of HHSC programs. The application systems developed, deployed, and supported under this strategy cover financial systems, including revenue systems; consumer information systems; facility management systems; and decision support systems. Functions performed include project management, software applications development, and documentation.

Statutory Authority. Human Resources Code, Chapter 161.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Every agency business area depends on information, and expends time and effort managing information. Any reduction in funding for this strategy will restrict the results most business areas are able to achieve. 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. Factors which drive demands on information resources are numerous and varied. Both internal and external entities desire enhanced information systems to provide actionable information about the effectiveness of client care programs, workforce, finances, and the physical facilities. The rapid pace of technology change is a challenge requiring resources to ensure that IT systems remain viable. As technology becomes more sophisticated, the staffing and training demands on technical support employees increases correspondingly. The onset of the COVID-19 pandemic in mid FY-20 had a tremendous impact on the IT network infrastructure and overall service delivery. The significant increase in 1000's of teleworkers required substantial network expansion and increased cyber security protections to ensure consistent and uninterrupted delivery of services to Texans in need while protecting the systems and data.

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 2020 + Bud 2021)</u>	<u>Baseline Request (BL 2022 + BL 2023)</u>	<u>CHANGE</u>	<u>\$ Amount</u>	<u>Explanation(s) of Amount (must specify MOFs and FTEs)</u>
\$498,102,842	\$455,507,847	\$(42,594,995)	\$(42,594,995)	See supplemental SBC schedule.
			<u>\$(42,594,995)</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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$24,386,455	\$30,747,786	\$33,176,106	\$32,298,943	\$32,298,921
1002	OTHER PERSONNEL COSTS	\$1,034,589	\$741,567	\$702,795	\$702,795	\$702,795
2001	PROFESSIONAL FEES AND SERVICES	\$1,120,394	\$2,639,844	\$2,915,985	\$2,367,038	\$2,367,038
2002	FUELS AND LUBRICANTS	\$1,807	\$2,250	\$1,120	\$1,120	\$1,120
2003	CONSUMABLE SUPPLIES	\$839,693	\$424,074	\$443,977	\$443,977	\$443,977
2004	UTILITIES	\$132,491	\$180,744	\$153,054	\$151,478	\$151,478
2005	TRAVEL	\$95,824	\$311,308	\$300,423	\$168,720	\$168,720
2006	RENT - BUILDING	\$383,718	\$436,452	\$460,811	\$460,811	\$460,811
2007	RENT - MACHINE AND OTHER	\$346,512	\$253,507	\$422,657	\$422,657	\$422,657
2009	OTHER OPERATING EXPENSE	\$2,391,664	\$3,984,456	\$2,467,533	\$2,346,061	\$2,346,062
4000	GRANTS	\$1,747,962	\$1,751,980	\$1,751,980	\$1,751,980	\$1,751,980
5000	CAPITAL EXPENDITURES	\$165,124	\$258,848	\$38,848	\$38,848	\$38,848
TOTAL, OBJECT OF EXPENSE		\$32,646,233	\$41,732,816	\$42,835,289	\$41,154,428	\$41,154,407
Method of Financing:						
1	General Revenue Fund	\$6,035,448	\$9,730,683	\$8,509,032	\$7,993,216	\$6,555,770
758	GR Match For Medicaid	\$6,293,102	\$8,136,386	\$8,675,568	\$8,484,466	\$9,710,552

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8002	GR For Subst Abuse Prev	\$264,871	\$0	\$0	\$0	\$0
8004	GR For Fed Funds (Older Am Act)	\$86,875	\$0	\$0	\$0	\$0
8010	GR Match For Title XXI	\$38,486	\$165,684	\$128,334	\$123,552	\$68,934
8014	GR Match for Food Stamp Admin	\$2,026,849	\$2,653,318	\$2,777,531	\$2,583,832	\$2,777,428
8032	GR Certified As Match For Medicaid	\$376,562	\$408,858	\$426,798	\$399,650	\$472,133
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$15,122,193	\$21,094,929	\$20,517,263	\$19,584,716	\$19,584,817
Method of Financing:						
129	Hospital Licensing Acct	\$84,627	\$0	\$0	\$0	\$0
5018	Home Health Services Acct	\$0	\$22	\$20	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$84,627	\$22	\$20	\$0	\$0
Method of Financing:						
555	Federal Funds					
10.557.001	SPECIAL SUPPL FOOD WIC	\$276,665	\$335,019	\$348,710	\$304,415	\$304,415
10.559.000	Summer Food Service Prog	\$1	\$0	\$0	\$0	\$0
10.561.000	State Admin Match SNAP	\$2,398,863	\$2,927,291	\$3,050,309	\$2,583,832	\$2,583,832
84.126.000	Rehabilitation Services_V	\$2	\$0	\$0	\$0	\$0
84.181.000	Special Education Grants	\$93	\$133,583	\$133,583	\$0	\$0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.044.000	Grants for Supportive Services	\$101,994	\$114,444	\$114,444	\$537,484	\$537,484
93.045.000	Nutrition Services	\$203,250	\$226,262	\$226,262	\$88,221	\$88,221
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	\$44,666	\$49,095	\$49,095	\$17,544	\$17,544
93.558.000	Temp AssistNeedy Families	\$147,778	\$148,495	\$148,411	\$148,495	\$148,411
93.558.667	TANF to Title XX	\$0	\$109	\$102	\$0	\$0
93.575.000	ChildCareDevFnd Blk Grant	\$0	\$316	\$287	\$0	\$0
93.667.000	Social Svcs Block Grants	\$568,061	\$357,840	\$357,802	\$357,840	\$357,802
93.767.000	CHIP	\$673,767	\$740,326	\$766,229	\$642,428	\$642,428
93.777.000	State Survey and Certific	\$302,390	\$392,640	\$417,835	\$360,986	\$360,986
93.777.005	HEALTH INSURANCE BENEFITS	\$68,220	\$90,301	\$96,714	\$0	\$0
93.778.000	XIX FMAP	\$577,437	\$691,122	\$722,838	\$621,867	\$621,867
93.778.003	XIX 50%	\$5,216,652	\$7,523,759	\$7,810,689	\$8,344,257	\$8,344,257
93.791.000	Money Follows Person Reblncng Demo	\$3,133	\$140	\$143	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$324,212	\$423,828	\$451,946	\$420,622	\$420,622
93.958.000	Block Grants for Communi	\$0	\$13,262	\$13,262	\$0	\$0
96.001.000	Social Security Disability Ins	\$1,374,988	\$1,797,102	\$1,662,134	\$1,243,005	\$1,243,005
CFDA Subtotal, Fund	555	\$12,282,172	\$15,964,934	\$16,370,795	\$15,670,996	\$15,670,874
SUBTOTAL, MOF (FEDERAL FUNDS)		\$12,282,172	\$15,964,934	\$16,370,795	\$15,670,996	\$15,670,874
Method of Financing:						
666	Appropriated Receipts	\$0	\$681	\$417	\$0	\$0

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
777	Interagency Contracts	\$4,526,233	\$4,625,875	\$5,900,419	\$5,898,716	\$5,898,716
8095	ID Collect-Pat Supp & Maint	\$600,930	\$45,192	\$45,192	\$0	\$0
8096	ID Appropriated Receipts	\$30,078	\$1,183	\$1,183	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$5,157,241	\$4,672,931	\$5,947,211	\$5,898,716	\$5,898,716
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$41,154,428	\$41,154,407
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$32,646,233	\$41,732,816	\$42,835,289	\$41,154,428	\$41,154,407
FULL TIME EQUIVALENT POSITIONS:		481.9	597.5	597.5	597.5	597.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$84,568,105	\$82,308,835	\$(2,259,270)	\$(2,259,270)	See supplemental SBC schedule.
			\$(2,259,270)	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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:						
1001	SALARIES AND WAGES	\$12,949,925	\$13,408,504	\$14,614,143	\$14,719,771	\$14,719,771
1002	OTHER PERSONNEL COSTS	\$1,369,277	\$614,375	\$377,051	\$377,051	\$377,051
2001	PROFESSIONAL FEES AND SERVICES	\$136,753	\$2,945,213	\$3,399,891	\$3,399,891	\$3,399,891
2002	FUELS AND LUBRICANTS	\$68,644	\$123,099	\$119,498	\$119,498	\$119,498
2003	CONSUMABLE SUPPLIES	\$2,268,604	\$1,243,815	\$823,026	\$823,026	\$823,026
2004	UTILITIES	\$5,629,577	\$4,807,059	\$3,857,614	\$3,857,614	\$3,857,614
2005	TRAVEL	\$451,409	\$736,346	\$735,942	\$577,642	\$577,642
2006	RENT - BUILDING	\$47,744,521	\$51,931,164	\$55,092,707	\$47,781,334	\$47,781,334
2007	RENT - MACHINE AND OTHER	\$5,874,396	\$5,745,995	\$5,207,231	\$3,788,378	\$3,788,378
2009	OTHER OPERATING EXPENSE	\$19,714,830	\$23,719,606	\$24,395,391	\$25,607,764	\$24,007,764
5000	CAPITAL EXPENDITURES	\$422,863	\$367,896	\$0	\$367,896	\$0
TOTAL, OBJECT OF EXPENSE		\$96,630,799	\$105,643,072	\$108,622,494	\$101,419,865	\$99,451,969

Method of Financing:

1	General Revenue Fund	\$1,187,777	\$1,741,855	\$1,449,524	\$1,548,611	\$1,435,053
758	GR Match For Medicaid	\$1,988,991	\$2,283,477	\$2,160,402	\$2,409,237	\$2,149,031
8010	GR Match For Title XXI	\$14,796	\$40,170	\$39,347	\$43,948	\$38,773

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8014	GR Match for Food Stamp Admin	\$818,952	\$925,082	\$890,345	\$936,789	\$841,031
8032	GR Certified As Match For Medicaid	\$4,366	\$4,426	\$4,356	\$5,145	\$4,751
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$4,014,882	\$4,995,010	\$4,543,974	\$4,943,730	\$4,468,639

Method of Financing:

555 Federal Funds

10.557.001	SPECIAL SUPPL FOOD WIC	\$304	\$347	\$331	\$335	\$296
10.561.000	State Admin Match SNAP	\$818,952	\$925,082	\$890,345	\$936,789	\$841,031
84.181.000	Special Education Grants	\$0	\$7	\$7	\$0	\$0
93.558.000	Temp AssistNeedy Families	\$166,095	\$47,030	\$42,031	\$42,153	\$37,076
93.558.667	TANF to Title XX	\$520	\$0	\$0	\$0	\$0
93.575.000	ChildCareDevFnd Blk Grant	\$238,959	\$1,866,642	\$1,866,642	\$340,307	\$340,307
93.658.050	Foster Care Title IV-E Admin @ 50%	\$12,235	\$18,921	\$817	\$4,587	\$4,587
93.667.000	Social Svcs Block Grants	\$88,228	\$111,852	\$99,986	\$115,615	\$103,795
93.767.000	CHIP	\$218,792	\$227,384	\$188,756	\$225,693	\$198,280
93.777.000	State Survey and Certific	\$77,002	\$97,596	\$78,570	\$86,536	\$73,959
93.777.003	CLINICAL LAB AMEND PROGRAM	\$545	\$1,149	\$333	\$0	\$0
93.777.005	HEALTH INSURANCE BENEFITS	\$11,168	\$12,399	\$12,316	\$21,469	\$19,915
93.778.000	XIX FMAP	\$5,737	\$6,861	\$6,752	\$7,885	\$7,275
93.778.003	XIX 50%	\$1,959,518	\$2,247,537	\$2,130,116	\$2,372,963	\$2,116,565
93.796.000	Survey & Certification TitleXIX 75%	\$14,463	\$107,960	\$91,397	\$108,792	\$97,333

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	93.959.000 Block Grants for Prevent	\$8	\$43	\$43	\$0	\$0
	96.001.000 Social Security Disability Ins	\$12,057	\$12,222	\$13,198	\$12,857	\$12,857
CFDA Subtotal, Fund	555	\$3,624,583	\$5,683,032	\$5,421,640	\$4,275,981	\$3,853,276
SUBTOTAL, MOF (FEDERAL FUNDS)		\$3,624,583	\$5,683,032	\$5,421,640	\$4,275,981	\$3,853,276
Method of Financing:						
	777 Interagency Contracts	\$88,968,959	\$94,962,172	\$98,654,061	\$92,200,154	\$91,130,054
	8095 ID Collect-Pat Supp & Maint	\$22,375	\$2,858	\$2,819	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$88,991,334	\$94,965,030	\$98,656,880	\$92,200,154	\$91,130,054
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$101,419,865	\$99,451,969
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$96,630,799	\$105,643,072	\$108,622,494	\$101,419,865	\$99,451,969
FULL TIME EQUIVALENT POSITIONS:		327.3	298.7	298.7	298.7	298.7

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL: 12 HHS Enterprise Oversight and Policy
 OBJECTIVE: 2 Program Support Service Categories:
 STRATEGY: 2 Regional Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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L-2-2 Regional Program Support: The regional program support service provides region-specific support services including; business services such as accounts payable, building and property management, and budget management. The purpose is to provide consolidated administrative support and infrastructure support to all HHS System employees and DFPS working in local and regional offices. These functions support the entire HHS system and funding is dependent upon all HHS and DFPS agencies.

Legal Base: Human Resources Code, Chapter 21 and 22

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External Factors: Staffing increases at HHS agencies increases demand for regional services. As consolidation, optimization, and reorganizations continue, the regional program support structure will change to meet the needs and requirements of any new program delivery model. Coordination with the Texas Facilities Commission on the acquisition of property is necessary as well as the coordination of all the HHS agencies in determining local office needs.

Internal Factors: Changes in cost allocation factors affect the distribution of shared costs across the HHS agencies and the demand for general revenue. Internal efforts to reduce the office space footprint will require changes in policies, procedures, and cost allocation to promote a tele-work and mobile office environment.

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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$214,265,566	\$200,871,834	\$(13,393,732)	\$(13,393,732)	See supplemental SBC schedule.
			\$(13,393,732)	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 Service Categories:
 STRATEGY: 1 Texas Civil Commitment Office Service: 34 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Output Measures:						
KEY 1	Number of Sex Offenders Provided Treatment and Supervision	362.00	397.00	439.00	475.00	507.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,832,195	\$1,870,599	\$1,917,600	\$1,917,600	\$1,917,600
1002	OTHER PERSONNEL COSTS	\$86,031	\$51,834	\$50,000	\$50,000	\$50,000
2001	PROFESSIONAL FEES AND SERVICES	\$6,368,918	\$5,774,218	\$7,254,248	\$5,423,337	\$5,423,336
2002	FUELS AND LUBRICANTS	\$7,894	\$11,065	\$11,000	\$11,000	\$11,000
2003	CONSUMABLE SUPPLIES	\$10,747	\$889	\$8,450	\$8,450	\$8,450
2004	UTILITIES	\$15,642	\$76,082	\$16,500	\$18,000	\$18,000
2005	TRAVEL	\$86,138	\$70,000	\$70,000	\$70,000	\$70,000
2006	RENT - BUILDING	\$7,845,245	\$9,687,570	\$9,700,000	\$9,700,000	\$9,700,000
2007	RENT - MACHINE AND OTHER	\$11,916	\$11,348	\$10,000	\$10,000	\$10,000
2009	OTHER OPERATING EXPENSE	\$983,736	\$583,426	\$743,291	\$741,791	\$741,791
5000	CAPITAL EXPENDITURES	\$64,982	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$17,313,444	\$18,137,031	\$19,781,089	\$17,950,178	\$17,950,177

Method of Financing:

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1	General Revenue Fund	\$17,029,647	\$17,923,957	\$19,719,089	\$17,888,178	\$17,888,177
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$17,029,647	\$17,923,957	\$19,719,089	\$17,888,178	\$17,888,177
Method of Financing:						
444	Interagency Contracts - CJG	\$52,174	\$0	\$0	\$0	\$0
666	Appropriated Receipts	\$231,623	\$213,074	\$62,000	\$62,000	\$62,000
SUBTOTAL, MOF (OTHER FUNDS)		\$283,797	\$213,074	\$62,000	\$62,000	\$62,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$17,950,178	\$17,950,177
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$17,313,444	\$18,137,031	\$19,781,089	\$17,950,178	\$17,950,177
FULL TIME EQUIVALENT POSITIONS:		30.2	35.0	35.0	35.0	35.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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:

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.

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2020 + Bud 2021)	Baseline Request (BL 2022 + BL 2023)	CHANGE	\$ Amount	Explanation(s) of Amount (must specify MOFs and FTEs)
\$37,918,120	\$35,900,355	\$(2,017,765)	\$(2,017,765)	See supplemental SBC schedule.
			\$(2,017,765)	Total of Explanation of Biennial Change

SUMMARY TOTALS:

OBJECTS OF EXPENSE:	\$38,743,035,364	\$42,221,789,111	\$44,109,124,610	\$42,435,493,630	\$41,980,418,856
METHODS OF FINANCE (INCLUDING RIDERS):				\$42,435,493,630	\$41,980,418,856
METHODS OF FINANCE (EXCLUDING RIDERS):	\$38,743,035,364	\$42,221,789,111	\$44,109,124,610	\$42,435,493,630	\$41,980,418,856
FULL TIME EQUIVALENT POSITIONS:	36,071.4	37,992.7	38,317.0	38,296.0	38,296.0

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Volume II**

**Submitted to the Governor's Office Budget Division
and the Legislative Budget Board
by the Health and Human Services Commission
October 9, 2020**



TEXAS

**Health and Human
Services**

**Health and Human Services Commission
Legislative Appropriations Request
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3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Justin Pickens					
Date: 10/26/2020						20-21 Base	Requested 2022	Requested 2023	Biennial Total 22-23	Biennial Difference	
Strategy	Strategy Name	Program Priority	Program Name	Legal Authority	\$					%	
A.1.5	Children	1	Ages 1 to 5	Government Code, Sec. 531.021	\$3,472,264,836	\$1,824,584,561	\$1,761,750,140	\$3,586,334,701	\$114,069,865	3.2%	
			Ages 15 - 18	Government Code, Sec. 531.021	\$1,644,935,373	\$841,257,021	\$803,236,794	\$1,644,493,815	\$116,703,072	7.1%	
			Ages 19 and Up	Government Code, Sec. 531.021	\$72,932,642	\$17,322,772	\$9,070,173	\$26,392,945	(\$46,539,697)	-176.3%	
			Ages 6 - 14	Government Code, Sec. 531.021	\$3,931,860,080	\$2,040,078,649	\$1,976,301,543	\$4,016,380,192	\$84,520,112	2.1%	
			Ages up to 1	Government Code, Sec. 531.021	\$4,364,350,409	\$2,509,991,533	\$2,471,814,717	\$4,981,806,250	\$617,455,841	12.4%	
			Foster Care Children	Government Code, Sec. 531.021	\$772,163,363	\$401,345,938	\$410,704,242	\$812,050,180	\$39,886,817	4.9%	
A.2.4	Nursing Facility Payments	1	Nursing Facilities	Human Resources Code, Ch. 32 and Sec. 161.071	\$631,007,254	\$329,503,116	\$329,496,426	\$658,999,542	\$27,992,288	4.2%	
			Nursing Facilities Other Services	Human Resources Code, Ch. 32 and Sec. 161.071	\$16,953,658	\$8,852,962	\$8,852,782	\$17,705,744	\$752,086	4.2%	
			PASRR	Human Resources Code, Ch. 32 and Sec. 161.071	\$61,861,216	\$32,958,706	\$32,958,138	\$65,916,844	\$4,055,628	6.2%	
A.4.1	Non-Full Benefit Payments	1	Emergency Services	Government Code, Sec. 531.021	\$677,186,357	\$335,811,839	\$337,235,268	\$673,047,107	(\$4,139,250)	-0.6%	
			Graduate Medical Education	Government Code, Sec. 531.021	\$72,006,763	\$34,338,894	\$35,341,536	\$69,680,430	(\$2,326,333)	-3.3%	
			Newborn Screening	Government Code, Sec. 531.021	\$198,508,025	\$118,491,559	\$116,664,886	\$235,156,445	\$36,648,420	15.6%	
			Other	Government Code, Sec. 531.021	\$6,513,995	\$3,408,225	\$3,408,225	\$6,816,450	\$302,455	4.4%	
			SHARS	Government Code, Sec. 531.021	\$1,037,741,739	\$715,289,732	\$715,289,732	\$1,430,579,464	\$392,837,725	27.5%	
A.4.2	Medicare Payments	1	Medicare Part A	Government Code, Sec. 531.021	\$570,987,919	\$296,211,209	\$301,135,900	\$597,347,109	\$26,359,190	4.4%	
			Medicare Part B including Qualified Individuals	Government Code, Sec. 531.021	\$2,477,477,360	\$1,236,094,033	\$1,261,014,697	\$2,497,108,730	\$19,631,370	0.8%	
			Medicare Part D (Clawback)	Government Code, Sec. 531.021	\$927,258,631	\$455,781,679	\$462,973,663	\$918,755,342	(\$8,503,289)	-0.9%	
			Qualified Medicare Beneficiary	Government Code, Sec. 531.021	\$173,427,809	\$90,395,547	\$93,351,343	\$183,746,890	\$10,319,081	5.6%	
A.4.3	Transformation Payments	1	Delivery System Reform Incentive Payment On-Budget	Government Code, Sec. 531.021	\$34,959,536	\$17,476,768	\$17,476,768	\$34,953,536	(\$6,000)	0.0%	
			DSRIP Audit/Monitoring	Government Code, Sec. 531.021	\$187,924	\$93,962	\$93,962	\$187,924	\$0	0.0%	
			Uncompensated Care On-Budget	Government Code, Sec. 531.021	\$34,000,000	\$17,000,000	\$17,000,000	\$34,000,000	\$0	0.0%	
B.1.1	Medicaid Contracts & Administration	1	Claims Administrator Support	Human Resources Code, Sec. 32.021	\$560,121,625	\$299,524,199	\$298,661,920	\$598,186,119	\$38,064,494	6.4%	
			Client Benefit Related Payments	Human Resources Code, Sec. 32.021	\$71,897,529	\$36,014,401	\$35,624,971	\$71,639,372	(\$258,157)	-0.4%	
			Enrollment Broker	Human Resources Code, Sec. 32.021	\$136,536,900	\$64,183,788	\$64,183,788	\$128,367,575	(\$8,169,325)	-6.4%	
			Health Information Technology	Human Resources Code, Sec. 32.021	\$105,190,186	\$47,859,199	\$47,859,199	\$95,718,398	(\$9,471,788)	-9.9%	
			Medicaid Administrative Claiming (MAC)	Human Resources Code, Sec. 32.021	\$135,900,000	\$75,450,000	\$75,450,000	\$150,900,000	\$15,000,000	9.9%	
			Other	Human Resources Code, Sec. 32.021	\$246,920,818	\$86,444,468	\$86,320,163	\$172,764,631	(\$74,156,187)	-42.9%	
D.1.1	Women's Health Program	1	Admin	Texas Government Code Sec. 531.0201(a)(2)(C), 531.0025, and 531.0738 Health and Safety Code Ch. 32	\$16,188,635	\$6,919,596	\$6,923,626	\$13,843,222	(\$2,345,412)	-16.9%	

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission			Prepared By: Justin Pickens					
Date: 10/26/2020					20-21 Base	Requested 2022	Requested 2023	Biennial Total 22-23	Biennial Difference	
Strategy	Strategy Name	Program Priority	Program Name	Legal Authority					\$	%
D.1.1	Women's Health Program	1		Human Resources Code Sec. 32.0-24(c-1)						
			Breast and Cervical Cancer Screening Program	Texas Government Code Sec. 531.0201(a)(2)(C), 531.0025, and 531.0738 Health and Safety Code Ch. 32 Human Resources Code Sec. 32.0-24(c-1)	\$22,199,653	\$10,895,655	\$10,895,655	\$21,791,310	(\$408,343)	-1.9%
			Family Planning	Texas Government Code Sec. 531.0201(a)(2)(C), 531.0025, and 531.0738 Health and Safety Code Ch. 32 Human Resources Code Sec. 32.0-24(c-1)	\$82,258,065	\$39,631,314	\$40,234,789	\$79,866,103	(\$2,391,962)	-3.0%
	Healthy Texas Women		Texas Government Code Sec. 531.0201(a)(2)(C), 531.0025, and 531.0738 Health and Safety Code Ch. 32 Human Resources Code Sec. 32.0-24(c-1)	\$221,761,393	\$112,927,051	\$113,980,059	\$226,907,110	\$5,145,717	2.3%	
D.1.7	Children with Special Needs	1	Family Support Services	Health and Safety Code, Ch. 35	\$52,361,042	\$26,180,521	\$26,180,521	\$52,361,042	\$0	0.0%
			Medical Services	Health and Safety Code, Ch. 35	\$8,640,591	\$4,320,297	\$4,320,296	\$8,640,593	\$2	0.0%
D.1.10	Additional Specialty Care	1	Epilepsy	Health and Safety Code, Ch. 40, 41, 121, & 182	\$3,745,990	\$1,872,995	\$1,872,995	\$3,745,990	\$0	0.0%
			Hemophilia Services	Health and Safety Code, Ch. 40, 41, 121, & 182	\$250,000	\$125,000	\$125,000	\$250,000	\$0	0.0%
			Office of e-Health	Health and Safety Code, Ch. 40, 41, 121, & 182	\$725,778	\$180,476	\$180,476	\$360,952	(\$286,164)	-79.3%
			Other Specialty Services	Health and Safety Code, Ch. 40, 41, 121, & 182	\$1,445,653	\$41,867	\$41,869	\$83,736	(\$1,361,917)	-1,626.4%
			Pediatric Tele-Connectivity Program for Rural Texas	Health and Safety Code, Ch. 40, 41, 121, & 182	\$5,000,000	\$2,500,000	\$2,500,000	\$5,000,000	\$0	0.0%
			Umbilical cord blood bank	Health and Safety Code, Ch. 40, 41, 121, & 182	\$2,000,000	\$1,000,000	\$1,000,000	\$2,000,000	\$0	0.0%
D.2.1	Community Mental Health Svcs-Adults	1	MHS Adult-All Others	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$91,012,618	\$44,223,672	\$44,223,672	\$88,447,344	(\$2,565,274)	-2.9%
			MHS Adult-Inpatient Services	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$9,115,320	\$4,557,660	\$4,557,660	\$9,115,320	\$0	0.0%
			MHS Adult-Outpatient Services	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$702,644,430	\$344,683,197	\$344,683,198	\$689,366,395	(\$13,278,035)	-1.9%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission			Prepared By: Justin Pickens					
Date: 10/26/2020					20-21 Base	Requested 2022	Requested 2023	Biennial Total 22-23	Biennial Difference	
Strategy	Strategy Name	Program Priority	Program Name	Legal Authority					\$	%
D.2.2	Community Mental Health Svcs-Children	1	MHS Children-All Others	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$21,181,365	\$10,732,628	\$10,732,627	\$21,465,255	\$283,890	1.3%
			MHS Children-Inpatient Services	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$1,522,420	\$761,210	\$761,210	\$1,522,420	\$0	0.0%
			MHS Children-Outpatient Services	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$174,076,036	\$81,015,646	\$81,015,646	\$162,031,292	(\$12,044,744)	-7.4%
D.2.3	Community Mental Health Crisis Svcs	1	CMHCS-Competency Restoration	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$1,743,000	\$871,500	\$871,500	\$1,743,000	\$0	0.0%
			CMHCS-Other	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$46,099,117	\$23,218,459	\$23,218,459	\$46,436,919	\$337,801	0.7%
			CMHCS-Outpatient Services	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$118,680,699	\$59,253,807	\$59,253,807	\$118,507,614	(\$173,085)	-0.1%
			CMHCS-Residential Services	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$89,710,768	\$44,855,384	\$44,855,384	\$89,710,768	\$0	0.0%
D.2.4	Substance Abuse Services	1	Substance Abuse Intervention Services	Health and Safety Code, Ch. 461	\$48,680,807	\$22,793,040	\$22,793,040	\$45,586,080	(\$3,094,727)	-6.8%
			Substance Abuse Prevention Services	Health and Safety Code, Ch. 461	\$125,706,676	\$58,399,508	\$58,399,508	\$116,799,016	(\$8,907,660)	-7.6%
			Substance Abuse Treatment Services	Health and Safety Code, Ch. 461	\$334,352,111	\$159,976,708	\$159,976,709	\$319,953,418	(\$14,398,693)	-4.5%
			Substance Abuse-Other	Health and Safety Code, Ch. 461	\$29,968,007	\$16,903,797	\$16,903,797	\$33,807,594	\$3,839,587	11.4%
D.2.5	Behavioral Health Waiver and Plan Amendment	1	HCBS-Adult Mental Health Plan Amendment	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$45,204,603	\$22,347,623	\$22,347,622	\$44,695,245	(\$509,358)	-1.1%
			YES Waiver	Health and Safety Code, Ch. 531, 533, 534, and 571 (Mental Health Code)	\$60,988,945	\$30,772,845	\$30,772,845	\$61,545,690	\$556,745	0.9%
D.2.6	Community Mental Health Grant Programs	1	Community Mental Health Grant Program	Government Code, 531.0999, 531.0993, and 531.09935	\$40,000,000	\$20,000,000	\$20,000,000	\$40,000,000	\$0	0.0%
			MH Program for Justice-involved Individuals	Government Code, 531.0999, 531.0993, and 531.09935	\$50,000,000	\$25,000,000	\$25,000,000	\$50,000,000	\$0	0.0%
			Texas Veterans and Family Alliance	Government Code, 531.0999, 531.0993, and 531.09935	\$20,000,000	\$10,000,000	\$10,000,000	\$20,000,000	\$0	0.0%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission			Prepared By: Justin Pickens					
Date: 10/26/2020					20-21 Base	Requested 2022	Requested 2023	Biennial Total 22-23	Biennial Difference	
Strategy	Strategy Name	Program Priority	Program Name	Legal Authority					\$	%
E.1.1	TANF (Cash Assistance) Grants	1	One-time Grandparent Grants	Government Code, Sec. 531.0224 Human Resources Code, Ch. 31	\$1,105,000	\$594,000	\$623,000	\$1,217,000	\$112,000	9.2%
			TANF Basic	Government Code, Sec. 531.0224 Human Resources Code, Ch. 31	\$92,521,129	\$45,532,022	\$43,026,715	\$88,558,737	(\$3,962,392)	-4.5%
			TANF One-time \$30 Payments	Government Code, Sec. 531.0224 Human Resources Code, Ch. 31	\$2,629,492	\$1,240,903	\$1,205,122	\$2,446,025	(\$183,467)	-7.5%
			TANF One-time Payments	Government Code, Sec. 531.0224 Human Resources Code, Ch. 31	\$2,240,000	\$1,437,000	\$1,468,000	\$2,905,000	\$665,000	22.9%
			TANF State Program	Government Code, Sec. 531.0224 Human Resources Code, Ch. 31	\$4,028,135	\$2,222,981	\$1,899,656	\$4,122,637	\$94,502	2.3%
F.1.2	Non-Medicaid Services	1	Non-Medicaid Services - Title XX	Human Resources Code, Sec. 161.071(1) and (3) Government Code, Chapter 2105 Human Resources Code, Chapter 101A	\$189,766,194	\$95,341,851	\$95,341,851	\$190,683,702	\$917,508	0.5%
			Nutrition Services	Human Resources Code, Sec. 161.071(1) and (3) Government Code, Chapter 2105 Human Resources Code, Chapter 101A	\$146,067,449	\$49,251,500	\$49,251,500	\$98,503,000	(\$47,564,449)	-48.3%
			Services to Assist Independent Living	Human Resources Code, Sec. 161.071(1) and (3) Government Code, Chapter 2105 Human Resources Code, Chapter 101A	\$52,180,044	\$20,827,281	\$20,827,281	\$41,654,562	(\$10,525,482)	-25.3%
F.1.3	Non-Medicaid IDD Community Svcs	1	Day Training Services	Health and Safety Code, Sec. 533.035 and Ch. 534	\$23,517,306	\$11,758,653	\$11,758,653	\$23,517,306	\$0	0.0%
			Employment Services	Health and Safety Code, Sec. 533.035 and Ch. 534	\$4,918,744	\$2,459,372	\$2,459,372	\$4,918,744	\$0	0.0%
			IDD Community Services Residential	Health and Safety Code, Sec. 533.035 and Ch. 534	\$14,036,942	\$7,018,471	\$7,018,471	\$14,036,942	\$0	0.0%
			Independent Living	Health and Safety Code, Sec. 533.035 and Ch. 534	\$12,888,550	\$6,444,275	\$6,444,275	\$12,888,550	\$0	0.0%
			Other	Health and Safety Code, Sec. 533.035 and Ch. 534	\$3,017,624	\$1,508,812	\$1,508,812	\$3,017,624	\$0	0.0%
			Respite	Health and Safety Code, Sec. 533.035 and Ch. 534	\$33,777,123	\$16,888,562	\$16,888,561	\$33,777,123	\$0	0.0%
			Therapies	Health and Safety Code, Sec. 533.035 and Ch. 534	\$7,647,552	\$3,823,776	\$3,823,776	\$7,647,552	\$0	0.0%
F.2.1	Independent Living Services	1	Centers for Independent Living	Human Resources Code, Sec. 117.071 and 117.080	\$6,220,094	\$3,110,047	\$3,110,047	\$6,220,094	\$0	0.0%
			Independent Living Services	Human Resources Code, Sec.	\$22,947,980	\$11,473,990	\$11,473,990	\$22,947,980	\$0	0.0%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission			Prepared By: Justin Pickens					
Date: 10/26/2020					20-21 Base	Requested 2022	Requested 2023	Biennial Total 22-23	Biennial Difference	
Strategy	Strategy Name	Program Priority	Program Name	Legal Authority					\$	%
F.2.1	Independent Living Services	1	(General and Blind)	117.071 and 117.080						
F.2.4	Deaf and Hard of Hearing Services	1	Contract Services	Government Code, Ch. 57 Human Resource Code, Sec. 81.006-007	\$3,461,519	\$1,727,995	\$1,727,995	\$3,455,991	(\$5,528)	-0.2%
			Specialized Telecommunications Assistance Program (STAP)	Government Code, Ch. 57 Human Resource Code, Sec. 81.006-007	\$1,976,496	\$988,248	\$988,248	\$1,976,496	\$0	0.0%
			Training and Certification	Government Code, Ch. 57 Human Resource Code, Sec. 81.006-007	\$3,007,301	\$1,506,414	\$1,506,414	\$3,012,829	\$5,528	0.2%
F.3.2	Child Advocacy Programs	1	Child Advocacy Centers (CAC)	Family Code, Sec. 264.409, 264.602, and 264.4031	\$47,198,008	\$23,599,005	\$23,599,004	\$47,198,009	\$1	0.0%
			Court Appointed Special Advocates (CASA)	Family Code, Sec. 264.409, 264.602, and 264.4031	\$29,939,811	\$14,964,000	\$14,964,000	\$29,928,000	(\$11,811)	0.0%
F.3.3	Additional Advocacy Programs	1	CRCG Adult/Child and TIFI	Human Resources Code, Sec. 31.015, 112.041-112.051 Health and Safety Code Ch. 107A Government Code, Ch. 521, Subch. L	\$255,159	\$133,952	\$133,952	\$267,905	\$12,745	4.8%
			Healthy Marriage	Human Resources Code, Sec. 31.015, 112.041-112.051 Health and Safety Code Ch. 107A Government Code, Ch. 521, Subch. L	\$479,084	\$239,542	\$239,542	\$479,084	\$0	0.0%
			Office of Acquired Brain Injury	Human Resources Code, Sec. 31.015, 112.041-112.051 Health and Safety Code Ch. 107A Government Code, Ch. 521, Subch. L	\$493,342	\$247,365	\$247,365	\$494,730	\$1,388	0.3%
			Office of Disability Prevention for Children	Human Resources Code, Sec. 31.015, 112.041-112.051 Health and Safety Code Ch. 107A Government Code, Ch. 521, Subch. L	\$502,363	\$244,115	\$244,115	\$488,230	(\$14,133)	-2.9%
			Office of Minority Health Statistics ad Engagement	Human Resources Code, Sec. 31.015, 112.041-112.051 Health and Safety Code Ch. 107A Government Code, Ch. 521, Subch. L	\$332,442	\$166,221	\$166,221	\$332,442	\$0	0.0%
G.1.1	State Supported Living Centers	1	Medications	Health and Safety Code, Ch. 555 Human Resources Code, Sec. 161.071(4)	\$76,386,692	\$38,193,346	\$38,193,346	\$76,386,692	\$0	0.0%
			Off-Campus Medical Care	Health and Safety Code, Ch. 555 Human Resources Code, Sec. 161.071(4)	\$12,772,990	\$6,386,495	\$6,386,495	\$12,772,990	\$0	0.0%
			Residential Care	Health and Safety Code, Ch. 555	\$1,304,463,566	\$647,738,316	\$642,710,308	\$1,290,448,624	(\$14,014,942)	-1.1%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Justin Pickens				
Date: 10/26/2020					20-21 Base	Requested 2022	Requested 2023	Biennial Total 22-23	Biennial Difference	
Strategy	Strategy Name	Program Priority	Program Name	Legal Authority					\$	%
G.1.1	State Supported Living Centers	1		Human Resources Code, Sec. 161.071(4)						
G.2.1	Mental Health State Hospitals	1	Administration	Health and Safety Code, Ch. 532, 551, 552, 554, and 571-576	\$115,485,180	\$58,916,552	\$58,916,553	\$117,833,105	\$2,347,925	2.0%
			All Other	Health and Safety Code, Ch. 532, 551, 552, 554, and 571-576	\$13,814,558	\$6,680,820	\$6,680,817	\$13,361,637	(\$452,921)	-3.4%
			Inpatient Hospital Services	Health and Safety Code, Ch. 532, 551, 552, 554, and 571-576	\$706,091,412	\$338,765,830	\$337,485,611	\$676,251,441	(\$29,839,971)	-4.4%
			Medications	Health and Safety Code, Ch. 532, 551, 552, 554, and 571-576	\$39,807,459	\$21,408,646	\$21,408,646	\$42,817,292	\$3,009,833	7.0%
			Off Campus Medical Care (Non-Card)	Health and Safety Code, Ch. 532, 551, 552, 554, and 571-576	\$32,688,433	\$17,579,999	\$17,579,999	\$35,159,998	\$2,471,565	7.0%
G.3.1	Other Facilities	1	Corpus Christi Bond Homes	Human Resources Code, Sec. 161.071(4) Health and Safety Code Ch. 13	\$3,622,108	\$1,717,492	\$1,717,492	\$3,434,984	(\$187,124)	-5.4%
			Rio Grande State Center Outpatient Clinic	Human Resources Code, Sec. 161.071(4) Health and Safety Code Ch. 13	\$8,315,194	\$4,187,676	\$4,187,677	\$8,375,353	\$60,159	0.7%
G.4.1	Facility Program Support	1	SSLC	Government Code, Sec. 531.0055	\$24,697,907	\$9,135,653	\$9,135,654	\$18,271,307	(\$6,426,600)	-35.2%
			State Hospitals	Government Code, Sec. 531.0055	\$12,703,508	\$4,864,999	\$4,864,998	\$9,729,997	(\$2,973,511)	-30.6%
G.4.2	Facility Capital Repairs & Renov	1	Mental Health State Hospitals	Health and Safety Code, Sec. 551.007	\$417,244,594	\$113,205,519	\$6,388,370	\$119,593,889	(\$297,650,705)	-248.9%
			SSLCs	Health and Safety Code, Sec. 551.007	\$174,535,540	\$109,309,341	\$5,916,814	\$115,226,155	(\$59,309,385)	-51.5%
H.1.1	Facility/Community-Based Regulation	1	Acute Care Regulation	Health and Safety Code, Ch. 142, 241-248A, 251, 252 Human Resources Code, Ch. 48, 103, Sec. 161.071(6)-161.071(9), and 161.076	\$30,589,836	\$14,566,609	\$14,566,609	\$29,133,218	(\$1,456,618)	-5.0%
			Community and Provider Abuse and Neglect Investigations	Health and Safety Code, Ch. 142, 241-248A, 251, 252 Human Resources Code, Ch. 48, 103, Sec. 161.071(6)-161.071(9), and 161.076	\$30,830,572	\$14,217,936	\$14,217,935	\$28,435,871	(\$2,394,701)	-8.4%
			Long-Term Care Regulation	Health and Safety Code, Ch. 142, 241-248A, 251, 252 Human Resources Code, Ch. 48, 103, Sec. 161.071(6)-161.071(9), and 161.076	\$88,637,341	\$45,244,410	\$45,244,410	\$90,488,820	\$1,851,479	2.0%
			Program Administration	Health and Safety Code, Ch. 142, 241-248A, 251, 252 Human Resources Code, Ch. 48, 103, Sec. 161.071(6)-161.071(9), and	\$63,376,989	\$31,993,460	\$32,138,618	\$64,132,078	\$755,089	1.2%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission				Prepared By: Justin Pickens				
Date: 10/26/2020					20-21 Base	Requested 2022	Requested 2023	Biennial Total 22-23	Biennial Difference	
Strategy	Strategy Name	Program Priority	Program Name	Legal Authority					\$	%
H.1.1	Facility/Community-Based Regulation	1		161.076						
H.2.1	Child Care Regulation	1	CCR Day Care Staff	Human Resources Code, Ch. 42 and 43	\$61,228,783	\$27,623,601	\$27,623,601	\$55,247,202	(\$5,981,581)	-10.8%
			CCR Residential Care Staff	Human Resources Code, Ch. 42 and 43	\$19,998,130	\$9,834,377	\$9,834,377	\$19,668,754	(\$329,376)	-1.7%
			Child Care Regulation Program Support and Training	Human Resources Code, Ch. 42 and 43	\$22,288,438	\$13,346,293	\$13,346,293	\$26,692,586	\$4,404,148	16.5%
H.3.1	Health Care Professionals & Others	1	Credentialing/Certification LTC	Health and Safety Code, Ch. 142, 242, and 250	\$3,770,941	\$1,842,223	\$1,842,223	\$3,684,446	(\$86,495)	-2.3%
			Health Care Professionals	Health and Safety Code, Ch. 142, 242, and 250	\$4,011,974	\$1,122,450	\$1,122,450	\$2,244,900	(\$1,767,074)	-78.7%
I.1.1	Integrated Eligibility & Enrollment	1	2-1-1	Government Code, Ch. 531, Subch. F	\$24,761,453	\$12,338,203	\$12,338,203	\$24,676,406	(\$85,047)	-0.3%
			Electronic Benefits Transfer (EBT)	Government Code, Ch. 531, Subch. F	\$16,928,482	\$7,558,378	\$7,558,378	\$15,116,756	(\$1,811,726)	-12.0%
			Eligibility Determination	Government Code, Ch. 531, Subch. F	\$850,765,353	\$405,728,033	\$409,156,728	\$814,884,761	(\$35,880,592)	-4.4%
			Other	Government Code, Ch. 531, Subch. F	\$163,898,207	\$72,057,857	\$68,645,879	\$140,703,736	(\$23,194,471)	-16.5%
			Policy, Training and State Support	Government Code, Ch. 531, Subch. F	\$134,857,570	\$59,471,015	\$59,471,015	\$118,942,029	(\$15,915,541)	-13.4%
I.2.1	Long-Term Care Intake & Access	1	Intake, Access, & Eligibility (Aging)	Human Resources Code, Ch. 161	\$81,128,304	\$35,825,257	\$35,825,257	\$71,650,514	(\$9,477,790)	-13.2%
			Intake, Access, & Eligibility (Local Authority)	Human Resources Code, Ch. 161	\$247,501,548	\$125,668,043	\$125,668,043	\$251,336,087	\$3,834,539	1.5%
			Intake, Access, & Eligibility (Regional Supports)	Human Resources Code, Ch. 161	\$85,219,135	\$37,635,528	\$37,635,528	\$75,271,055	(\$9,948,080)	-13.2%
			Intake, Access, & Eligibility (State Office Supports)	Human Resources Code, Ch. 161	\$135,607,461	\$64,639,021	\$64,639,020	\$129,278,042	(\$6,329,420)	-4.9%
K.1.1	Office of Inspector General	1	Audit	Government Code, Sec. 531.102	\$11,436,219	\$5,714,691	\$5,714,691	\$11,429,382	(\$6,837)	-0.1%
			Inspections	Government Code, Sec. 531.102	\$3,239,148	\$1,154,511	\$1,154,511	\$2,309,022	(\$930,126)	-40.3%
			Investigations	Government Code, Sec. 531.102	\$36,089,175	\$16,120,362	\$16,120,362	\$32,240,724	(\$3,848,451)	-11.9%
			Operations	Government Code, Sec. 531.102	\$22,406,550	\$7,684,735	\$7,684,735	\$15,369,470	(\$7,037,080)	-45.8%
L.1.1	HHS System Supports	1	Civil Rights	Government Code, Sec. 531.0055	\$8,573,537	\$4,356,397	\$4,356,397	\$8,712,794	\$139,257	1.6%
			Executive Leadership & Policy	Government Code, Sec. 531.0055	\$86,389,617	\$49,569,859	\$49,569,858	\$99,139,717	\$12,750,100	12.9%
			Human Resources	Government Code, Sec. 531.0055	\$37,532,676	\$18,711,467	\$18,711,467	\$37,422,934	(\$109,742)	-0.3%
			Office of Chief Counsel	Government Code, Sec. 531.0055	\$59,806,295	\$30,600,852	\$30,600,852	\$60,963,002	(\$1,241,492)	-2.0%
			Ombudsman	Government Code, Sec. 531.0055	\$6,312,207	\$3,367,798	\$3,318,910	\$6,686,708	\$374,501	5.6%
			Procurement	Government Code, Sec. 531.0055	\$31,028,087	\$16,758,091	\$16,758,091	\$33,516,182	\$2,488,095	7.4%
L.1.2	IT Oversight & Program Support	1	IT Program Support	Government Code, Sec. 531.0055	\$239,322,288	\$135,284,301	\$135,039,716	\$270,324,017	\$31,001,729	11.5%
			IT Related Capital Projects	Government Code, Sec. 531.0055	\$258,780,554	\$94,149,720	\$91,034,110	\$185,183,830	(\$73,596,724)	-39.7%

3.A.1 PROGRAM-LEVEL REQUEST SCHEDULE

87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Health and Human Services Commission			Prepared By: Justin Pickens					
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Strategy	Strategy Name	Program Priority	Program Name	Legal Authority					\$	%

Program Prioritization: Indicate the methodology or approach taken by the agency, court, or institution to determine the ranking of each program by priority.

Program prioritization is based on the agency's approved GOSS budget structure.

3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/26/2020	Request Level: Base
Current Rider Number	Page Number in 2020-21 GAA	Proposed Rider Language		

Medicaid

2 II-48

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.

	2020 <u>2022</u>	2021 <u>2023</u>
a Repair or Rehabilitation of Buildings and Facilities		
(1) Facilities Repair and Renovations	352,186	352,186
(2) Deferred Maintenance at State Hospitals and State Supported Living Centers	208,816,277	0
Total, Repair or Rehabilitation of Buildings and Facilities	\$209,168,463	\$352,186
b Acquisition of Information Resource Technologies		
(1) Seat Management Services (PCs, Laptops, & Servers)	22,972,095 <u>19,938,125</u>	16,904,155 <u>19,938,125</u>
(2) Texas Integrated Eligibility Redesign System	54,028,655 <u>53,873,170</u>	54,094,304 <u>55,627,786</u>
(3) Network, Performance and Capacity	1,558,000	1,558,000

**3.B. Rider Revisions and Additions Request
(continued)**

(4)	MMIS-Medicaid Management Information System	50,391,704 <u>54,896,737</u>	83,244,163 <u>54,044,163</u>
(5)	Application Remediation for Data Center Consolidation	300,000	300,000
(6)	Enterprise Data Governance	5,460,700 <u>1,316,000</u>	5,458,275 <u>1,316,000</u>
(7)	Infrastructure Maintenance at SSLCs to support Electronic Health Records	500,000	500,000
(8)	Regulatory Services System Automation Modernization	1,838,000 <u>1,841,000</u>	694,000 <u>496,090</u>
(9)	WIC Stateside and WIC Field Hardware/Software Refresh	775,000 <u>675,000</u>	575,000 <u>675,000</u>
(10)	Information Technology – Mental Health	869,249	869,248
(11)	Business Process Redesign	1,057,174	1,072,985
(12)	Medicaid Fraud Detection System	2,500,000	2,500,000
(13)	Performance Management and Analytics System	3,704,480 <u>3,892,637</u>	4,123,680 <u>3,892,637</u>
(14)	System Changes to Support IDD Carve-In	6,769,271	6,769,271
(15)	System-Wide Business Enablement Platform	3,247,554 <u>580,000</u>	3,004,347 <u>580,000</u>
(16)	HHS Telecom Technology Upgrade	4,511,159	1,820,434
(17)	Criminal Background Checks	878,329	0
(18)	Health & Specialty Care System Technology Enhancements	11,028,000	1,000,000
(19)	CMBHS Roadmap Enhancements Phase 3	383,769	0
(20)	WIC Chatbot Messenger	500,000 <u>1,025,000</u>	450,000 <u>775,000</u>
(21)	WIC Mosaic	30,000,000 <u>10,770,000</u>	10,000,000 <u>6,620,000</u>
(22)	Child Care Licensing Automated Support System (CLASS)	2,220,429 <u>1,317,216</u>	2,025,204 <u>1,317,216</u>
(23)	Fair Hearings Decisions Accessibility	101,744	0

**3.B. Rider Revisions and Additions Request
(continued)**

	(24) Database of Hospital Financial and Payment Information	400,000	0
	Total, Acquisition of Information Resource Technologies	<u>\$205,995,312156,609,308</u>	<u>\$196,963,066151,782,250</u>
e	Transportation Items		
	(1) Facility Support Services – Fleet Operations	\$ 8,070,000	\$ 0
d	Acquisition of Capital Equipment and Items		
	(1) Improve Security Infrastructure for Regional HHS Client Delivery Facilities	\$ 1,967,896	\$ 0
	(2) Facility Equipment Purchases – SSLCs and State Hospitals	5,107,000	5,107,000
	(3) Regional Laundry Equipment	1,973,500	0
	(4) Equipment for Newly Renovated Units at State Hospitals	1,840,000	0
	Total, Acquisition of Capital Equipment and Items	<u>\$ 10,888,3967,074,896</u>	<u>\$ 5,107,000</u>
e	Other Lease Payments to the Master Lease Purchase Program (MLPP)		
	(1) MLPP Payment – Energy Conservation	\$ 3,304,022 2,147,155	\$ 3,275,525 753,756
	(2) MLPP Payment Deferred Maintenance	1,744,551 11,199,242	13,061,029 11,199,242
	Total, Other Lease Payments to the Master Lease Purchase Program (MLPP)	<u>\$ 5,048,57311,199,242</u>	<u>\$ 16,336,55411,199,242</u>

**3.B. Rider Revisions and Additions Request
(continued)**

f	Data Center Consolidation		
	(1) Data Center Consolidation	\$ 60,180,237 <u>51,806,017</u>	\$ 66,474,513 <u>51,745,273</u>
g	Centralized Accounting and Payroll/Personnel System (CAPPS)		
	(1) HHSAS to CAPPS Upgrade and Enhancements	\$ 2,321,550 <u>2,611,271</u>	\$ 2,412,992 <u>2,611,271</u>
	(2) Enterprise Resource Planning	5,149,771 <u>4,912,278</u>	5,200,506 <u>4,912,278</u>
	(3) CAPPS PeopleSoft Licenses	1,397,682 <u>1,482,801</u>	1,397,682 <u>1,527,285</u>
	(4) CAPPS Upgrades and Inventory	 <u>5,000,000</u>	 <u>5,000,000</u>
	Total, Centralized Accounting and Payroll/Personnel System (CAPPS)	\$ 13,869,009 <u>9,006,350</u>	\$ 14,011,180 <u>9,050,834</u>
h	Cybersecurity		
	(1) Cybersecurity Advancement for HHS Enterprise	 <u>\$ 630,935</u>	 <u>\$ 630,935</u>
	(2) IT Security Posture Improvement	 <u>1,100,730</u>	 <u>1,100,730</u>
	(3) Office of Civil Rights (OCR) Corrective Action Plan (CAP) Response	15,450,641 <u>11,463,440</u>	5,938,069 <u></u>
	Total, Cybersecurity	\$ 17,182,306 <u>2,094,373</u>	\$ 7,669,734 <u>630,935</u>
	Total, Capital Budget	530,402,290 <u>449,405,806</u>	306,914,233 <u>230,630,476</u>
	Method of Financing (Capital Budget)		
	<u>General Revenue Fund</u>		
	General Revenue Fund	\$ 70,109,810 <u>38,686,329</u>	\$ 49,729,027 <u>36,926,184</u>
	GR Match for Medicaid Account No. 758	51,974,455 <u>39,846,395</u>	54,190,006 <u>38,867,531</u>
	GR Match for Title XXI (CHIP) Account No. 8010	442,039 <u>796,011</u>	579,246 <u>806,275</u>

**3.B. Rider Revisions and Additions Request
(continued)**

GR Match for Food Stamp Administration Account No. 8014	22,106,274	18,926,418	21,228,354
GR Certified as Match for Medicaid Account No. 8032			19,061,456
	<u>2,184,642</u>	<u>2,265,836</u>	<u>2,234,132</u>
Subtotal, General Revenue Fund	\$146,817,220	<u>100,520,989</u>	<u>\$127,960,765</u>
<u>General Revenue Fund – Dedicated</u>			
Texas Capital Trust Fund Account No. 543		\$ 289,802	\$ 289,802
Home Health Services Account No. 5018		1,634	999
Subtotal, General Revenue – Dedicated	\$ 291,436	<u>289,802</u>	\$ 290,801 <u>289,802</u>
Federal Funds		\$	
	163,899,112	<u>129,474,086</u>	\$ 169,121,518 <u>123,296,177</u>
<u>Other Funds</u>			
Appropriated Receipts		\$ 79	\$ 67
Interagency Contracts	10,238,410	<u>10,304,652</u>	<u>9,398,453</u>
Appropriated Receipts – Match for Medicaid Account No. 8062		200,000	0
ID Collections for Patient Support and Maintenance Account No. 8095		134,408	137,155
ID Appropriated Receipts Account No. 8096		5,348	5,474
MLPP Revenue Bond Proceeds		<u>208,816,277</u>	<u>0</u>
Subtotal, Other Funds	\$219,394,522	<u>219,120,929</u>	\$ 9,541,149 <u>9,144,755</u>
Total, Method of Financing		<u>\$ 530,402,290</u>	<u>\$ 306,914,233</u>

3

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 ~~2020-~~ 21-2022-23 biennium without regard to date of service. The authorization herein is limited to

3.B. Rider Revisions and Additions Request (continued)

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 reference.

4 II-50

~~**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 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.~~

~~The commission shall conduct an appropriate number of audits to assure the accurate reporting of uncompensated hospital care costs.~~

~~HHSC shall submit a biennial report on uncompensated care costs to the Governor and Legislative Budget Board no later than December 1, 2020, which details the impact of patient specific and lump sum supplemental payments 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. Although HHSC must report on all Texas hospitals, HHSC may use the most accurate data available for each hospital.~~

Delete rider. Rider does not contain information that is meaningful or accurate.

5 II-50

Cost Comparison Report. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall develop a report analyzing state and federally funded residential and nonresidential services in the Home and Community-based Services (HCS) waiver program, the Texas Home Living waiver program, and Intermediate Care Facilities for Individuals with an Intellectual Disability (ICFs-IID).

(a) The report shall include the following:

(1) the monthly average cost to the state per person for individuals residing in state-operated and non-state operated ICFs-IID, HCS waiver program, and Texas Home Living waiver program by Level of Need (LON), and facility size (private ICFs-IID only);

(2) a comparison of severity across settings; and

3.B. Rider Revisions and Additions Request (continued)

(3) the total number of persons, by LON, who transitioned from state-operated ICFs-IID to the HCS residential waiver program for the previous biennium, and their average monthly cost of service in the HCS waiver program.

(b) With respect to the cost to the state per person residing in a state operated ICF-IID facility, HHSC shall include all costs, such as Statewide Indirect Cost Allocation Plan (SWICAP), 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 ICFs-IID, non-state operated ICFs-IID 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 those programs. For state-operated ICFs-IID, 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.

(c) 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 Legislative Budget Board and Governor, and shall be posted on the Commission's website no later than August 31, ~~2020~~2022.

Update year reference.

9

II-51

Texas Medicaid and Healthcare Partnership (TMHP). Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall maintain 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 or her 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, 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.

3.B. Rider Revisions and Additions Request (continued)

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 the limitations of Article IX, §14.03, Transfers - Capital Budget; 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, (~~\$50,391,704~~ ~~\$54,896,737~~ in fiscal year ~~2020~~2022 and ~~\$83,244,163~~ ~~\$54,044,163~~ in fiscal year ~~2021~~2023) for the Medicaid Management Information System capital budget 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 reference and Rider 2 Capital Budget amounts.

11

II-52

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 ~~\$57,971,931~~ in General Revenue Funds, ~~\$100,471,474~~ in Interagency Contracts, and ~~\$244,412,951~~ in Federal Funds (~~\$402,856,356~~ in All Funds) in fiscal year ~~2020~~2022 and ~~\$54,941,121~~ in General Revenue Funds, ~~\$100,471,474~~ in Interagency Contracts, and ~~\$252,173,545~~ in Federal Funds (~~\$407,586,140~~ in All Funds) in fiscal year ~~2021~~2023 to provide Medicaid hospital add-on payments for trauma care, and safety-net hospitals, and ~~add-on payments and rate increases for rural hospitals as follows:~~

- (a) ~~\$70,794,000~~ in Interagency Contracts and ~~\$109,206,000~~ in Federal Funds in fiscal year ~~2020~~2022 and ~~\$68,634,000~~ in Interagency Contracts and ~~\$111,366,000~~ in Federal Funds in fiscal year ~~2021~~2023 for trauma care;
- (b) ~~\$29,317,526~~ in General Revenue Funds, ~~\$29,677,474~~ in Interagency Contracts, and ~~\$91,005,000~~ in Federal Funds in fiscal year ~~2020~~2022 and ~~\$25,357,526~~ in General Revenue Funds, ~~\$31,837,474~~ in Interagency Contracts, and ~~\$92,805,000~~ in Federal Funds in fiscal year ~~2021~~2023 for safety-net hospitals;
- (c) ~~\$11,799,000~~ in General Revenue Funds and ~~\$18,201,000~~ in Federal Funds in fiscal year ~~2020~~2022 and ~~\$11,439,000~~ in General Revenue Funds and ~~\$18,561,000~~ in Federal Funds in

3.B. Rider Revisions and Additions Request (continued)

fiscal year ~~2021~~2023 for rural hospitals to maintain increases and add-ons related to 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.

~~(d) \$11,484,360 in General Revenue Funds and \$17,715,640 in Federal Funds in fiscal year 2020 and \$12,773,550 in General Revenue Funds and \$20,726,450 in Federal Funds in fiscal year 2021 for rural hospitals to increase inpatient rates by trending forward from 2013 to 2020 using an inflationary factor; and~~

~~(e) \$5,371,045 in General Revenue Funds and \$8,285,311 in Federal Funds in fiscal year 2020 and \$5,371,045 in General Revenue Funds and \$8,715,095 in Federal Funds in fiscal year 2021 for rural hospitals to provide increases to inpatient rates in addition to those identified in subsection (d).~~

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 subsections (c), (d), and (e), 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. 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. Amounts to be updated with appropriated amounts

Medicaid Medical Transportation:

~~(a) Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the~~

3.B. Rider Revisions and Additions Request (continued)

~~Health and Human Services Commission (HHSC) 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. HHSC 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.~~

~~(b) HHSC shall report the pre-audit average cost per trip of the most recent fiscal year, and the final average cost per trip of the prior fiscal year. HHSC shall submit the report to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services not later than 180 days after the end of each fiscal year.~~

Delete rider. House Bill 1576 (Eighty-sixth Legislature, Regular Session, 2019) requires HHSC to carve-in nonemergency medical transportation services into managed care. The client survey and unmet transportation assessment will be part of the ongoing managed care organization's member survey performed by the external quality review organization (EQRO). Additionally, the EQRO will perform similar assessments on NEMT services provided to the Fee For Service (FFS) population, not enrolled in managed care, if practical and cost effective based on the Medicaid FFS population at the time.

15

II-53

Medicaid Therapy Services Reporting. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall submit, on a ~~quarterly~~semi-annual basis, the following information related to pediatric acute care therapy services (including physical, occupational, and speech therapies) by service delivery area and information regarding whether the items below negatively affect access to care:

- (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 using a standard definition of complaint as defined by HHSC;
- (c) Provider and member appeals by disposition received by HHSC Health Plan Management, and resolution of the appeals;
- (d) The number of pediatric acute care therapy provider terminations and the reason for identified

3.B. Rider Revisions and Additions Request (continued)

terminations;

(e) The utilization of pediatric acute care therapy services by therapy type and provider type;

(f) The number of members on a waiting list, defined as 1) those who have been referred to a provider or Medicaid Managed Care Organization, but there is not a treating therapist to perform an initial assessment, and 2) those who have been assessed, but are unable to access pediatric acute care therapy services due to insufficient network capacity; and

(g) The number of pediatric acute care therapy providers no longer accepting new clients and the reason for identified panel closures.

HHSC shall submit the ~~quarterly~~semi-annual reports to the Legislative Budget Board and the Governor in a format specified by the Legislative Budget Board no later than 30 days after the end of each fiscal quarter. HHSC shall ensure standardized collection of data to obtain all data used in the report.

HHSC shall develop a process for pediatric therapy providers to submit data directly to HHSC for items (f) and (g), using feedback obtained from relevant stakeholders.

Production of this report on a semi-annual basis will provide a more appropriate amount of time for information collection and analysis, gathering feedback, and removing potential seasonality effects when tracking changes and would provide better and more actionable evidence to improve the provision of therapy services to the pediatric population.

17

II-54

~~**Health Insurance Providers Fee.** Included in amounts appropriated above for fiscal year 2021 is \$123,247,233 in General Revenue Funds (\$330,772,356 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. If a judgment of a court declares Section 9010 of the Affordable Care Act or all of the Act to be unconstitutional and that judgment is not finally overturned on appeal, whether by an intermediate appellate court or a court of last resort, or if a federal law is enacted repealing Section 9010 or amending Section 9010 to make reimbursement of the fee optional for states, then after receiving notification from the Attorney General that Section 9010 no longer requires reimbursement of managed care organizations for payment of the Health Insurance Providers Fee, the Health and Human Services Commission (HHSC) 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. HHSC shall provide the Comptroller, Legislative Budget Board, and the Governor with a copy of any notification received from the Attorney General.~~

3.B. Rider Revisions and Additions Request (continued)

The fee was repealed for calendar years beginning after December 31, 2020. The Further Consolidated Appropriations Act, 2020, Division N, Subtitle E § 502, repealing the annual fee on health insurance providers, applies to calendar years beginning after December 31, 2020 (fee years after the 2020 fee year).

19 II-54 ~~**Health and Human Services Cost Containment.**~~ The Health and Human Services Commission (HHSC) shall develop and implement cost containment initiatives to achieve savings of at least \$350,000,000 in General Revenue Funds for the 2020-21 biennium throughout the health and human services system. These initiatives shall include increasing fraud, waste, and abuse prevention and detection; seeking to maximize federal flexibility under the Medicaid program in compliance with Government Code, Chapter 537; and achieving other programmatic and administrative efficiencies. HHSC shall provide an annual report on the implementation of cost containment initiatives to the Legislative Budget Board by December 1. It is the intent of the legislature that HHSC shall achieve savings without adjusting amount, scope, or duration of services or otherwise negatively impacting access to care. It is the intent of the legislature that prior to making any changes, HHSC shall consider stakeholder input, including complying with any statutory requirements related to rulemaking and public hearings. This rider shall not be construed as limiting HHSC's ability to maximize federal flexibility under the Medicaid program, including federal flexibility that may impact amount, scope, or duration of services.

Delete rider. HHSC will work with the Legislature to determine new cost containment goals and initiatives for the 2022-23 biennium.

20 II-55 ~~**Expansion of Community-based Services.**~~
(a) Appropriations made above to the Health and Human Services Commission (HHSC) for the purpose of reducing interest lists include \$24,792,919 in General Revenue (\$66,661,790 in All Funds) for the following additional waiver slots:
 (1) 60 Medically Dependent Children Program slots;
 (2) 240 Community Living and Support Services slots;
 (3) 1,320 Home and Community-based Services (HCS) slots; and
 (4) 8 Deaf-Blind Multiple Disabilities slots.

(b) All waiver slots identified in subsection (a) are end-of-year targets for fiscal year 20212023. Appropriations assume equal rollout throughout the 2020-21 biennium. HHSC shall take any action necessary to ensure that persons are enrolled in waiver services as intended by appropriations and

3.B. Rider Revisions and Additions Request (continued)

~~shall provide a plan for achieving this goal. The plan shall be submitted by October 1, 2019, and progress reports related to achieving enrollment goals shall be submitted on March 1, 2020; September 1, 2020; and March 1, 2021. Each progress report shall identify the number of persons enrolled in each type of slot, planned enrollment for the remainder of the 2020-21 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 2021. 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.~~

~~(c) Notwithstanding Special Provisions Relating to All Health and Human Services Agencies, Sec. 4(c), Limitations on Use of Available General Revenue Funds, in the event that increased Federal Funds become available due to availability of enhanced match under the Money Follows the Person demonstration, HHSC may expend the General Revenue Funds made available to further reduce interest lists in the strategies where the funds are made available.~~

~~(d) HHSC may 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.~~

~~(e) It is the intent of the legislature that HHSC continue to promote diversion and transition from institutions. If HHSC determines that a sufficient unmet need exists, HHSC may allocate funding provided for HCS pursuant to subsection (a) of this rider to serve individuals through the Promoting Independence Initiative.~~

Delete rider. This informational rider is dependent on Legislative decisions and the funding above is included in the 2022-23 LAR baseline request.

21

II-51

~~**Transition of Day Habilitation Services.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, and in accordance with state and federal laws and regulations, the Health and Human Services Commission (HHSC) shall develop a plan to replace current day habilitation services in waiver programs for individuals with intellectual and developmental disabilities (IDD) with more integrated services that maximize participation and integration of individuals with IDD in the community. HHSC shall submit the plan, including recommendations and an estimate of fiscal impact, by January 1, 2021 to the Legislative Budget Board, Governor, Lieutenant Governor, Speaker of the House, and members of the Senate Finance Committee and House Appropriations Committee. The plan shall be based upon the most recent caseload and cost forecast submitted pursuant to Special Provisions, §8, Caseload and Expenditure~~

3.B. Rider Revisions and Additions Request (continued)

~~Reporting Requirements and the most recent guidance available from the Centers for Medicare and Medicaid Services. The plan shall be considered approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days. Any request for additional information from the Legislative Budget Board shall interrupt the counting of the 15 business days.~~

Delete Rider. This report will be completed during the 2020-21 biennium.

25

II-58

Waiver Program Cost Limits.

(a) Out of funds appropriated above in Goal A, Medicaid Client Services, for the ~~Medically Dependent Children Program~~, Community Living Assistance and Support Services, Deaf-Blind Multiple Disabilities, Home and Community-based Services, and STAR+PLUS Community Based Alternatives waivers, and subject to the terms of subsection (3) below, the Health and Human Services Commission (HHSC) may use General Revenue Funds to pay for services if:

- (1) the cost of such services exceeds the individual cost limit;
- (2) federal financial participation is not available to pay for such services; ~~and~~
- (3) there is not another waiver program that can protect the individual's health and safety which is more cost effective than the waiver program for which the individual is applying or is enrolled and there is availability to serve the individual in the more cost-effective program; and
- (4) HHSC 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 HHSC; and
 - (ii) supporting documentation, including the person's medical and service records.

(b) Out of funds appropriated above in Goal A, Medicaid Client Services, for the waiver programs identified in subsection (a) above, and subject to the terms of subsection (c) below, HHSC is authorized to use General Revenue Funds to continue to provide services to a person who was

3.B. Rider Revisions and Additions Request (continued)

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:

(1) federal financial participation is not available to pay for such services; and

(2) continuation of those services is necessary for the person to live in the most integrated setting appropriate to the needs of the person.

(c) Authority provided in this rider is contingent upon HHSC submitting a report in writing to the Legislative Budget Board and Governor on October 1 of each year. 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.

High nursing needs are the main reason an ISP exceeds the cost limit. Since Private Duty Nursing is a State Plan benefit for MDCP members the ISP should never go over the cost limit for the program. As a result, MDCP was removed from the list of waiver programs that may use GR Funds to pay for services above the cost ceiling.

Currently, HHSC does not have the authority to require individuals be assessed and enroll in a different waiver program that would protect the individual's health and safety and would be more cost effective than their current program enrollment or application.

26

II-59

Supplemental Payment Program Reporting and Appropriation Authority for

Intergovernmental Transfers. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, 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 (NAIP), supplemental payments where the source of the non-federal share is Local Provider Participation Funds (LPPF), and other programs operated under the Healthcare Transformation and Quality Improvement Program 1115 Waiver, and any successor programs. In addition, HHSC shall gather information on all mandatory payments to a Local Provider Participation Fund (LPPF) and all uses for such payments, including the amount of funds from an LPPF for each particular use.

(a) HHSC shall report quarterly:

3.B. Rider Revisions and Additions Request (continued)

- (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:
 - (A) the recipients of funds by program;
 - (B) the amount distributed to each recipient;
 - (C) the date such payments were made; and
 - (D) all mandatory payments to an LPPF, including the amounts for each particular use.
- (b) Intergovernmental transfers (IGTs) of funds from institutions of higher education are appropriated to HHSC for 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) From funds appropriated elsewhere in the act, HHSC shall provide a copy of the annual independent audit conducted of DSH and UC in compliance with federal requirements. HHSC shall provide a report that annually by 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

3.B. Rider Revisions and Additions Request (continued)

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. Payments for physicians, pharmacies, and clinics are governed by Special Provisions Relating Only to Agencies of Higher Education, §54.

(f) 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.

~~(g) HHSC shall also evaluate the impact of reductions in funding available under the federal Healthcare Transformation and Quality Improvement Waiver. HHSC shall report on the evaluation and findings to the Governor, the Legislative Budget Board, the Lieutenant Governor, the Speaker of the House of Representatives, and the members of the Senate Finance Committee and House Appropriations Committee by October 1, 2020.~~

Delete subsection (g) as it is no longer applicable.

27 II-59 ~~**Study Relating to Cost Drivers in STAR Kids.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall study the cost impact of STAR Kids members with high utilization and cost drivers, including private duty nursing, and other services as appropriate, in each participating managed care organization (MCO) to determine if adjustments to the current rate-setting methodology would more appropriately align capitation rates with relative acuity without reducing the incentive for MCOs to manage utilization, while providing the most cost-effective care in the most appropriate setting. If adjustments are deemed appropriate, HHSC may make such adjustments to the STAR Kids capitation rate-setting methodology if the adjustments will not result in increased expenditures.~~

Delete rider. Study will be completed in the 2020-21 biennium. Opportunities to improve capitation rate setting are part of the annual rate setting process.

28 II-60 ~~**Rural Labor and Delivery Medicaid Add-on Payment.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.3, Pregnant Women, is \$3,146,400 in General Revenue and \$4,853,600 in Federal Funds in fiscal year 2020 and \$3,050,400 in General Revenue and \$4,949,600 in Federal Funds in fiscal year 2021 for HHSC to provide a \$500 Medicaid add-on payment for labor and delivery services provided by rural hospitals. For purposes of this rider, 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~~

3.B. Rider Revisions and Additions Request (continued)

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.

Delete rider. Rider was fully implemented on September 1, 2019.

- 29 II-60 ~~**Medicaid Fraud Enforcement.**~~ Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall allocate an amount not to exceed \$330,000 in General Revenue in fiscal year 2020 and \$70,000 in General Revenue in fiscal year 2021 to create an automated database for the Texas Drug Code Index Certification of Information.
- 30 II-60 ~~**Study on Cost Savings for Medicaid Prescription Drugs.**~~ Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall evaluate strategies to achieve cost savings for Medicaid prescription drugs, including the direct dispensing of prescription drugs by physicians. HHSC shall submit a report with findings and recommendations for achieving cost savings to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, the Governor, and permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services by September 1, 2020.
- Delete rider. Reporting requirement completed in the 2020-21 biennium.*
- 31 II-60 ~~**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, in an effort to reduce the fiscal impact of rate increases for Consumer Directed Services (CDS) and ensure the best value for CDS clients, pursue opportunities to receive more favorable pricing, including through bulk purchasing, to assist CDS clients in purchasing necessary equipment to comply with electronic visit verification requirements.
- Delete rider. After exploring bulk purchasing opportunities, a CDS rate increase will still be required to assist CDS employers with implementation of EVV. Funds are included in the LAR baseline request so continuance of this rider is unnecessary.*
- 32 II-60 ~~**Intensive Behavioral Intervention.**~~ Contingent on the Health and Human Services Commission (HHSC) adding intensive behavioral intervention (IBI) as a Medicaid benefit for persons under age 20 with a diagnosis of Autism Spectrum Disorder, HHSC may expend funds appropriated above in Strategy A.1.5, Children, to reimburse for provision of IBI services.
- Delete rider. Benefit will be implemented in the 2020-21 biennium.*
- 33 II-60 ~~**Managed Care Organization Services for Adults with Serious Mental Illness.**~~ Out of funds

3.B. Rider Revisions and Additions Request (continued)

~~appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall identify claims and expenditures, by managed care organization (MCO), for Medicaid recipients in STAR+PLUS with a serious mental illness (SMI) to evaluate any inappropriate variation in delivery of service to individuals with SMI by MCO. For the purposes of the evaluation, individuals with SMI are individuals who have: (1) a qualifying diagnosis; and (2) functional impairment if a local mental health authority has performed an assessment on the recipient. HHSC shall identify performance measures to better hold MCOs accountable for outcomes and Medicaid spending for individuals with SMI, evaluate the delivery of services to individuals with SMI by MCOs against standards of care, and develop recommendations to improve quality of care. HHSC shall submit a report, including findings and recommendations, to the Governor, Legislative Budget Board, Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor not later than August 31, 2020.~~

Delete rider. Evaluation and report completed in the 2020-21 biennium.

36 II-61 ~~**Evaluation of Children's Hospital Reimbursement.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall evaluate Medicaid and CHIP reimbursement methodologies for free-standing, non-profit children's hospitals.~~

Delete rider. Evaluation will be completed in the 2020-21 biennium.

37 II-61 ~~**Exemption from Waiver Rate Reductions.** Amounts appropriated above in Strategy A.3.1, Home and Community-based Services, and A.3.4, Texas Home Living, assume the continued exemption of consumer directed services from rate reductions (implemented August 1, 2017) 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. Funding is included in the 2022-23 LAR baseline request.

38 II-61 ~~**Cost Effectiveness of Delivery System Reform and Incentive Payment Program.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Admin, the Health and Human Services Commission (HHSC) shall report on the outcomes achieved by providers in the Delivery System Reform and Incentive Payment (DSRIP) program. HHSC's report must provide the following for demonstration years 7 and 8:~~

~~(a) describe the measure bundles and measures selected by performing providers;~~

~~(b) describe the core activities associated with the measure bundles and measures selected by performing providers;~~

3.B. Rider Revisions and Additions Request (continued)

- ~~(c) describe performing providers' performance on their selected measure bundles and measures;~~
- ~~(d) identify the core activities that are associated with successful performing provider performance on measure bundles and measures;~~
- ~~(e) include a summary of the final costs and savings reports;~~
- ~~(f) identify core activities with a positive return on investment based on final cost and savings reports; and~~
- ~~(g) identify the amount of DSRIP funds earned by each type of performing provider.~~

~~HHSC shall submit the report to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by December 1, 2020.~~

Delete rider. The report will be completed in September 2020. The cost and savings report from DSRIP participating providers is a one-time requirement.

39 II-61 ~~**Emergency Medical Services Enhanced Payment Model.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall conduct a study on the feasibility and cost-effectiveness of establishing an enhanced payment model for non-state government-operated public providers of ground emergency medical transportation services, which includes Medicaid fee-for-service supplemental payments and an enhanced Medicaid Managed Care fee schedule for public ambulance providers. The report shall also include an analysis of any effect an enhanced payment model for non-state government-operated public providers of ground emergency medical services would have on Uncompensated Care Pool funding and whether providers eligible for the emergency medical services enhanced payment model should continue to be eligible for payments from the Uncompensated Care Pool.~~

Delete rider. This rider will be fully implemented in the 2020-21 biennium.

40 II-62 ~~**Hepatitis C Treatment Access.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC), in cooperation with the Texas Department of Criminal Justice, Employees Retirement System, and Teacher Retirement System, shall explore the feasibility of implementing a model allowing the state to pay a flat monthly rate for unlimited access to medications or other bulk purchasing or negotiating opportunities to treat individuals with Hepatitis C who are eligible to have prescription drugs provided with state funds. HHSC shall prepare and submit a report on the cost-effectiveness and projected savings of~~

3.B. Rider Revisions and Additions Request (continued)

implementing such a model to the Governor, Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than July 1, 2020.

Delete rider. Evaluation and report completed in the 2020-21 biennium.

41 II-62 ~~**Regional Advisory Council Diversion Evaluation.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall evaluate the feasibility of requiring trauma service area regional advisory councils to implement a program to allow emergency medical services providers to navigate medically stable psychiatric emergency detention patients to the most appropriate setting. As part of the evaluation, HHSC shall consider the potential for Medicaid cost savings and options for providing reimbursement to the regional advisory councils or emergency medical services providers with those savings. HHSC shall report to the Governor and the Legislative Budget Board on the results of the evaluation, including any recommendations, no later than October 31, 2020.~~

Delete rider. Evaluation and report will be completed in the 2020-21 biennium.

42 II-62 ~~**Medicaid Waiver Program Interest List Study.** (a) Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC), in consultation and collaboration with the Intellectual and Developmental Disability System Redesign Advisory Committee established under Sec. 534.053, Government Code, shall conduct a study of interest lists or other waiting lists 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.~~

~~(b) In conducting the study, HHSC shall consider:~~

- ~~(1) The experiences of other states in reducing or eliminating interest lists for services available for individuals with an intellectual or developmental disability (IDD);~~
- ~~(2) Factors affecting the interest list for each waiver program for the five most recent state fiscal biennia, including significant policy changes impacting the interest list;~~
- ~~(3) Existing data on persons on the interest list for each waiver program, including demographics, living arrangement, service preferences, length of time on the interest list, and unmet support needs;~~

3.B. Rider Revisions and Additions Request (continued)

~~(4) Strategies that HHSC could employ to eliminate the interest list for each program in a manner that results in the provision of person-centered services in the most integrated setting, including strategies employed by other states and opportunities for additional federal funding; and~~

~~(5) Cost estimates to implement strategies for eliminating the interest list for each program.~~

~~(c) HHSC shall submit a report with the results of the study to the Legislative Budget Board and the Governor not later than September 1, 2020.~~

~~(d) HHSC shall update the Statewide IDD Strategic Plan developed in relation to the Statewide Behavioral Health Strategic Plan required pursuant to Article IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, to include short and long-term goals, objectives, and strategies to address gaps in services for individuals with IDD, including strategies identified in the report submitted under subsection (c) of this rider, and to track the implementation of strategies to reduce interest lists and measure outcomes.
Delete rider. Study and report completed in the 2020-21 biennium. Recommendations will be implemented through the IDD Strategic Plan.~~

43 II-62 ~~**Quality and Efficiency-based Enrollment Incentive Program.** Pursuant to Government Code § 533.00511, the Health and Human Services Commission (HHSC) shall create an incentive program that automatically enrolls a greater percentage of Medicaid recipients who have not selected a managed care plan into a plan based on quality of care, efficiency and effectiveness of service provision, and performance. Appropriations in Strategy B.1.1, Medicaid Contracts & Administration, for fiscal year 2021 are contingent on HHSC implementing the required program by September 1, 2020. HHSC shall report on the status of the incentive program to the Governor and the Legislative Budget Board by January 15, 2021. The report shall include metrics for the incentive program that are transparent to managed care plans and providers in three areas: cost, quality of care, and Medicaid member satisfaction.~~

44 II-63 ~~**Rate Increases: Intermediate Care Facilities and Certain Waiver Providers.**
(a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Goal A, Medicaid Client Services, is \$42,665,000 in General Revenue and \$68,207,077 in Federal Funds for the 2020-21 biennium to provide for rate increases for intermediate care facilities and certain waiver providers, allocated as follows:~~

~~(1) \$10,018,488 in General Revenue and \$15,454,404 in Federal Funds in fiscal year 2020 and \$10,966,874 in General Revenue and \$17,878,140 in Federal Funds in fiscal year 2021 in Strategy A.3.1, Home and Community-based Services (HCS), to increase the factor for HCS~~

3.B. Rider Revisions and Additions Request (continued)

~~providers from 4.4 percent to 7.0 percent for facility-based services and to provide a rate increase with the intent that the additional funds be spent for the benefit of direct care staff, including direct care staff wages;~~

~~(2) \$5,000,000 in General Revenue and \$7,712,942 in Federal Funds in fiscal year 2020 and \$5,000,000 in General Revenue and \$8,150,973 in Federal Funds in fiscal year 2021 in Strategy A.2.7, Intermediate Care Facilities – IID (ICFs/IID), to provide a rate increase for ICFs/IID with the intent that the additional funds be spent for the benefit of direct care staff, including direct care staff wages;~~

~~(3) \$336,323 in General Revenue and \$518,807 in Federal Funds in fiscal year 2020 and \$343,315 in General Revenue and \$559,670 in Federal Funds in fiscal year 2021 in Strategy A.3.3, Deaf-Blind Multiple Disabilities (DBMD), to fully fund all rates for DBMD providers; and~~

~~(4) \$6,317,103 in General Revenue and \$10,298,107 in Federal Funds in fiscal year 2021 in Strategy A.3.1, Home and Community-based Services, and \$4,682,897 in General Revenue and \$7,634,034 in Federal Funds in fiscal year 2021 in Strategy A.2.7, Intermediate Care Facilities – IID, to create separate categories in the rate enhancement programs serving individuals with intellectual and developmental disabilities to group services based on the number of attendant hours included in the billing unit and, as funds are available, to increase participation in those rate enhancement programs.~~

~~(b) It is the intent of the legislature that HHSC also increase the factor from 4.4 percent to 7.0 percent for facility-based services in the Texas Home Living waiver and Day Activity and Health Services.~~

~~(c) HHSC shall develop the new categories pursuant to subsection (a)(4) of this rider no later than September 1, 2020.~~

This rider will be fully implemented in the 2020-21 biennium.

45

II-63

~~**Information on Funding Provided for Attendant Wages and Rate Enhancements.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Goal A, Medicaid Client Services, and Strategy F.1.2, Non-Medicaid Services, is \$33,600,000 in General Revenue and \$53,483,409 in Federal Funds for an increase in the base wage of personal attendants to \$8.11 per hour in fiscal years 2020 and 2021. Also included in amounts appropriated above to HHSC in Goal A, Medicaid Client Services, is an additional \$9,100,000 in General Revenue and \$14,438,615 in Federal Funds for the 2020-21 biennium to fully fund the rate enhancement programs for~~

3.B. Rider Revisions and Additions Request (continued)

community care and intellectual and developmental disabilities providers.

This rider will be fully implemented in the 2020-21 biennium.

46 II-63 ~~**Medicaid Private Duty Nursing Rate Increase.** Included in amounts appropriated above to the Health and Human Services Commission in Strategy A.1.2, Disability-Related, is \$7,400,000 in General Revenue and \$11,415,154 in Federal Funds in fiscal year 2020 and \$7,400,000 in General Revenue and \$12,063,440 in Federal Funds in fiscal year 2021 to provide a 2.5 percent rate increase for Texas Health Steps private duty nursing services.~~

This rider will be fully implemented in the 2020-21 biennium.

47 II-63 ~~**Medicaid Therapy Rate Increases.** Included in amounts appropriated above to the Health and Human Services Commission in Strategy A.1.5, Children, is \$19,023,880 in General Revenue Funds and \$30,179,322 in Federal Funds for the 2020-21 biennium, to be allocated as follows:~~

~~(a) \$7,917,387 in General Revenue and \$12,220,187 in Federal Funds in fiscal year 2020 and \$7,917,387 in General Revenue and \$12,914,039 in Federal Funds in fiscal year 2021 to provide a ten percent increase in Medicaid provider rates for physical, occupational, and speech therapies provided in home to children.~~

~~(b) \$1,594,553 in General Revenue and \$2,452,821 in Federal Funds in fiscal year 2020 and \$1,594,553 in General Revenue and \$2,592,275 in Federal Funds in fiscal year 2021 to increase reimbursement rates for therapy assistants to 80 percent of the rate paid to a licensed therapist.~~

This rider will be fully implemented in the 2020-21 biennium.

Children's Health Insurance Program

48 II-64 **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 ~~2020~~2022 and ~~2021~~2023. The method of financing item, Experience Rebates - CHIP No. 8054, for appropriations made above, includes unexpended and

3.B. Rider Revisions and Additions Request (continued)

unobligated balances of Experience Rebates – CHIP remaining as of August 31, ~~2019~~2021, and receipts earned in fiscal years ~~2020~~2022 and ~~2021~~2023.

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

(b) In the event General Revenue has been expended prior to the receipt of CHIP Experience Rebates, HHSC shall reimburse General Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of CHIP Experience Rebate balances and reported in the Monthly Financial Report required by Rider 148, 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.

Update year references.

49

II-64

Tobacco Settlement Receipts. Tobacco settlement receipts appropriations made above in Goal A, Medicaid Client Services, and Goal C, CHIP Client Services, include ~~\$416,557,038~~\$381,784,548 for fiscal year ~~2020~~2022 and ~~\$407,705,147~~\$383,530,930 for fiscal year ~~2021~~2023 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 ~~2020~~2022 and fiscal year ~~2021~~2023 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.

Behavioral Health

3.B. Rider Revisions and Additions Request (continued)

51 II-65 **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 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 Services, D.2.5, Behavioral Hlth Waiver & Amendment, 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.4.1, Facility Program Support, G.4.2, Facility Capital Repairs and Renov, I.2.1, Long-Term Care Intake & Access, L.1.1, HHS System Supports, L.1.2, IT Oversight & Program Support, and M.1.1, Texas Civil Commitment Office in fiscal year ~~2020~~2022 or fiscal year ~~2021~~2023, 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 ~~2020~~2022 or fiscal year ~~2021~~2023 does not satisfy the requirements of Art. IX, §10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

Update year references.

52 II-65 **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~~ substance use disorder treatment services by HHSC to referred DFPS clients.

The White House Office of National Drug Control Policy Guidance recommends updating terminology related to substance use and substance use disorders.

55 II-65 ~~**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 or Local Behavioral 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.~~

The Delivery System Reform Incentive Payment (DSRIP) program with the 1115 Medicaid Transformation Waiver, for which LMHAs/LBHAs report leveraging GR funds for this report, will end

3.B. Rider Revisions and Additions Request (continued)

September 30, 2021.

56 II-66 **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 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.

Any unexpended balances remaining as of August 31, ~~2020~~2022, are appropriated to HHSC for the same purposes in the fiscal year beginning September 1, ~~2020~~2022. 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, ~~2020~~2022.

Update year references.

57 II-66 **Mental Health Peer Support Re-entry 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 ~~2020-21~~2022-23 biennium from Strategy D.2.1, Community Mental Health Svcs-Adults, to maintain a mental health peer support re-entry program. HHSC, in partnership with Local Mental Health Authorities and county sheriffs, shall operate a program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.

~~HHSC shall submit a report to the Governor's Office and the Legislative Budget Board on the program that includes the total population served and client outcome measures by December 1, 2020.~~

Data submission is required by the contract and is regularly monitored as part of ongoing technical assistance for this program. The Legislative report language was continued from the original implementation of this program as a pilot.

59 II-66 **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 ~~2020-21~~2022-23 biennium for the purpose of administering the mental health program for veterans established pursuant to Health and Safety Code §§1001.221-.224.

3.B. Rider Revisions and Additions Request (continued)

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.

Update year references.

61 II-67 **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 ~~2020~~2022 in General Revenue to operate a grant program to support community mental health programs providing services and treatment to veterans and their families. 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, ~~2020~~2022. Any unexpended balances in the Mental Health for Veterans Grant Program remaining on August 31, ~~2020~~2022, in Strategy L.1.1, HHS System Supports, are appropriated for the same purpose for the fiscal year beginning September 1, ~~2020~~2022, contingent upon prior written notification to the Legislative Budget Board and the Governor.

Update year references.

62 II-67 **Mental Health Grant Program for Justice-Involved Individuals.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy D.2.3, Community Mental Health Crisis Services, is \$25,000,000 in General Revenue in each fiscal year of the ~~2020-21~~2022-23 biennium for the purpose of administering the grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait times for forensic commitment established pursuant to Government Code § 531.0993. Any unexpended and unobligated balances remaining from amounts appropriated as of August 31, ~~2020~~2022, are appropriated for the fiscal year beginning September 1, ~~2020~~2022, for the same purpose.

Also included in amounts appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, is \$5,000,000 in General Revenue in each fiscal year of the ~~2020-21~~2022-23 biennium for a mental health jail diversion program in Harris County. HHSC shall ensure that grant recipients contribute funding pursuant to the requirements of Government Code § 531.0993(c) and § 531.09935(d).

Pursuant to Article IX, Sec. 10.04(b), HHSC shall require certain community collaboratives that receive state grant funding, identified above, to present twice annually to the Statewide Behavioral Health

3.B. Rider Revisions and Additions Request (continued)

Coordinating Council on the impact each collaborative has had on project implementation and mental health outcomes on the population served by the grant funding.

Update year references.

63 II-67 **Increased Access to Community Mental Health Services.** Included in amounts appropriated above is \$23,416,350 in General Revenue and \$1,667,735 in Federal Funds for each fiscal year for the ~~2020-21~~2022-23 biennium in Strategy D.2.1, Community Mental Health Svcs-Adults, and \$4,026,866 in General Revenue and \$416,934 in Federal Funds for each fiscal year of the ~~2020-21~~2022-23 biennium in Strategy D.2.2, Community Mental Hlth Svcs-Children, to avoid future waitlists and increase outpatient mental health treatment capacity at the local mental health authorities and local behavioral health authorities.

Update year references.

64 II-67 ~~**Substance Abuse Treatment Services.** Included in amounts appropriated above in Strategy D.2.4, Substance Abuse Services, is \$677,004 in GR for Substance Abuse Prevention and Treatment Block Grant in fiscal year 2020 and \$4,322,996 in GR for Substance Abuse Prevention and Treatment Block Grant in fiscal year 2021 to provide a rate increase for all substance abuse treatment services provided under Strategy D.2.4, Substance Abuse Services. Also included in amounts appropriated above in Strategy D.2.4, Substance Abuse Services, is \$23,634,844 in GR for Substance Abuse Prevention and Treatment Block Grant in fiscal year 2020 to reduce the substance abuse treatment waitlist for pregnant women and women with dependent children waiting to receive services provided under Strategy D.2.4, Substance Abuse Services.~~

Delete rider. This rider will be fully implemented in the 2020-21 biennium.

65 II-68 **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 ~~2020-21~~2022-23 biennium to continue funding for recovery-focused clubhouses at fiscal year ~~2019~~2021 service levels. Also included in amounts appropriated above in Strategy D.2.2, Community Mental Health Services for Children, is \$5,446,612 in General Revenue in each fiscal year of the ~~2020-21~~2022-23 biennium for relinquishment prevention slots, including \$328,131 in General Revenue for program support and administration.

Update year references.

67 II-68 ~~**Proposal to Enhance Efficiency of Substance Abuse Treatment Services.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop a proposal to improve the efficiency of administering substance~~

3.B. Rider Revisions and Additions Request (continued)

~~abuse treatment services and expand the capacity of substance use treatment services provided in Strategy D.2.4, Substance Abuse Services. HHSC shall consider best practices in substance abuse treatment and seek to streamline financial and contracting functions related to substance abuse treatment for indigent and/or applicable grant-funded services. HHSC shall consult with current substance use treatment providers, relevant trade organizations, other Single State Agencies (SSA) for Substance Abuse Services, the HHSC Behavioral Health Advisory Committee, and the Statewide Behavioral Health Coordinating Council in developing the proposal. HHSC shall submit a report detailing the proposal to Governor, Legislative Budget Board, and the permanent standing committees in the Senate and the House of Representatives with primary jurisdiction over health and human services by December 1, 2020.~~

Proposal and report will be completed in the 2020-21 biennium. If the rider is not deleted, "substance abuse treatment services" should be changed to "substance use disorder treatment services" to align with White House Office of National Drug Control Policy Guidance recommendations to update terminology.

68 II-68 **Unexpended Balance Authority within the Biennium for the Community Mental Health Grant Program.** Included in amounts appropriated above in Strategy D.2.3, Community Mental Health Crisis Services, is \$20,000,000 in General Revenue in each fiscal year of the ~~2020-21~~2022-23 biennium for the Community Mental Health Grant Program. Any unexpended and unobligated balances remaining from amounts appropriated as of August 31, ~~2020~~2022, are appropriated for the same purposes for the fiscal year beginning September 1, ~~2020~~2022.

Update year references.

69 II-68 ~~**Study on Substance Abuse Treatment Services.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall evaluate the reimbursement methodology and payment rate for substance use treatment services provided under Strategy D.2.4, Substance Abuse Services. In its evaluation, HHSC shall consider best practices for each level of care. HHSC shall report its initial findings to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by November 1, 2020.~~

Delete rider. Evaluation and report will be completed in the 2020-21 biennium. If the rider is not deleted, "substance abuse treatment services" should be changed to "substance use disorder treatment services" to align with White House Office of National Drug Control Policy Guidance recommendations to update terminology.

Women's Health

3.B. Rider Revisions and Additions Request (continued)

74

II-69

Women's Health Programs: Savings and Performance Reporting. The Health and Human Services Commission shall submit an annual report on the Healthy Texas Women (HTW), Family Planning Program (FPP), and Breast and Cervical Cancer Services Program, due ~~May~~August 1 of each year, to the Legislative Budget Board and the Governor's Office that includes the following information:

- (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 HTW and FPP 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 HTW and FPP receiving a long-acting reversible contraceptive;
- (g) 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;
- (h) Total expenditures, by method of finance and program; and
- (i) Number of unduplicated women auto-enrolled into HTW from Medicaid for Pregnant Women.

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 ten 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.

HHSC does not have final data available in time for the May 1 due date, which impacts the quality and level of verification of data included in the report. An August 1 due date would allow for the inclusion

3.B. Rider Revisions and Additions Request (continued)

of more complete and verified data.

75 II-70 ~~**Funding for Healthy Texas Women Program.** Funds appropriated above in Strategy D.1.1, Women's Health Programs, include \$51,607,180 in General Revenue and \$57,695,214 in Federal Funds in fiscal year 2020 and \$67,288,783 in General Revenue and \$57,960,141 in Federal Funds in fiscal year 2021 for the Healthy Texas Women program. These amounts assume approval of the Healthy Texas Women Section 1115 Demonstration Waiver application. In the event federal matching funds do not become available or are available in a lesser amount, the Health and Human Services Commission shall seek approval to transfer funds from other sources prior to making any reductions to service levels.~~

Delete rider. Funding is include in the 2022-23 LAR baseline request.

77 II-70 ~~**Long-acting Reversible Contraceptive Devices.**
(a) Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Admin, and Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall coordinate with the State Board of Pharmacy to determine the feasibility of implementing a process in which unused long-acting reversible contraceptive (LARC) devices prescribed for clients enrolled in Medicaid or the Healthy Texas Women (HTW) program can be transferred to another Medicaid or HTW client. If feasible and cost-effective, HHSC may implement the process.

(b) Contingent upon approval by the Centers for Medicare and Medicaid Services (CMS) of the HTW Section 1115 Demonstration Waiver, HHSC shall work with CMS to determine if LARC bulk purchasing can be added to the waiver and receive federal matching funds.~~

The rider was determined to be not feasible by both HHSC and the State Board of Pharmacy. Federal law prevents this transfer mechanism, but HHSC is having conversations with the pharmacy board and will consult CMS regarding a potential waiver amendment before the next legislative session.

79 II-70 **Primary Care and Specialty Care Provisions.**

(a) **Consent for Services.**

(1) No state funds appropriated above for Medicaid Family Planning or for the Family Planning Program in Strategy D.1.1, Women's Health Programs, may be expended by the Health and Human Services Commission (HHSC) to dispense prescription drugs to minors without parental consent. An exemption shall be allowed for non-parents and minors pursuant to Family Code Chapter 32.

3.B. Rider Revisions and Additions Request (continued)

- (2) HHSC may distribute funds for medical, dental, psychological, or surgical treatment provided to a minor only if consent to treatment is obtained pursuant to Family Code Chapter 32. In the event that compliance with this subsection would result in the loss of Federal Funds to the state, HHSC may modify, or suspend this subsection 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.

(b) **Services Providers: Limitations.** No funds appropriated above may be expended by HHSC on the following:

- (1) To compensate providers for the Breast and Cervical Cancer Services Program in Strategy D.1.1, Women's Health Programs, that would be ineligible to participate pursuant to 15 Texas 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; and
- (2) To contract with providers for the Primary Health Care Program in Strategy D.1.11, Community Primary Care Services, that would be ineligible to participate pursuant to Health and Safety Code § 31.006.

(c) **Allocation of Funds for Family Planning Services.** HHSC shall allocate funds appropriated above in Strategy D.1.1, Women's Health Programs, 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 Programs, for the Family Planning Program, does not severely limit or eliminate access to services to any region.

Out of funds appropriated above in Strategy D.1.1, Women's Health Programs, for the Family Planning Program, up to \$1,000,000 each fiscal year of the ~~2020-21~~ 2022-23 biennium may be allocated to clinics for core family planning services provided under the auspices of Baylor College of Medicine.

3.B. Rider Revisions and Additions Request (continued)

Update year references.

80

II-71

Alternatives to Abortion Program.

(a) **Transfer Authority.** Notwithstanding Article IX, § 14.01, Appropriation Transfers, Article IX, § 14.03, Transfers - Capital Budget, Article II, Special Provisions § 6, Limitations on Transfer Authority, Health and Human Services Commission (HHSC) Rider 135, Limitations on Transfer Authority, or any other transfer limitations in this Act, HHSC may transfer up to a total of \$20,000,000 during the biennium to Strategy D.1.2, Alternatives to Abortion, from any appropriated funds, 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.

(b) **Unexpended Balance Authority within the Biennium.** Any unobligated and unexpended balances remaining as of August 31, ~~2020~~2022, in Strategy D.1.2, Alternatives to Abortion, are appropriated to HHSC for the same purpose for the state fiscal year beginning September 1, ~~2020~~2022.

(c) **Reporting Requirement.** HHSC shall submit the following information regarding the Alternatives to Abortion program (A2A) to the Legislative Budget Board and the Governor no later than December 1 of each year:

- (1) total number of A2A providers, including subcontractors, by geographical region, and the total number of unduplicated clients served by each provider, by gender and age;
- (2) description of A2A outreach efforts by providers and HHSC;
- (3) total expenditures, by MOF;
- (4) total contract amounts by provider, including subcontractors; and
- (5) any outcome measures included in contracts with providers.

Update year references.

Other Client Services

82

II-72

Education Funding. Included in the Method of Financing in Other Funds above is \$16,498,102 in fiscal year ~~2020~~2022 and \$16,498,102 in fiscal year ~~2021~~2023 set aside from the Special Education

3.B. Rider Revisions and Additions Request (continued)

Allotment and transferred to the Health and Human Services Commission (HHSC).

HHSC shall enter into a ~~Memorandum of Understanding (MOU)~~ Interagency Contract (IAC) with the Texas Education Agency for the purpose of providing funds to Early Childhood Intervention 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, ~~2020~~2022.

Update year references and align the requirement with actual business practice.

83

II-72

Limitation on Federal Funds Appropriations for Early Childhood Intervention Services.

Included in the amounts appropriated above in Strategy D.1.3, ECI Services, is \$51,854,395 in fiscal year ~~2020~~2022 and \$52,690,004 in fiscal year ~~2021~~2023 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.

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:

- 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; and
- c. An estimate of the impact to performance levels and/or targets included in this Act.

Update year and amounts references.

84

II-72

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 ~~2020~~2022 and \$1,000,000 in General Revenue Funds in fiscal year ~~2021~~2023 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.

3.B. Rider Revisions and Additions Request (continued)

Update year references.

85

II-72

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 and Quality Assurance:

(a) Annual report due December 1st 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, within 30 calendar days of the following milestones being reached:

- ~~(1) Determination of initial contract amounts;~~
- (2) Signing Finalization ~~(signing)~~ of final initial contracts; and
- (3) 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.

(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.

3.B. Rider Revisions and Additions Request (continued)

(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.

Change would increase efficiency as the current (b)(1) and (b)(2) are almost the same amount and because during years in which the Legislature is in session, HHSC must execute placeholder contracts to meet the 08/31 contract deadline that do not reflect the final initial contract amounts.

- 86 II-73 **Autism Program Provisions.** Out of funds appropriated above in Strategy D.1.6, Autism Program:
- a. Expenditures for Applied Behavioral Analysis (ABA) treatment services shall be only for children enrolled in the focused program; and
 - b. The Health and Human Services Commission shall provide support to the ~~Texas Autism Council and the Texas Autism Research and Resource Center.~~
- Texas Autism Council expires December 31, 2021*
- 88 II-73 **Parkland Senior Care Project.** It is the intent of the Legislature that a total of \$302,100 appropriated for the ~~2020-21~~ 2022-23 biennium ~~appropriated~~ in Strategy D.1.11, Community Primary Care Services, be expended for the Parkland Senior Care Project.
- Update year reference.*
- 93 II-74 **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 ~~2020~~2022 and \$1,000,000 in General Revenue Funds in fiscal year ~~2021~~2023 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.
- Update year references.*
- 94 II-74 **Pediatric Health Tele-Connectivity Resource Program for Rural Texas.** Included in amounts appropriated above in Strategy D.1.10, Additional Specialty Care, is \$1,210,808 in General Revenue and \$1,289,193 in Federal Funds in fiscal year ~~2020~~2022 and \$1,234,177 in General Revenue and \$1,265,823 in Federal Funds in fiscal year ~~2021~~2023 to establish a pediatric tele-connectivity resource program for rural Texas pursuant to Chapter 541 of the Government Code.

3.B. Rider Revisions and Additions Request (continued)

Any unexpended balances in General Revenue or Federal Funds as of August 31, ~~2020~~2022, are appropriated for the fiscal year beginning September 1, ~~2020~~2022, to establish a pediatric telemedicine connectivity resource program for rural Texas pursuant to Chapter 541 of the Government Code.

Update year references.

95

II-75

Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs.

(a) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$26,968,163 in General Revenue, \$10,229,844 in General Revenue – Dedicated Compensation to Victims of Crime Account No. 0469, and \$10,000,000 in General Revenue - Dedicated Sexual Assault Program Account No. 5010 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.

(b) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$19,671,157 in General Revenue, \$10,229,844 in General Revenue – Dedicated Compensation to Victims of Crime Account No. 0469, and \$27,000 in License Plate Trust Fund Account No. 0802 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.

(c) Unexpended balances in Strategy F.3.2, Child Advocacy Programs, remaining as of August 31, ~~2020~~2022, are appropriated for the same purposes for the fiscal year beginning September 1, ~~2020~~2022.

(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.

(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

3.B. Rider Revisions and Additions Request (continued)

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.

96 II-75 **Texas Workforce Commission Partnership.** Amounts appropriated above for the ~~2020-21~~2022-23 biennium to the Health and Human Services Commission in Strategy F.2.1, Independent Living Services, include \$8,586,875 in fiscal year ~~2020~~2022 and \$8,586,875 in fiscal year ~~2021~~2023 in Interagency Contracts from the Texas Workforce Commission.

Update year references.

97 II-75 **Lifespan Respite Care Program.** Included in the amounts appropriated above in Strategy I.2.1, Long-Term Care Intake & Access, is \$500,000 in General Revenue in each fiscal year of the ~~2020-21~~2022-23 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 ~~2018-19~~2020-21 biennium.

Update year references.

98 II-75 ~~**Early Childhood Intervention Funding Maximization.** Out of funds appropriated above in Strategy D.1.4, ECI Respite and Quality Assurance, the Health and Human Services Commission (HHSC) shall develop a plan for maximizing funding available to providers of early childhood intervention (ECI) services. Strategies in the plan may include:~~

~~(a) Evaluating the Medicaid rate for Specialized Skills Training;~~

~~(b) Restructuring ECI provider contracts to ensure expenditure of ECI appropriations, which may include adjusting the maximum reimbursable value to allow expenditure of appropriated funds for quality or incentive payments to ECI providers;~~

~~(c) Coordinating with the Texas Education Agency to explore the feasibility of drawing down additional Federal Funds to be transferred to HHSC for ECI services;~~

~~(d) Working with the Centers for Medicare and Medicaid Services and any other federal partners to~~

3.B. Rider Revisions and Additions Request (continued)

~~identify additional opportunities to access federal funds to support the ECI program; and~~

~~(e) Any additional strategies identified by HHSC.~~

~~HHSC shall submit the plan by September 1, 2019, and progress reports related to maximizing funding available to providers of ECI services on March 1, 2020; September 1, 2020; and March 1, 2021. Each progress report shall identify strategies HHSC has implemented and the impact of the strategies; strategies HHSC plans to implement and a timeframe for implementation; and any challenges in maximizing funding available to providers of ECI services identified by the agency. The plan and subsequent progress reports shall be submitted to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services.~~

Delete rider. Plan will be completed and submitted in the 2020-21 biennium.

99 II-76 ~~**Home-Delivered Meals Program.** Included in amounts appropriated above in Strategy F.1.2, Non-Medicaid Services, is \$3,000,000 in General Revenue in each fiscal year of the 2020-21 biennium to increase the maximum rate for Home-Delivered Meals to \$5.31 per meal.~~

Delete rider. Rider will be fully implemented in the 2020-21 biennium.

100 II-76 ~~**Unexpended Balances within the Biennium: Family Violence Services.** Any unexpended and unobligated balances remaining as of August 31, ~~2020~~2022, from appropriations made to the Health and Human Services Commission (HHSC) in Strategy F.3.1, Family Violence Services, are appropriated to HHSC for the fiscal year beginning September 1, ~~2020~~2022, for the same purposes relating to the provision of family violence services.~~

Update year references.

101 II-76 ~~**Stroke Treatment and Response.**
(a) Included in amounts appropriated above in Strategy D.1.10, Additional Specialty Care, is \$500,000 in General Revenue in fiscal year 2020 and \$500,000 in General Revenue in fiscal year 2021 for the Health and Human Services Commission (HHSC) to provide funding for services provided by mobile stroke units.~~

~~(b) It is the intent of the Legislature that, out of funds appropriated above in Strategies in Goal A, Medicaid Client Services, HHSC shall reimburse for tissue plasminogen activator (tPA) for treatment of stroke.~~

Delete rider.

3.B. Rider Revisions and Additions Request (continued)

Facilities

104

II-77

State Supported Living Center Oversight.

(a) Department of Justice Settlement Agreement.

(1) The Health and Human Services Commission (HHSC) shall provide notification when a state supported living center reaches substantial compliance with a section of the Department of Justice Settlement Agreement and is no longer subject to monitoring in that area. Notification shall be provided 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 within 30 days of reaching substantial compliance.

(b) Cost Reporting.

(1) Not later than April 1 and October 1 of each fiscal year, HHSC shall provide actual monthly expenditure data by state supported living center to the Legislative Budget Board in a format approved by the Legislative Budget Board.

(2) Not later than April 1 and October 1 of each fiscal year, HHSC shall provide data on cost reductions that have occurred as a result of reductions in the State Supported Living Center system census 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.

(c) 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 or as authorized in subsection (c)(3) of this rider. 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)

- (A) a detailed explanation of the reason for the need to spend additional funds; and
- (B) 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. Any request for additional information from the Legislative Budget Board shall interrupt the counting of the 15 business days.

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, ~~2019~~2021, 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.
- (3) Included in amounts appropriated above is an estimated \$242,500 in General Revenue Funds in fiscal year ~~2020~~2022 and \$242,500 in General Revenue Funds in fiscal year ~~2021~~2023 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. Funding is contingent on HHSC generating sufficient collections from the provision of these services. In the event actual collections are less than the amounts identified in this subsection, 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 the amount identified in this subsection, HHSC is authorized to expend these funds. Any collections greater than the amount listed in this subsection shall be noted in the report required by subsection (b)(1) of this rider.

Update year references.

3.B. Rider Revisions and Additions Request (continued)

105 II-78 **State Health Care Facility Provisions.** Out of funds appropriated above in Strategy G.3.1, Other Facilities, the Rio Grande State Center Outpatient Clinic ~~shall~~may support medical education residency programs in ~~through the Family Medicine Residency Program at the McAllen Medical Center with the cooperation with~~ of the University of Texas Rio Grande Valley. Any third party collections collected by the Rio Grande State Center are appropriated to Strategy G.3.1, Other Facilities, for the provision of services.

Rio Grande State Center has not had a resident from McAllen Medical Center since 2004. Proposed language is broad enough to work with other programs.

108 II-78 **State Hospital and State Supported Living Center Workforce.** Out of funds appropriated above in Strategy G.1.1, State Supported Living Centers, and Strategy G.2.1, Mental Health State Hospitals, the Health and Human Services Commission (HHSC) shall evaluate compensation levels, turnover and vacancy rates and patterns, use of contractors and position type, and recruiting efforts at the state hospitals and state supported living centers. HHSC shall develop recommendations to reduce turnover and vacancy rates. No later than August 31, ~~2020~~2022, HHSC shall submit to the Legislative Budget Board and the Governor's Office a report on the recommendations and initiatives taken to address these workforce issues.

Update year reference.

110 II-78 ~~**State Supported Living Centers Planning.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop a plan to maximize resources at state supported living centers (SSLCs).~~

~~The plan shall include the following:~~

~~(a) an examination of existing resources, services, supports, and infrastructure needs to serve individuals residing in SSLCs as well as other individuals with an intellectual or developmental disability (IDD) or behavioral health needs in this state;~~

~~(b) consideration of the feasibility of repurposing vacant or unused SSLC buildings and/or property and other resources to support SSLC residents; and~~

~~(c) consideration of service delivery to individuals who are not residents of the SSLC, including those with IDD or behavioral health needs.~~

~~In development of the plan, HHSC shall consider SSLC residents' needs and preferences, and/or their legally authorized representatives' preferences; SSLC system operational needs and capacity; and~~

3.B. Rider Revisions and Additions Request (continued)

changing demographics of persons served by SSLCs and in the community. HHSC shall coordinate with relevant stakeholders in the development of the plan, including SSLC family associations and local mental health authorities.

HHSC shall submit the plan no later than December 1, 2020, 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.

Delete rider. Plan will be completed and submitted in the 2020-21 biennium. HHSC is also required to produce an SLLC long range planning report pursuant to Texas Health and Safety Code §533a.032(c).

111

II-79

~~**Pharmacy Services at State-Supported Living Centers.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall evaluate the feasibility and cost-effectiveness of alternative models for providing pharmacy services for state-supported living centers. The evaluation should include consideration of entering into a contract with an organization to provide off-site pharmacy services, partnering with an institution of higher education to obtain more favorable pricing, and any other option identified by HHSC. The evaluation must consider any potential issues with compliance with the Department of Justice Settlement Agreement. HHSC shall report its findings and Recommendations to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services or finance by December 1, 2020.~~

Delete rider. Evaluation and report will be completed in the 2020-21 biennium.

Office of Inspector General

114

II-79

~~**Office of Inspector General: Managed Care Organization Performance, Reporting Requirement:**~~

~~(a) Out of funds appropriated above in Strategy K.1.2, OIG Administrative Support, the Office of Inspector General (OIG) shall collaborate with Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) to continue to review cost avoidance and waste prevention activities employed by MCOs throughout the state, as well as OIG's efforts to combat fraud, waste, and abuse in Medicaid managed care programs. The review shall include:~~

~~(1) 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;~~

3.B. Rider Revisions and Additions Request (continued)

~~(2) the effectiveness of strategies employed by MCOs to prevent waste and the adequacy of current functions;~~

~~(3) the allocation of resources for activities that directly or indirectly contribute to the prevention, detection, audit, inspection, or review of fraud, waste, and abuse in Medicaid managed care programs, including:~~

~~(A) Actual expenditures for fiscal year 2020~~2022~~ and planned expenditures for fiscal year 2021~~2023~~;~~

~~(B) Actual allocation of FTEs for fiscal year 2020~~2022~~ and the planned allocation of FTEs for fiscal year 2021~~2023~~ grouped by type of activity; and~~

~~(C) Any other information relevant to assess the percentage of resources used to perform activities related to Medicaid managed care relative to other OIG activities.~~

~~(4) The total incidence of fraud, waste, and abuse identified by the OIG in Medicaid managed care programs by entity, including Medicaid recipients, providers, managed care organizations, or hospitals; and~~

~~(b) The Office of Inspector General shall submit a report to the Legislative Budget Board and the Governor by March 1, 2020, detailing the information related to OIG's efforts to combat fraud, waste, and abuse in Medicaid managed care programs, as well as its findings and recommendations related to cost avoidance and waste prevention activities, employed by MCOs.~~

Delete rider. Report was completed and submitted on February 28, 2020. OIG also completed a report on MCO cost avoidance in fiscal year 2018.

Texas Civil Commitment Office

116

II-80

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 number of full-time equivalents (FTEs) for TCCO is 35.0 in each fiscal year of the biennium.

3.B. Rider Revisions and Additions Request (continued)

(a) Any unexpended balances remaining on August 31, ~~2020~~2022, in Strategy M.1.1, Texas Civil Commitment Office, are appropriated for the same purposes for the fiscal year beginning September 1, ~~2020~~2022, contingent upon the agency providing written notification to the Legislative Budget Board and the Governor at least 30 days prior to making the transfer.

(b) TCCO shall submit quarterly status reports to the Legislative Budget Board and the Governor 30 days after the end of each quarter that include the number and placement of civilly committed individuals and the number and outcome of civil commitment trials within the reporting period. Additional information shall be included at the request of the Legislative Budget Board.

(c) TCCO is authorized to transfer appropriations made for the fiscal year ending August 31, ~~2021~~2023, to the fiscal year ending August 31, ~~2020~~2022, subject to the following conditions:

- (1) Transfers under this rider 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 ~~2020~~2022; and
- (2) A transfer authorized by this rider must receive prior written approval of the Legislative Budget Board and the Governor.

Update year references.

117

II-81

Texas Civil Commitment Office Healthcare Costs.

(a) Included in amounts appropriated above in Strategy M.1.1, Texas Civil Commitment Office, is ~~\$414,368~~\$771,080 in General Revenue in each fiscal year of the biennium for the Texas Civil Commitment Office (TCCO) to provide healthcare not covered under contract to civilly committed residents of a housing facility either operated by or contracted for by TCCO.

(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 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.

Revenue

118

II-81

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,

3.B. Rider Revisions and Additions Request (continued)

~~2019~~2021, from the sale of Special Olympics Texas license plates (estimated to be \$3,000 each fiscal year of the ~~2020-21~~2022-23 biennium), the I Love Texas license plates (estimated to be \$10,000 each fiscal year of the ~~2020-21~~2022-23 biennium), and the Volunteer Advocate Program license plates (estimated to be \$13,500 each fiscal year of the ~~2020-21~~2022-23 biennium) and deposited to the credit of the License Plate Trust Fund No. 0802 for the purpose of providing training, service programs, and grants to eligible organizations and individuals.

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).

Any unexpended balances remaining as of August 31, ~~2020~~2022, in the appropriation made herein are appropriated for the fiscal year beginning September 1, ~~2020~~2022, for the same purpose.

Update year references.

119

II-81

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) **Healthy Texas Women Program (HTW).** HTW rebate revenue and related interest is appropriated above in Strategy D.1.1, Women's Health Programs.

(d) **Children with Special Health Care Needs (CSHCN).** CSHCN rebate revenue and related interest is appropriated above in Strategy D.1.7, Children with Special Needs.

(e) **Kidney Health Care Program (KHP).** KHP rebate revenue and related interest is appropriated above in Strategy D.1.9, Kidney Health Care.

(f) **Rebates as a First Source of Funding.** Expenditures for Prescription Drugs in Medicaid, CHIP, HTW, CSHCN, and KHP shall be made from rebate revenue and related interest received in fiscal years ~~2020~~2022 and ~~2021~~2023. As rebates are generated, expenditures to support Prescription Drugs in Medicaid, CHIP, HTW, CSHCN, and KHP shall be made from rebate revenues. In the event rebate

3.B. Rider Revisions and Additions Request (continued)

revenues are not available for expenditure, General Revenue may be used to support Prescription Drugs expenditures until rebate revenues are available.

(g) **Appropriation of Medicaid and CHIP Rebates.** 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) 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.

(h) **Appropriation of HTW, CSHCN, and KHP Rebates.** In addition to rebate revenue appropriated above in Strategies D.1.1, Women's Health Programs, D.1.7, Children with Special Needs, and D.1.9, Kidney Health Care, HHSC is appropriated 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 Fund 01 appropriated for the purpose of operating the HTW, CSHCN, and KHP programs.
- (2) In the event General Revenue Fund 01 is expended prior to the receipts of vendor drug rebates, HHSC shall reimburse General Revenue. HHSC shall reimburse the General Revenue Fund 01 with vendor drug rebates on a monthly basis.
- (3) In the event HHSC expends vendor drug rebates in excess of amounts appropriated above in Strategies D.1.1, Women's Health Programs, D.1.7, Children with Special Needs, and D.1.9, Kidney Health Care, General Revenue Fund 01 is reduced by a like amount.

(i) **Limited Use of Rebates.** Rebates generated by a specific program shall only be used for that specific program.

3.B. Rider Revisions and Additions Request (continued)

(j) **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's Office: the outstanding prescription drug rebate balances for the Medicaid, CHIP, HTW, 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.

Update year references.

120

II-82

Appropriation: WIC Rebates. Included in amounts appropriated above in Strategy E.1.2, Provide WIC Services, is all rebate revenue earned via the WIC Program and deposited under Comptroller's Revenue Object Code No. 3597, estimated to be \$224,959,011 in Account No. 8148 (Other Funds) each fiscal year of the ~~2020-21~~2022-23 biennium to administer the WIC program in accordance with applicable federal law.

Any unexpended and unobligated balances of rebate revenue remaining as of August 31, ~~2019~~2021, in Account No. 8148, WIC Rebates, are appropriated for the fiscal year beginning September 1, ~~2019~~2021, for the same purpose.

Any unexpended and unobligated balances remaining from amounts appropriated as of August 31, ~~2020~~2022, are appropriated for the fiscal year beginning September 1, ~~2020~~2022, for the same purpose.

~~No later than November 1 of each year, HHSC shall report to the Legislative Budget Board the amount of unexpended balances of rebate revenue from the previous fiscal year.~~

Update year references. HHSC reports information on unexpended balances of rebate revenue through other routing reporting.

122

II-83

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, ~~2019~~2021, and receipts collected in fiscal years

3.B. Rider Revisions and Additions Request (continued)

~~2020~~2022 and ~~2021~~2023.

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.

124

II-84

Use of Certain Additional Medicaid Revenues.

(a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.5, Children, is ~~\$50,000,000~~\$18,000,000 in fiscal year ~~2020~~2022 and ~~\$50,000,000~~\$18,000,000 in fiscal year ~~2021~~2023 from Medicaid Program Income No. 705. For the purposes of this provision, Medicaid Program Income is defined as revenues that are deposited into the General Revenue Fund in Revenue Object Code 3639 - Premium Credits, Medicaid Program, including: 1) refunds/rebates of previously paid premiums and interest earnings; 2) refunds/rebates received from the Medicaid claims payment contractor or other sources; and 3) managed care experience rebates generated in accordance with 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.

(b) Included in amounts appropriated above to HHSC in Strategy A.1.2, Disability-Related, is \$200,000 in fiscal year ~~2020~~2022 and \$200,000 in fiscal year ~~2021~~2023, from Cost Sharing-Medicaid Clients No. 8075. For the purposes of this provision, Medicaid cost sharing revenues are defined as all cost sharing revenues generated by Medicaid clients as authorized in Section 32.064 of the Human Resources Code. These revenues may include enrollment fees, deductibles, coinsurance, and portions of the managed care plan premiums.

3.B. Rider Revisions and Additions Request (continued)

(c) Medicaid Program Income No. 705 and Cost Sharing-Medicaid Clients No. 8075 shall be expended as a first source, and General Revenue shall be used as a second source, to support the Medicaid program. In the event that revenues should be greater than the amounts identified in the method of finance above as General Revenue Fund-Medicaid Program Income No. 705, or Cost Sharing-Medicaid Clients No. 8075, the commission is appropriated and authorized to expend these General Revenue Funds, subject to the following requirements:

- (1) Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes; and
- (2) In the event General Revenue has been expended prior to the receipt of program income or cost sharing revenues, the commission shall reimburse General Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of program income balances.

Update year references.

126

II-84

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 \$430,000 in General Revenue in fiscal year ~~2020~~2022 and \$430,000 in General Revenue in fiscal year ~~2021~~2023 for the BEST Program, contingent upon the generation of funds through donations. Revenues received from donations made in fiscal year ~~2020~~2022 and fiscal year ~~2021~~2023, in amounts not to exceed \$860,000 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 \$100,000 as of August 31, ~~2019~~2021, are appropriated to HHSC for the same purpose for the fiscal year beginning September 1, ~~2019~~2021, and any unexpended balances remaining as of August 31, ~~2020~~2022 are appropriated to HHSC for the same purpose for the fiscal year beginning September 1, ~~2020~~2022. 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 references.

129

II-87

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

3.B. Rider Revisions and Additions Request (continued)

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.

(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.

(c) **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 per year for the ~~2020-~~212022-23 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 per year from MH Medicare Receipts. MH Medicare Receipts collections above \$26,500,000 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 ~~2020-21~~2022-23 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 104, State Supported Living Center Oversight.

Update year references.

3.B. Rider Revisions and Additions Request (continued)

132

II-88

Appropriation: Contingent Revenue. The Health and Human Services Commission (HHSC) is appropriated for the purposes identified below any additional revenue generated by HHSC above the amounts identified in fiscal year ~~2020~~2022 or fiscal year ~~2021~~2023 in the Comptroller of Public Account's Biennial Revenue Estimate (BRE) for each of the accounts or revenue objects identified below. An appropriation from an account or revenue object shall be made available to HHSC 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 ~~2020~~2022 or fiscal year ~~2021~~2023 and does not include any balances that have accrued in the account or revenue object code.

By March 1 of each year, HHSC may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor's Office of the amount that HHSC projects will be received in excess of the amounts contained in the BRE for each of the accounts or revenue objects identified 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.

(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.

(3) Revenue Object Code 3562 in the General Revenue Fund for the purpose of interpreter testing and certification.

Update year references.

133

II-88

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.3.1, Health Care Professionals and 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 \$13,224,311 for fiscal year ~~2020~~2022 and \$11,485,461 for fiscal year ~~2021~~2023 and "other direct and indirect costs" are estimated to be \$5,451,817 for fiscal year ~~2020~~2022 and \$4,337,704 for fiscal year ~~2021~~2023.

(a) This rider shall apply to revenue generated in the following strategies and deposited under the following revenue codes or account numbers.

3.B. Rider Revisions and Additions Request (continued)

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 (Health Related Professional Fees for Interpreters for Persons who are Deaf or Hard of Hearing).

H.1.1 Facility/Community-Based Regulation

129 Hospital Licensing

Fees deposited into General Revenue 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, and Drug Abuse Treatment Facilities).

Fees deposited into General Revenue to support the Home Health and Community Support Services Agencies Program in Strategy H.1.1, Facility/Community-Based Regulation, including fees deposited under the following Revenue Code: 3557 (Health Care Facilities Fees for Home and Community Support Services).

H.3.1, Health Care Professionals and Other

Fees deposited into General Revenue to support Strategy H.3.1, Health Care Professionals and Other, including fees deposited under the following Revenue Codes: 3175 (Professional Fees, for Health Services Providers); 3557 (Health Care Facilities Fees for Convalescent and Nursing Facilities); 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.

3.B. Rider Revisions and Additions Request (continued)

Update year references.

134

II-90

Texas.Gov Authority Appropriation.

(a) The Health and Human Services Commission (HHSC) is authorized in accordance with Government Code § 2054.252 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 \$123,140 in fiscal year ~~2020~~2022 and \$123,140 in fiscal year ~~2021~~2023 in revenue in Strategy H.4.1, Texas.Gov, 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.

(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 ~~2020-21~~2022-23 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.

(f) 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.

3.B. Rider Revisions and Additions Request (continued)

Transfers

136

II-93

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 for the biennium).

Any unexpended balances in fees collected to promote affordable housing for the elderly remaining as of August 31, ~~2020~~2022, in the appropriation made in Strategy F.1.2, Non-Medicaid Services, are appropriated for the fiscal year beginning September 1, ~~2020~~2022.

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 references.

137

II-93

Appropriation Transfers between Fiscal Years. In addition to the transfer authority provided in Health and Human Services Commission (HHSC) Rider 135, 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, HHSC is authorized to transfer General Revenue from funds appropriated in all Strategies in Goals A or C in fiscal year ~~2021~~2023 to fiscal year ~~2020~~2022 for the purpose of providing services to eligible clients. Such transfers may only be made subject to the following:

(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 ~~2020~~2022, or
- (2) for any other emergency expenditure requirements, including expenditures necessitated by public calamity.

(b) A transfer authorized by this rider must receive the prior written approval of the Governor and the Legislative Budget Board. The request must be received by August 31, ~~2020~~2022. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely

3.B. Rider Revisions and Additions Request (continued)

manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

(1) 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 shall make a one-time adjustment to transfers made under this section if funds moved from fiscal year ~~2021~~2023 exceed the amount needed in fiscal year ~~2020~~2022. HHSC shall provide notification to the Legislative Budget Board, the Comptroller of Public Accounts, and the Governor by October 31, ~~2020~~2022, if a one-time adjustment described in this section is made on or before that date.

(e) A one-time adjustment as described in subsection (d) may occur after October 31, ~~2020~~2022 only upon prior written approval of 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.

139

II-94

Unexpended Balances: Deaf and Hard of Hearing Services. Any unexpended and unobligated balances remaining as of August 31, ~~2019~~2021 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.

(a) Interagency Contracts for Administrative Fees for the purpose of specialized projects for individuals who are hard of hearing;

(b) Article IX, §8.01, Acceptance of Gifts of Money, for the purpose of expenses related to the

3.B. Rider Revisions and Additions Request (continued)

Summer Camp Program; and

(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.

Any unexpended balances remaining as of August 31, ~~2020~~2022, are appropriated for the same purpose for the fiscal year beginning September 1, ~~2020~~2022 (estimated to be \$0).

Update year references.

140

II-94

Unexpended Construction Balances.

(a) Included in the amounts appropriated above are unexpended and unobligated balances in General Obligation Bond Proceeds and Revenue Bond Proceeds remaining as of August 31, ~~2019~~2021 (estimated to be \$0), for repairs and renovation at the state hospitals and state supported living centers (SSLCs) for the ~~2020-21~~2022-23 biennium in Strategy G.4.2, Facility Capital Repairs and Renovation.

Any unexpended balances in General Obligation Bond Proceeds and Revenue Bond Proceeds described herein and remaining as of August 31, ~~2020~~2022, are appropriated to the Health and Human Services Commission (HHSC) for the fiscal year beginning September 1, ~~2020~~2022, for the same purpose.

(b) Included in the amounts appropriated above are unexpended and unobligated balances in Economic Stabilization Funds for projects that have been approved under the provisions of HHSC Rider 147, New Construction of State Hospitals, of Senate Bill 1, Eighty-fifth Legislature, Regular Session, 2017, remaining as of August 31, ~~2019~~2021 (estimated to be \$0), for new construction or significant repairs at the state hospitals and state-funded inpatient mental health facilities for the ~~2020-21~~2022-23 biennium in Strategy G.4.2, Facility Capital Repairs and Renovation. Also included in the amounts appropriated above are unexpended and unobligated balances in Economic Stabilization Funds, remaining as of August 31, ~~2019~~2021 (estimated to be \$0), for facility repairs and renovations at the state hospitals and SSLCs for the ~~2020-21~~2022-23 biennium in Strategy G.4.2, Facility Capital Repairs and Renovation.

Any unexpended balances in Economic Stabilization Funds described herein and remaining as of August 31, ~~2020~~2022, are appropriated to HHSC for the fiscal year beginning September 1, ~~2020~~2022, for the same purpose.

(c) Authorization. Authorization to expend the unexpended construction balances, specified in subsections (a) and (b) above, 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

3.B. Rider Revisions and Additions Request (continued)

reports to the Comptroller of Public Accounts.

- (1) a report by September 1, ~~2019~~2021, providing actual expenditures for fiscal years ~~2018~~2020 and ~~2019~~2021, and planned expenditures for fiscal years ~~2020~~2022 and ~~2021~~2023 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.

141

II-95

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 in Strategy G.2.1, Mental Health State Hospitals, made for the fiscal year ending August 31, ~~2021~~2023, to the fiscal year ending August 31, ~~2020~~2022, 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 ~~2020~~2022; or
 - (2) for any emergency expenditure requirements; or

3.B. Rider Revisions and Additions Request (continued)

(3) if appropriated receipts generated through MH hospital-related programs required to fund appropriations contained in this Act for fiscal year ~~2020~~2022 are less than those contained in the method of financing for HHSC for fiscal year ~~2020~~2022.

(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.

142

II-95

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 an amount up to and not to exceed \$878,886 being collected and deposited in the Account for the ~~2020-21~~2022-23 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). In the event that actual collections are below \$878,886, 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.

Any

additional unexpended balances on hand in the accounts as of August 31, ~~2020~~2022 are appropriated to the agency for the fiscal year beginning September 1, ~~2020~~2022 for the same purpose, subject to the HHSC 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

3.B. Rider Revisions and Additions Request (continued)

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.

144 II-96 **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 ~~2020-21~~2022-23 biennium the actual amount of federal Social Services Block Grant funds expended and the actual amount of unexpended and unobligated balances.

Update year references.

145 II-96 **Appropriation of Unexpended Balances: Funds Recouped from Local Authorities.** Notwithstanding other provisions of this Act, any state funds appropriated for fiscal year ~~2020~~2022 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 ~~2021~~2023.

HHSC shall provide a report to the Legislative Budget Board and the Governor by December 15, ~~2020~~2022, 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.

Update year references.

146 II-96 **Transfer Authority Related to the Texas Home Living Waiver.** Notwithstanding Article IX, §14.01, Appropriation Transfers, and Rider 135, Limitations on Transfer Authority, 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 ~~2021~~2023 in Strategy A.3.4, Texas Home Living Waiver to Strategy

3.B. Rider Revisions and Additions Request (continued)

A.1.1, Aged and Medicare-Related and Strategy A.1.2, Disability-Related. The 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). This information shall be submitted at the same time as the notification of transfer amounts.

Authority provided in this rider to transfer General Revenue Funds and Federal Funds appropriated in fiscal year ~~2021~~2023 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, may not be construed as creating an entitlement to Texas Home Living Waiver services and does not authorize HHSC to increase enrollment in the Texas Home Living Waiver above ~~3,5204,548~~, as identified in Rider 1, Performance Measure Targets, Average Number of Individuals Served Per Month: Texas Home Living Waiver.

Update year references.

Administration

148

II-97

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

3.B. Rider Revisions and Additions Request (continued)

Childhood Intervention Services, and Specialized Skills Training (SST), including petition disapprovals, expenditure reports, cost allocation revisions, and any loss of federal funding due to noncompliance with federal regulations.

(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 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 of each month:

- (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) Narrative explanations of significant budget adjustments, ongoing budget issues, and other items as appropriate;
- (4) Description of specific provisions of managed care contracts and resulting increases or decreases in revenue;
- (5) 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;
- (6) Expenditures of General Revenue for Medicaid federal matching purposes by the method of financing codes 758 - GR Match for Medicaid, 8032 - GR Certified Match for Medicaid, 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, and the amounts of Medicaid Federal Funds drawn and expended; and

3.B. Rider Revisions and Additions Request (continued)

(7) 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.

The monthly financial reports shall be prepared and submitted in a format specified by the Legislative Budget Board.

Change due date of the Monthly Financial Report (MFR) to allow sufficient time for submission.

149

II-98

Reimbursement of Advisory Committee Members. Pursuant to Government Code §2110.004, reimbursement of expenses for advisory committee members who are receiving services from HHSC or advisory committee members who are family members of individuals receiving services from HHSC, out of funds appropriated above - not to exceed a total of \$242,532 each fiscal year, is limited to the following advisory committees:

Hospital Payment Advisory Committee, Medical Care 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 Autism Council~~, Chronic Kidney Task Force, Nursing Facility Administrators Advisory Committee, Early Childhood Intervention Advisory Council, Board for Evaluation of Interpreters, Joint Committee on Access and Forensic Services, Palliative Care Interdisciplinary Advisory Council, Texas Medical Disclosure Panel, Aging and Disability Resource Center Advisory Committee, Aging Texas Well Advisory Committee, Mental Health Condition and Substance Use Disorder Parity Work Group, STAR Kids Managed Care Advisory Committee, Texas Brain Injury Advisory Council, STAR+PLUS Pilot Program Workgroup and Texas Respite Advisory Committee.

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.

Some advisory committees have historically reimbursed all members, while others have specified reimbursement for individuals receiving services and family members. OPP staff support two

3.B. Rider Revisions and Additions Request (continued)

committees that have historically reimbursed all members, even those whose employers see the individual's participation in the committee as a job-related duty - Medical Care Advisory Committee (MCAC) and Hospital Payment Advisory Committee (HPAC). This would ensure that travel funds are available for individuals receiving services and their family members.

151 II-98 ~~**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.~~

The rider was given to the guardianship program when the program was separated from DFPS (APS) and reassigned to DADS. State-issued phones were not an option under DADS therefore staff had to be reimbursed for use of personal cell phones for all work-related matters and the requirement for staff to be available 24 hours a day for work-related matters.

152 II-98 **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.

Any unexpended balances in Strategy L.2.1, Central Program Support, for the Consolidated Print Shop, remaining as of August 31, ~~2020~~2022, are appropriated for the fiscal year beginning September 1, ~~2020~~2022, for the purpose of providing cash flow stability for Print Shop activities.

Update year references.

157 II-99 ~~**Community Attendant Workforce Development Strategies.** Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall develop strategies to recruit, retain, and ensure adequate access to the services of community attendants.
(a) These strategies shall include the following:~~

~~(1) Gathering comprehensive data regarding attendants providing home and community-based services in both fee-for-service and managed care, including:~~

~~(A) number of attendants;~~

3.B. Rider Revisions and Additions Request (continued)

~~(B) turnover rates for attendants;~~

~~(C) vacancy rates for attendants;~~

~~(D) number of attendants paid at the base wage rate;~~

~~(E) number of attendants paid above the base wage rate;~~

~~(F) average wage rate in the lowest-paying programs;~~

~~(G) historic wage levels in Texas community care, adjusted for inflation;~~

~~(H) any financial incentives that are passed directly to community attendants;~~

~~(I) factors that impact access to reliable attendant care;~~

~~(J) average cost of community care as compared to nursing facility care; and~~

~~(K) any other data the agency deems necessary to develop a plan to improve recruitment and retention of the community attendants and inform the Legislature about the challenges facing the provision of community attendant services.~~

~~(2) Estimating the demand for community attendant services utilizing demographic trends and any other necessary information and the required community attendant workforce capacity required to meet that demand for the period from fiscal year 2022 to fiscal year 2031.~~

~~(3) Convening a cross-agency forum to develop a state workforce strategic plan for retention and recruitment of community attendants. The plan shall include:~~

~~(A) recommendations for the Legislature to consider related to potential dedicated sources of funding for community attendants;~~

~~(B) ways to increase the use of consumer directed services;~~

3.B. Rider Revisions and Additions Request (continued)

~~(C) innovative ideas for recruitment and retention of community attendants, which may include the following:~~

~~(i) wage and benefit incentives;~~

~~(ii) quality-based payment systems in managed care;~~

~~(iii) training people with disabilities to be community attendants;~~

~~(iv) options to develop internships for students in health-related fields such as medicine, nursing, occupational therapy, physical therapy, and others; and~~

~~(v) recruiting retired seniors to work as community attendants.~~

~~(4) Developing enhanced network adequacy standards for Medicaid managed care organizations ensuring sufficient member access to community care attendants.~~

~~(b) HHSC may conduct surveys or other methods as necessary to collect the data described in subsection (a)(1) if it is not available from existing sources.~~

~~(c) In developing the strategic plan, HHSC shall work in consultation with the Aging and Disability Resource Center Advisory Committee, State Medicaid Managed Care Advisory Committee, Texas Council on Consumer Direction, and any other advisory committees and stakeholders as determined by the Executive Commissioner of HHSC.~~

~~(d) HHSC shall submit the strategic plan and recommendations for implementation of the plan by November 1, 2020 to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services.~~

Delete rider. Rider requirements will be fully implemented in the 2020-21 biennium.

158

II-100

Palliative Care Program. Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Executive Commissioner shall allocate \$135,309 in fiscal year ~~2020~~2022 and \$135,309 in fiscal year ~~2021~~2023 in General Revenue to support the Palliative Care Interdisciplinary Advisory Council established in Health and Safety Code Chapter 118 and a statewide palliative care consumer and healthcare professional information and education program. The Health and Human Services

3.B. Rider Revisions and Additions Request (continued)

Commission shall consult with the Advisory Council on the implementation of the information and education program.

Any unexpended balances as of August 31, ~~2020~~2022, are appropriated for the fiscal year beginning September 1, ~~2020~~2022, for the same purpose.

Update year references.

163 II-101 **Transfer for Health Professions Council.** Out of funds appropriated above in Strategy H.3.1, Health Care Professionals and Other, an amount equal to \$11,599 in General Revenue in each fiscal year of the ~~2020-21~~2022-23 biennium shall be used for transfer to, and expenditure by, the Health Professions Council as the pro-rated assessment of the Health Care Professional Licensing Department of the Health and Human Services Commission.

Update year references.

164 II-101 **Enterprise Data Governance.** Included in the amounts appropriated above in Strategy L.1.2, IT Oversight & Program Support, is ~~\$5,460,700~~\$1,316,000 in All Funds (~~\$792,175~~\$658,000 in General Revenue) in fiscal year ~~2020~~2022 and ~~\$5,458,275~~\$1,316,000 in All Funds (~~\$791,569~~\$658,000 in General Revenue) in fiscal year ~~2021~~2023 for the Enterprise Data Governance project.

No later than December 1 of each year, the Health and Human Services Commission (HHSC) shall submit a report to the Legislative Budget Board and the Governor's Office 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-sixth~~Eighty-seventh Legislature, ~~2019~~2021.

Update year and amounts references.

165 II-102 **Texas Integrated Eligibility Redesign System (TIERS).** Included in the amounts appropriated above in Strategy I.3.2, TIERS Capital Projects, is ~~\$54,028,655~~\$53,873,170 in All Funds (~~\$19,893,263~~\$19,388,634 in General Revenue) in fiscal year ~~2020~~2022 and ~~\$54,094,304~~\$55,627,786 in All Funds (~~\$20,475,003~~\$19,979,632 in General Revenue) in fiscal year ~~2021~~2023 for capital enhancements and maintenance of TIERS.

The Health and Human Services Commission (HHSC) shall submit quarterly reports to the Legislative

3.B. Rider Revisions and Additions Request (continued)

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-sixth~~Eighty-seventh Legislature, ~~2019~~2021.

Notwithstanding transfer authority in Article IX, §14.03, Transfers - Capital Budget, 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.

Update year and amount references.

166 II-102 ~~**Sunset Contingency.** Funds appropriated above for fiscal year 2020 for the Texas Board of Examiners of Marriage and Family Therapists, Texas State Board of Examiners of Professional Counselors, and Texas State Board of Social Worker Examiners are made contingent on the continuation of the Texas Board of Examiners of Marriage and Family Therapists, Texas State Board of Examiners of Professional Counselors, and Texas State Board of Social Worker Examiners by the Eighty-sixth Legislature, Regular Session, 2019. In the event that the boards are not continued, the funds appropriated for fiscal year 2020, or as much thereof as may be necessary, are to be used to provide for the phase-out of board operations.~~

Delete rider.

168 II-167 **Enhanced Eligibility Screening Tools.** It is the intent of the Legislature that, out of funds appropriated above, the Health and Human Services Commission shall:

(a) ~~Cross-match, on a quarterly basis beginning September 1, 2019, statistically significant samples of recipient enrollment records from the~~ Utilize data sources when conducting verification and validations of all applicants for medical assistance, financial assistance, supplemental nutrition assistance, and children's health insurance programs. Data sources include ~~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

3.B. Rider Revisions and Additions Request (continued)

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;

(b) Not later than September 1, ~~2020~~2022, prepare and submit a written report to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Lieutenant Governor, Speaker of the House of Representatives, and any permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services containing how the agency utilizes current data sources in Subsection (a) of this rider pre- and post- eligibility and initiatives implemented to meet the goal of strengthening program integrity and reducing fraud, waste, and abuse. ~~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~~

~~(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, 2020.~~

HHSC currently conducts verifications and validations of all applicants for SNAP, TANF, Medicaid, and CHIP against the data sources listed in the rider. Most of these checks occur pre-determination and some occur post-determination. The current data broker vendor, through whom most of these data sources are accessed by HHSC, provided an estimate of over \$500,000 to complete the initial match. Given that the intent of the rider is to use data sources to strengthen program integrity, reduce fraud, waste, and abuse and achieve cost savings in the programs and this is currently being completed for 100% of applicants, the rider is updated to reflect current business practices.

169

II-103

~~**Strategic Planning for Vacant or Underutilized FTE Positions.** Out of funds appropriated above in Strategy L.1.1, HHS System Support, the Health and Human Services Commission (HHSC) shall develop a strategic plan to transition vacant or underutilized full-time equivalent positions (FTEs) to high priority agency functions including contract oversight and management, or to achieve cost savings by reducing vacant or underutilized FTEs. HHSC shall submit the strategic plan by August 31, 2020, and shall report associated data regarding the commission's redistribution, repurposing, or reduction of FTE positions by August 31 of each fiscal year to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services.~~

Delete rider. The strategic plan was completed and submitted in the 2020-21 biennium.

3.B. Rider Revisions and Additions Request (continued)

- 171 II-103 ~~**Change in Ownership Processing Timeliness.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall review the agency's process for completing nursing facility change of ownership, including timeframes for application processing, survey, contracting, licensure, and payments following the completed change of ownership. HHSC shall submit a report detailing the agency's current processes and timeframes and recommendations for improving the change of ownership process to reduce the duration a nursing facility provides services without Medicaid reimbursement to the Governor, Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by March 1, 2020.~~
- Delete rider. Reporting requirement will be completed in the 2020-21 biennium.*
- 172 II-103 **Coordination with Diabetes Council.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall coordinate with the Texas Diabetes Council to develop strategies to reduce or contain diabetes-related costs in the Medicaid program using best practices to improve quality of care. HHSC shall submit a report including findings and recommendations to the Legislative Budget Board, the Governor, and the permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by August 31, ~~2020~~2022.
- Update year references.*
- 174 II-103 ~~**Texas Information and Referral Network Improvements.** Included in amounts appropriated above in Strategy I.2.1, IT Oversight & Program Support, is \$150,000 in All Funds in fiscal year 2020 and \$25,000 in All Funds in fiscal year 2021 to be used by the Health and Human Services Commission (HHSC) to improve disaster response capabilities, system integration, data transparency, and effectiveness within the Texas Information and Referral Network's 2-1-1 Help Line System. Improvements shall include interstate agreements designed to improve disaster response; technology enhancements, such as texting and web-based chat capabilities; real-time data transparency solutions, such as 2-1-1 Counts or similar programs; and measures designed to connect specialized populations with available state and local services. HHSC shall submit a report on improvements made to the 2-1-1 Help Line System to the Legislative Budget Board and the Governor, and shall post the report to HHSC's website no later than December 1, 2020.~~
- Delete rider. Requirements will be fully implemented in the 2020-21 biennium.*
- 175 II-104 ~~**Information Technology and Data Services Modernization Plan.** It is the intent of the legislature that, not later than October 1, 2020, the Health and Human Services Commission, using money appropriated to the commission by this Act, prepare and submit to the Governor, Legislative Budget Board, and post to the commission's website a 10-year system-wide plan outlining the manner in~~

3.B. Rider Revisions and Additions Request (continued)

~~which the commission intends to transition its information technology and data-related services and capabilities into a more modern, integrated, secure, and effective environment. The plan must:~~

~~(1) Describe the commission's project management process;~~

~~(2) Identify the resources required to implement the plan;~~

~~(3) Define the desired outcomes of the plan;~~

~~(4) Include:~~

~~(A) Legacy system modernization or replacement~~

~~(B) Efforts towards server consolidation through the Department of Information Resources data center services program;~~

~~(C) A description of cloud computing service options; and~~

~~(D) An analysis of the commission's technical and data architecture that is necessary to provide enhanced data analytics, reporting, and performance management need; and~~

~~(5) describe the commission's approach to creating an automated, interoperable system-wide data analytics and performance management system that transforms data into meaningful information to support data-driven decision making, quality improvement initiatives, efficient service delivery, and effective regulation and oversight of programs administered by the commission.~~

Delete rider. Plan will be developed and submitted in the 2020-21 biennium.

176

II-104

~~**Contingency for Senate Bill 750.** Included in amounts appropriated above in Strategy D.1.1, Women's Health Programs, and contingent on enactment of Senate Bill 750, or similar legislation relating to maternal and newborn health care and the quality of services provided to women in this state under certain health care programs, by the Eighty-sixth Legislature, Regular Session, is \$1,029,200 in General Revenue in fiscal year 2020 and \$13,643,638 in General Revenue in fiscal year 2021, to implement a limited postpartum care package in the Healthy Texas Women program.~~

Delete contingency rider.

177

II-104

~~**Contingency for House Bill 1584.** Contingent on enactment of House Bill 1584, or similar legislation relating to health benefit plan coverage of prescription drugs for stage four advanced, metastatic~~

3.B. Rider Revisions and Additions Request (continued)

cancer, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated elsewhere in this Act.

Delete contingency rider.

178 II-104 ~~**Contingency for House Bill 1063.** Contingent on enactment of House Bill 1063, or similar legislation relating to telemedicine medical, telehealth, and home telemonitoring services under Medicaid, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.~~

Delete contingency rider.

179 II-104 ~~**Contingency for House Bill 1576.** Contingent on enactment of House Bill 1576, or similar legislation relating to the delivery of certain transportation services under Medicaid and certain other health and human services programs, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.~~

Delete contingency rider.

180 II-105 ~~**Contingency for Senate Bill 1096.** Contingent on enactment of Senate Bill 1096, or similar legislation relating to certain benefits provided through the Medicaid managed care program, including pharmacy benefits, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.~~

Delete contingency rider.

181 II-105 ~~**Contingency for Senate Bill 1105.** Contingent on enactment of Senate Bill 1105, or similar legislation relating to the administration and operation of Medicaid, including Medicaid managed care, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.~~

Delete contingency rider.

182 II-105 ~~**Contingency for Senate Bill 1207.** Contingent on enactment of Senate Bill 1207, or similar legislation relating to the operation and administration of Medicaid, including the Medicaid managed care program and the medically dependent children (MDCP) waiver program, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.~~

3.B. Rider Revisions and Additions Request (continued)

Delete contingency rider.

183 II-105 ~~**Contingency for Senate Bill 170.**~~ Contingent on enactment of Senate Bill 170, or similar legislation relating to reimbursement of rural hospitals under Medicaid, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.

Delete contingency rider.

184 II-105 ~~**Contingency for Senate Bill 1780.**~~ Contingent on enactment of Senate Bill 1780, or similar legislation relating to value-based arrangements in the Medicaid vendor drug program, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission (HHSC) shall implement the provisions of the bill out of funds appropriated to HHSC in Strategy B.1.1, Medicaid Contracts & Administration.

Delete contingency rider.

185 II-105 ~~**Contingency for Senate Bill 1991.**~~ Contingent on enactment of Senate Bill 1991, or similar legislation relating to claims and overpayment recoupment processes imposed on health care providers under Medicaid, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.

Delete contingency rider.

186 II-105 ~~**Contingency for Senate Bill 916.**~~ Contingent on enactment of Senate Bill 916, or similar legislation relating to supportive palliative care by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.

Delete contingency rider.

187 II-105 ~~**Contingency for House Bill 19.**~~ Contingent on the enactment of House Bill 19, or similar legislation relating to mental health and substance use resources for certain school districts, \$2,300,000 in General Revenue Funds is appropriated to the Health and Human Services Commission in Strategy D.2.2, Community Mental Health Svcs – Children, in each fiscal year of the biennium to provide grants to support 20 non-physician mental health professionals, one per education service center (ESC) region, at local mental health authorities.

Delete contingency rider.

3.B. Rider Revisions and Additions Request (continued)

- 188 II-105 ~~**Contingency for Senate Bill 1834.** Contingent on enactment of Senate Bill 1834, or similar legislation relating to a study and pilot program regarding the use of incentives to purchase certain fruits or vegetables under the Supplemental Nutrition Assistance Program, by the Eighty-Sixth Legislature, Regular Session, the Health and Human Services Commission is appropriated capital budget authority in the amount of \$7,676 for the 2020-2021 biennium to implement the technology provisions of the legislation.~~
- Delete contingency rider.*
- 189 II-105 ~~**Contingency for Senate Bill 706.** Contingent on enactment of Senate Bill 706, or similar legislation relating to an investigation unit within the Health and Human Services Commission (HHSC) for certain illegally operating child care facilities by the Eighty-sixth Legislature, Regular Session, and in addition to the \$2,029,055 in General Revenue and 20.0 FTEs appropriated in Strategy H.2.1, Child Care Regulation for the 2020-212 biennium for the purposes of implementing a unit to proactively investigate illegal child care operations, HHSC is appropriated \$1,039,184 in General Revenue and \$1,057,836 in All Funds in fiscal year 2020, and \$731,234 in General Revenue and \$748,275 in All Funds in fiscal year 2021 to implement the provisions of the legislation. In addition, the "Number of Full-Time Equivalentents (FTE)" in the agency's bill pattern is increased by 15.8 FTEs in each fiscal year.~~
- Delete contingency rider.*
- 190 II-106 ~~**Contingency for Senate Bill 2138.**~~
- ~~(a) Contingent on enactment of Senate Bill 2138, or similar legislation relating to the authority of the Health and Human Services Commission to retain certain money received by the commission to administer certain Medicaid programs, by the Eighty-Sixth Legislature, Regular Session, the Health and Human Services Commission is appropriated up to \$4,000,000 in Other Funds received from a source other than the General Revenue Fund to operate a waiver program established under Section 1115 of the federal Social Security Act or a directed payment program or successor program in accordance with the provisions of the legislation, and up to \$4,000,000 in Federal Funds, in each fiscal year of the 2020-21 biennium to implement the provisions of the legislation. In addition, the "Number of Full-Time-Equivalentents (FTE)" in the agency's bill pattern is increased by 10.0 FTEs in each fiscal year of the 2020-21 biennium.~~
- ~~(b) HHSC shall not use funds appropriated by this rider to supplant any existing funds expended or available to be expended to offset administrative costs for programs HHSC administers for other entities pursuant to Health and Human Services Commission Rider~~

3.B. Rider Revisions and Additions Request (continued)

~~26, Supplemental Payment Program Reporting and Appropriation Authority for Intergovernmental Transfers, subsection (c).~~

Delete contingency rider.

191 II-106 ~~**Contingency for House Bill 1113.** Contingent on enactment of House Bill 1113, or similar legislation relating to state contract limitations and programs for sex trafficking prevention and victim treatment, by the Eighty-sixth Legislature, Regular Session, the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.~~

Delete contingency rider.

701 II- **Staffing 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) limitation to the extent necessary to ensure the successful assumption of such contracted duties and to comply with federal performance standards.

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 that includes the following information:

- 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; and
- d. the estimated increase in expenditures by object of expense and method of financing for each fiscal year.

New rider would partially reinstate the provisions of HHSC Rider 203 (2018-19 General Appropriations Act) and would allow for adjustments to the GAA FTE limitation when converting certain contracted services to state staff. Changes to HHSC's FTE authority in the 2020-21 GAA have eliminated flexibility for HHSC to absorb these changes within current authority.

3.B. Rider Revisions and Additions Request (continued)

- 702 II- **Unexpended Balances Between Fiscal Years Within the Biennium.** Any unexpended balances as of August 31, 2021, in the appropriations made herein to HHSC in Strategy K.1.1 and K.1.2. are hereby appropriated for the same purpose for the fiscal year beginning September 1, 2022.
- 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. Transfer authority between fiscal years within the biennium can help the OIG with unexpected expenses or changes, for example the OIG’s budget was reduced unexpectedly due to a federal cost allocation change (see OIG’s Exceptional Item “OIG Nurse Cost Allocation”), while facing increased costs for COVID 19 and access to a database key to its investigations (see OIG’s Exceptional Item “Access to Work Number”). Transferability between fiscal years within a biennium does not cost the bill and allows the OIG to make the best use of its appropriations when faced with unexpected budget challenges.*
- 703 II- **Unexpended Balance Authority within the Biennium for the F.1.3, Non-Medicaid IDD Community Services Program.** Included in amounts appropriated above in Strategy F.1.3, Non-Medicaid IDD Community Services crisis services, is \$14,000,000 in General Revenue in each fiscal year of the 2022-23 biennium for Non-Medicaid IDD Community Services. Any unexpended and unobligated balances remaining from amounts appropriated as of August 31, 2022, are appropriated for the same purposes for the fiscal year beginning September 1, 2022.

Special Provisions

- Sec. 4 **II-110** **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 Percentage includes the 11.5 percentage point increase for federal fiscal year ~~2020~~2022 pursuant to Federal Law, which is only available for certain expenditures.
- Federal Medical Assistance Percentage (FMAP)**
- | | 2020 <u>2022</u> | 2021 <u>2023</u> |
|---------------------|-----------------------------|-----------------------------|
| Federal Fiscal Year | 60.89% | 62.08% |
| State Fiscal Year | 60.67% | 61.98% |
- Enhanced Federal Medical Assistance Percentage (EFMAP)**
- | | 2020 <u>2022</u> | 2021 <u>2023</u> |
|---------------------|-----------------------------|-----------------------------|
| Federal Fiscal Year | 84.12% | 73.46% |
| State Fiscal Year | 84.92% | 74.35% |
- b. **Enhanced Match Assumptions and Reporting.** Health and human services agencies listed in

3.B. Rider Revisions and Additions Request (continued)

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 \$152,198,024 increased Federal Funds and reduced General Revenue Funds due to enhanced matches under the Community First Choice program.~~

Any other Article II agency is still subject to the requirements of subsections (b) and (c) of this provision if any agency expenditures receive an enhanced federal match.

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 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

3.B. Rider Revisions and Additions Request (continued)

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.

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.

Sec. 7

II-112

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:

Agency Name	20202022	20212023
Department of Family and Protective Services		
Medicaid Funding for Administration	\$ 4,173,362	\$ 4,129,623
Programs Providing Client Services with Medicaid Funding	\$ 19,113,891	\$ 19,413,993

Department of State Health Services		
Medicaid Funding for Administration	\$ 14,546,087	\$ 14,546,087

Health and Human Services Commission

3.B. Rider Revisions and Additions Request (continued)

Medicaid Program Client Services ~~\$ 30,364,684,998~~ ~~\$ 31,183,014,008~~
 Medicaid Funding for Administration ~~\$ 1,517,299,975~~ ~~\$ 1,543,771,772~~
 Programs Providing Client Services with
 Medicaid Funding ~~\$ 857,565,029~~ ~~\$ 856,156,209~~

Total, All Agencies ~~\$ 32,777,383,342~~ ~~\$ 33,621,031,692~~

Method of Financing:

General Revenue Funds ~~\$ 12,351,824,953~~ ~~\$ 12,312,476,296~~
 General Revenue-Dedicated Funds ~~\$ 62,400,000~~ ~~\$ 62,400,000~~
 Federal Funds ~~\$ 20,086,451,927~~ ~~\$ 20,962,817,189~~
 Other Funds ~~\$ 276,706,462~~ ~~\$ 283,338,207~~
 All Funds ~~\$ 32,777,383,342~~ ~~\$ 33,621,031,692~~

Update year references. Amounts to be updated with appropriated amounts.

Sec. 10

II-113

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. The Department of State Health Services (DSHS) and the Department of Family and Protective

3.B. Rider Revisions and Additions Request (continued)

Services (DFPS) shall coordinate with HHSC to provide the amounts appropriated, budgeted, and expended for each agency for inclusion in the reports required by subsections (a) and (b) of this rider.

ed. **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.

de. **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.

Change would ensure communication between HHSC, DSHS, and DFPS regarding the amounts appropriated/budget and expended for enterprise support services.

Sec. 13

II-114

Appropriation of Receipts: Civil Monetary Damages and Penalties. Included in the amounts appropriated above for the ~~2020-21~~2022-23 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.

3.B. Rider Revisions and Additions Request (continued)

Sec. 14

II-114

Rate Limitations and Reporting Requirements. Notwithstanding other provisions of this Act, the use of appropriated funds for a rate paid by the Health and Human Services Commission (HHSC) or the Department of State Health Services (DSHS) 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. "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 HHSC pursuant to other provisions in this Act and should specify General Revenue 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~~¹⁴ 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; and
 - (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.~~

3.B. Rider Revisions and Additions Request (continued)

- (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).

(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 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~~ the addition of the drug as a payable benefit for this purpose if managed care capitation rates are to be adjusted or the annual fiscal impact to fee-for-service expenditures is expected to exceed \$500,000 in General Revenue Funds. HHSC may allocate expenses to managed care and fee-for-service using an allocation method that appropriately reflects the anticipated distribution of the client population who is eligible for the drug. 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 Semi-Annual Notification.** With the exception of statutorily required pricing updates on oral medications, and on a ~~quarterly~~ semi-annual 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~~ regularly scheduled rate review;

(3) any rate change estimated to have an annual fiscal impact in fee-for-service of less than \$500,000 in General Revenue-Related Funds or TANF Federal Funds; ~~and~~

(4) any rate change that does not necessitate a modification to the rates under subsection (a); and

3.B. Rider Revisions and Additions Request (continued)

(5) any orphan drug not subject to the requirements of subsection (b).

d. **Limitation on Rates that Exceed Appropriated Funding.** With the exception of those rates specified in subsections (b) or (c), HHSC and DSHS may not 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 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;
- (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 HHSC and report back to the Legislative Budget Board and the Governor before the rate is implemented.

3.B. Rider Revisions and Additions Request (continued)

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.

h. If another provision of this Act appropriates funds for a new or changed reimbursement rate for a provider type or service, HHSC's implementation of the rate change shall be based upon the specific total appropriations identified within that provision.

Changes would clarify intent and align with operational considerations. For Sec. 14(a)(1)(ii)(d), HHSC does not transmit preliminary rates nor any preliminary rate information to CMS. Only once rates are final, certified, and the actuarial reports are completed is CMS notified of the rate changes.

Sec. 16

II-116

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:

(A) Strategy A.4.1, Laboratory Services: ~~\$22,729,752~~ in fiscal year ~~2020~~2022 and ~~\$23,905,218~~ in fiscal year ~~2021~~2023;

(A) Strategy B.2.2, Texas Primary Care Office: ~~\$144,921~~ in fiscal year ~~2020~~2022 and ~~\$225,576~~ in fiscal year ~~2021~~2023;

(B) Strategy D.1.1, Agency Wide IT Projects: ~~\$74,537~~ in fiscal year ~~2020~~2022 and ~~\$90,097~~ in fiscal year ~~2021~~2023;

(C) Strategy E.1.1, Central Administration: ~~\$366,935~~ in each fiscal year;

(D) Strategy E.1.2, IT Program Support: ~~\$65~~ in fiscal year ~~2020~~2022 and ~~\$100~~ in fiscal year ~~2021~~2023;

(E) Strategy E.1.3, Other Support Services: ~~\$12,953~~ in fiscal year ~~2020~~2022 and ~~\$20,162~~ in fiscal year ~~2021~~2023;

(F) Strategy E.1.4, Regional Administration: ~~\$1,955~~ in fiscal year ~~2020~~2022 and ~~\$3,043~~ in fiscal year ~~2021~~2023; and

(G) Contingent on the implementation of a newborn screening test the Department of State Health Services has not included from the Recommended Uniform Screening Panel of

3.B. Rider Revisions and Additions Request (continued)

the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children in the agency's testing panel as of August 31, 2019 and pursuant to Section 33.011 of the Health and Safety Code, an amount not to exceed \$12,000,000 is appropriated to Strategy A.4.1, Laboratory Services for the ~~2020-21~~2022-23 biennium, upon prior written approval of the Legislative Budget Board and the Governor.

(2) Health and Human Services Commission:

(A) Strategy A.4.1, Non-Full Benefit Payments: ~~\$7,604,179~~ in fiscal year ~~2020~~2022 and ~~\$12,604,179~~ in fiscal year ~~2021~~2023

(C) Strategy G.2.1, Mental Health State Hospitals: ~~\$47,944,002~~ in fiscal year ~~2020~~2022 and ~~\$46,663,989~~ in fiscal year ~~2021~~2023; and

(D) Strategy G.2.2, Mental Health Community Hospitals: ~~\$10,120,701~~ in fiscal year ~~2020~~2022 and ~~\$10,120,699~~ in fiscal year ~~2021~~2023.

(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 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:

(A) 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;

(B) the reason for and the amount of any transfer of Public Health Medicaid Reimbursement revenue;

(C) a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;

3.B. Rider Revisions and Additions Request (continued)

- (D) the name of the strategy or strategies affected by the expenditure and the FTEs for each strategy by fiscal year;
- (E) 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
- (F) the impact of the expenditure on the capital budget.
- (G) 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.

(3) In the event that Public Health Medicaid Reimbursement revenues and balances are insufficient to support the appropriations amounts identified in subsection (a), a reduction shall be made in HHSC Strategy A.4.1, Non-Full Benefit Payments.

Update year references. Amounts to be updated with appropriated amounts.

Sec. 17

II-118

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 \$115,022,700 in fiscal year ~~2020~~2022 and \$115,022,700 in fiscal year ~~2021~~2023 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, \$100,471,474 in each fiscal year is to be transferred through the interagency contract to HHSC to provide add-on payments for trauma care and safety-net hospitals in Medicaid.

3.B. Rider Revisions and Additions Request (continued)

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

Sec. 28 II-119 **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:

~~2020~~2022 ~~2021~~2023

State Mental Health Hospitals \$157,897,928 \$157,897,928

Texas Center for Infectious Disease 5,292,067 5,292,067

\$163,189,995 \$163,189,995

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.

Sec. 30 II-120 **Appropriation of Local Funds.** All unexpended balances of local funds received from counties, cities, and other local sources as of August 31, ~~2019~~2021, (estimated to be \$0) by an agency named in this Article, are appropriated to that agency for the same purposes for use during the fiscal biennium beginning September 1, ~~2019~~2021.

Sec. 32 II-120 ~~**Foster Care Rate Methodology.**~~

~~(a) **Evaluation.** Out of funds appropriated above to the Health and Human Services Commission (HHSC) in Strategy L.1.1, HHS System Supports, and in consultation with the Department of Family~~

3.B. Rider Revisions and Additions Request (continued)

~~and Protective Services (DFPS), HHSC shall evaluate the methodology for establishing foster care rates to determine whether there is an alternative methodology that would increase provider capacity capable of delivering appropriate and evidence-based services, incentivize quality improvements, and maximize the use of federal funds. HHSC shall also evaluate cost-reporting requirements to identify opportunities to streamline reporting and ensure necessary information is included to support any alternative foster care rate methodology. HHSC may contract for the evaluation with a third party who has demonstrated capacity to develop residential child care rates and risk-based contracting in child welfare settings. HHSC and DFPS shall allow stakeholders the opportunity to provide input on the alternative rate methodology.~~

~~If an alternative is identified, HHSC and DFPS may implement the revised methodology if doing so would not increase General Revenue expenditures for foster care payments in Strategy B.1.9, Foster Care Payments.~~

~~(b) **Rate Methodology.** It is the intent of the legislature that HHSC consider the following in evaluating a new rate methodology as outlined in subsection (a):~~

- ~~(1) Accounting for differences in the individualized needs of children as determined by a best practice needs assessment tool capable of predicting foster care costs reliable enough to inform rate setting, such as the Child and Adolescent Needs and Strengths (CANS) Assessments;~~
- ~~(2) Accounting for regional variation in costs, including differences in the individualized needs of children served in different regions and locally competitive wages to recruit and maintain qualified staff;~~
- ~~(3) Incentivizing placing children in the least restrictive environment that can best meet their needs;~~
- ~~(4) Maximizing the use of high-quality intensive home and community-based services;~~
- ~~(5) Maximizing the efficient and effective use of federal funds to improve capacity and address gaps in care, including:
 - ~~(A) Increasing access to current Medicaid benefits such as mental health rehabilitation and targeted case management services;~~
 - ~~(B) Identifying Medicaid benefits offered in other states for foster youth that decrease hospitalization and lower costs; and~~~~

3.B. Rider Revisions and Additions Request (continued)

~~(C) Improving reporting and tracking of data to maximize Title IV-E Reimbursements;~~

~~(6) Incorporating a viable and sustainable methodology for Community-based Care (CBC) rates, based on best practices and the experiences of other states;~~

~~(7) Providing opportunities, at least semi-annually, to adjust the rates based on demonstrated fluctuations across CBC regions and population needs;~~

~~(8) Including risk mitigation strategies that balance the risk to the state with the need to attract and maintain viable Single Source Continuum Contractors for each CBC region, such as time-limited risk corridors; and~~

~~(9) Being consistent with actuarially sound rate development principles to the fullest extent possible.~~

~~(c) **Cost Reports.** It is the intent of the legislature that HHSC consider the following in evaluating the cost reports as outlined in subsection (a):~~

~~(1) Eliminating reporting requirements that are not required by state or federal law and are not currently being used by HHSC or DFPS to set rates;~~

~~(2) Adding detail where needed to align rates paid with the quality and intensity of services across levels of care; and~~

~~(3) Including additional or modified reporting requirements necessary to support implementation of any alternative rate methodology.~~

~~(d) Not later than September 1, 2020, HHSC and DFPS shall report on the evaluation of the methodology and cost-reporting requirements to the Governor, Lieutenant Governor, Speaker of the House, Chair of the Senate Finance Committee, Chair of the House Appropriations Committee, permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services, and the Legislative Budget Board.~~

Delete rider. Requirements will be fully implemented in the 2020-21 biennium.

Sec. 33

II-121

~~**Contingency for House Bill 1111.** Contingent on enactment of House Bill 1111, or similar legislation relating to maternal and newborn health care, by the Eighty-sixth Legislature, Regular Session:~~

3.B. Rider Revisions and Additions Request (continued)

a. ~~The Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated to the agency elsewhere in this Act.~~

b. ~~The Department of State Health Services (DSHS) is appropriated any revenues deposited to the credit of the General Revenue Dedicated Newborn Screening Preservation Account, during the biennium beginning September 1, 2019 (estimated to be \$0).~~

Delete contingency rider.

Sec. 34 II-121 ~~**Contingency for House Bill 2764.** Contingent on enactment of House Bill 2764, or similar legislation relating to minimum standards and caregiver training for substitute care providers for children in the conservatorship of the Department of Family and Protective Services (DFPS), by the Eighty-sixth Legislature, Regular Session, DFPS and the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated elsewhere to the agencies in this Act.~~

Delete contingency rider.

Sec. 35 II-122 ~~**Contingency for House Bill 72.** Contingent on enactment of House Bill 72, or similar legislation relating to the provision of Medicaid benefits to certain children formerly in the conservatorship of the Department of Family and Protective Services (DFPS), by the Eighty-sixth Legislature, Regular Session, DFPS and the Health and Human Services Commission shall implement the provisions of the bill out of funds appropriated elsewhere to the agencies in this Act.~~

Delete contingency rider.

New SP II- **Transfer of Certain Assessment Funds.**

(a) Notwithstanding the limitations of Article II, Special Provisions §6, Limitations on Transfer Authority, and Article IX §14.01, Appropriation Transfers, the Health and Human Services Commission is authorized to make transfers of funding to the Department of State Health Services (DSHS) and the Department of Family and Protective Services (DFPS), contingent upon HHSC providing prior notification to the Legislative Budget Board, the Comptroller of Public Accounts, and the Governor at least 30 days prior to making a transfer, and subject to the limitations in subsection (b) of this rider.

(b) Transfers must be from funds appropriated to HHSC and budgeted for the payment of enterprise support services and must be used for the same purpose at the receiving agency. This authority would apply to appropriations made to HHSC in this Act that include a component to offset enterprise support service assessment billing increases to DFPS and DSHS.

3.B. Rider Revisions and Additions Request (continued)

New rider to allow HHSC to transfer funds with notification only to DSHS and DFPS when it is necessary for payment of the assessment or it is due to funds appropriated to HHSC that were requested for DSHS or DFPS to pay for the assessment increase. HHSC often receives exceptional item funding that include funds for DSHS and DFPS to support the assessment bill. This authority would allow the Article II agencies flexibility to right-size assessment impacts. In the 2020-21 Fiscal Size-Up version of the GAA, technical adjustments were not made to move this funding to the appropriate agency.

New SP

II-

Unexpended Balance Authority for Certain Funds Supporting Capital Projects.

- (a) Notwithstanding all other limitations on unexpended balance authority in the Department of State Health Services (DSHS) or Department of Family and Protective Services (DFPS) bill patterns, any unexpended and unobligated balances from amounts appropriated as of August 31, 2022, to DSHS or DFPS are appropriated for the same purposes for the fiscal year beginning September 1, 2022, subject to the limitations in subsection (b) of this rider.
- (b) Unexpended balance authority provided by this rider is limited to funds that were appropriated to DFPS or DSHS to support enterprise assessment billing for an HHSC capital budget project and for which HHSC has used other authority provided by this Act to make appropriations for capital budget purposes made by this Act for use during the first year of the biennium available for use in the second year of the biennium for the same purpose.

New rider to provide unexpended balance authority to DFPS and DSHS when HHSC has used the provisions of the GAA to carryforward capital budget appropriations from the first year of the biennium to the second year. This authority would allow DFPS and DSHS to UB funds appropriated to support the assessment impact of HHSC capital budget projects, which would streamline payment of the assessment bill.

New SP

II-

Transfer Authority. Notwithstanding the limitations of Article IX, §14.01, Appropriation Transfers, of this Act, transfers of funding and FTEs may be made between the Health and Human Services Commission and the Department of Family and Protective Services (DFPS) with prior written approval from the Legislative Budget Board and the Governor. To request a transfer, the Executive Commissioner of the Health and Human Services Commission, in consultation with DFPS, 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:

3.B. Rider Revisions and Additions Request (continued)

- a. a detailed explanation of the purpose(s) of the transfer, including the following:
 - (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.

New rider to provide transfer authority between DFPS and HHSC with LBB and Governor approval.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$2,062,615,299	\$2,358,289,450	\$2,006,060,959	\$2,509,991,533	\$2,471,814,717
TOTAL, OBJECT OF EXPENSE	\$2,062,615,299	\$2,358,289,450	\$2,006,060,959	\$2,509,991,533	\$2,471,814,717
Method of Financing:					
0001 General Revenue	\$0	\$1,817,748	\$0	\$0	\$0
0705 Medicaid Program Income	\$4,991,730	\$2,907,583	\$933,374	\$5,917,790	\$5,985,928
0758 GR Match for Medicaid Account No. 758	\$312,032,333	\$620,433,762	\$395,101,737	\$826,935,757	\$811,917,786
8024 Tobacco Receipts Match for Medicaid	\$145,034,302	\$96,568,598	\$39,234,792	\$48,657,389	\$49,217,624
8137 GR Match: Medicaid Entitlement Demand	\$252,241,216	\$0	\$253,785,794	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$714,299,581	\$721,727,691	\$689,055,697	\$881,510,936	\$867,121,338
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$103,488,941	\$111,291,570	\$77,628,983	\$104,022,592	\$101,903,186
93.778.000 XIX FMAP	\$729,984,632	\$1,452,481,573	\$770,905,583	\$1,456,659,368	\$1,434,210,930
CFDA Subtotal, Fund 0555	\$833,473,573	\$1,563,773,143	\$848,534,566	\$1,560,681,960	\$1,536,114,116
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$400,883,643	\$0	\$413,720,242	\$0	\$0
CFDA Subtotal, Fund 8059	\$400,883,643	\$0	\$413,720,242	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$1,234,357,216	\$1,563,773,143	\$1,262,254,808	\$1,560,681,960	\$1,536,114,116
Method of Financing:					
0599 Economic Stabilization Fund	\$37,101,798	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$33,037,726	\$35,518,071	\$26,716,135	\$33,031,618	\$33,411,941
8044 Medicaid Subrogation Receipts (State Share), estimated	\$41,794,165	\$35,244,014	\$26,509,994	\$32,876,614	\$33,255,151
8062 Appropriated Receipts - Match for Medicaid	\$2,024,813	\$2,026,531	\$1,524,325	\$1,890,405	\$1,912,171
SUBTOTAL, MOF (Other Funds)	\$113,958,502	\$72,788,616	\$54,750,454	\$67,798,637	\$68,579,263
TOTAL, METHOD OF FINANCE	\$2,062,615,299	\$2,358,289,450	\$2,006,060,959	\$2,509,991,533	\$2,471,814,717
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$1,428,163,417	\$1,507,505,794	\$1,964,759,042	\$1,824,584,561	\$1,761,750,140
TOTAL, OBJECT OF EXPENSE	\$1,428,163,417	\$1,507,505,794	\$1,964,759,042	\$1,824,584,561	\$1,761,750,140
Method of Financing:					
0705 Medicaid Program Income	\$3,455,213	\$1,858,634	\$914,158	\$4,301,811	\$4,266,383
0758 GR Match for Medicaid Account No. 758	\$216,432,023	\$396,604,196	\$386,967,160	\$601,123,229	\$578,682,642
8024 Tobacco Receipts Match for Medicaid	\$100,390,910	\$61,730,217	\$38,427,003	\$35,370,446	\$35,079,149
8137 GR Match: Medicaid Entitlement Demand	\$174,598,180	\$0	\$248,560,710	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$494,876,326	\$460,193,047	\$674,869,031	\$640,795,486	\$618,028,174
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$71,633,737	\$71,141,686	\$76,030,714	\$75,616,995	\$72,630,020
93.778.000 XIX FMAP	\$505,286,130	\$929,641,889	\$755,033,742	\$1,058,887,313	\$1,022,213,069
CFDA Subtotal, Fund 0555	\$576,919,867	\$1,000,783,575	\$831,064,456	\$1,134,504,308	\$1,094,843,089
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$277,486,588	\$0	\$405,202,335	\$0	\$0
CFDA Subtotal, Fund 8059	\$277,486,588	\$0	\$405,202,335	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$854,406,455	\$1,000,783,575	\$1,236,266,791	\$1,134,504,308	\$1,094,843,089
Method of Financing:					
0599 Economic Stabilization Fund	\$25,681,396	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$22,868,297	\$22,704,463	\$26,166,088	\$24,011,627	\$23,813,877
8044 Medicaid Subrogation Receipts (State Share), estimated	\$28,929,393	\$22,529,276	\$25,964,191	\$23,898,950	\$23,702,128
8062 Appropriated Receipts - Match for Medicaid	\$1,401,550	\$1,295,433	\$1,492,941	\$1,374,190	\$1,362,872
SUBTOTAL, MOF (Other Funds)	\$78,880,636	\$46,529,172	\$53,623,220	\$49,284,767	\$48,878,877
TOTAL, METHOD OF FINANCE	\$1,428,163,417	\$1,507,505,794	\$1,964,759,042	\$1,824,584,561	\$1,761,750,140
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$1,628,235,825	\$1,734,904,586	\$2,196,955,494	\$2,040,078,649	\$1,976,301,543
TOTAL, OBJECT OF EXPENSE	\$1,628,235,825	\$1,734,904,586	\$2,196,955,494	\$2,040,078,649	\$1,976,301,543
Method of Financing:					
0705 Medicaid Program Income	\$3,939,256	\$2,138,998	\$1,022,193	\$4,809,880	\$4,785,956
0758 GR Match for Medicaid Account No. 758	\$246,752,135	\$456,429,714	\$432,699,181	\$672,119,391	\$649,156,412
8024 Tobacco Receipts Match for Medicaid	\$114,454,742	\$71,041,874	\$42,968,331	\$39,547,902	\$39,351,197
8137 GR Match: Medicaid Entitlement Demand	\$199,057,761	\$0	\$277,935,770	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$564,203,894	\$529,610,586	\$754,625,475	\$716,477,173	\$693,293,565
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$81,668,957	\$81,873,010	\$85,016,071	\$84,547,803	\$81,475,130
93.778.000 XIX FMAP	\$571,626,660	\$1,064,785,793	\$838,667,659	\$1,177,715,151	\$1,140,778,017
93.778.005 XIX FMAP @ 90%	\$4,445,359	\$5,087,360	\$5,596,442	\$6,232,937	\$5,923,333
CFDA Subtotal, Fund 0555	\$657,740,976	\$1,151,746,163	\$929,280,172	\$1,268,495,891	\$1,228,176,480
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$316,359,877	\$0	\$453,089,400	\$0	\$0
CFDA Subtotal, Fund 8059	\$316,359,877	\$0	\$453,089,400	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$974,100,853	\$1,151,746,163	\$1,382,369,572	\$1,268,495,891	\$1,228,176,480
Method of Financing:					
0599 Economic Stabilization Fund	\$29,279,120	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$26,071,932	\$26,129,304	\$29,258,413	\$26,847,541	\$26,714,005
8044 Medicaid Subrogation Receipts (State Share), estimated	\$32,982,132	\$25,927,691	\$29,032,656	\$26,721,555	\$26,588,646
8062 Appropriated Receipts - Match for Medicaid	\$1,597,894	\$1,490,842	\$1,669,378	\$1,536,489	\$1,528,847
SUBTOTAL, MOF (Other Funds)	\$89,931,078	\$53,547,837	\$59,960,447	\$55,105,585	\$54,831,498
TOTAL, METHOD OF FINANCE	\$1,628,235,825	\$1,734,904,586	\$2,196,955,494	\$2,040,078,649	\$1,976,301,543
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$674,226,310	\$718,960,503	\$925,974,870	\$841,257,021	\$803,236,794
TOTAL, OBJECT OF EXPENSE	\$674,226,310	\$718,960,503	\$925,974,870	\$841,257,021	\$803,236,794
Method of Financing:					
0705 Medicaid Program Income	\$1,631,183	\$886,421	\$430,835	\$1,983,426	\$1,945,177
0758 GR Match for Medicaid Account No. 758	\$102,176,097	\$189,148,694	\$182,374,458	\$277,158,509	\$263,839,451
8024 Tobacco Receipts Match for Medicaid	\$47,393,871	\$29,440,409	\$18,110,332	\$16,308,170	\$15,993,677
8137 GR Match: Medicaid Entitlement Demand	\$82,426,623	\$0	\$117,144,630	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$233,627,774	\$219,475,524	\$318,060,255	\$295,450,105	\$281,778,305
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$33,817,804	\$33,928,932	\$35,832,654	\$34,864,554	\$33,114,290
93.778.000 XIX FMAP	\$236,701,419	\$441,257,081	\$353,482,436	\$485,648,503	\$463,651,349
93.778.005 XIX FMAP @ 90%	\$1,840,752	\$2,108,247	\$2,358,793	\$2,570,245	\$2,407,446
CFDA Subtotal, Fund 0555	\$272,359,975	\$477,294,260	\$391,673,883	\$523,083,302	\$499,173,085
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$130,999,545	\$0	\$190,968,547	\$0	\$0
CFDA Subtotal, Fund 8059	\$130,999,545	\$0	\$190,968,547	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$403,359,520	\$477,294,260	\$582,642,430	\$523,083,302	\$499,173,085
Method of Financing:					
0599 Economic Stabilization Fund	\$12,124,014	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$10,795,969	\$10,828,225	\$12,331,863	\$11,070,986	\$10,857,489
8044 Medicaid Subrogation Receipts (State Share), estimated	\$13,657,371	\$10,744,675	\$12,236,711	\$11,019,034	\$10,806,539
8062 Appropriated Receipts - Match for Medicaid	\$661,662	\$617,819	\$703,611	\$633,594	\$621,376
SUBTOTAL, MOF (Other Funds)	\$37,239,016	\$22,190,719	\$25,272,185	\$22,723,614	\$22,285,404
TOTAL, METHOD OF FINANCE	\$674,226,310	\$718,960,503	\$925,974,870	\$841,257,021	\$803,236,794
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$9,357,369	\$22,910,912	\$50,021,730	\$17,322,772	\$9,070,173
TOTAL, OBJECT OF EXPENSE	\$9,357,369	\$22,910,912	\$50,021,730	\$17,322,772	\$9,070,173
Method of Financing:					
0705 Medicaid Program Income	\$22,639	\$28,247	\$23,274	\$40,842	\$21,965
0758 GR Match for Medicaid Account No. 758	\$1,418,069	\$6,027,548	\$9,851,980	\$5,707,119	\$2,979,283
8024 Tobacco Receipts Match for Medicaid	\$657,764	\$938,169	\$978,331	\$335,810	\$180,601
8137 GR Match: Medicaid Entitlement Demand	\$1,143,972	\$0	\$6,328,225	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$3,242,444	\$6,993,964	\$17,181,810	\$6,083,771	\$3,181,849
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$469,346	\$1,081,204	\$1,935,702	\$717,915	\$373,928
93.778.000 XIX FMAP	\$3,285,104	\$14,061,415	\$19,095,338	\$10,000,246	\$5,235,563
93.778.005 XIX FMAP @ 90%	\$25,547	\$67,183	\$127,423	\$52,925	\$27,185
CFDA Subtotal, Fund 0555	\$3,779,997	\$15,209,802	\$21,158,463	\$10,771,086	\$5,636,676
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$1,818,100	\$0	\$10,316,238	\$0	\$0
CFDA Subtotal, Fund 8059	\$1,818,100	\$0	\$10,316,238	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$5,598,097	\$15,209,802	\$31,474,701	\$10,771,086	\$5,636,676
Method of Financing:					
0599 Economic Stabilization Fund	\$168,265	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$149,834	\$345,060	\$666,175	\$227,969	\$122,603
8044 Medicaid Subrogation Receipts (State Share), estimated	\$189,546	\$342,398	\$661,035	\$226,899	\$122,028
8062 Appropriated Receipts - Match for Medicaid	\$9,183	\$19,688	\$38,009	\$13,047	\$7,017
SUBTOTAL, MOF (Other Funds)	\$516,828	\$707,146	\$1,365,219	\$467,915	\$251,648
TOTAL, METHOD OF FINANCE	\$9,357,369	\$22,910,912	\$50,021,730	\$17,322,772	\$9,070,173
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$313,945,726	\$348,747,974	\$423,415,389	\$401,345,938	\$410,704,242
TOTAL, OBJECT OF EXPENSE	\$313,945,726	\$348,747,974	\$423,415,389	\$401,345,938	\$410,704,242
Method of Financing:					
0705 Medicaid Program Income	\$759,541	\$429,978	\$197,006	\$946,251	\$994,591
0758 GR Match for Medicaid Account No. 758	\$47,577,124	\$91,750,831	\$83,393,356	\$132,226,465	\$134,904,156
8024 Tobacco Receipts Match for Medicaid	\$22,068,411	\$14,280,733	\$8,281,211	\$7,780,283	\$8,177,752
8137 GR Match: Medicaid Entitlement Demand	\$38,381,009	\$0	\$53,566,075	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$108,786,085	\$106,461,542	\$145,437,648	\$140,952,999	\$144,076,499
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$15,746,871	\$16,457,992	\$16,384,999	\$16,633,142	\$16,931,719
93.778.000 XIX FMAP	\$110,217,295	\$214,041,680	\$161,634,951	\$231,692,631	\$237,070,285
93.778.005 XIX FMAP @ 90%	\$857,125	\$1,022,653	\$1,078,592	\$1,226,210	\$1,230,955
CFDA Subtotal, Fund 0555	\$126,821,291	\$231,522,325	\$179,098,542	\$249,551,983	\$255,232,959
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$60,998,431	\$0	\$87,323,127	\$0	\$0
CFDA Subtotal, Fund 8059	\$60,998,431	\$0	\$87,323,127	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$187,819,722	\$231,522,325	\$266,421,669	\$249,551,983	\$255,232,959
Method of Financing:					
0599 Economic Stabilization Fund	\$5,645,407	\$0	\$0	\$0	\$0
0777 Interagency Contracts	\$5,027,019	\$5,252,474	\$5,638,923	\$5,281,733	\$5,551,559
8044 Medicaid Subrogation Receipts (State Share), estimated	\$6,359,398	\$5,211,946	\$5,595,413	\$5,256,948	\$5,525,508
8062 Appropriated Receipts - Match for Medicaid	\$308,095	\$299,687	\$321,736	\$302,275	\$317,717
SUBTOTAL, MOF (Other Funds)	\$17,339,919	\$10,764,107	\$11,556,072	\$10,840,956	\$11,394,784
TOTAL, METHOD OF FINANCE	\$313,945,726	\$348,747,974	\$423,415,389	\$401,345,938	\$410,704,242
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	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 eligible, 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. 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: 5 Children						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Ages up to 1	\$2,062,615,299	\$2,358,289,450	\$2,006,060,959	\$2,509,991,533	\$2,471,814,717
2	Ages 1 to 5	\$1,428,163,417	\$1,507,505,794	\$1,964,759,042	\$1,824,584,561	\$1,761,750,140
3	Ages 6 - 14	\$1,628,235,825	\$1,734,904,586	\$2,196,955,494	\$2,040,078,649	\$1,976,301,543
4	Ages 15 - 18	\$674,226,310	\$718,960,503	\$925,974,870	\$841,257,021	\$803,236,794
5	Ages 19 and Up	\$9,357,369	\$22,910,912	\$50,021,730	\$17,322,772	\$9,070,173
6	Foster Care Children	\$313,945,726	\$348,747,974	\$423,415,389	\$401,345,938	\$410,704,242
Total, Sub-strategies		\$6,116,543,946	\$6,691,319,219	\$7,567,187,484	\$7,634,580,474	\$7,432,877,609

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$291,202,368	\$311,985,456	\$319,021,798	\$329,503,116	\$329,496,426
TOTAL, OBJECT OF EXPENSE	\$291,202,368	\$311,985,456	\$319,021,798	\$329,503,116	\$329,496,426
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$102,054,477	\$108,906,262	\$119,532,401	\$125,997,355	\$126,092,964
8137 GR Match: Medicaid Entitlement Demand	\$21,355,672	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$123,410,149	\$108,906,262	\$119,532,401	\$125,997,355	\$126,092,964
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$136,847,701	\$203,079,194	\$199,489,397	\$203,505,761	\$203,403,462
CFDA Subtotal, Fund 0555	\$136,847,701	\$203,079,194	\$199,489,397	\$203,505,761	\$203,403,462
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$29,588,202	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 8059	\$29,588,202	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$166,435,903	\$203,079,194	\$199,489,397	\$203,505,761	\$203,403,462
Method of Financing:					
0777 Interagency Contracts	\$1,356,316	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$1,356,316	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$291,202,368	\$311,985,456	\$319,021,798	\$329,503,116	\$329,496,426
TOTAL, VARIANCE:	\$0	\$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 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$7,823,912	\$8,382,304	\$8,571,354	\$8,852,962	\$8,852,782
TOTAL, OBJECT OF EXPENSE	\$7,823,912	\$8,382,304	\$8,571,354	\$8,852,962	\$8,852,782
Method of Financing:					
0001 General Revenue	\$2,572,036	\$1,733,909	\$1,737,997	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$2,206,605	\$2,926,051	\$3,211,550	\$4,973,255	\$4,975,820
SUBTOTAL, MOF (General Revenue)	\$4,778,641	\$4,659,960	\$4,949,547	\$4,973,255	\$4,975,820
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$3,008,283	\$3,654,388	\$3,553,851	\$3,834,707	\$3,831,962
93.778.003 XIX 50%	\$36,988	\$67,956	\$67,956	\$45,000	\$45,000
CFDA Subtotal, Fund 0555	\$3,045,271	\$3,722,344	\$3,621,807	\$3,879,707	\$3,876,962
SUBTOTAL, MOF (Federal Funds)	\$3,045,271	\$3,722,344	\$3,621,807	\$3,879,707	\$3,876,962
TOTAL, METHOD OF FINANCE	\$7,823,912	\$8,382,304	\$8,571,354	\$8,852,962	\$8,852,782
TOTAL, VARIANCE:	\$0	\$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 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$18,476,293	\$26,472,313	\$27,069,355	\$27,958,706	\$27,958,138
4000 - Grants	\$6,232,552	\$4,159,774	\$4,159,774	\$5,000,000	\$5,000,000
TOTAL, OBJECT OF EXPENSE	\$24,708,845	\$30,632,087	\$31,229,129	\$32,958,706	\$32,958,138
Method of Financing:					
0001 General Revenue	\$6,231,868	\$6,336,357	\$6,332,269	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$5,128,778	\$9,240,818	\$10,142,457	\$16,603,009	\$16,611,125
SUBTOTAL, MOF (General Revenue)	\$11,360,646	\$15,577,175	\$16,474,726	\$16,603,009	\$16,611,125
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$13,348,199	\$15,054,912	\$14,754,403	\$16,355,697	\$16,347,013
CFDA Subtotal, Fund 0555	\$13,348,199	\$15,054,912	\$14,754,403	\$16,355,697	\$16,347,013
SUBTOTAL, MOF (Federal Funds)	\$13,348,199	\$15,054,912	\$14,754,403	\$16,355,697	\$16,347,013
TOTAL, METHOD OF FINANCE	\$24,708,845	\$30,632,087	\$31,229,129	\$32,958,706	\$32,958,138
TOTAL, VARIANCE:	\$0	\$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 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: 2 Long-Term Care - Entitlement						
STRATEGY: 4 Nursing Facility Payments						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Nursing Facilites	\$291,202,368	\$311,985,456	\$319,021,798	\$329,503,116	\$329,496,426
2	Nursing Facilities Other Services	\$7,823,912	\$8,382,304	\$8,571,354	\$8,852,962	\$8,852,782
3	PASRR	\$24,708,845	\$30,632,087	\$31,229,129	\$32,958,706	\$32,958,138
Total, Sub-strategies		\$323,735,125	\$350,999,847	\$358,822,281	\$371,314,784	\$371,307,346

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
TOTAL, OBJECT OF EXPENSE	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
Method of Financing:					
0555 Federal Funds					
93.778.009 SCHOOL HEALTH AND RELATED S	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
CFDA Subtotal, Fund 0555	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
SUBTOTAL, MOF (Federal Funds)	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
TOTAL, METHOD OF FINANCE	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
TOTAL, VARIANCE:	\$0	\$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, 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$471,758,831	\$279,159,862	\$398,026,495	\$335,811,839	\$337,235,268
TOTAL, OBJECT OF EXPENSE	\$471,758,831	\$279,159,862	\$398,026,495	\$335,811,839	\$337,235,268
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$144,068,621	\$93,121,943	\$143,959,051	\$124,406,376	\$123,880,383
8137 GR Match: Medicaid Entitlement Demand	\$48,022,367	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$192,090,988	\$93,121,943	\$143,959,051	\$124,406,376	\$123,880,383
Method of Financing:					
0555 Federal Funds					
93.767.778 CHIP for Medicaid (EFMAP)	\$13,036,335	\$0	\$0	\$0	\$0
93.778.000 XIX FMAP	\$200,091,218	\$186,037,919	\$247,679,022	\$206,457,119	\$207,231,073
93.778.005 XIX FMAP @ 90%	\$5,484	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$213,133,037	\$186,037,919	\$247,679,022	\$206,457,119	\$207,231,073
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$66,534,806	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 8059	\$66,534,806	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$279,667,843	\$186,037,919	\$247,679,022	\$206,457,119	\$207,231,073
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$0	\$0	\$6,388,422	\$4,948,344	\$6,123,812
SUBTOTAL, MOF (Other Funds)	\$0	\$0	\$6,388,422	\$4,948,344	\$6,123,812
TOTAL, METHOD OF FINANCE	\$471,758,831	\$279,159,862	\$398,026,495	\$335,811,839	\$337,235,268
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$122,487,920	\$37,513,253	\$34,493,510	\$34,338,894	\$35,341,536
TOTAL, OBJECT OF EXPENSE	\$122,487,920	\$37,513,253	\$34,493,510	\$34,338,894	\$35,341,536
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$71,107,357	\$24,308,588	\$21,472,210	\$21,111,552	\$21,717,374
CFDA Subtotal, Fund 0555	\$71,107,357	\$24,308,588	\$21,472,210	\$21,111,552	\$21,717,374
SUBTOTAL, MOF (Federal Funds)	\$71,107,357	\$24,308,588	\$21,472,210	\$21,111,552	\$21,717,374
Method of Financing:					
8062 Appropriated Receipts - Match for Medicaid	\$51,380,563	\$13,204,665	\$13,021,300	\$13,227,342	\$13,624,162
SUBTOTAL, MOF (Other Funds)	\$51,380,563	\$13,204,665	\$13,021,300	\$13,227,342	\$13,624,162
TOTAL, METHOD OF FINANCE	\$122,487,920	\$37,513,253	\$34,493,510	\$34,338,894	\$35,341,536
TOTAL, VARIANCE:	\$0	\$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 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$60,391,123	\$88,071,514	\$110,436,511	\$118,491,559	\$116,664,886
TOTAL, OBJECT OF EXPENSE	\$60,391,123	\$88,071,514	\$110,436,511	\$118,491,559	\$116,664,886
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$25,888,608	\$31,001,173	\$41,689,783	\$45,642,949	\$44,974,314
SUBTOTAL, MOF (General Revenue)	\$25,888,608	\$31,001,173	\$41,689,783	\$45,642,949	\$44,974,314
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$34,502,515	\$57,070,341	\$68,746,728	\$72,848,610	\$71,690,572
CFDA Subtotal, Fund 0555	\$34,502,515	\$57,070,341	\$68,746,728	\$72,848,610	\$71,690,572
SUBTOTAL, MOF (Federal Funds)	\$34,502,515	\$57,070,341	\$68,746,728	\$72,848,610	\$71,690,572
TOTAL, METHOD OF FINANCE	\$60,391,123	\$88,071,514	\$110,436,511	\$118,491,559	\$116,664,886
TOTAL, VARIANCE:	\$0	\$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 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 service provider's office or clinic.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$4,072,960	\$3,105,770	\$3,408,225	\$3,408,225	\$3,408,225
TOTAL, OBJECT OF EXPENSE	\$4,072,960	\$3,105,770	\$3,408,225	\$3,408,225	\$3,408,225
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$1,707,385	\$1,093,231	\$1,286,605	\$1,312,848	\$1,313,871
SUBTOTAL, MOF (General Revenue)	\$1,707,385	\$1,093,231	\$1,286,605	\$1,312,848	\$1,313,871
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$2,365,575	\$2,012,539	\$2,121,620	\$2,095,377	\$2,094,354
CFDA Subtotal, Fund 0555	\$2,365,575	\$2,012,539	\$2,121,620	\$2,095,377	\$2,094,354
SUBTOTAL, MOF (Federal Funds)	\$2,365,575	\$2,012,539	\$2,121,620	\$2,095,377	\$2,094,354
TOTAL, METHOD OF FINANCE	\$4,072,960	\$3,105,770	\$3,408,225	\$3,408,225	\$3,408,225
TOTAL, VARIANCE:	\$0	\$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 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: 1 Non-Full Benefit Payments						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	SHARS	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
2	Emergency Services	\$471,758,831	\$279,159,862	\$398,026,495	\$335,811,839	\$337,235,268
3	Graduate Medical Education	\$122,487,920	\$37,513,253	\$34,493,510	\$34,338,894	\$35,341,536
4	Newborn Screening	\$60,391,123	\$88,071,514	\$110,436,511	\$118,491,559	\$116,664,886
5	Other	\$4,072,960	\$3,105,770	\$3,408,225	\$3,408,225	\$3,408,225
Total, Sub-strategies		\$1,778,435,932	\$1,142,505,285	\$849,451,594	\$1,207,340,249	\$1,207,939,647

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$256,376,077	\$279,786,388	\$291,201,531	\$296,211,209	\$301,135,900
TOTAL, OBJECT OF EXPENSE	\$256,376,077	\$279,786,388	\$291,201,531	\$296,211,209	\$301,135,900
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$68,206,252	\$98,484,809	\$109,928,578	\$114,100,558	\$116,087,889
8137 GR Match: Medicaid Entitlement Demand	\$38,678,264	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$106,884,516	\$98,484,809	\$109,928,578	\$114,100,558	\$116,087,889
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$95,902,974	\$181,301,579	\$181,272,953	\$182,110,651	\$185,048,011
CFDA Subtotal, Fund 0555	\$95,902,974	\$181,301,579	\$181,272,953	\$182,110,651	\$185,048,011
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$53,588,587	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 8059	\$53,588,587	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$149,491,561	\$181,301,579	\$181,272,953	\$182,110,651	\$185,048,011
TOTAL, METHOD OF FINANCE	\$256,376,077	\$279,786,388	\$291,201,531	\$296,211,209	\$301,135,900
TOTAL, VARIANCE:	\$0	\$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 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:

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$999,237,053	\$1,251,822,170	\$1,225,655,190	\$1,236,094,033	\$1,261,014,697
TOTAL, OBJECT OF EXPENSE	\$999,237,053	\$1,251,822,170	\$1,225,655,190	\$1,236,094,033	\$1,261,014,697
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$242,616,487	\$420,212,030	\$433,849,920	\$443,763,660	\$451,249,910
8137 GR Match: Medicaid Entitlement Demand	\$150,750,238	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$393,366,725	\$420,212,030	\$433,849,920	\$443,763,660	\$451,249,910
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$335,032,101	\$761,000,875	\$715,421,391	\$708,270,765	\$719,307,574
93.778.007 XIX ADM @ 100	\$61,974,347	\$70,609,265	\$76,383,879	\$84,059,608	\$90,457,213
CFDA Subtotal, Fund 0555	\$397,006,448	\$831,610,140	\$791,805,270	\$792,330,373	\$809,764,787
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$208,863,880	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 8059	\$208,863,880	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$605,870,328	\$831,610,140	\$791,805,270	\$792,330,373	\$809,764,787
TOTAL, METHOD OF FINANCE	\$999,237,053	\$1,251,822,170	\$1,225,655,190	\$1,236,094,033	\$1,261,014,697
TOTAL, VARIANCE:	\$0	\$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 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.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$85,926,240	\$83,714,203	\$89,713,606	\$90,395,547	\$93,351,343
TOTAL, OBJECT OF EXPENSE	\$85,926,240	\$83,714,203	\$89,713,606	\$90,395,547	\$93,351,343
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$23,434,000	\$29,467,399	\$33,866,886	\$34,820,365	\$35,986,943
8137 GR Match: Medicaid Entitlement Demand	\$12,963,292	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$36,397,292	\$29,467,399	\$33,866,886	\$34,820,365	\$35,986,943
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$31,568,357	\$54,246,804	\$55,846,720	\$55,575,182	\$57,364,400
CFDA Subtotal, Fund 0555	\$31,568,357	\$54,246,804	\$55,846,720	\$55,575,182	\$57,364,400
8059 Supplemental: Federal Funds					
93.778.000 XIX FMAP	\$17,960,591	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 8059	\$17,960,591	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$49,528,948	\$54,246,804	\$55,846,720	\$55,575,182	\$57,364,400
TOTAL, METHOD OF FINANCE	\$85,926,240	\$83,714,203	\$89,713,606	\$90,395,547	\$93,351,343
TOTAL, VARIANCE:	\$0	\$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 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.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$483,442,385	\$469,466,757	\$457,791,874	\$455,781,679	\$462,973,663
TOTAL, OBJECT OF EXPENSE	\$483,442,385	\$469,466,757	\$457,791,874	\$455,781,679	\$462,973,663
Method of Financing:					
8092 Medicare Giveback Provision	\$483,442,385	\$469,466,757	\$457,791,874	\$455,781,679	\$462,973,663
SUBTOTAL, MOF (General Revenue)	\$483,442,385	\$469,466,757	\$457,791,874	\$455,781,679	\$462,973,663
TOTAL, METHOD OF FINANCE	\$483,442,385	\$469,466,757	\$457,791,874	\$455,781,679	\$462,973,663
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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 eligible 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: 2 Medicare Payments						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Medicare Part A	\$256,376,077	\$279,786,388	\$291,201,531	\$296,211,209	\$301,135,900
2	Medicare Part B including Qualified Individuals	\$999,237,053	\$1,251,822,170	\$1,225,655,190	\$1,236,094,033	\$1,261,014,697
3	Qualified Medicare Beneficiary	\$85,926,240	\$83,714,203	\$89,713,606	\$90,395,547	\$93,351,343
4	Medicare Part D (Clawback)	\$483,442,385	\$469,466,757	\$457,791,874	\$455,781,679	\$462,973,663
Total, Sub-strategies		\$1,824,981,755	\$2,084,789,518	\$2,064,362,201	\$2,078,482,468	\$2,118,475,603

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$24,067,402	\$17,479,768	\$17,479,768	\$17,476,768	\$17,476,768
TOTAL, OBJECT OF EXPENSE	\$24,067,402	\$17,479,768	\$17,479,768	\$17,476,768	\$17,476,768
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$14,004,821	\$10,643,431	\$10,804,245	\$10,802,401	\$10,801,245
CFDA Subtotal, Fund 0555	\$14,004,821	\$10,643,431	\$10,804,245	\$10,802,401	\$10,801,245
SUBTOTAL, MOF (Federal Funds)	\$14,004,821	\$10,643,431	\$10,804,245	\$10,802,401	\$10,801,245
Method of Financing:					
0777 Interagency Contracts	\$10,062,581	\$6,836,337	\$6,675,523	\$6,674,367	\$6,675,523
SUBTOTAL, MOF (Other Funds)	\$10,062,581	\$6,836,337	\$6,675,523	\$6,674,367	\$6,675,523
TOTAL, METHOD OF FINANCE	\$24,067,402	\$17,479,768	\$17,479,768	\$17,476,768	\$17,476,768
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$98,195,720	\$17,000,000	\$17,000,000	\$17,000,000	\$17,000,000
TOTAL, OBJECT OF EXPENSE	\$98,195,720	\$17,000,000	\$17,000,000	\$17,000,000	\$17,000,000
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$56,658,483	\$10,351,300	\$10,507,700	\$10,507,700	\$10,507,700
CFDA Subtotal, Fund 0555	\$56,658,483	\$10,351,300	\$10,507,700	\$10,507,700	\$10,507,700
SUBTOTAL, MOF (Federal Funds)	\$56,658,483	\$10,351,300	\$10,507,700	\$10,507,700	\$10,507,700
Method of Financing:					
0777 Interagency Contracts	\$41,537,237	\$6,648,700	\$6,492,300	\$6,492,300	\$6,492,300
SUBTOTAL, MOF (Other Funds)	\$41,537,237	\$6,648,700	\$6,492,300	\$6,492,300	\$6,492,300
TOTAL, METHOD OF FINANCE	\$98,195,720	\$17,000,000	\$17,000,000	\$17,000,000	\$17,000,000
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$0	\$93,962	\$93,962	\$93,962	\$93,962
TOTAL, OBJECT OF EXPENSE	\$0	\$93,962	\$93,962	\$93,962	\$93,962
Method of Financing:					
0555 Federal Funds					
93.778.003 XIX 50%	\$0	\$46,981	\$46,981	\$46,981	\$46,981
CFDA Subtotal, Fund 0555	\$0	\$46,981	\$46,981	\$46,981	\$46,981
SUBTOTAL, MOF (Federal Funds)	\$0	\$46,981	\$46,981	\$46,981	\$46,981
Method of Financing:					
0777 Interagency Contracts	\$0	\$46,981	\$46,981	\$46,981	\$46,981
SUBTOTAL, MOF (Other Funds)	\$0	\$46,981	\$46,981	\$46,981	\$46,981
TOTAL, METHOD OF FINANCE	\$0	\$93,962	\$93,962	\$93,962	\$93,962
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: 1 Medicaid Client Services						
OBJECTIVE: 4 Other Medicaid Services						
STRATEGY: 3 Transformation Payments						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Delivery System Reform Incentive Payment On-Budget	\$24,067,402	\$17,479,768	\$17,479,768	\$17,476,768	\$17,476,768
2	Uncompensated Care On-Budget	\$98,195,720	\$17,000,000	\$17,000,000	\$17,000,000	\$17,000,000
3	DSRIP Audit/Monitoring	\$0	\$93,962	\$93,962	\$93,962	\$93,962
Total, Sub-strategies		\$122,263,122	\$34,573,730	\$34,573,730	\$34,570,730	\$34,570,730

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$66,518,773	\$6,049,999	\$75,450,001	\$75,450,000	\$75,450,001
TOTAL, OBJECT OF EXPENSE	\$66,518,773	\$6,049,999	\$75,450,001	\$75,450,000	\$75,450,001
Method of Financing:					
0555 Federal Funds					
93.778.007 XIX ADM @ 100	\$66,518,773	\$6,049,999	\$75,450,001	\$75,450,000	\$75,450,001
CFDA Subtotal, Fund 0555	\$66,518,773	\$6,049,999	\$75,450,001	\$75,450,000	\$75,450,001
SUBTOTAL, MOF (Federal Funds)	\$66,518,773	\$6,049,999	\$75,450,001	\$75,450,000	\$75,450,001
TOTAL, METHOD OF FINANCE	\$66,518,773	\$6,049,999	\$75,450,001	\$75,450,000	\$75,450,001
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

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 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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,619,249	\$1,703,466	\$1,874,997	\$1,801,608	\$1,827,910
1002 - Other Personnel Costs	\$55,479	\$47,124	\$50,160	\$50,160	\$50,160
2001 - Professional Fees & Services	\$61,839,258	\$63,253,298	\$63,478,712	\$59,279,600	\$59,253,297
2003 - Consumable Supplies	\$183	\$0	\$0	\$0	\$0
2004 - Utilities	\$6,482	\$6,365	\$7,365	\$7,365	\$7,365
2005 - Travel	\$10,733	\$27,704	\$39,704	\$9,926	\$9,926
2009 - Other Operating Expense	\$4,592,821	\$3,021,079	\$3,026,927	\$3,035,129	\$3,035,129
TOTAL, OBJECT OF EXPENSE	\$68,124,205	\$68,059,036	\$68,477,865	\$64,183,788	\$64,183,788
Method of Financing:					
0001 General Revenue	\$0	\$167,142	\$167,142	\$167,142	\$167,142
0758 GR Match for Medicaid Account No. 758	\$34,062,103	\$33,945,947	\$34,155,361	\$32,008,323	\$32,008,323
SUBTOTAL, MOF (General Revenue)	\$34,062,103	\$34,113,089	\$34,322,503	\$32,175,465	\$32,175,465
Method of Financing:					
0555 Federal Funds					
93.778.003 XIX 50%	\$34,062,103	\$33,945,947	\$34,155,361	\$32,008,323	\$32,008,323
CFDA Subtotal, Fund 0555	\$34,062,103	\$33,945,947	\$34,155,361	\$32,008,323	\$32,008,323
SUBTOTAL, MOF (Federal Funds)	\$34,062,103	\$33,945,947	\$34,155,361	\$32,008,323	\$32,008,323
TOTAL, METHOD OF FINANCE	\$68,124,205	\$68,059,036	\$68,477,865	\$64,183,788	\$64,183,788
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	30.0	30.0	30.0	30.0

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

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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postage expense.

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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$0	\$360,840	\$545,405	\$545,405	\$545,405
1002 - Other Personnel Costs	\$0	\$7,364	\$11,131	\$11,131	\$11,131
2001 - Professional Fees & Services	\$232,350,931	\$253,258,080	\$291,553,155	\$284,434,922	\$283,020,944
2003 - Consumable Supplies	\$4,814	\$40	\$40	\$40	\$40
2004 - Utilities	\$10,648	\$20,699	\$20,699	\$20,699	\$20,699
2009 - Other Operating Expense	\$8,579,142	\$9,296,245	\$2,623,023	\$2,623,023	\$2,623,023
5000 - Capital Expenditures	\$1,441,048	\$684,485	\$1,740,419	\$11,888,979	\$12,440,678
TOTAL, OBJECT OF EXPENSE	\$242,386,583	\$263,627,753	\$296,493,872	\$299,524,199	\$298,661,920
Method of Financing:					
0001 General Revenue	\$1,245,350	\$394,002	\$1,522,943	\$437,868	\$1,360,439
0758 GR Match for Medicaid Account No. 758	\$83,430,342	\$84,012,051	\$94,417,441	\$97,588,210	\$97,253,836
SUBTOTAL, MOF (General Revenue)	\$84,675,692	\$84,406,053	\$95,940,384	\$98,026,078	\$98,614,274
Method of Financing:					
0369 Fed Recovery & Reinvestment Fund					
93.778.014 Medicaid - Stimulus	\$2,955,938	\$2,955,941	\$2,709,608	\$2,709,608	\$2,709,608
CFDA Subtotal, Fund 0369	\$2,955,938	\$2,955,941	\$2,709,608	\$2,709,608	\$2,709,608
0555 Federal Funds					
93.778.003 XIX 50%	\$51,349,107	\$41,845,832	\$50,432,162	\$53,269,737	\$53,233,587
93.778.004 XIX ADM @ 75%	\$92,662,636	\$122,538,022	\$124,227,900	\$126,673,741	\$126,038,895
93.778.005 XIX FMAP @ 90%	\$10,743,210	\$11,881,904	\$23,183,818	\$18,845,035	\$18,065,555
CFDA Subtotal, Fund 0555	\$154,754,953	\$176,265,759	\$197,843,880	\$198,788,513	\$197,338,037
SUBTOTAL, MOF (Federal Funds)	\$157,710,891	\$179,221,700	\$200,553,488	\$201,498,121	\$200,047,646
TOTAL, METHOD OF FINANCE	\$242,386,583	\$263,627,753	\$296,493,872	\$299,524,199	\$298,661,920
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	5.0	5.0	5.0	5.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 contracted services; and 8) new contract amendments necessary to implement legislative mandates.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$273,504	\$425,539	\$349,768	\$340,723	\$340,723
1002 - Other Personnel Costs	\$7,750	\$8,724	\$2,160	\$2,160	\$2,160
2001 - Professional Fees & Services	\$896,673	\$52,171,112	\$52,173,157	\$47,494,206	\$47,494,206
2003 - Consumable Supplies	\$0	\$315	\$315	\$315	\$315
2004 - Utilities	\$608	\$7,000	\$7,000	\$7,000	\$7,000
2005 - Travel	\$1,820	\$12,000	\$14,500	\$3,625	\$3,625
2009 - Other Operating Expense	\$6,773,329	\$7,426	\$11,170	\$11,170	\$11,170
TOTAL, OBJECT OF EXPENSE	\$7,953,684	\$52,632,116	\$52,558,070	\$47,859,199	\$47,859,199
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$125,055	\$462,824	\$435,004	\$431,752	\$431,752
SUBTOTAL, MOF (General Revenue)	\$125,055	\$462,824	\$435,004	\$431,752	\$431,752
Method of Financing:					
0369 Fed Recovery & Reinvestment Fund					
93.778.014 Medicaid - Stimulus	\$7,136,966	\$48,593,745	\$48,575,338	\$43,882,971	\$43,882,971
CFDA Subtotal, Fund 0369	\$7,136,966	\$48,593,745	\$48,575,338	\$43,882,971	\$43,882,971
0555 Federal Funds					
93.778.003 XIX 50%	\$54,230	\$73,733	\$45,914	\$42,662	\$42,662
93.778.005 XIX FMAP @ 90%	\$637,433	\$3,501,814	\$3,501,814	\$3,501,814	\$3,501,814
CFDA Subtotal, Fund 0555	\$691,663	\$3,575,548	\$3,547,728	\$3,544,476	\$3,544,476
SUBTOTAL, MOF (Federal Funds)	\$7,828,629	\$52,169,292	\$52,123,066	\$47,427,447	\$47,427,447
TOTAL, METHOD OF FINANCE	\$7,953,684	\$52,632,116	\$52,558,070	\$47,859,199	\$47,859,199
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	5.0	5.0	5.0	5.0

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

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$36,354,930	\$36,941,272	\$34,956,257	\$36,014,401	\$35,624,971
TOTAL, OBJECT OF EXPENSE	\$36,354,930	\$36,941,272	\$34,956,257	\$36,014,401	\$35,624,971
Method of Financing:					
0001 General Revenue	\$36,354,930	\$36,941,272	\$34,956,257	\$36,014,401	\$35,624,971
SUBTOTAL, MOF (General Revenue)	\$36,354,930	\$36,941,272	\$34,956,257	\$36,014,401	\$35,624,971
TOTAL, METHOD OF FINANCE	\$36,354,930	\$36,941,272	\$34,956,257	\$36,014,401	\$35,624,971
TOTAL, VARIANCE:	\$0	\$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 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 Texas Health Steps - DSHS to administer the Texas Health Steps Medicaid, Texas Health Steps Dental, and Medicaid Family Planning programs to help pay the direct Medicaid services and clinic infrastructure to provide family planning to low-income Texans

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$42,889,696	\$51,484,496	\$57,369,904	\$54,216,014	\$55,957,255
1002 - Other Personnel Costs	\$1,805,982	\$1,212,400	\$1,161,887	\$1,163,634	\$1,163,634
2001 - Professional Fees & Services	\$36,477,605	\$67,411,518	\$48,572,201	\$21,441,092	\$19,699,851
2002 - Fuels & Lubricants	\$2,553	\$5,084	\$4,870	\$4,870	\$4,870
2003 - Consumable Supplies	\$96,465	\$91,045	\$71,583	\$69,083	\$69,083
2004 - Utilities	\$1,102,247	\$1,689,841	\$1,667,271	\$1,662,871	\$1,662,871
2005 - Travel	\$596,893	\$742,634	\$1,387,021	\$523,565	\$523,648
2006 - Rent - Building	\$1,567,723	\$1,922,081	\$2,038,374	\$2,038,374	\$2,038,374
2007 - Rent - Machine and Other	\$248,268	\$200,301	\$181,734	\$181,734	\$181,734
2009 - Other Operating Expense	\$3,073,444	\$4,719,445	\$4,115,497	\$4,176,435	\$4,176,434
4000 - Grants	\$77,712	\$79,500	\$692,133	\$966,797	\$842,411
5000 - Capital Expenditures	\$1,859	\$100,000	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$87,940,448	\$129,658,344	\$117,262,474	\$86,444,468	\$86,320,164
Method of Financing:					
0001 General Revenue	\$1,768,514	\$4,567,881	\$0	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$35,661,382	\$53,015,879	\$47,383,054	\$34,494,184	\$34,494,184
SUBTOTAL, MOF (General Revenue)	\$37,429,896	\$57,583,760	\$47,383,054	\$34,494,184	\$34,494,184
Method of Financing:					
0555 Federal Funds					
93.687.000 Maternal Opioid Misuse Model	\$0	\$0	\$749,999	\$996,612	\$872,308
93.778.003 XIX 50%	\$29,736,365	\$45,861,311	\$39,397,550	\$28,502,015	\$28,502,014
93.778.004 XIX ADM @ 75%	\$14,633,855	\$15,078,717	\$17,078,193	\$14,094,452	\$14,094,452
93.778.005 XIX FMAP @ 90%	\$6,127,042	\$10,416,461	\$11,935,861	\$7,639,388	\$7,639,388
93.788.000 Opiod STR	\$13,289	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$50,510,552	\$71,356,489	\$69,161,603	\$51,232,467	\$51,108,162
SUBTOTAL, MOF (Federal Funds)	\$50,510,552	\$71,356,489	\$69,161,603	\$51,232,467	\$51,108,162
Method of Financing:					
0666 Appropriated Receipts	\$0	\$615,970	\$615,692	\$615,692	\$615,692
8062 Appropriated Receipts - Match for Medicaid	\$0	\$102,125	\$102,125	\$102,125	\$102,125
SUBTOTAL, MOF (Other Funds)	\$0	\$718,095	\$717,817	\$717,817	\$717,817

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE	\$87,940,448	\$129,658,344	\$117,262,474	\$86,444,468	\$86,320,163
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	912.4	912.4	912.4	912.4

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: 2 Medicaid & CHIP Support						
OBJECTIVE: 1 Contracts & Administration						
STRATEGY: 1 Medicaid Contracts & Administration						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Medicaid Administrative Claiming (MAC)	\$66,518,773	\$6,049,999	\$75,450,001	\$75,450,000	\$75,450,001
3	Enrollment Broker	\$68,124,205	\$68,059,036	\$68,477,865	\$64,183,788	\$64,183,788
4	Claims Administrator Support	\$242,386,583	\$263,627,753	\$296,493,872	\$299,524,199	\$298,661,920
5	Health Information Technology	\$7,953,684	\$52,632,116	\$52,558,070	\$47,859,199	\$47,859,199
6	Client Benefit Related Payments	\$36,354,930	\$36,941,272	\$34,956,257	\$36,014,401	\$35,624,971
7	Other	\$87,940,448	\$129,658,344	\$117,262,474	\$86,444,468	\$86,320,163
Total, Sub-strategies		\$509,278,624	\$556,968,520	\$645,198,538	\$609,476,054	\$608,100,042

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$74,000,999	\$89,882,893	\$109,469,221	\$101,951,096	\$103,004,104
4000 - Grants	\$9,723,949	\$11,433,324	\$10,975,955	\$10,975,955	\$10,975,955
TOTAL, OBJECT OF EXPENSE	\$83,724,948	\$101,316,217	\$120,445,176	\$112,927,051	\$113,980,059
Method of Financing:					
0001 General Revenue	\$83,724,948	\$62,934,150	\$46,298,130	\$26,127,124	\$25,273,401
0706 Vendor Drug Rebates--Medicaid	\$0	\$0	\$0	\$1,121,407	\$1,122,280
0758 GR Match for Medicaid Account No. 758	\$0	\$6,048,535	\$18,152,428	\$18,892,539	\$19,300,022
8046 Vendor Drug Rebates--Public Health	\$0	\$2,911,233	\$2,911,233	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$83,724,948	\$71,893,918	\$67,361,791	\$46,141,070	\$45,695,703
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$0	\$11,474,076	\$18,270,771	\$24,432,380	\$24,863,330
93.778.005 XIX FMAP @ 90%	\$0	\$17,948,223	\$34,812,614	\$42,353,601	\$43,421,026
CFDA Subtotal, Fund 0555	\$0	\$29,422,299	\$53,083,385	\$66,785,981	\$68,284,356
SUBTOTAL, MOF (Federal Funds)	\$0	\$29,422,299	\$53,083,385	\$66,785,981	\$68,284,356
TOTAL, METHOD OF FINANCE	\$83,724,948	\$101,316,217	\$120,445,176	\$112,927,051	\$113,980,059
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

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).

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.

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

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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training). These payments are processed and reimbursed through a voucher process.

HTW is funded through State GR and does not provide funding for abortion related services or emergency contraception.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$33,541,441	\$32,807,742	\$30,671,538	\$30,173,816	\$30,777,291
4000 - Grants	\$10,480,850	\$9,321,287	\$9,457,498	\$9,457,498	\$9,457,498
TOTAL, OBJECT OF EXPENSE	\$44,022,291	\$42,129,029	\$40,129,036	\$39,631,314	\$40,234,789
Method of Financing:					
0001 General Revenue	\$42,141,563	\$40,248,301	\$38,248,308	\$37,750,586	\$38,354,061
SUBTOTAL, MOF (General Revenue)	\$42,141,563	\$40,248,301	\$38,248,308	\$37,750,586	\$38,354,061
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	\$44,022,291	\$42,129,029	\$40,129,036	\$39,631,314	\$40,234,789
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

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 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$9,901,328	\$10,468,875	\$11,730,778	\$10,895,655	\$10,895,655
TOTAL, OBJECT OF EXPENSE	\$9,901,328	\$10,468,875	\$11,730,778	\$10,895,655	\$10,895,655
Method of Financing:					
0001 General Revenue	\$2,553,471	\$2,583,599	\$2,583,599	\$2,583,599	\$2,583,599
SUBTOTAL, MOF (General Revenue)	\$2,553,471	\$2,583,599	\$2,583,599	\$2,583,599	\$2,583,599
Method of Financing:					
0555 Federal Funds					
93.558.667 TANF to Title XX	\$2,851,355	\$3,140,069	\$3,140,069	\$3,140,069	\$3,140,069
93.898.000 Tx Cancer Prev & Control Applc	\$4,496,502	\$4,745,207	\$5,171,987	\$5,171,987	\$5,171,987
CFDA Subtotal, Fund 0555	\$7,347,857	\$7,885,276	\$8,312,056	\$8,312,056	\$8,312,056
SUBTOTAL, MOF (Federal Funds)	\$7,347,857	\$7,885,276	\$8,312,056	\$8,312,056	\$8,312,056
Method of Financing:					
0666 Appropriated Receipts	\$0	\$0	\$835,123	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$0	\$0	\$835,123	\$0	\$0
TOTAL, METHOD OF FINANCE	\$9,901,328	\$10,468,875	\$11,730,778	\$10,895,655	\$10,895,655
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

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.

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.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: Oct 27, 2020

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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 Admin

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,615,384	\$2,167,146	\$1,819,194	\$1,825,538	\$1,825,538
1002 - Other Personnel Costs	\$185,130	\$41,586	\$30,435	\$30,435	\$30,434
2001 - Professional Fees & Services	\$4,408,148	\$5,738,729	\$4,027,033	\$4,380,400	\$4,384,431
2002 - Fuels & Lubricants	\$365	\$231	\$220	\$220	\$220
2003 - Consumable Supplies	\$11,786	\$2,738	\$2,184	\$2,184	\$2,184
2004 - Utilities	\$33,862	\$38,052	\$39,399	\$39,399	\$39,399
2005 - Travel	\$13,690	\$48,090	\$72,952	\$72,952	\$72,952
2006 - Rent - Building	\$224,383	\$82,414	\$88,615	\$88,615	\$88,615
2007 - Rent - Machine and Other	\$35,410	\$8,678	\$7,976	\$7,976	\$7,976
2009 - Other Operating Expense	\$582,777	\$1,501,085	\$471,877	\$471,877	\$471,876
TOTAL, OBJECT OF EXPENSE	\$7,110,935	\$9,628,749	\$6,559,885	\$6,919,596	\$6,923,626
Method of Financing:					
0001 General Revenue	\$6,397,590	\$7,234,791	\$3,348,481	\$3,545,690	\$3,547,938
0758 GR Match for Medicaid Account No. 758	\$0	\$567,354	\$1,189,467	\$1,270,718	\$1,271,609
SUBTOTAL, MOF (General Revenue)	\$6,397,590	\$7,802,145	\$4,537,948	\$4,816,408	\$4,819,547
Method of Financing:					
0555 Federal Funds					
93.778.003 XIX 50%	\$0	\$567,354	\$1,189,467	\$1,270,718	\$1,271,609
93.898.000 Tx Cancer Prev & Control Applic	\$713,345	\$1,259,250	\$832,470	\$832,470	\$832,470
CFDA Subtotal, Fund 0555	\$713,345	\$1,826,604	\$2,021,937	\$2,103,188	\$2,104,079
SUBTOTAL, MOF (Federal Funds)	\$713,345	\$1,826,604	\$2,021,937	\$2,103,188	\$2,104,079
TOTAL, METHOD OF FINANCE	\$7,110,935	\$9,628,749	\$6,559,885	\$6,919,596	\$6,923,626
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	24.7	27.5	27.5	27.5	27.5

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Healthy Texas Women	\$83,724,948	\$101,316,217	\$120,445,176	\$112,927,051	\$113,980,059
2	Family Planning	\$44,022,291	\$42,129,029	\$40,129,036	\$39,631,314	\$40,234,789
3	Breast and Cervical Cancer Screening Program	\$9,901,328	\$10,468,875	\$11,730,778	\$10,895,655	\$10,895,655
4	Admin	\$7,110,935	\$9,628,749	\$6,559,885	\$6,919,596	\$6,923,626
	Total, Sub-strategies	\$144,759,502	\$163,542,870	\$178,864,875	\$170,373,616	\$172,034,129

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$23,716	\$125,000	\$125,000	\$125,000	\$125,000
TOTAL, OBJECT OF EXPENSE	\$23,716	\$125,000	\$125,000	\$125,000	\$125,000
Method of Financing:					
0001 General Revenue	\$23,716	\$125,000	\$125,000	\$125,000	\$125,000
SUBTOTAL, MOF (General Revenue)	\$23,716	\$125,000	\$125,000	\$125,000	\$125,000
TOTAL, METHOD OF FINANCE	\$23,716	\$125,000	\$125,000	\$125,000	\$125,000
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$1,762,217	\$1,872,995	\$1,872,995	\$1,872,995	\$1,872,995
TOTAL, OBJECT OF EXPENSE	\$1,762,217	\$1,872,995	\$1,872,995	\$1,872,995	\$1,872,995
Method of Financing:					
0001 General Revenue	\$1,762,217	\$1,872,995	\$1,872,995	\$1,872,995	\$1,872,995
SUBTOTAL, MOF (General Revenue)	\$1,762,217	\$1,872,995	\$1,872,995	\$1,872,995	\$1,872,995
TOTAL, METHOD OF FINANCE	\$1,762,217	\$1,872,995	\$1,872,995	\$1,872,995	\$1,872,995
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
TOTAL, OBJECT OF EXPENSE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Method of Financing:					
0001 General Revenue	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
SUBTOTAL, MOF (General Revenue)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
TOTAL, METHOD OF FINANCE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$103,533	\$108,546	\$113,743	\$113,743	\$113,743
1002 - Other Personnel Costs	\$3,609	\$3,518	\$3,733	\$3,733	\$3,733
2001 - Professional Fees & Services	\$70	\$791	\$1,058	\$1,058	\$1,058
2003 - Consumable Supplies	\$93	\$14,585	\$14,587	\$14,587	\$14,587
2004 - Utilities	\$755	\$4,295	\$4,403	\$4,403	\$4,403
2005 - Travel	\$268	\$5,977	\$6,013	\$6,013	\$6,013
2006 - Rent - Building	\$7	\$6	\$6	\$6	\$6
2007 - Rent - Machine and Other	\$1	\$0	\$1	\$1	\$1
2009 - Other Operating Expense	\$2,756	\$223,829	\$220,687	\$36,932	\$36,932
TOTAL, OBJECT OF EXPENSE	\$111,092	\$361,548	\$364,231	\$180,476	\$180,476
Method of Financing:					
0001 General Revenue	\$31,995	\$37,990	\$40,673	\$0	\$0
0758 GR Match for Medicaid Account No. 758	\$35,955	\$153,299	\$155,994	\$85,103	\$85,103
8010 GR Match for Title XXI (CHIP)	\$456	\$2,141	\$2,124	\$2,124	\$2,124
SUBTOTAL, MOF (General Revenue)	\$68,407	\$193,429	\$198,790	\$87,226	\$87,226
Method of Financing:					
0555 Federal Funds					
93.767.000 CHIP	\$6,730	\$13,520	\$8,146	\$8,146	\$8,146
93.778.003 XIX 50%	\$35,955	\$153,299	\$155,994	\$85,103	\$85,103
CFDA Subtotal, Fund 0555	\$42,685	\$166,819	\$164,141	\$93,249	\$93,249
SUBTOTAL, MOF (Federal Funds)	\$42,685	\$166,819	\$164,141	\$93,249	\$93,249
Method of Financing:					
0777 Interagency Contracts	\$0	\$1,300	\$1,300	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$0	\$1,300	\$1,300	\$0	\$0
TOTAL, METHOD OF FINANCE	\$111,092	\$361,548	\$364,231	\$180,476	\$180,476
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	FULL TIME EQUIVALENT POSITIONS:	1.3	1.5	1.5	1.5	1.5

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.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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: 5 Pediatric Tele-Connectivity Program for Rural Texas

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
TOTAL, OBJECT OF EXPENSE	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Method of Financing:					
0001 General Revenue	\$0	\$0	\$0	\$545,523	\$545,519
0758 GR Match for Medicaid Account No. 758	\$0	\$1,184,478	\$1,205,302	\$937,562	\$937,564
8010 GR Match for Title XXI (CHIP)	\$0	\$16,540	\$16,408	\$16,408	\$16,408
SUBTOTAL, MOF (General Revenue)	\$0	\$1,201,018	\$1,221,710	\$1,499,493	\$1,499,491
Method of Financing:					
0555 Federal Funds					
93.767.000 CHIP	\$0	\$104,460	\$62,945	\$62,945	\$62,945
93.778.003 XIX 50%	\$0	\$1,184,478	\$1,205,302	\$937,562	\$937,564
CFDA Subtotal, Fund 0555	\$0	\$1,288,938	\$1,268,246	\$1,000,507	\$1,000,509
SUBTOTAL, MOF (Federal Funds)	\$0	\$1,288,938	\$1,268,246	\$1,000,507	\$1,000,509
Method of Financing:					
0777 Interagency Contracts	\$0	\$10,043	\$10,043	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$0	\$10,043	\$10,043	\$0	\$0
TOTAL, METHOD OF FINANCE	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
TOTAL, VARIANCE:	\$0	\$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: Oct 27, 2020

Time: 4:35:34 PM

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: 6 Other Specialty Services

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$0	\$724,168	\$721,485	\$41,867	\$41,869
TOTAL, OBJECT OF EXPENSE	\$0	\$724,168	\$721,485	\$41,867	\$41,869
Method of Financing:					
0001 General Revenue	\$0	\$724,168	\$721,485	\$41,867	\$41,869
SUBTOTAL, MOF (General Revenue)	\$0	\$724,168	\$721,485	\$41,867	\$41,869
TOTAL, METHOD OF FINANCE	\$0	\$724,168	\$721,485	\$41,867	\$41,869
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Strategy D.1.10, Additional Specialty Care, is \$500,000 in General Revenue in fiscal year 2020 and \$500,000 in General Revenue in fiscal year 2021 for the Health and Human Services Commission (HHSC) to provide funding for services provided by mobile stroke units in accordance with Rider 101, Stroke Treatment and Response (2020-2021 GAA, HB 1, 86th Legislature, Article II, HHSC).

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

This funding is included in the proposed budget reductions for FY 21-FY23.

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Hemophilia Services	\$23,716	\$125,000	\$125,000	\$125,000	\$125,000
2	Epilepsy	\$1,762,217	\$1,872,995	\$1,872,995	\$1,872,995	\$1,872,995
3	Umbilical cord blood bank	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
4	Office of e-Health	\$111,092	\$361,548	\$364,231	\$180,476	\$180,476
5	Pediatric Tele-Connectivity Program for Rural Texas	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
6	Other Specialty Services	\$0	\$724,168	\$721,485	\$41,867	\$41,869
	Total, Sub-strategies	\$2,897,025	\$6,583,711	\$6,583,711	\$5,720,338	\$5,720,340

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$2,909,840	\$4,320,294	\$4,320,297	\$4,320,296	\$4,320,295
TOTAL, OBJECT OF EXPENSE	\$2,909,840	\$4,320,294	\$4,320,297	\$4,320,296	\$4,320,295
Method of Financing:					
0001 General Revenue	\$2,909,840	\$4,320,294	\$4,320,297	\$4,320,296	\$4,320,295
SUBTOTAL, MOF (General Revenue)	\$2,909,840	\$4,320,294	\$4,320,297	\$4,320,296	\$4,320,295
TOTAL, METHOD OF FINANCE	\$2,909,840	\$4,320,294	\$4,320,297	\$4,320,296	\$4,320,295
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$954,373	\$1,267,444	\$1,347,278	\$1,347,278	\$1,347,278
1002 - Other Personnel Costs	\$30,268	\$21,413	\$17,418	\$17,418	\$17,418
2001 - Professional Fees & Services	\$1,285,006	\$1,497,214	\$1,482,036	\$1,482,036	\$1,482,036
2002 - Fuels & Lubricants	\$0	\$0	\$0	\$0	\$0
2003 - Consumable Supplies	\$632	\$1,391	\$484	\$484	\$484
2004 - Utilities	\$4,926	\$7,105	\$7,209	\$7,209	\$7,209
2005 - Travel	\$1,175	\$1,606	\$1,698	\$1,698	\$1,698
2006 - Rent - Building	\$6,997	\$3,003	\$3,157	\$3,157	\$3,157
2007 - Rent - Machine and Other	\$1,122	\$317	\$292	\$292	\$292
2009 - Other Operating Expense	\$26,991	\$321,740	\$321,740	\$321,740	\$321,740
3001 - Client Services	\$19,701,162	\$23,059,289	\$22,999,208	\$22,999,208	\$22,999,208
TOTAL, OBJECT OF EXPENSE	\$22,012,654	\$26,180,521	\$26,180,521	\$26,180,521	\$26,180,521
Method of Financing:					
8003 GR for Maternal and Child Health Block Grant Account No. 8003	\$16,012,654	\$19,225,176	\$19,225,176	\$19,225,176	\$19,225,176
8046 Vendor Drug Rebates--Public Health	\$0	\$955,345	\$955,345	\$955,345	\$955,345
SUBTOTAL, MOF (General Revenue)	\$16,012,654	\$20,180,521	\$20,180,521	\$20,180,521	\$20,180,521
Method of Financing:					
0555 Federal Funds 93.994.000 Maternal and Child Health	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
CFDA Subtotal, Fund 0555	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
SUBTOTAL, MOF (Federal Funds)	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000
TOTAL, METHOD OF FINANCE	\$22,012,654	\$26,180,521	\$26,180,521	\$26,180,521	\$26,180,521
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	19.5	22.6	22.6	22.6	22.6

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

3.D. Sub-Strategy Level Detail

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	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: 7 Children with Special Needs						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Medical Services	\$2,909,840	\$4,320,294	\$4,320,297	\$4,320,296	\$4,320,295
2	Family Support Services	\$22,012,654	\$26,180,521	\$26,180,521	\$26,180,521	\$26,180,521
	Total, Sub-strategies	\$24,922,494	\$30,500,815	\$30,500,818	\$30,500,817	\$30,500,816

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$1,047,649	\$1,000,000	\$1,047,649	\$1,047,649	\$1,047,649
4000 - Grants	\$307,050,720	\$350,464,956	\$350,131,825	\$343,635,548	\$343,635,549
TOTAL, OBJECT OF EXPENSE	\$308,098,369	\$351,464,956	\$351,179,474	\$344,683,197	\$344,683,198
Method of Financing:					
0001 General Revenue	\$100,746,252	\$128,318,848	\$128,315,272	\$128,315,269	\$128,315,270
8001 GR for Mental Health Block Grant	\$177,421,660	\$176,809,104	\$176,412,873	\$176,412,873	\$176,412,873
SUBTOTAL, MOF (General Revenue)	\$278,167,912	\$305,127,952	\$304,728,145	\$304,728,142	\$304,728,143
Method of Financing:					
0555 Federal Funds					
93.150.000 Projects for Assistance	\$4,400,658	\$4,915,417	\$4,915,417	\$4,915,417	\$4,915,417
93.558.667 TANF to Title XX	\$4,294,692	\$4,485,461	\$4,485,461	\$4,485,461	\$4,485,461
93.667.000 Social Svcs Block Grants	\$3,261,748	\$3,246,514	\$3,242,750	\$3,242,750	\$3,242,750
93.958.000 Block Grants for Communi	\$17,973,359	\$33,689,612	\$33,807,701	\$27,311,427	\$27,311,427
CFDA Subtotal, Fund 0555	\$29,930,457	\$46,337,004	\$46,451,329	\$39,955,055	\$39,955,055
SUBTOTAL, MOF (Federal Funds)	\$29,930,457	\$46,337,004	\$46,451,329	\$39,955,055	\$39,955,055
TOTAL, METHOD OF FINANCE	\$308,098,369	\$351,464,956	\$351,179,474	\$344,683,197	\$344,683,198
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

FULL TIME EQUIVALENT POSITIONS: 0.0 0.0 0.0 0.0 0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Outpatient services sub-strategy includes several activities provided by the LMHAs/LBHAs as resources allow. The TRR model acknowledges that individuals experiencing mental illness are on a continuum of mental health and have natural supports and strengths which should be built upon to foster resilience and recovery. The modern framework of the TRR system utilizes an intensity-based approach to service delivery and recognizes the importance of continuity of care between service systems. The outpatient services to appropriately address AMH behavioral health needs include, but are not limited to, case management, counseling, psychosocial rehabilitation services, skills training, supported employment, supportive housing, peer services, medication management/supports, and other services to help individuals live independently in their community.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this sub-strategy include the following items. Population growth, which may increase the need for outpatient mental health services. Inflation may also result

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	in an increase in cost to provide services and may therefore lead to fewer people being served. Natural, as well as manmade disasters may also impact this sub-strategy. Examples of disasters include, but are not limited to, hurricanes, tornados, flooding, and pandemics. Hurricanes, flooding, and tornados can be devastating environmental stressors that lead to an increased need for outpatient mental health services. This sub-strategy may also be impacted by incidents of community violence, local priorities, and other community factors that may place individuals at increased risk of experiencing mental illness. An internal factor impacting this sub-strategy involves changes in funding for outpatient mental health services (both General Revenue and Federal Funding sources). Outpatient mental health services are provided through LMHA/LBHAs. The vast nature of Texas is also a factor, often the rural areas have less access to care due to staffing shortages and ability for community members to travel to LMHAs/LBHAs for care. Therefore, changes in funding may mean changes in staffing levels at LMHAs/LBHAs. Furthermore, since many LMHAs/LBHAs are currently operating at or above capacity, the number of clients waiting for outpatient mental health services may also increase with any decreases in funding.					

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$4,471,495	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
TOTAL, OBJECT OF EXPENSE	\$4,471,495	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
Method of Financing:					
0001 General Revenue	\$4,471,495	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
SUBTOTAL, MOF (General Revenue)	\$4,471,495	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
TOTAL, METHOD OF FINANCE	\$4,471,495	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Inpatient services are hospital services 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 an acute psychiatric crisis. Staff provide intensive interventions designed to relieve acute psychiatric symptomatology and restore the individual's ability to function in a less restrictive setting. These services are usually provided in private psychiatric hospitals. This sub-strategy does not include state mental health facilities, a legislatively authorized mental health community hospital, or private psychiatric hospital beds purchased through Strategy 7.2.2.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this sub-strategy include the following items. Population growth may increase the need for outpatient mental health services while inflation simultaneously may result in an increase in cost to provide services and could, therefore, lead to fewer people being served. Natural, as well as, manmade disasters may also impact this sub-strategy. Examples of disasters include, but are not limited to, hurricanes, tornados, flooding, and pandemics. Hurricanes, flooding, and tornados can be devastating environmental stressors that lead to an increased need for inpatient mental health services. An internal factor impacting this sub-strategy is the variation in the state's allocation for inpatient mental health services.

Furthermore, the demand for state mental health facilities exceeds available beds, and community-based inpatient beds purchased with allocated funds are fully utilized. Thus, any further capacity limitations at state mental health facilities or a reduction in capacity funded through Strategy 7.2.2 would result in increased need for other inpatient mental health services.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$5,486,456	\$7,500,371	\$8,748,426	\$8,748,426	\$8,748,426
1002 - Other Personnel Costs	\$256,460	\$167,039	\$130,535	\$130,535	\$130,535
2001 - Professional Fees & Services	\$2,317,314	\$6,494,773	\$6,643,554	\$6,643,554	\$6,643,554
2002 - Fuels & Lubricants	\$274	\$512	\$488	\$488	\$488
2003 - Consumable Supplies	\$11,023	\$11,196	\$10,170	\$10,170	\$10,170
2004 - Utilities	\$49,731	\$92,149	\$93,012	\$93,012	\$93,012
2005 - Travel	\$77,239	\$212,185	\$181,234	\$181,234	\$181,234
2006 - Rent - Building	\$174,399	\$189,455	\$198,656	\$198,656	\$198,656
2007 - Rent - Machine and Other	\$26,877	\$19,548	\$18,132	\$18,132	\$18,132
2009 - Other Operating Expense	\$537,090	\$695,806	\$671,710	\$671,710	\$671,710
4000 - Grants	\$20,594,485	\$29,456,008	\$29,477,659	\$27,527,755	\$27,527,755
5000 - Capital Expenditures	\$1,492	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$29,532,840	\$44,839,042	\$46,173,576	\$44,223,672	\$44,223,672
Method of Financing:					
0001 General Revenue	\$13,723,056	\$12,818,395	\$12,652,498	\$14,730,777	\$14,730,777
0758 GR Match for Medicaid Account No. 758	\$531,437	\$2,614,422	\$2,702,457	\$664,899	\$664,899
8001 GR for Mental Health Block Grant	\$2,804,767	\$3,417,323	\$3,813,554	\$3,813,554	\$3,813,554
SUBTOTAL, MOF (General Revenue)	\$17,059,260	\$18,850,140	\$19,168,509	\$19,209,230	\$19,209,230
Method of Financing:					
0555 Federal Funds					
93.150.000 Projects for Assistance	\$57,975	\$76,186	\$75,708	\$75,708	\$75,708
93.558.667 TANF to Title XX	\$71,029	\$73,018	\$73,017	\$73,017	\$73,017
93.667.000 Social Svcs Block Grants	\$4,294	\$19,528	\$23,292	\$23,292	\$23,292
93.778.003 XIX 50%	\$385,851	\$576,864	\$664,899	\$664,899	\$664,899
93.788.000 Opioid STR	\$565,321	\$2,093,145	\$4,058,793	\$2,068,168	\$2,068,168
93.791.000 Money Follows Person Reblncng D	\$1,474,150	\$5,095,910	\$5,178,001	\$5,178,001	\$5,178,001
93.958.000 Block Grants for Communi	\$9,902,943	\$17,915,598	\$16,793,995	\$16,793,995	\$16,793,995
CFDA Subtotal, Fund 0555	\$12,461,563	\$25,850,249	\$26,867,705	\$24,877,080	\$24,877,080
SUBTOTAL, MOF (Federal Funds)	\$12,461,563	\$25,850,249	\$26,867,705	\$24,877,080	\$24,877,080

Method of Financing:

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8033 MH Appropriated Receipts	\$12,017	\$138,653	\$137,362	\$137,362	\$137,362
SUBTOTAL, MOF (Other Funds)	\$12,017	\$138,653	\$137,362	\$137,362	\$137,362
TOTAL, METHOD OF FINANCE	\$29,532,840	\$44,839,042	\$46,173,576	\$44,223,672	\$44,223,672
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	76.0	114.7	114.7	114.7	114.7

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes costs for community center training, contracted activities that directly relate to mental health community services, 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 services. Additionally, continuous improvements to information systems are needed to benefit from current technology and obtain better client data for analysis and reporting for the overall behavioral health programs.

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	MHS Adult-Outpatient Services	\$308,098,369	\$351,464,956	\$351,179,474	\$344,683,197	\$344,683,198
2	MHS Adult-Inpatient Services	\$4,471,495	\$4,557,660	\$4,557,660	\$4,557,660	\$4,557,660
3	MHS Adult-All Others	\$29,532,840	\$44,839,042	\$46,173,576	\$44,223,672	\$44,223,672
Total, Sub-strategies		\$342,102,704	\$400,861,658	\$401,910,710	\$393,464,529	\$393,464,530

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$0	\$10,000	\$0	\$0	\$0
4000 - Grants	\$67,198,984	\$83,785,562	\$90,280,474	\$81,015,646	\$81,015,646
TOTAL, OBJECT OF EXPENSE	\$67,198,984	\$83,795,562	\$90,280,474	\$81,015,646	\$81,015,646
Method of Financing:					
0001 General Revenue	\$14,079,958	\$18,025,799	\$17,372,828	\$17,372,448	\$17,372,828
8001 GR for Mental Health Block Grant	\$42,176,096	\$42,017,152	\$42,017,152	\$42,017,532	\$42,017,152
SUBTOTAL, MOF (General Revenue)	\$56,256,054	\$60,042,951	\$59,389,980	\$59,389,980	\$59,389,980
Method of Financing:					
0555 Federal Funds					
93.558.667 TANF to Title XX	\$8,700,814	\$8,861,498	\$8,861,498	\$8,861,498	\$8,861,498
93.958.000 Block Grants for Communi	\$2,242,116	\$14,891,113	\$22,028,996	\$12,764,168	\$12,764,168
CFDA Subtotal, Fund 0555	\$10,942,930	\$23,752,611	\$30,890,494	\$21,625,666	\$21,625,666
SUBTOTAL, MOF (Federal Funds)	\$10,942,930	\$23,752,611	\$30,890,494	\$21,625,666	\$21,625,666
TOTAL, METHOD OF FINANCE	\$67,198,984	\$83,795,562	\$90,280,474	\$81,015,646	\$81,015,646
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Outpatient services sub-strategy includes several activities provided by the LMHA/LBHAs as resources allow. TRR offers Levels of Care for children's mental health (CMH) services and for children with the most intense and complex needs using the wraparound planning approach. All levels of care emphasize the importance of building on strengths, addressing needs as defined by the family and child, use of flexible services and supports, family support services, and the use of natural and informal community supports. Additional services 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 individual's quality of life by addressing the mental illness or symptom-related behaviors resulting from the mental illness), crisis resolution, and medication related services.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this sub-strategy include the following items. Population growth, which may increase the need for outpatient mental health services. Medical inflation may also result in an increase in cost to provide services and may therefore lead to fewer people being served. Natural, as well as, manmade disasters, may also impact this sub-strategy.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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Examples of natural disasters include, but are not limited to, hurricanes, flooding, and tornados. Hurricanes, flooding, and tornados can be devastating environmental stressors that lead to an increased need for outpatient mental health services. This sub-strategy may also be impacted by incidents of community violence, local priorities, and other community factors that may place children and families at increased risk of experiencing mental illnesses. An internal factor impacting this sub-strategy involves changes in funding for outpatient mental health services (both General Revenue and Federal Funding sources). Outpatient mental health services are provided through LMHAs/LBHAs. Therefore, changes in funding may mean changes in staffing levels at LMHAs/LBHAs. Furthermore, since many LMHAs/LBHAs are currently operating at or over capacity, the number of clients waiting for outpatient mental health services may also increase with any decreases in funding.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$759,137	\$761,210	\$761,210	\$761,210	\$761,210
TOTAL, OBJECT OF EXPENSE	\$759,137	\$761,210	\$761,210	\$761,210	\$761,210
Method of Financing:					
0001 General Revenue	\$759,137	\$761,210	\$761,210	\$761,210	\$761,210
SUBTOTAL, MOF (General Revenue)	\$759,137	\$761,210	\$761,210	\$761,210	\$761,210
TOTAL, METHOD OF FINANCE	\$759,137	\$761,210	\$761,210	\$761,210	\$761,210
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Inpatient services are hospital services 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 provide intensive interventions designed to relieve acute psychiatric symptomatology and restore the child's ability to function in a less restrictive setting. These services 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 the following items. Population growth may increase the need for outpatient mental health services, while inflation simultaneously may result in an increase in cost to provide services, and could, 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, flooding, and tornados. Hurricanes, flooding, and tornados can be devastating environmental stressors that lead to an increased need for inpatient mental health services. This sub-strategy may also be impacted by incidents of community violence, local priorities, and other community factors that may place children and families at increased risk of experiencing mental illness. An internal factor impacting this sub-strategy is the variation in the state's allocation for inpatient mental health services. Furthermore, the demand for state mental health facilities exceeds available beds, and community-based inpatient beds purchased with allocated funds are fully utilized. Thus, any further capacity limitations at state mental health facilities or a reduction in capacity funded through Strategy 7.2.2 would result in increased need for other inpatient mental health services.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,269,659	\$1,585,488	\$1,683,647	\$1,683,647	\$1,683,647
1002 - Other Personnel Costs	\$192,603	\$49,566	\$25,587	\$25,587	\$25,587
2001 - Professional Fees & Services	\$124,651	\$907,139	\$778,694	\$778,694	\$778,694
2002 - Fuels & Lubricants	\$670	\$1,415	\$1,356	\$1,356	\$1,356
2003 - Consumable Supplies	\$23,055	\$16,443	\$11,505	\$11,505	\$11,505
2004 - Utilities	\$61,375	\$68,677	\$59,942	\$59,942	\$59,942
2005 - Travel	\$22,620	\$66,929	\$43,783	\$43,783	\$43,783
2006 - Rent - Building	\$421,039	\$540,484	\$573,467	\$573,467	\$573,467
2007 - Rent - Machine and Other	\$64,679	\$55,476	\$49,963	\$49,963	\$49,963
2009 - Other Operating Expense	\$371,597	\$451,594	\$469,947	\$469,947	\$469,947
4000 - Grants	\$3,690,666	\$6,706,140	\$7,034,123	\$7,034,737	\$7,034,736
5000 - Capital Expenditures	\$703	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$6,243,317	\$10,449,351	\$10,732,014	\$10,732,628	\$10,732,627
Method of Financing:					
0001 General Revenue	\$4,343,734	\$6,419,652	\$7,068,972	\$7,068,972	\$7,068,971
0758 GR Match for Medicaid Account No. 758	\$646,187	\$741,032	\$745,063	\$745,063	\$745,063
8001 GR for Mental Health Block Grant	\$511,753	\$671,078	\$670,697	\$670,697	\$670,697
SUBTOTAL, MOF (General Revenue)	\$5,501,674	\$7,831,762	\$8,484,732	\$8,484,732	\$8,484,731
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$0	\$736,000	\$778,208	\$778,822	\$778,822
93.558.667 TANF to Title XX	\$36,582	\$31,346	\$31,346	\$31,346	\$31,346
93.778.003 XIX 50%	\$646,187	\$741,032	\$745,063	\$745,063	\$745,063
93.958.000 Block Grants for Communi	\$58,874	\$1,109,211	\$692,665	\$692,665	\$692,665
CFDA Subtotal, Fund 0555	\$741,643	\$2,617,589	\$2,247,282	\$2,247,896	\$2,247,896
SUBTOTAL, MOF (Federal Funds)	\$741,643	\$2,617,589	\$2,247,282	\$2,247,896	\$2,247,896
TOTAL, METHOD OF FINANCE	\$6,243,317	\$10,449,351	\$10,732,014	\$10,732,628	\$10,732,627
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	FULL TIME EQUIVALENT POSITIONS:	18.1	21.9	21.9	21.9	21.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy contains costs for community center training, contracted activities that directly relate to children's mental health community services, 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 and evidence-based practices for children's mental health services. Additionally, continuous improvements to information systems are needed to benefit from current technology and obtain better client data for analysis and reporting for the overall behavioral health programs.

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	MHS Children-Outpatient Services	\$67,198,984	\$83,795,562	\$90,280,474	\$81,015,646	\$81,015,646
2	MHS Children-Inpatient Services	\$759,137	\$761,210	\$761,210	\$761,210	\$761,210
3	MHS Children-All Others	\$6,243,317	\$10,449,351	\$10,732,014	\$10,732,628	\$10,732,627
Total, Sub-strategies		\$74,201,438	\$95,006,123	\$101,773,698	\$92,509,484	\$92,509,483

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$44,014,147	\$44,855,384	\$44,855,384	\$44,855,384	\$44,855,384
TOTAL, OBJECT OF EXPENSE	\$44,014,147	\$44,855,384	\$44,855,384	\$44,855,384	\$44,855,384
Method of Financing:					
0001 General Revenue	\$10,211,556	\$10,211,556	\$10,211,556	\$10,211,556	\$10,211,556
8001 GR for Mental Health Block Grant	\$33,802,591	\$34,643,828	\$34,643,828	\$34,643,828	\$34,643,828
SUBTOTAL, MOF (General Revenue)	\$44,014,147	\$44,855,384	\$44,855,384	\$44,855,384	\$44,855,384
TOTAL, METHOD OF FINANCE	\$44,014,147	\$44,855,384	\$44,855,384	\$44,855,384	\$44,855,384
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Based on legislative direction, HHSC was empowered to improve the crisis response capacity across the state using additional crisis funding. Residential services for crisis are part of an array of crisis services 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 services 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 services 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 services (both General Revenue and Federal Funding Sources).

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$59,256,746	\$59,426,893	\$59,253,806	\$59,253,807	\$59,253,807
TOTAL, OBJECT OF EXPENSE	\$59,256,746	\$59,426,893	\$59,253,806	\$59,253,807	\$59,253,807
Method of Financing:					
0001 General Revenue	\$17,713,933	\$19,522,083	\$19,522,083	\$19,522,084	\$19,522,084
8001 GR for Mental Health Block Grant	\$39,906,402	\$38,272,876	\$38,100,896	\$38,100,896	\$38,100,896
SUBTOTAL, MOF (General Revenue)	\$57,620,335	\$57,794,959	\$57,622,979	\$57,622,980	\$57,622,980
Method of Financing:					
0555 Federal Funds					
93.667.000 Social Svcs Block Grants	\$1,636,411	\$1,631,934	\$1,630,827	\$1,630,827	\$1,630,827
CFDA Subtotal, Fund 0555	\$1,636,411	\$1,631,934	\$1,630,827	\$1,630,827	\$1,630,827
SUBTOTAL, MOF (Federal Funds)	\$1,636,411	\$1,631,934	\$1,630,827	\$1,630,827	\$1,630,827
TOTAL, METHOD OF FINANCE	\$59,256,746	\$59,426,893	\$59,253,806	\$59,253,807	\$59,253,807
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Crisis outpatient services are immediately accessible services for adults, children, and adolescents, providing 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 they are at 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 services are provided on-site, and crisis follow-up is provided. Crisis outpatient services are designed to be intensive and time-limited and provided until the crisis is resolved or the person is referred to another level of care.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

HHSC uses this funding to provide a consistent array of crisis services across the state, and in many cases, these services 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 services 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 services (both General Revenue and Federal Funding sources).

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$3,961,464	\$871,500	\$871,500	\$871,500	\$871,500
TOTAL, OBJECT OF EXPENSE	\$3,961,464	\$871,500	\$871,500	\$871,500	\$871,500
Method of Financing:					
8001 GR for Mental Health Block Grant	\$3,949,321	\$871,500	\$871,500	\$871,500	\$871,500
SUBTOTAL, MOF (General Revenue)	\$3,949,321	\$871,500	\$871,500	\$871,500	\$871,500
Method of Financing:					
0555 Federal Funds					
93.788.000 Opioid STR	\$12,143	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$12,143	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$12,143	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE	\$3,961,464	\$871,500	\$871,500	\$871,500	\$871,500
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Based on legislative direction, HHSC implemented an outpatient competency restoration program to extend the ability to provide competency restoration services beyond state hospital-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 hospitals. Competency restoration services 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 services, 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: Oct 27, 2020

Time: 4:35:34 PM

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: 4 CMHCS-Other

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,665,213	\$2,039,542	\$2,369,277	\$2,369,277	\$2,369,277
1002 - Other Personnel Costs	\$56,510	\$40,793	\$35,730	\$35,730	\$35,730
2001 - Professional Fees & Services	\$1,388,407	\$635,466	\$636,252	\$636,252	\$636,252
2002 - Fuels & Lubricants	\$40	\$72	\$69	\$69	\$69
2003 - Consumable Supplies	\$1,896	\$1,360	\$1,383	\$1,383	\$1,383
2004 - Utilities	\$10,445	\$20,259	\$20,683	\$20,683	\$20,683
2005 - Travel	\$24,311	\$66,131	\$49,843	\$49,843	\$49,843
2006 - Rent - Building	\$27,964	\$29,400	\$30,735	\$30,735	\$30,735
2007 - Rent - Machine and Other	\$3,898	\$2,814	\$2,592	\$2,592	\$2,592
2009 - Other Operating Expense	\$142,977	\$196,420	\$189,539	\$189,539	\$189,539
4000 - Grants	\$18,161,566	\$19,848,400	\$19,882,357	\$19,882,356	\$19,882,356
5000 - Capital Expenditures	\$610	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$21,483,837	\$22,880,657	\$23,218,460	\$23,218,459	\$23,218,459
Method of Financing:					
0001 General Revenue	\$20,156,985	\$16,709,992	\$16,709,992	\$16,709,992	\$16,709,992
8001 GR for Mental Health Block Grant	\$1,217,292	\$4,437,402	\$4,609,382	\$4,609,382	\$4,609,382
SUBTOTAL, MOF (General Revenue)	\$21,374,277	\$21,147,394	\$21,319,374	\$21,319,374	\$21,319,374
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$0	\$1,402,561	\$1,567,277	\$1,567,277	\$1,567,277
93.667.000 Social Svcs Block Grants	\$1,225	\$5,702	\$6,809	\$6,809	\$6,809
93.788.000 Opioid STR	\$108,335	\$325,000	\$325,000	\$325,000	\$325,000
CFDA Subtotal, Fund 0555	\$109,560	\$1,733,263	\$1,899,086	\$1,899,086	\$1,899,086
SUBTOTAL, MOF (Federal Funds)	\$109,560	\$1,733,263	\$1,899,086	\$1,899,086	\$1,899,086
TOTAL, METHOD OF FINANCE	\$21,483,837	\$22,880,657	\$23,218,460	\$23,218,459	\$23,218,459
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	26.4	30.6	30.6	30.6	30.6

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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: 4 CMHCS-Other

Code	Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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, 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 services that reduce the crisis, 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 services. Internal factors impacting this sub-strategy may include any changes in funding for crisis mental health services.

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	CMHCS-Residential Services	\$44,014,147	\$44,855,384	\$44,855,384	\$44,855,384	\$44,855,384
2	CMHCS-Outpatient Services	\$59,256,746	\$59,426,893	\$59,253,806	\$59,253,807	\$59,253,807
3	CMHCS-Competency Restoration	\$3,961,464	\$871,500	\$871,500	\$871,500	\$871,500
4	CMHCS-Other	\$21,483,837	\$22,880,657	\$23,218,460	\$23,218,459	\$23,218,459
Total, Sub-strategies		\$128,716,194	\$128,034,434	\$128,199,150	\$128,199,150	\$128,199,150

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$2,199,298	\$4,077,313	\$3,922,616	\$3,922,616	\$3,922,616
4000 - Grants	\$46,082,903	\$63,089,703	\$54,617,044	\$54,476,892	\$54,476,892
TOTAL, OBJECT OF EXPENSE	\$48,282,201	\$67,167,016	\$58,539,660	\$58,399,508	\$58,399,508
Method of Financing:					
0001 General Revenue	\$0	\$22,418	\$6,278	\$6,278	\$6,278
8002 GR for Substance Abuse Prevention and Treatment Block Grant	\$15,997,077	\$10,717,685	\$11,159,720	\$11,159,720	\$11,159,720
SUBTOTAL, MOF (General Revenue)	\$15,997,077	\$10,740,103	\$11,165,998	\$11,165,998	\$11,165,998
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$1,733,199	\$543,806	\$490,799	\$350,647	\$350,647
93.788.000 Opioid STR	\$2,239,158	\$4,892,685	\$5,952,946	\$5,952,946	\$5,952,946
93.959.000 Block Grants for Prevent	\$28,312,767	\$50,990,422	\$40,929,917	\$40,929,917	\$40,929,917
CFDA Subtotal, Fund 0555	\$32,285,124	\$56,426,913	\$47,373,662	\$47,233,510	\$47,233,510
SUBTOTAL, MOF (Federal Funds)	\$32,285,124	\$56,426,913	\$47,373,662	\$47,233,510	\$47,233,510
TOTAL, METHOD OF FINANCE	\$48,282,201	\$67,167,016	\$58,539,660	\$58,399,508	\$58,399,508
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	13.9	13.9	13.9	13.9	13.9

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 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 use 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 based on the nature and number of risk factors for substance use to which they may have been exposed. Selective programs include prevention services for children of parents with a SUD, 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 use 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

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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strategies prioritized for the youth and their families.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The SAPT Block Grant describes allowable use of funds and specific set-aside requirements. The SAPT Block Grant requires the state to have a law prohibiting use of and sale of tobacco to individuals under the age of 18. It also requires continued state supported MOE as a condition for receiving SAPT funds and to expend not less than 20% of SAPT on primary prevention programs. General Revenue is applied to meet the SAPT MOE requirement. The State Opioid Response (SOR) grant describes allowable use of the funds and requirements for specific services.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$0	\$112,000	\$112,000	\$112,000	\$112,000
4000 - Grants	\$21,847,062	\$26,352,772	\$22,104,035	\$22,681,040	\$22,681,040
TOTAL, OBJECT OF EXPENSE	\$21,847,062	\$26,464,772	\$22,216,035	\$22,793,040	\$22,793,040
Method of Financing:					
0001 General Revenue	\$0	\$988,000	\$1,000,000	\$1,000,000	\$1,000,000
8002 GR for Substance Abuse Prevention and Treatment Block Grant	\$5,856,004	\$6,283,193	\$5,924,675	\$5,924,675	\$5,924,675
SUBTOTAL, MOF (General Revenue)	\$5,856,004	\$7,271,193	\$6,924,675	\$6,924,675	\$6,924,675
Method of Financing:					
0555 Federal Funds					
93.788.000 Opioid STR	\$1,136,158	\$2,710,871	\$1,539,468	\$2,710,871	\$2,710,871
93.959.000 Block Grants for Prevent	\$14,854,900	\$16,482,708	\$13,751,892	\$13,157,494	\$13,157,494
CFDA Subtotal, Fund 0555	\$15,991,058	\$19,193,579	\$15,291,360	\$15,868,365	\$15,868,365
SUBTOTAL, MOF (Federal Funds)	\$15,991,058	\$19,193,579	\$15,291,360	\$15,868,365	\$15,868,365
TOTAL, METHOD OF FINANCE	\$21,847,062	\$26,464,772	\$22,216,035	\$22,793,040	\$22,793,040
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	1.7	1.7	1.7	1.7	1.7

STRATEGY DESCRIPTION AND JUSTIFICATION:

Intervention services reduce the effects of symptoms of substance by providing case management, home visits, and educational services to at-risk or high-risk target population. Intervention programs include:

Pregnant, Postpartum Intervention (PPI) reduces the impact, severity, and cost associated with a substance exposed pregnancy to the mother and child dyad and to their families by providing comprehensive case management services, community-based linkage and retention services, and evidenced-based education for individuals with a past or present SUD diagnosis and by providing support to their families and significant others.

Parenting Awareness and Drug Risk Education (PADRE) provides community-based intervention outreach services and evidenced-based education to individuals who are of childbearing age to decrease the impact of substance use. PADRE uses prevention education workers to reduce the impact, severity, and cost of substance use on the fetus, infant, family and

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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community through early pregnancy testing, prevention and harm reduction education

Rural Border Intervention (RBI) programs provide distinct, but integrated, prevention and intervention services and access to a continuum of behavioral health services to members of the rural border communities who have, or are at high risk of developing, an SUD. The RBI continuum of services includes substance use services, mental health promotion, and SUD and mental health treatment and recovery.

Community Health Workers (CHW) provide outreach to marginalized and stigmatized populations to encourage SUD intervention and/or treatment, or recovery support services.

Outreach, Screening, Assessment and Referral (OSAR) centers provide outreach/engagement, screening and assessments for SUDs and referral to community resources.

Note: All HEI and HIV contracts are set to expire August 31, 2020. As is no longer defined as an HIV-designated state and cannot use SAPT funds to provide HIV-designated services. Contractors began phasing out in 2019 through 2020. HIV Outreach and Early Intervention programs that provide relevant information and education about the relationship between drug use, HIV and other communicable diseases.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The SAPT Block Grant describes allowable use of funds and specific set-aside requirements. The SAPT Block Grant requires the state to have a law prohibiting the use of and sale of tobacco to individuals under the age of 18. General Revenue is applied to meet the SAPT MOE requirement. Key economic variables forecast by the Comptroller's Office include personal income and employment.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$2,177,639	\$11,481,317	\$8,414,534	\$8,253,449	\$8,253,449
3001 - Client Services	\$10,482,003	\$36,962,934	\$25,254,662	\$22,883,605	\$22,883,605
4000 - Grants	\$135,092,452	\$132,383,111	\$119,855,553	\$128,839,654	\$128,839,655
TOTAL, OBJECT OF EXPENSE	\$147,752,094	\$180,827,362	\$153,524,749	\$159,976,708	\$159,976,709
Method of Financing:					
0001 General Revenue	\$0	\$23,301,430	\$3,316,718	\$13,311,144	\$13,311,145
8002 GR for Substance Abuse Prevention and Treatment Block Grant	\$22,070,154	\$27,970,549	\$27,799,128	\$27,799,126	\$27,799,126
SUBTOTAL, MOF (General Revenue)	\$22,070,154	\$51,271,979	\$31,115,846	\$41,110,270	\$41,110,271
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$1,014,496	\$1,275,121	\$1,460,290	\$1,460,286	\$1,460,286
93.788.000 Opiod STR	\$27,623,653	\$54,337,969	\$35,865,438	\$32,322,978	\$32,322,978
93.958.000 Block Grants for Communi	\$326,837	\$945,351	\$944,338	\$944,338	\$944,338
93.959.000 Block Grants for Prevent	\$96,716,954	\$72,789,285	\$83,931,179	\$83,931,179	\$83,931,179
CFDA Subtotal, Fund 0555	\$125,681,940	\$129,347,726	\$122,201,246	\$118,658,781	\$118,658,781
SUBTOTAL, MOF (Federal Funds)	\$125,681,940	\$129,347,726	\$122,201,246	\$118,658,781	\$118,658,781
Method of Financing:					
8033 MH Appropriated Receipts	\$0	\$207,657	\$207,657	\$207,657	\$207,657
SUBTOTAL, MOF (Other Funds)	\$0	\$207,657	\$207,657	\$207,657	\$207,657
TOTAL, METHOD OF FINANCE	\$147,752,094	\$180,827,362	\$153,524,749	\$159,976,708	\$159,976,709
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	65.5	172.3	172.3	172.3	172.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

Treatment services are provided by licensed SUD treatment facilities and other community agencies to deliver services to the target population. Substance use treatment providers meet the person needing treatment services where the person is in the person's personal journey to recovery and coordinate care for the best possible outcome. Substance Use

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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Treatment is defined as a planned, structured, and organized program designed to initiate, promote or maintain a person's drug-free status. The treatment services continuum includes a range of services to fit individual needs, including medically monitored and ambulatory detoxification programs, residential treatment, outpatient treatment, and medication assisted treatment programs. Priority populations include: Pregnant injecting women, pregnant women, injecting drug users, individuals determined to at risk for overdose, individuals involved with DFPS.

Priority populations include: Pregnant women who are injecting substances, pregnant women, people who inject substances, individuals at risk for overdose, individuals involved with DFPS.

The priority populations must be admitted to state-funded treatment services in the following order of priority: a) pregnant women who are injecting substances, b) pregnant women, c) people who inject substances, d) individuals referred to treatment by DFPS, and e) individuals at high risk for overdose. The following treatment services are available: Medication Assisted Treatment (MAT) programs provide medication-assisted and co-morbid treatment services to adults with substance use disorder.

Treatment for Females (TRF) programs operate seven service types that include: Residential Detoxification, Ambulatory Detoxification, Intensive Residential, Supportive Residential, and Outpatient Treatment Services. In addition, TRF Programs operate Women and Children's Intensive and Supportive Residential programs.

Treatment for Youth (TRY) programs operate three service types that include Intensive Residential, Supportive Residential, and Outpatient Treatment Services.

Treatment for Co-Occurring Psychiatric and Substance Use Disorders (TCO) programs provide adjunct services for persons with substance use and mental health issues. TCO programs provide coordinated resources and care to help people achieve recovery.

In addition, services are available for the following specialty populations: individuals determined to be medical issues, women that are pregnant/parenting; youth

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The SAPT Block Grant describes allowable use of funds and specific set-aside requirements. The SAPT Block Grant requires the state to have a law prohibiting use of and sale of tobacco to individuals under the age of 18. It also requires continued state-supported MOE as a condition for receiving block grant funds and to expend not less than \$14.0M on Specialized Female programs. General Revenue is applied to the SAPT MOE 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. The State Opioid Response (SOR) grant describes allowable use of the funds and requirements for specific services.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$6,193,739	\$10,928,023	\$14,795,959	\$14,776,106	\$14,776,106
1002 - Other Personnel Costs	\$118,634	\$157,138	\$213,909	\$213,789	\$213,789
2001 - Professional Fees & Services	\$1,068,238	\$984,436	\$1,004,137	\$1,025,065	\$1,025,065
2003 - Consumable Supplies	\$2,905	\$5,922	\$892	\$892	\$892
2004 - Utilities	\$21,915	\$36,838	\$35,412	\$35,412	\$35,412
2005 - Travel	\$102,731	\$346,731	\$251,800	\$251,800	\$251,800
2006 - Rent - Building	\$27,110	\$52,679	\$26,810	\$26,810	\$26,810
2007 - Rent - Machine and Other	\$72	\$587	\$587	\$587	\$587
2009 - Other Operating Expense	\$928,926	\$551,857	\$574,290	\$573,336	\$573,336
TOTAL, OBJECT OF EXPENSE	\$8,464,270	\$13,064,211	\$16,903,796	\$16,903,797	\$16,903,797
Method of Financing:					
8002 GR for Substance Abuse Prevention and Treatment Block Grant	\$2,022,639	\$1,747,662	\$1,835,565	\$1,835,566	\$1,835,566
SUBTOTAL, MOF (General Revenue)	\$2,022,639	\$1,747,662	\$1,835,565	\$1,835,566	\$1,835,566
Method of Financing:					
0555 Federal Funds					
93.243.000 Project Reg. & Natl Significance	\$89,435	\$112,667	\$120,657	\$120,657	\$120,657
93.788.000 Opioid STR	\$1,415,099	\$6,025,985	\$8,814,050	\$8,814,050	\$8,814,050
93.958.000 Block Grants for Communi	\$7,383	\$8,815	\$9,828	\$9,828	\$9,828
93.959.000 Block Grants for Prevent	\$4,929,715	\$5,169,082	\$6,123,696	\$6,123,696	\$6,123,696
CFDA Subtotal, Fund 0555	\$6,441,631	\$11,316,549	\$15,068,231	\$15,068,231	\$15,068,231
SUBTOTAL, MOF (Federal Funds)	\$6,441,631	\$11,316,549	\$15,068,231	\$15,068,231	\$15,068,231
TOTAL, METHOD OF FINANCE	\$8,464,270	\$13,064,211	\$16,903,796	\$16,903,797	\$16,903,797
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	5.4	5.4	5.4	5.4	5.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy contains costs for contracted and staffing activities that directly relate to substance use services, centralized program supports and allocated statewide costs.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 services. Additionally, continuous improvements to information systems to benefit from current technology and obtain better substance use 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: 4 Substance Abuse Services						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Substance Abuse Prevention Services	\$48,282,201	\$67,167,016	\$58,539,660	\$58,399,508	\$58,399,508
2	Substance Abuse Intervention Services	\$21,847,062	\$26,464,772	\$22,216,035	\$22,793,040	\$22,793,040
3	Substance Abuse Treatment Services	\$147,752,094	\$180,827,362	\$153,524,749	\$159,976,708	\$159,976,709
4	Substance Abuse-Other	\$8,464,270	\$13,064,211	\$16,903,796	\$16,903,797	\$16,903,797
	Total, Sub-strategies	\$226,345,627	\$287,523,361	\$251,184,240	\$258,073,053	\$258,073,054

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,107,310	\$1,275,261	\$1,503,180	\$1,503,180	\$1,503,180
1002 - Other Personnel Costs	\$20,223	\$15,465	\$18,695	\$18,695	\$18,695
2001 - Professional Fees & Services	\$1,297,527	\$2,306,330	\$1,281,932	\$1,679,523	\$1,679,524
2002 - Fuels & Lubricants	\$2	\$4	\$4	\$4	\$4
2003 - Consumable Supplies	\$651	\$140	\$143	\$143	\$143
2004 - Utilities	\$3,913	\$12,730	\$7,384	\$7,384	\$7,384
2005 - Travel	\$37,886	\$67,829	\$57,813	\$57,813	\$57,813
2006 - Rent - Building	\$5,786	\$1,532	\$1,599	\$1,599	\$1,599
2007 - Rent - Machine and Other	\$489	\$163	\$149	\$149	\$149
2009 - Other Operating Expense	\$58,347	\$31,454	\$54,873	\$54,873	\$54,873
3001 - Client Services	\$11,249,355	\$26,465,192	\$27,771,073	\$27,373,482	\$27,373,481
4000 - Grants	\$0	\$40,000	\$76,000	\$76,000	\$76,000
TOTAL, OBJECT OF EXPENSE	\$13,781,489	\$30,216,100	\$30,772,845	\$30,772,845	\$30,772,845
Method of Financing:					
0001 General Revenue	\$0	\$0	\$76,000	\$76,000	\$76,000
0758 GR Match for Medicaid Account No. 758	\$5,800,782	\$10,817,715	\$11,251,068	\$11,251,068	\$11,251,068
SUBTOTAL, MOF (General Revenue)	\$5,800,782	\$10,817,715	\$11,327,068	\$11,327,068	\$11,327,068
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$6,731,588	\$18,007,545	\$18,007,545	\$18,007,545	\$18,007,545
93.778.003 XIX 50%	\$1,249,119	\$1,390,840	\$1,438,232	\$1,438,232	\$1,438,232
CFDA Subtotal, Fund 0555	\$7,980,707	\$19,398,385	\$19,445,777	\$19,445,777	\$19,445,777
SUBTOTAL, MOF (Federal Funds)	\$7,980,707	\$19,398,385	\$19,445,777	\$19,445,777	\$19,445,777
TOTAL, METHOD OF FINANCE	\$13,781,489	\$30,216,100	\$30,772,845	\$30,772,845	\$30,772,845
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	18.6	15.0	15.0	15.0	15.0
STRATEGY DESCRIPTION AND JUSTIFICATION:					

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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The YES waiver strategy provides services and supports children and adolescents with SED as an alternative to psychiatric institutionalization. Participants live in 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 serious mental, emotional and behavioral difficulties and a qualifying mental health diagnosis; be at risk of being placed outside of their home due to their mental health needs; meet the criteria to be in a psychiatric hospital; be eligible for Medicaid — parent's income does not apply; and currently live in a home setting with a legal guardian or on their own if they are legally emancipated. These 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); 26 TAC, Chapter 307, 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.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$522,721	\$613,514	\$751,289	\$751,289	\$751,289
1002 - Other Personnel Costs	\$13,907	\$9,762	\$6,120	\$6,120	\$6,120
2001 - Professional Fees & Services	\$302,845	\$356,272	\$356,272	\$356,272	\$356,272
2003 - Consumable Supplies	\$308	\$22	\$22	\$22	\$22
2005 - Travel	\$18,617	\$22,564	\$32,564	\$32,564	\$32,564
2009 - Other Operating Expense	\$15,408	\$4,686	\$890	\$890	\$890
3001 - Client Services	\$8,381,986	\$20,670,479	\$20,279,541	\$20,279,541	\$20,279,541
4000 - Grants	\$620,529	\$1,179,680	\$920,926	\$920,925	\$920,924
TOTAL, OBJECT OF EXPENSE	\$9,876,321	\$22,856,979	\$22,347,624	\$22,347,623	\$22,347,622
Method of Financing:					
0001 General Revenue	\$4,679,061	\$4,568,166	\$4,058,811	\$4,058,810	\$4,058,809
0758 GR Match for Medicaid Account No. 758	\$2,104,470	\$8,200,000	\$8,200,000	\$8,200,000	\$8,200,000
SUBTOTAL, MOF (General Revenue)	\$6,783,531	\$12,768,166	\$12,258,811	\$12,258,810	\$12,258,809
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$3,051,924	\$10,031,133	\$10,031,133	\$10,031,133	\$10,031,133
93.778.003 XIX 50%	\$40,866	\$57,680	\$57,680	\$57,680	\$57,680
CFDA Subtotal, Fund 0555	\$3,092,790	\$10,088,813	\$10,088,813	\$10,088,813	\$10,088,813
SUBTOTAL, MOF (Federal Funds)	\$3,092,790	\$10,088,813	\$10,088,813	\$10,088,813	\$10,088,813
TOTAL, METHOD OF FINANCE	\$9,876,321	\$22,856,979	\$22,347,624	\$22,347,623	\$22,347,622
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	7.4	12.9	12.9	12.9	12.9

STRATEGY DESCRIPTION AND JUSTIFICATION:

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 psychiatric supports and treatment.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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); 26 TAC, Chapter 307, Subchapter B.

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 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 continues to ramp-up enrollment and an adequate provider network, in addition to enhancing program infrastructure. Program operations are being automated with a target launch date of early fiscal year 2021.

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	YES Waiver	\$13,781,489	\$30,216,100	\$30,772,845	\$30,772,845	\$30,772,845
2	HCBS-Adult Mental Health Plan Amendment	\$9,876,321	\$22,856,979	\$22,347,624	\$22,347,623	\$22,347,622
Total, Sub-strategies		\$23,657,810	\$53,073,079	\$53,120,469	\$53,120,468	\$53,120,467

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

Agency Code: **529**

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

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 6 Community Mental Health Grant Programs
 SUB-STRATEGY: 1 Texas Veterans and Family Alliance

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$7,018,732	\$20,000,000	\$0	\$10,000,000	\$10,000,000
TOTAL, OBJECT OF EXPENSE	\$7,018,732	\$20,000,000	\$0	\$10,000,000	\$10,000,000
Method of Financing:					
0001 General Revenue	\$7,018,732	\$20,000,000	\$0	\$10,000,000	\$10,000,000
SUBTOTAL, MOF (General Revenue)	\$7,018,732	\$20,000,000	\$0	\$10,000,000	\$10,000,000
TOTAL, METHOD OF FINANCE	\$7,018,732	\$20,000,000	\$0	\$10,000,000	\$10,000,000
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Expands the availability of, increases access to, and enhances delivery of mental health services and treatments to veterans and their families across the state while serving as a catalyst to develop and sustain coordinated service delivery systems which continue to operate after the life of each grant period.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

HHSC uses this funding to address gaps in mental health services for veterans and their families across the state, matched by community collaborative contributions. Sustainability of grant-funded projects beyond the grant period may affect continuation of services. Other external factors impacting this sub-strategy include population growth, intake fee assessment processes, response to natural disasters, shortages of licensed mental health professionals, and the COVID-19 pandemic. External factors such as economic health, competing priorities, workforce shortage, and the ability for communities to identify and secure in-kind match to address gaps in their service area could impact availability of these Programs.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

Agency Code: **529**

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

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 6 Community Mental Health Grant Programs
 SUB-STRATEGY: 2 Community Mental Health Grant Program

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$17,248,832	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
TOTAL, OBJECT OF EXPENSE	\$17,248,832	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
Method of Financing:					
0001 General Revenue	\$17,248,832	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
SUBTOTAL, MOF (General Revenue)	\$17,248,832	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
TOTAL, METHOD OF FINANCE	\$17,248,832	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Supports comprehensive, data-driven mental health systems that promote both wellness and recovery. The program is designed to foster community collaboration, reduce duplication of mental health services, and strengthen continuity of care for individuals receiving services through a diverse local provider network.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors such as economic health, competing priorities, workforce shortage, and the ability for communities to identify and implement programs to address gaps in their service area could impact availability of these Programs.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

Agency Code: **529**

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

GOAL: 4 Additional Health-Related Service
 OBJECTIVE: 2 Provide Behavioral Health Services
 STRATEGY: 6 Community Mental Health Grant Programs
 SUB-STRATEGY: 3 MH Program for Justice-involved Individuals

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$19,340,656	\$25,000,000	\$25,000,000	\$25,000,000	\$25,000,000
TOTAL, OBJECT OF EXPENSE	\$19,340,656	\$25,000,000	\$25,000,000	\$25,000,000	\$25,000,000
Method of Financing:					
0001 General Revenue	\$19,340,656	\$25,000,000	\$25,000,000	\$25,000,000	\$25,000,000
SUBTOTAL, MOF (General Revenue)	\$19,340,656	\$25,000,000	\$25,000,000	\$25,000,000	\$25,000,000
TOTAL, METHOD OF FINANCE	\$19,340,656	\$25,000,000	\$25,000,000	\$25,000,000	\$25,000,000
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This grant program addresses the unmet physical and behavioral health needs of individuals to prevent initial or subsequent justice involvement and promote recovery. The program supports community collaboratives who are working on reducing recidivism rates, arrests, and incarceration among individuals with mental illness, and also reduce the wait time for forensic commitments.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this sub-strategy are community collaborative relationships, judiciary processes and willingness to refer individuals to jail diversion programs, workforce limitations in the community, individuals' ability to complete a program and refrain from re-arrest. Additional external factors include economic health, competing priorities, workforce shortage, and the ability for communities to identify and secure in-kind match to address gaps in their service area. Internal factors impacting this sub-strategy are manual data reporting and analysis.

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: 6 Community Mental Health Grant Programs						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Texas Veterans and Family Alliance	\$7,018,732	\$20,000,000	\$0	\$10,000,000	\$10,000,000
2	Community Mental Health Grant Program	\$17,248,832	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
3	MH Program for Justice-involved Individuals	\$19,340,656	\$25,000,000	\$25,000,000	\$25,000,000	\$25,000,000
Total, Sub-strategies		\$43,608,220	\$65,000,000	\$45,000,000	\$55,000,000	\$55,000,000

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$43,323,442	\$43,895,735	\$48,625,394	\$45,532,022	\$43,026,715
TOTAL, OBJECT OF EXPENSE	\$43,323,442	\$43,895,735	\$48,625,394	\$45,532,022	\$43,026,715
Method of Financing:					
0001 General Revenue	\$0	\$42,169,306	\$46,483,933	\$45,532,022	\$43,026,715
0759 GR MOE for Temporary Assistance for Needy Families	\$39,414,511	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$39,414,511	\$42,169,306	\$46,483,933	\$45,532,022	\$43,026,715
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$3,908,931	\$1,726,429	\$2,141,461	\$0	\$0
CFDA Subtotal, Fund 0555	\$3,908,931	\$1,726,429	\$2,141,461	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$3,908,931	\$1,726,429	\$2,141,461	\$0	\$0
TOTAL, METHOD OF FINANCE	\$43,323,442	\$43,895,735	\$48,625,394	\$45,532,022	\$43,026,715
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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 2020-21 General Appropriations Act (Article II, HHSC, Rider 90, S.B. 1, 86th Legislature, 2019) 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$1,702,304	\$1,853,421	\$2,174,714	\$2,222,981	\$1,899,656
TOTAL, OBJECT OF EXPENSE	\$1,702,304	\$1,853,421	\$2,174,714	\$2,222,981	\$1,899,656
Method of Financing:					
0001 General Revenue	\$1,702,304	\$1,853,421	\$2,174,714	\$2,222,981	\$1,899,656
SUBTOTAL, MOF (General Revenue)	\$1,702,304	\$1,853,421	\$2,174,714	\$2,222,981	\$1,899,656
TOTAL, METHOD OF FINANCE	\$1,702,304	\$1,853,421	\$2,174,714	\$2,222,981	\$1,899,656
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$1,466,000	\$1,156,000	\$1,084,000	\$1,437,000	\$1,468,000
TOTAL, OBJECT OF EXPENSE	\$1,466,000	\$1,156,000	\$1,084,000	\$1,437,000	\$1,468,000
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$1,466,000	\$1,156,000	\$1,084,000	\$1,437,000	\$1,468,000
CFDA Subtotal, Fund 0555	\$1,466,000	\$1,156,000	\$1,084,000	\$1,437,000	\$1,468,000
SUBTOTAL, MOF (Federal Funds)	\$1,466,000	\$1,156,000	\$1,084,000	\$1,437,000	\$1,468,000
TOTAL, METHOD OF FINANCE	\$1,466,000	\$1,156,000	\$1,084,000	\$1,437,000	\$1,468,000
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$730,710	\$1,443,226	\$1,186,266	\$1,240,903	\$1,205,122
TOTAL, OBJECT OF EXPENSE	\$730,710	\$1,443,226	\$1,186,266	\$1,240,903	\$1,205,122
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$730,710	\$1,443,226	\$1,186,266	\$1,240,903	\$1,205,122
CFDA Subtotal, Fund 0555	\$730,710	\$1,443,226	\$1,186,266	\$1,240,903	\$1,205,122
SUBTOTAL, MOF (Federal Funds)	\$730,710	\$1,443,226	\$1,186,266	\$1,240,903	\$1,205,122
TOTAL, METHOD OF FINANCE	\$730,710	\$1,443,226	\$1,186,266	\$1,240,903	\$1,205,122
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The 2020-21 General Appropriations Act (Article II, HHSC, Rider 91, H.B. 1, 86th Legislature, 2019) 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$498,000	\$523,000	\$582,000	\$594,000	\$623,000
TOTAL, OBJECT OF EXPENSE	\$498,000	\$523,000	\$582,000	\$594,000	\$623,000
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$498,000	\$523,000	\$582,000	\$594,000	\$623,000
CFDA Subtotal, Fund 0555	\$498,000	\$523,000	\$582,000	\$594,000	\$623,000
SUBTOTAL, MOF (Federal Funds)	\$498,000	\$523,000	\$582,000	\$594,000	\$623,000
TOTAL, METHOD OF FINANCE	\$498,000	\$523,000	\$582,000	\$594,000	\$623,000
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: 5 Encourage Self Sufficiency						
OBJECTIVE: 1 Financial and Other Assistance						
STRATEGY: 1 TANF (Cash Assistance) Grants						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	TANF Basic	\$43,323,442	\$43,895,735	\$48,625,394	\$45,532,022	\$43,026,715
2	TANF State Program	\$1,702,304	\$1,853,421	\$2,174,714	\$2,222,981	\$1,899,656
3	TANF One-time Payments	\$1,466,000	\$1,156,000	\$1,084,000	\$1,437,000	\$1,468,000
4	TANF One-time \$30 Payments	\$730,710	\$1,443,226	\$1,186,266	\$1,240,903	\$1,205,122
5	One-time Grandparent Grants	\$498,000	\$523,000	\$582,000	\$594,000	\$623,000
Total, Sub-strategies		\$47,720,456	\$48,871,382	\$53,652,374	\$51,026,906	\$48,222,493

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$84,676,013	\$94,806,843	\$94,959,351	\$95,341,851	\$95,341,851
TOTAL, OBJECT OF EXPENSE	\$84,676,013	\$94,806,843	\$94,959,351	\$95,341,851	\$95,341,851
Method of Financing:					
0001 General Revenue	\$13,105,976	\$24,130,714	\$24,178,081	\$24,560,581	\$24,560,581
SUBTOTAL, MOF (General Revenue)	\$13,105,976	\$24,130,714	\$24,178,081	\$24,560,581	\$24,560,581
Method of Financing:					
0555 Federal Funds					
93.053.000 Nutrition Services Incentive Pgm	\$2,666,108	\$1,772,200	\$1,877,341	\$1,877,341	\$1,877,341
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	\$71,570,037	\$70,676,129	\$70,781,270	\$70,781,270	\$70,781,270
SUBTOTAL, MOF (Federal Funds)	\$71,570,037	\$70,676,129	\$70,781,270	\$70,781,270	\$70,781,270
TOTAL, METHOD OF FINANCE	\$84,676,013	\$94,806,843	\$94,959,351	\$95,341,851	\$95,341,851
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Community Care Services and Supports – Non-Medicaid strategy services 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. Services included in this strategy are Adult Foster Care, Consumer Managed Personal Attendant Services, Day Activity and Health Services, Emergency Response Services, Family Care, Home-Delivered Meals, Residential Care Services, and Special Services for Persons with Disabilities. To be eligible for Community Care Services 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 (\$2,349), 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.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The population of age 60+ continues to increase based on Texas Demographic Center, Office of the State Demographer at the University of Texas at San Antonio. The gradual aging of the population will likely result in an increase in the number of individuals living with a disability and/or a chronic health condition, will increase the need for community service programs, and increase the number of individuals on the Title XX program interest lists. The increase in demand for these services will increase workloads for case workers who perform federally mandated face-to-face assessments.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Nutrition Services

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$49,472,579	\$71,684,995	\$74,382,454	\$49,251,500	\$49,251,500
TOTAL, OBJECT OF EXPENSE	\$49,472,579	\$71,684,995	\$74,382,454	\$49,251,500	\$49,251,500
Method of Financing:					
8004 GR Match for Federal Funds (Older Americans Act)	\$2,100,053	\$2,100,053	\$2,100,053	\$2,100,053	\$2,100,053
SUBTOTAL, MOF (General Revenue)	\$2,100,053	\$2,100,053	\$2,100,053	\$2,100,053	\$2,100,053
Method of Financing:					
0555 Federal Funds					
93.043.000 Disease Prevention and Health Prc	\$1,647,836	\$1,653,691	\$1,653,691	\$1,653,691	\$1,653,691
93.045.000 Title III C1 Congregate Meals C2 F	\$36,233,379	\$35,733,208	\$35,733,208	\$35,455,208	\$35,455,208
93.045.119 COV19 Special Prgms Aging Title I	\$0	\$21,391,651	\$23,984,579	\$0	\$0
93.052.000 Title III E National Family Caregivr	\$973,886	\$0	\$354,402	\$354,402	\$354,402
93.052.119 COV19 Nat Fam Caregiver Supp II	\$0	\$1,013,105	\$868,375	\$0	\$0
93.053.000 Nutrition Services Incentive Pgm	\$8,517,425	\$9,793,287	\$9,688,146	\$9,688,146	\$9,688,146
CFDA Subtotal, Fund 0555	\$47,372,526	\$69,584,942	\$72,282,401	\$47,151,447	\$47,151,447
SUBTOTAL, MOF (Federal Funds)	\$47,372,526	\$69,584,942	\$72,282,401	\$47,151,447	\$47,151,447
TOTAL, METHOD OF FINANCE	\$49,472,579	\$71,684,995	\$74,382,454	\$49,251,500	\$49,251,500
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

FULL TIME EQUIVALENT POSITIONS: 0.0 0.0 0.0 0.0 0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Services include Congregate Meals, Home-Delivered Meals, Nutrition Education, and Nutrition Counseling. To receive services from an Area Agency on Aging an individual must be 60 or over, 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.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors include the increased food costs for meal providers. Common Providers (those contracted to provide home delivered meals under both Title III and Title XX) were provided additional funds to increase their contracted meal rate to \$5.31. However, the non-common meal providers (those contracted to provide home delivered meals under Title III

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Nutrition Services

Code	Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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only) negotiate rates with their contracted AAAs.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Services to Assist Independent Living

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$22,471,351	\$25,596,962	\$26,583,082	\$20,827,281	\$20,827,281
TOTAL, OBJECT OF EXPENSE	\$22,471,351	\$25,596,962	\$26,583,082	\$20,827,281	\$20,827,281
Method of Financing:					
0001 General Revenue	\$1,593,142	\$1,709,481	\$697,114	\$797,114	\$797,114
8004 GR Match for Federal Funds (Older Americans Act)	\$1,275,176	\$1,275,176	\$1,275,176	\$1,275,176	\$1,275,176
SUBTOTAL, MOF (General Revenue)	\$2,868,318	\$2,984,657	\$1,972,290	\$2,072,290	\$2,072,290
Method of Financing:					
0555 Federal Funds					
93.041.000 Programs for Prevention of Elder Abuse	\$19,483	\$20,726	\$20,726	\$21,032	\$21,032
93.044.000 Title III B – Supportive Services	\$13,069,385	\$12,472,299	\$12,472,299	\$12,472,299	\$12,472,299
93.044.119 COV19 Aging/Title III B/Grants Program	\$0	\$3,403,217	\$5,104,826	\$0	\$0
93.048.000 Special Programs for the Aging_Ti	\$0	\$100,000	\$100,000	\$0	\$0
93.052.000 Title III E National Family Caregiver Support Program	\$6,514,165	\$6,616,063	\$6,261,660	\$6,261,660	\$6,261,660
93.052.119 COV19 Nat Fam Caregiver Supp II	\$0	\$0	\$651,281	\$0	\$0
CFDA Subtotal, Fund 0555	\$19,603,033	\$22,612,305	\$24,610,792	\$18,754,991	\$18,754,991
SUBTOTAL, MOF (Federal Funds)	\$19,603,033	\$22,612,305	\$24,610,792	\$18,754,991	\$18,754,991
TOTAL, METHOD OF FINANCE	\$22,471,351	\$25,596,962	\$26,583,082	\$20,827,281	\$20,827,281
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Support services 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.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Services to Assist Independent Living

Code	Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The population of age 60+ continues to increase based on Texas Demographic Center, Office of the State Demographer at the University of Texas at San Antonio. The gradual aging of the population will likely result in an increase in the number of individuals needing services provided through Title III programs.

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Non-Medicaid Services - Title XX	\$84,676,013	\$94,806,843	\$94,959,351	\$95,341,851	\$95,341,851
2	Nutrition Services	\$49,472,579	\$71,684,995	\$74,382,454	\$49,251,500	\$49,251,500
3	Services to Assist Independent Living	\$22,471,351	\$25,596,962	\$26,583,082	\$20,827,281	\$20,827,281
Total, Sub-strategies		\$156,619,943	\$192,088,800	\$195,924,887	\$165,420,632	\$165,420,632

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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: 1 Employment Services

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 Day Training Services

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 Therapies

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 Respite

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$13,388,562	\$16,888,561	\$16,888,562	\$16,888,562	\$16,888,561
TOTAL, OBJECT OF EXPENSE	\$13,388,562	\$16,888,561	\$16,888,562	\$16,888,562	\$16,888,561
Method of Financing:					
0001 General Revenue	\$13,388,562	\$16,888,561	\$16,888,562	\$16,888,562	\$16,888,561
SUBTOTAL, MOF (General Revenue)	\$13,388,562	\$16,888,561	\$16,888,562	\$16,888,562	\$16,888,561
TOTAL, METHOD OF FINANCE	\$13,388,562	\$16,888,561	\$16,888,562	\$16,888,562	\$16,888,561
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 Independent Living

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 IDD Community Services Residential

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 Other

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$0	\$549,972	\$549,972	\$549,972	\$549,972
2009 - Other Operating Expense	\$1,133,881	\$650,472	\$650,472	\$650,472	\$650,472
4000 - Grants	\$373,656	\$308,368	\$308,368	\$308,368	\$308,368
TOTAL, OBJECT OF EXPENSE	\$1,507,537	\$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	\$1,725	\$3,000	\$3,000	\$3,000	\$3,000
SUBTOTAL, MOF (Other Funds)	\$1,725	\$3,000	\$3,000	\$3,000	\$3,000
TOTAL, METHOD OF FINANCE	\$1,507,537	\$1,508,812	\$1,508,812	\$1,508,812	\$1,508,812
TOTAL, VARIANCE:	\$0	\$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: 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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Employment Services	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372	\$2,459,372
2	Day Training Services	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653	\$11,758,653
3	Therapies	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776	\$3,823,776
4	Respite	\$13,388,562	\$16,888,561	\$16,888,562	\$16,888,562	\$16,888,561
5	Independent Living	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275	\$6,444,275
6	IDD Community Services Residential	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471	\$7,018,471
7	Other	\$1,507,537	\$1,508,812	\$1,508,812	\$1,508,812	\$1,508,812
Total, Sub-strategies		\$46,400,646	\$49,901,920	\$49,901,921	\$49,901,921	\$49,901,920

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,175,568	\$1,384,424	\$1,441,180	\$1,441,180	\$1,441,180
1002 - Other Personnel Costs	\$41,505	\$42,755	\$34,812	\$34,812	\$34,812
2001 - Professional Fees & Services	\$10,684	\$35,510	\$39,685	\$39,685	\$39,685
2002 - Fuels & Lubricants	\$283	\$176	\$167	\$167	\$167
2003 - Consumable Supplies	\$9,940	\$2,170	\$1,612	\$1,612	\$1,612
2004 - Utilities	\$28,377	\$19,660	\$19,173	\$19,173	\$19,173
2005 - Travel	\$41,437	\$86,114	\$83,627	\$83,627	\$83,627
2006 - Rent - Building	\$62,000	\$62,551	\$65,753	\$65,753	\$65,753
2007 - Rent - Machine and Other	\$32,196	\$6,614	\$6,079	\$6,079	\$6,079
2009 - Other Operating Expense	\$433,610	\$219,239	\$214,000	\$214,002	\$214,000
4000 - Grants	\$8,743,143	\$9,614,778	\$9,567,902	\$9,567,902	\$9,567,902
TOTAL, OBJECT OF EXPENSE	\$10,578,743	\$11,473,990	\$11,473,990	\$11,473,992	\$11,473,990
Method of Financing:					
0001 General Revenue	\$1,844,804	\$4,447,161	\$3,184,882	\$3,184,882	\$3,184,882
SUBTOTAL, MOF (General Revenue)	\$1,844,804	\$4,447,161	\$3,184,882	\$3,184,882	\$3,184,882
Method of Financing:					
0555 Federal Funds					
93.369.001 Independent Living_State_Rehab	\$1,550,001	\$0	\$300,000	\$300,000	\$300,000
CFDA Subtotal, Fund 0555	\$1,550,001	\$0	\$300,000	\$300,000	\$300,000
SUBTOTAL, MOF (Federal Funds)	\$1,550,001	\$0	\$300,000	\$300,000	\$300,000
Method of Financing:					
0777 Interagency Contracts	\$7,183,938	\$7,026,829	\$7,989,108	\$7,989,110	\$7,989,108
SUBTOTAL, MOF (Other Funds)	\$7,183,938	\$7,026,829	\$7,989,108	\$7,989,110	\$7,989,108
TOTAL, METHOD OF FINANCE	\$10,578,743	\$11,473,990	\$11,473,990	\$11,473,992	\$11,473,990
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	20.9	25.7	25.7	25.7	25.7

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$2,620,914	\$3,110,047	\$3,110,047	\$3,110,047	\$3,110,047
TOTAL, OBJECT OF EXPENSE	\$2,620,914	\$3,110,047	\$3,110,047	\$3,110,047	\$3,110,047
Method of Financing:					
0001 General Revenue	\$1,219,026	\$0	\$1,262,279	\$1,262,279	\$1,262,279
SUBTOTAL, MOF (General Revenue)	\$1,219,026	\$0	\$1,262,279	\$1,262,279	\$1,262,279
Method of Financing:					
0555 Federal Funds					
93.369.001 Independent Living_State_Rehab	\$0	\$1,550,001	\$1,250,001	\$1,250,001	\$1,250,001
CFDA Subtotal, Fund 0555	\$0	\$1,550,001	\$1,250,001	\$1,250,001	\$1,250,001
SUBTOTAL, MOF (Federal Funds)	\$0	\$1,550,001	\$1,250,001	\$1,250,001	\$1,250,001
Method of Financing:					
0777 Interagency Contracts	\$1,401,888	\$1,560,046	\$597,767	\$597,767	\$597,767
SUBTOTAL, MOF (Other Funds)	\$1,401,888	\$1,560,046	\$597,767	\$597,767	\$597,767
TOTAL, METHOD OF FINANCE	\$2,620,914	\$3,110,047	\$3,110,047	\$3,110,047	\$3,110,047
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: 1 Independent Living Services						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Independent Living Services (General and Blind)	\$10,578,743	\$11,473,990	\$11,473,990	\$11,473,992	\$11,473,990
2	Centers for Independent Living	\$2,620,914	\$3,110,047	\$3,110,047	\$3,110,047	\$3,110,047
Total, Sub-strategies		\$13,199,657	\$14,584,037	\$14,584,037	\$14,584,039	\$14,584,037

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$509,197	\$525,254	\$546,753	\$546,686	\$546,686
1002 - Other Personnel Costs	\$18,140	\$7,734	\$7,103	\$7,102	\$7,102
2001 - Professional Fees & Services	\$166,924	\$223,688	\$224,663	\$222,036	\$222,036
2002 - Fuels & Lubricants	\$15	\$16	\$14	\$14	\$14
2003 - Consumable Supplies	\$2,043	\$2,069	\$1,456	\$1,456	\$1,456
2004 - Utilities	\$2,013	\$3,909	\$3,881	\$3,876	\$3,876
2005 - Travel	\$9,375	\$8,634	\$11,960	\$11,959	\$11,959
2006 - Rent - Building	\$9,217	\$6,728	\$6,397	\$6,387	\$6,387
2007 - Rent - Machine and Other	\$1,414	\$606	\$492	\$491	\$491
2009 - Other Operating Expense	\$44,956	\$30,436	\$49,919	\$49,909	\$49,909
3001 - Client Services	\$517,579	\$689,087	\$656,500	\$656,499	\$656,499
5000 - Capital Expenditures	\$13	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$1,280,887	\$1,498,163	\$1,509,138	\$1,506,414	\$1,506,414
Method of Financing:					
0001 General Revenue	\$841,862	\$1,122,423	\$1,133,398	\$1,130,674	\$1,130,674
SUBTOTAL, MOF (General Revenue)	\$841,862	\$1,122,423	\$1,133,398	\$1,130,674	\$1,130,674
Method of Financing:					
0666 Appropriated Receipts	\$37,267	\$40,740	\$40,740	\$40,740	\$40,740
0777 Interagency Contracts	\$399,657	\$325,000	\$325,000	\$325,000	\$325,000
0802 License Plate Trust Fund Account No. 0802	\$2,101	\$10,000	\$10,000	\$10,000	\$10,000
SUBTOTAL, MOF (Other Funds)	\$439,025	\$375,740	\$375,740	\$375,740	\$375,740
TOTAL, METHOD OF FINANCE	\$1,280,887	\$1,498,163	\$1,509,138	\$1,506,414	\$1,506,414
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	7.0	8.1	8.1	8.1	8.1

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

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$467,476	\$525,056	\$558,190	\$558,190	\$558,190
1002 - Other Personnel Costs	\$21,930	\$14,736	\$15,120	\$15,120	\$15,120
2001 - Professional Fees & Services	\$13,062	\$46,213	\$53,155	\$53,155	\$53,155
2003 - Consumable Supplies	\$1,090	\$845	\$845	\$845	\$845
2004 - Utilities	\$1,272	\$1,300	\$1,300	\$1,300	\$1,300
2005 - Travel	\$1,761	\$1,160	\$1,160	\$1,160	\$1,160
2009 - Other Operating Expense	\$42,569	\$42,880	\$14,770	\$14,770	\$14,770
3001 - Client Services	\$401,301	\$356,058	\$343,708	\$343,708	\$343,708
TOTAL, OBJECT OF EXPENSE	\$950,461	\$988,248	\$988,248	\$988,248	\$988,248
Method of Financing:					
8051 Universal Services Fund Reimbursements	\$950,461	\$988,248	\$988,248	\$988,248	\$988,248
SUBTOTAL, MOF (Other Funds)	\$950,461	\$988,248	\$988,248	\$988,248	\$988,248
TOTAL, METHOD OF FINANCE	\$950,461	\$988,248	\$988,248	\$988,248	\$988,248
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	9.0	9.0	9.0	9.0	9.0

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$358,047	\$354,761	\$296,113	\$296,180	\$296,180
1002 - Other Personnel Costs	\$18,584	\$5,434	\$5,502	\$5,503	\$5,503
2001 - Professional Fees & Services	\$1,076	\$28,675	\$11,308	\$11,311	\$11,311
2002 - Fuels & Lubricants	\$27	\$17	\$18	\$18	\$18
2003 - Consumable Supplies	\$1,270	\$425	\$391	\$391	\$391
2004 - Utilities	\$4,056	\$4,877	\$4,217	\$4,222	\$4,222
2005 - Travel	\$1,306	\$9,043	\$12,186	\$12,187	\$12,187
2006 - Rent - Building	\$16,863	\$6,418	\$7,453	\$7,463	\$7,463
2007 - Rent - Machine and Other	\$2,587	\$624	\$622	\$623	\$623
2009 - Other Operating Expense	\$37,614	\$47,502	\$21,075	\$21,085	\$21,085
3001 - Client Services	\$1,368,295	\$1,278,468	\$1,366,389	\$1,369,013	\$1,369,013
5000 - Capital Expenditures	\$24	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$1,809,750	\$1,736,247	\$1,725,273	\$1,727,995	\$1,727,995
Method of Financing:					
0001 General Revenue	\$1,809,750	\$1,736,247	\$1,725,272	\$1,727,995	\$1,727,995
SUBTOTAL, MOF (General Revenue)	\$1,809,750	\$1,736,247	\$1,725,272	\$1,727,995	\$1,727,995
TOTAL, METHOD OF FINANCE	\$1,809,750	\$1,736,247	\$1,725,272	\$1,727,995	\$1,727,995
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	6.6	8.1	8.1	8.1	8.1

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: 2 Independent Living						
STRATEGY: 4 Deaf and Hard of Hearing Services						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Training and Certification	\$1,280,887	\$1,498,163	\$1,509,138	\$1,506,414	\$1,506,414
2	Specialized Telecommunications Assistance Program (STAP)	\$950,461	\$988,248	\$988,248	\$988,248	\$988,248
3	Contract Services	\$1,809,750	\$1,736,247	\$1,725,272	\$1,727,995	\$1,727,995
	Total, Sub-strategies	\$4,041,097	\$4,222,658	\$4,222,658	\$4,222,658	\$4,222,658

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$13,599,003	\$23,599,004	\$23,599,004	\$23,599,005	\$23,599,004
TOTAL, OBJECT OF EXPENSE	\$13,599,003	\$23,599,004	\$23,599,004	\$23,599,005	\$23,599,004
Method of Financing:					
0001 General Revenue	\$8,484,081	\$13,484,082	\$13,484,082	\$13,484,083	\$13,484,082
SUBTOTAL, MOF (General Revenue)	\$8,484,081	\$13,484,082	\$13,484,082	\$13,484,083	\$13,484,082
Method of Financing:					
0469 Compensation to Victims of Crime Account No. 469	\$5,114,922	\$5,114,922	\$5,114,922	\$5,114,922	\$5,114,922
5010 Sexual Assault Program Account No. 5010	\$0	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
SUBTOTAL, MOF (General Revenue-Dedicated)	\$5,114,922	\$10,114,922	\$10,114,922	\$10,114,922	\$10,114,922
TOTAL, METHOD OF FINANCE	\$13,599,003	\$23,599,004	\$23,599,004	\$23,599,005	\$23,599,004
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Local CACs provide support for the protection of abused and neglected children through a partnership with local communities and agencies investigating and prosecuting child abuse. Local CACs offer six core services: case coordination, medical evaluations, mental health services, forensic interviews, victim advocacy, and multidisciplinary team case reviews.

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. During the 86th Session, CAC was appropriated \$5,000,000 in GR Dedicated - Sexual Assault funding.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
4000 - Grants	\$13,269,696	\$14,975,812	\$14,964,000	\$14,964,000	\$14,964,000
TOTAL, OBJECT OF EXPENSE	\$13,269,696	\$14,975,812	\$14,964,000	\$14,964,000	\$14,964,000
Method of Financing:					
0001 General Revenue	\$8,031,392	\$9,835,579	\$9,835,578	\$9,835,578	\$9,835,578
SUBTOTAL, MOF (General Revenue)	\$8,031,392	\$9,835,579	\$9,835,578	\$9,835,578	\$9,835,578
Method of Financing:					
0469 Compensation to Victims of Crime Account No. 469	\$5,226,901	\$5,114,922	\$5,114,922	\$5,114,922	\$5,114,922
SUBTOTAL, MOF (General Revenue-Dedicated)	\$5,226,901	\$5,114,922	\$5,114,922	\$5,114,922	\$5,114,922
Method of Financing:					
0802 License Plate Trust Fund Account No. 0802	\$11,403	\$25,311	\$13,500	\$13,500	\$13,500
SUBTOTAL, MOF (Other Funds)	\$11,403	\$25,311	\$13,500	\$13,500	\$13,500
TOTAL, METHOD OF FINANCE	\$13,269,696	\$14,975,812	\$14,964,000	\$14,964,000	\$14,964,000
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Local CASA programs provide 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 and custody of the Department of Family and Protective Services (DFPS) Child Protective Services (CPS) utilize the services provided by TXCASA. TXCASA collaborates with CPS through the Collaborative Family Engagement program that involves identifying and engaging extended family members and other supportive adults to create networks of support for children and parents and increase permanency options.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Traditionally, the CASA 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. Additionally, the CASA appropriation includes revenue from a license plate trust fund account.

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Child Advocacy Centers (CAC)	\$13,599,003	\$23,599,004	\$23,599,004	\$23,599,005	\$23,599,004
2	Court Appointed Special Advocates (CASA)	\$13,269,696	\$14,975,812	\$14,964,000	\$14,964,000	\$14,964,000
Total, Sub-strategies		\$26,868,699	\$38,574,816	\$38,563,004	\$38,563,005	\$38,563,004

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$55,350	\$60,772	\$64,888	\$64,888	\$64,888
1002 - Other Personnel Costs	\$1,080	\$613	\$1,200	\$1,200	\$1,200
2001 - Professional Fees & Services	\$180,686	\$175,392	\$170,304	\$170,304	\$170,304
2004 - Utilities	\$120	\$150	\$150	\$150	\$150
2005 - Travel	\$0	\$2,000	\$2,000	\$2,000	\$2,000
2009 - Other Operating Expense	\$2,261	\$615	\$1,000	\$1,000	\$1,000
5000 - Capital Expenditures	\$45	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$239,542	\$239,542	\$239,542	\$239,542	\$239,542
Method of Financing:					
0555 Federal Funds					
93.558.000 Temp AssistNeedy Families	\$239,542	\$239,542	\$239,542	\$239,542	\$239,542
CFDA Subtotal, Fund 0555	\$239,542	\$239,542	\$239,542	\$239,542	\$239,542
SUBTOTAL, MOF (Federal Funds)	\$239,542	\$239,542	\$239,542	\$239,542	\$239,542
TOTAL, METHOD OF FINANCE	\$239,542	\$239,542	\$239,542	\$239,542	\$239,542
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$59,290	\$62,146	\$75,104	\$75,523	\$75,523
1002 - Other Personnel Costs	\$4,393	\$762	\$631	\$631	\$631
2001 - Professional Fees & Services	\$359	\$41,570	\$41,649	\$41,644	\$41,644
2002 - Fuels & Lubricants	\$11	\$6	\$6	\$6	\$6
2003 - Consumable Supplies	\$328	\$58	\$46	\$45	\$45
2004 - Utilities	\$1,420	\$852	\$860	\$854	\$854
2005 - Travel	\$2,538	\$9,478	\$9,480	\$9,480	\$9,480
2006 - Rent - Building	\$6,305	\$1,957	\$2,241	\$2,193	\$2,193
2007 - Rent - Machine and Other	\$997	\$200	\$201	\$197	\$197
2009 - Other Operating Expense	\$24,748	\$4,480	\$3,431	\$3,380	\$3,380
TOTAL, OBJECT OF EXPENSE	\$100,391	\$121,510	\$133,649	\$133,952	\$133,952
Method of Financing:					
0001 General Revenue	\$100,391	\$121,510	\$133,649	\$133,952	\$133,952
SUBTOTAL, MOF (General Revenue)	\$100,391	\$121,510	\$133,649	\$133,952	\$133,952
TOTAL, METHOD OF FINANCE	\$100,391	\$121,510	\$133,649	\$133,952	\$133,952
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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 organizations that develop comprehensive and coordinated multi-agency services responsive to children, youth, adults, 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 communities. Currently, Texas has an estimated 145 local CRCGs serving children, youth, and adults across 240 counties. HHSC's CRCG team in the Office of Mental Health Coordination provides training, technical assistance, data analysis, and coordination for the state-wide network of local CRCGs. Additionally, HHSC convenes quarterly meetings of the state workgroup 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 servicesvcs in Strategy A.1.2, Integrated Eligibility and Support during that time.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$110,201	\$124,529	\$131,779	\$131,635	\$131,635
1002 - Other Personnel Costs	\$10,873	\$4,164	\$3,651	\$3,652	\$3,652
2001 - Professional Fees & Services	\$1,254	\$2,770	\$2,898	\$2,912	\$2,912
2002 - Fuels & Lubricants	\$18	\$7	\$7	\$7	\$7
2003 - Consumable Supplies	\$1,055	\$470	\$437	\$440	\$440
2004 - Utilities	\$2,421	\$1,192	\$3,170	\$3,186	\$3,186
2005 - Travel	\$3,420	\$11,536	\$11,543	\$11,544	\$11,544
2006 - Rent - Building	\$17,253	\$6,307	\$5,089	\$5,226	\$5,226
2007 - Rent - Machine and Other	\$1,873	\$400	\$376	\$388	\$388
2009 - Other Operating Expense	\$40,135	\$94,790	\$88,228	\$88,374	\$88,374
TOTAL, OBJECT OF EXPENSE	\$188,504	\$246,165	\$247,178	\$247,365	\$247,365
Method of Financing:					
0001 General Revenue	\$188,504	\$246,165	\$247,178	\$247,365	\$247,365
SUBTOTAL, MOF (General Revenue)	\$188,504	\$246,165	\$247,178	\$247,365	\$247,365
TOTAL, METHOD OF FINANCE	\$188,504	\$246,165	\$247,178	\$247,365	\$247,365
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	2.0	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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$94,074	\$120,191	\$127,302	\$127,027	\$127,027
1002 - Other Personnel Costs	\$8,378	\$4,910	\$4,611	\$4,610	\$4,610
2001 - Professional Fees & Services	\$392	\$23,297	\$15,693	\$15,684	\$15,684
2002 - Fuels & Lubricants	\$13	\$13	\$12	\$12	\$12
2003 - Consumable Supplies	\$409	\$222	\$285	\$283	\$283
2004 - Utilities	\$1,129	\$1,226	\$1,180	\$1,170	\$1,170
2005 - Travel	\$651	\$11,500	\$11,497	\$11,496	\$11,496
2006 - Rent - Building	\$7,861	\$6,088	\$6,145	\$6,056	\$6,056
2007 - Rent - Machine and Other	\$1,243	\$1,418	\$872	\$864	\$864
2009 - Other Operating Expense	\$10,957	\$88,893	\$77,010	\$76,914	\$76,914
TOTAL, OBJECT OF EXPENSE	\$125,107	\$257,757	\$244,606	\$244,115	\$244,115
Method of Financing:					
0001 General Revenue	\$125,107	\$257,757	\$244,606	\$244,115	\$244,115
SUBTOTAL, MOF (General Revenue)	\$125,107	\$257,757	\$244,606	\$244,115	\$244,115
TOTAL, METHOD OF FINANCE	\$125,107	\$257,757	\$244,606	\$244,115	\$244,115
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	2.0	2.1	2.1	2.1	2.1

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$64,365	\$64,365	\$64,365	\$64,365	\$64,365
1002 - Other Personnel Costs	\$1,554	\$1,505	\$1,778	\$1,779	\$1,779
2001 - Professional Fees & Services	\$10,008	\$6,811	\$6,811	\$6,811	\$6,811
2002 - Fuels & Lubricants	\$0	\$1	\$1	\$1	\$1
2003 - Consumable Supplies	\$9	\$13	\$7	\$7	\$7
2004 - Utilities	\$76	\$157	\$138	\$138	\$138
2005 - Travel	\$1,359	\$1,359	\$1,359	\$1,359	\$1,359
2006 - Rent - Building	\$163	\$448	\$336	\$336	\$336
2007 - Rent - Machine and Other	\$26	\$46	\$30	\$30	\$30
2009 - Other Operating Expense	\$1,703	\$1,515	\$1,395	\$1,395	\$1,395
4000 - Grants	\$84,082	\$90,000	\$90,000	\$90,000	\$90,000
TOTAL, OBJECT OF EXPENSE	\$163,346	\$166,221	\$166,221	\$166,221	\$166,221
Method of Financing:					
0555 Federal Funds					
93.296.000 Improving Hlth & Educational Out	\$163,346	\$166,221	\$166,221	\$166,221	\$166,221
CFDA Subtotal, Fund 0555	\$163,346	\$166,221	\$166,221	\$166,221	\$166,221
SUBTOTAL, MOF (Federal Funds)	\$163,346	\$166,221	\$166,221	\$166,221	\$166,221
TOTAL, METHOD OF FINANCE	\$163,346	\$166,221	\$166,221	\$166,221	\$166,221
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: 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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Healthy Marriage	\$239,542	\$239,542	\$239,542	\$239,542	\$239,542
2	CRCG Adult/Child and TIFI	\$100,391	\$121,510	\$133,649	\$133,952	\$133,952
3	Office of Acquired Brain Injury	\$188,504	\$246,165	\$247,178	\$247,365	\$247,365
4	Office of Disability Prevention for Children	\$125,107	\$257,757	\$244,606	\$244,115	\$244,115
5	Office of Minority Health Statistics and Engagement	\$163,346	\$166,221	\$166,221	\$166,221	\$166,221
Total, Sub-strategies		\$816,890	\$1,031,195	\$1,031,195	\$1,031,195	\$1,031,195

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$448,150,149	\$448,238,153	\$450,657,914	\$450,921,168	\$450,921,160
1002 - Other Personnel Costs	\$22,256,725	\$22,345,402	\$24,620,004	\$24,870,004	\$24,873,004
2001 - Professional Fees & Services	\$33,023,551	\$33,256,305	\$30,679,881	\$34,341,946	\$34,341,946
2002 - Fuels & Lubricants	\$1,192,694	\$1,192,694	\$1,167,786	\$1,167,786	\$1,167,786
2003 - Consumable Supplies	\$2,256,749	\$2,690,194	\$3,589,080	\$3,864,080	\$3,864,080
2004 - Utilities	\$10,174,293	\$11,161,467	\$10,735,023	\$10,735,023	\$10,735,023
2005 - Travel	\$1,268,542	\$1,770,536	\$1,345,515	\$1,345,515	\$1,345,515
2006 - Rent - Building	\$625,902	\$615,577	\$766,904	\$1,290,395	\$1,290,395
2007 - Rent - Machine and Other	\$4,010,219	\$4,010,221	\$4,025,945	\$4,185,549	\$4,185,549
2009 - Other Operating Expense	\$102,590,225	\$100,748,432	\$107,829,948	\$92,711,430	\$87,447,254
3001 - Client Services	\$5,026,798	\$5,026,797	\$5,330,105	\$5,388,370	\$5,388,370
3002 - Food for Persons-Wards of Sta	\$12,754,315	\$12,754,318	\$13,503,160	\$13,551,893	\$13,551,893
5000 - Capital Expenditures	\$3,123,867	\$3,123,871	\$3,278,334	\$3,365,157	\$3,598,333
TOTAL, OBJECT OF EXPENSE	\$646,454,029	\$646,933,967	\$657,529,599	\$647,738,316	\$642,710,308
Method of Financing:					
0001 General Revenue	\$22,488,753	\$11,712,451	\$6,619,962	\$7,461,357	\$7,264,603
8032 GR Certified as Match for Medicaid	\$241,981,747	\$240,649,416	\$232,298,959	\$236,708,175	\$234,818,653
SUBTOTAL, MOF (General Revenue)	\$264,470,500	\$252,361,867	\$238,918,921	\$244,169,532	\$242,083,256
Method of Financing:					
0555 Federal Funds					
93.498.119 CARES Act Provider Relief Funds	\$0	\$0	\$8,141,816	\$0	\$0
93.778.000 XIX FMAP	\$359,403,081	\$370,854,323	\$387,219,667	\$379,447,237	\$376,505,505
93.791.000 Money Follows Person Reblncng D	\$527,697	\$639,333	\$0	\$872,352	\$872,352
CFDA Subtotal, Fund 0555	\$359,930,778	\$371,493,656	\$395,361,483	\$380,319,589	\$377,377,857
SUBTOTAL, MOF (Federal Funds)	\$359,930,778	\$371,493,656	\$395,361,483	\$380,319,589	\$377,377,857
Method of Financing:					
0666 Appropriated Receipts	\$0	\$0	\$170,751	\$170,751	\$170,751
8095 ID Collections for Patient Support and Maintenance	\$21,301,467	\$22,540,853	\$22,540,853	\$22,540,853	\$22,540,853
8096 ID Appropriated Receipts	\$670,740	\$456,812	\$456,812	\$456,812	\$456,812

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8098 ID Revolving Fund Receipts	\$80,544	\$80,779	\$80,779	\$80,779	\$80,779
SUBTOTAL, MOF (Other Funds)	\$22,052,751	\$23,078,444	\$23,249,195	\$23,249,195	\$23,249,195
TOTAL, METHOD OF FINANCE	\$646,454,029	\$646,933,967	\$657,529,599	\$647,738,316	\$642,710,308
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	11,780.5	11,782.6	11,774.2	11,774.2	11,774.2

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2009 - Other Operating Expense	\$38,193,346	\$38,193,346	\$38,193,346	\$38,193,346	\$38,193,346
TOTAL, OBJECT OF EXPENSE	\$38,193,346	\$38,193,346	\$38,193,346	\$38,193,346	\$38,193,346
Method of Financing:					
0001 General Revenue	\$311,999	\$311,999	\$311,999	\$311,999	\$311,999
8032 GR Certified as Match for Medicaid	\$17,792,588	\$17,792,588	\$17,792,588	\$17,792,588	\$17,792,588
SUBTOTAL, MOF (General Revenue)	\$18,104,587	\$18,104,587	\$18,104,587	\$18,104,587	\$18,104,587
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$18,532,704	\$18,532,704	\$18,532,704	\$18,532,704	\$18,532,704
CFDA Subtotal, Fund 0555	\$18,532,704	\$18,532,704	\$18,532,704	\$18,532,704	\$18,532,704
SUBTOTAL, MOF (Federal Funds)	\$18,532,704	\$18,532,704	\$18,532,704	\$18,532,704	\$18,532,704
Method of Financing:					
8095 ID Collections for Patient Support and Maintenance	\$1,525,146	\$1,525,146	\$1,525,146	\$1,525,146	\$1,525,146
8096 ID Appropriated Receipts	\$30,909	\$30,909	\$30,909	\$30,909	\$30,909
SUBTOTAL, MOF (Other Funds)	\$1,556,055	\$1,556,055	\$1,556,055	\$1,556,055	\$1,556,055
TOTAL, METHOD OF FINANCE	\$38,193,346	\$38,193,346	\$38,193,346	\$38,193,346	\$38,193,346
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$6,386,495	\$6,386,495	\$6,386,495	\$6,386,495	\$6,386,495
TOTAL, OBJECT OF EXPENSE	\$6,386,495	\$6,386,495	\$6,386,495	\$6,386,495	\$6,386,495
Method of Financing:					
0001 General Revenue	\$48,910	\$48,910	\$48,910	\$48,910	\$48,910
8032 GR Certified as Match for Medicaid	\$2,789,208	\$2,789,208	\$2,789,208	\$2,789,208	\$2,789,208
SUBTOTAL, MOF (General Revenue)	\$2,838,118	\$2,838,118	\$2,838,118	\$2,838,118	\$2,838,118
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$3,304,446	\$3,304,446	\$3,304,446	\$3,304,446	\$3,304,446
CFDA Subtotal, Fund 0555	\$3,304,446	\$3,304,446	\$3,304,446	\$3,304,446	\$3,304,446
SUBTOTAL, MOF (Federal Funds)	\$3,304,446	\$3,304,446	\$3,304,446	\$3,304,446	\$3,304,446
Method of Financing:					
8095 ID Collections for Patient Support and Maintenance	\$239,086	\$239,086	\$239,086	\$239,086	\$239,086
8096 ID Appropriated Receipts	\$4,845	\$4,845	\$4,845	\$4,845	\$4,845
SUBTOTAL, MOF (Other Funds)	\$243,931	\$243,931	\$243,931	\$243,931	\$243,931
TOTAL, METHOD OF FINANCE	\$6,386,495	\$6,386,495	\$6,386,495	\$6,386,495	\$6,386,495
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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:

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: 1 State Supported Living Centers						
STRATEGY: 1 State Supported Living Centers						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Residential Care	\$646,454,029	\$646,933,967	\$657,529,599	\$647,738,316	\$642,710,308
2	Medications	\$38,193,346	\$38,193,346	\$38,193,346	\$38,193,346	\$38,193,346
3	Off-Campus Medical Care	\$6,386,495	\$6,386,495	\$6,386,495	\$6,386,495	\$6,386,495
Total, Sub-strategies		\$691,033,870	\$691,513,808	\$702,109,440	\$692,318,157	\$687,290,149

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$244,915,073	\$245,619,738	\$246,390,633	\$248,756,788	\$247,476,775
1002 - Other Personnel Costs	\$10,370,224	\$12,288,043	\$14,221,085	\$14,245,539	\$14,245,539
2001 - Professional Fees & Services	\$11,140,023	\$12,247,224	\$14,088,106	\$8,793,970	\$9,450,994
2002 - Fuels & Lubricants	\$561,324	\$556,806	\$717,276	\$734,901	\$734,901
2003 - Consumable Supplies	\$4,409,318	\$4,374,938	\$4,913,727	\$4,438,920	\$4,438,920
2004 - Utilities	\$8,244,132	\$8,184,339	\$8,441,603	\$8,826,167	\$8,826,163
2005 - Travel	\$183,939	\$184,393	\$231,596	\$317,657	\$317,657
2006 - Rent - Building	\$3,798,470	\$3,797,976	\$3,740,617	\$7,669,996	\$7,670,000
2007 - Rent - Machine and Other	\$3,215,660	\$3,194,415	\$2,807,706	\$3,060,245	\$3,060,249
2009 - Other Operating Expense	\$29,763,727	\$52,309,958	\$45,245,884	\$33,523,757	\$33,523,555
3001 - Client Services	\$1,122,079	\$1,098,428	\$1,095,126	\$1,062,699	\$1,062,699
3002 - Food for Persons-Wards of Sta	\$6,616,910	\$6,595,553	\$7,122,096	\$7,283,077	\$6,626,046
5000 - Capital Expenditures	\$48,145	\$4,450,552	\$2,173,594	\$52,114	\$52,114
TOTAL, OBJECT OF EXPENSE	\$324,389,024	\$354,902,363	\$351,189,049	\$338,765,830	\$337,485,612
Method of Financing:					
0001 General Revenue	\$262,121,688	\$291,383,537	\$300,370,565	\$286,620,571	\$286,620,366
0758 GR Match for Medicaid Account No. 758	\$155,970	\$0	\$0	\$0	\$0
8032 GR Certified as Match for Medicaid	\$10,437,192	\$948,237	\$901,475	\$948,237	\$948,237
SUBTOTAL, MOF (General Revenue)	\$272,714,850	\$292,331,774	\$301,272,040	\$287,568,808	\$287,568,603
Method of Financing:					
0555 Federal Funds					
93.498.119 CARES Act Provider Relief Funds	\$0	\$11,373,567	\$0	\$0	\$0
93.558.667 TANF to Title XX	\$3,574,220	\$3,574,220	\$3,574,220	\$3,574,220	\$3,574,220
93.778.000 XIX FMAP	\$929,911	\$1,462,740	\$1,462,740	\$1,462,740	\$1,462,740
CFDA Subtotal, Fund 0555	\$4,504,131	\$16,410,527	\$5,036,960	\$5,036,960	\$5,036,960
SUBTOTAL, MOF (Federal Funds)	\$4,504,131	\$16,410,527	\$5,036,960	\$5,036,960	\$5,036,960
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$41,348,323	\$39,048,439	\$37,768,426	\$39,048,439	\$37,768,426
0777 Interagency Contracts	\$47,914	\$955,260	\$955,260	\$955,260	\$955,260

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
8031	MH Collections for Patient Support and Maintenance	\$528,833	\$911,390	\$911,390	\$911,390	\$911,390
8033	MH Appropriated Receipts	\$5,244,973	\$5,244,973	\$5,244,973	\$5,244,973	\$5,244,973
SUBTOTAL, MOF (Other Funds)		\$47,170,043	\$46,160,062	\$44,880,049	\$46,160,062	\$44,880,049
TOTAL, METHOD OF FINANCE		\$324,389,024	\$354,902,363	\$351,189,049	\$338,765,830	\$337,485,612
TOTAL, VARIANCE:		\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		6,289.6	6,397.3	6,775.4	6,775.4	6,775.4

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2009 - Other Operating Expense	\$18,493,593	\$19,418,273	\$20,389,186	\$21,408,646	\$21,408,646
TOTAL, OBJECT OF EXPENSE	\$18,493,593	\$19,418,273	\$20,389,186	\$21,408,646	\$21,408,646
Method of Financing:					
0001 General Revenue	\$17,897,323	\$18,822,003	\$19,792,916	\$20,812,376	\$20,812,376
SUBTOTAL, MOF (General Revenue)	\$17,897,323	\$18,822,003	\$19,792,916	\$20,812,376	\$20,812,376
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$438,958	\$438,958	\$438,958	\$438,958	\$438,958
8031 MH Collections for Patient Support and Maintenance	\$125,257	\$125,257	\$125,257	\$125,257	\$125,257
8033 MH Appropriated Receipts	\$32,055	\$32,055	\$32,055	\$32,055	\$32,055
SUBTOTAL, MOF (Other Funds)	\$596,270	\$596,270	\$596,270	\$596,270	\$596,270
TOTAL, METHOD OF FINANCE	\$18,493,593	\$19,418,273	\$20,389,186	\$21,408,646	\$21,408,646
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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:

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$15,186,264	\$15,945,577	\$16,742,856	\$17,579,999	\$17,579,999
TOTAL, OBJECT OF EXPENSE	\$15,186,264	\$15,945,577	\$16,742,856	\$17,579,999	\$17,579,999
Method of Financing:					
0001 General Revenue	\$13,606,405	\$14,365,718	\$15,162,997	\$16,000,140	\$16,000,140
SUBTOTAL, MOF (General Revenue)	\$13,606,405	\$14,365,718	\$15,162,997	\$16,000,140	\$16,000,140
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$1,000,901	\$1,000,901	\$1,000,901	\$1,000,901	\$1,000,901
8031 MH Collections for Patient Support and Maintenance	\$535,001	\$535,001	\$535,001	\$535,001	\$535,001
8033 MH Appropriated Receipts	\$43,957	\$43,957	\$43,957	\$43,957	\$43,957
SUBTOTAL, MOF (Other Funds)	\$1,579,859	\$1,579,859	\$1,579,859	\$1,579,859	\$1,579,859
TOTAL, METHOD OF FINANCE	\$15,186,264	\$15,945,577	\$16,742,856	\$17,579,999	\$17,579,999
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$39,267,466	\$41,230,839	\$42,467,764	\$42,504,872	\$42,504,872
1002 - Other Personnel Costs	\$1,543,138	\$1,620,295	\$1,668,904	\$1,670,362	\$1,670,362
2001 - Professional Fees & Services	\$1,805,392	\$1,895,662	\$1,952,532	\$1,954,238	\$1,954,238
2002 - Fuels & Lubricants	\$90,306	\$94,821	\$97,666	\$97,751	\$97,751
2003 - Consumable Supplies	\$685,287	\$719,551	\$741,138	\$741,785	\$741,785
2004 - Utilities	\$1,183,294	\$1,242,459	\$1,279,733	\$1,280,851	\$1,280,851
2005 - Travel	\$155,069	\$162,822	\$167,707	\$167,853	\$167,853
2006 - Rent - Building	\$9,915	\$10,411	\$10,723	\$10,733	\$10,733
2007 - Rent - Machine and Other	\$424,816	\$446,057	\$459,439	\$459,840	\$459,840
2009 - Other Operating Expense	\$6,753,089	\$7,090,743	\$7,303,465	\$7,309,847	\$7,309,847
3001 - Client Services	\$171,295	\$179,860	\$185,256	\$185,418	\$185,418
3002 - Food for Persons-Wards of Sta	\$1,076,446	\$1,130,268	\$1,164,176	\$1,165,193	\$1,165,193
5000 - Capital Expenditures	\$884,875	\$1,039,467	\$1,123,422	\$1,367,809	\$1,367,810
TOTAL, OBJECT OF EXPENSE	\$54,050,388	\$56,863,255	\$58,621,925	\$58,916,552	\$58,916,553
Method of Financing:					
0001 General Revenue	\$41,718,410	\$44,531,277	\$46,289,947	\$46,584,574	\$46,584,575
SUBTOTAL, MOF (General Revenue)	\$41,718,410	\$44,531,277	\$46,289,947	\$46,584,574	\$46,584,575
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$6,859,545	\$6,859,545	\$6,859,545	\$6,859,545	\$6,859,545
8031 MH Collections for Patient Support and Maintenance	\$263,251	\$263,251	\$263,251	\$263,251	\$263,251
8033 MH Appropriated Receipts	\$5,209,182	\$5,209,182	\$5,209,182	\$5,209,182	\$5,209,182
SUBTOTAL, MOF (Other Funds)	\$12,331,978	\$12,331,978	\$12,331,978	\$12,331,978	\$12,331,978
TOTAL, METHOD OF FINANCE	\$54,050,388	\$56,863,255	\$58,621,925	\$58,916,552	\$58,916,553
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	1,084.0	1,084.0	1,084.0	1,084.0	1,084.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$2,904,460	\$3,049,683	\$3,141,173	\$3,143,918	\$3,143,918
1002 - Other Personnel Costs	\$100,474	\$105,498	\$108,663	\$108,758	\$108,758
2001 - Professional Fees & Services	\$1,283,057	\$1,347,210	\$1,387,626	\$1,388,839	\$1,388,839
2003 - Consumable Supplies	\$2,219	\$2,330	\$2,400	\$2,402	\$2,402
2004 - Utilities	\$12,525	\$13,151	\$13,546	\$13,557	\$13,557
2005 - Travel	\$41,581	\$43,660	\$44,970	\$45,009	\$45,009
2009 - Other Operating Expense	\$482,639	\$506,771	\$521,974	\$522,430	\$522,430
3001 - Client Services	\$301,633	\$316,715	\$326,216	\$326,501	\$326,501
4000 - Grants	\$1,587,899	\$1,587,894	\$1,295,078	\$1,129,406	\$1,129,403
TOTAL, OBJECT OF EXPENSE	\$6,716,487	\$6,972,912	\$6,841,646	\$6,680,820	\$6,680,817
Method of Financing:					
0001 General Revenue	\$5,988,251	\$6,244,676	\$6,113,410	\$5,952,584	\$5,952,581
SUBTOTAL, MOF (General Revenue)	\$5,988,251	\$6,244,676	\$6,113,410	\$5,952,584	\$5,952,581
Method of Financing:					
0709 Public Health Medicaid Reimbursements Account No. 709	\$596,159	\$596,159	\$596,159	\$596,159	\$596,159
8031 MH Collections for Patient Support and Maintenance	\$100,823	\$100,823	\$100,823	\$100,823	\$100,823
8033 MH Appropriated Receipts	\$31,254	\$31,254	\$31,254	\$31,254	\$31,254
SUBTOTAL, MOF (Other Funds)	\$728,236	\$728,236	\$728,236	\$728,236	\$728,236
TOTAL, METHOD OF FINANCE	\$6,716,487	\$6,972,912	\$6,841,646	\$6,680,820	\$6,680,817
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	9.4	9.4	9.4	9.4	9.4

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: 1 Mental Health State Hospitals						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Inpatient Hospital Services	\$324,389,024	\$354,902,363	\$351,189,049	\$338,765,830	\$337,485,612
2	Medications	\$18,493,593	\$19,418,273	\$20,389,186	\$21,408,646	\$21,408,646
3	Off Campus Medical Care (Non-Card)	\$15,186,264	\$15,945,577	\$16,742,856	\$17,579,999	\$17,579,999
4	Administration	\$54,050,388	\$56,863,255	\$58,621,925	\$58,916,552	\$58,916,553
5	All Other	\$6,716,487	\$6,972,912	\$6,841,646	\$6,680,820	\$6,680,817
Total, Sub-strategies		\$418,835,756	\$454,102,380	\$453,784,662	\$443,351,847	\$442,071,627

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,224,851	\$1,224,856	\$1,025,184	\$1,110,184	\$1,110,184
1002 - Other Personnel Costs	\$141,538	\$141,544	\$70,400	\$70,400	\$70,400
2001 - Professional Fees & Services	\$298,192	\$68,647	\$239,646	\$142,134	\$142,134
2003 - Consumable Supplies	\$18,329	\$19,758	\$19,758	\$19,758	\$19,758
2004 - Utilities	\$21,246	\$52,055	\$52,055	\$52,055	\$52,055
2005 - Travel	\$15,947	\$14,875	\$14,875	\$14,875	\$14,875
2006 - Rent - Building	\$20,000	\$0	\$0	\$20,000	\$20,000
2007 - Rent - Machine and Other	\$25,419	\$504	\$504	\$504	\$504
2009 - Other Operating Expense	\$751,255	\$254,859	\$324,422	\$238,499	\$238,499
3001 - Client Services	\$46,371	\$14,667	\$14,667	\$14,667	\$14,667
3002 - Food for Persons-Wards of Sta	\$78,645	\$34,416	\$34,416	\$34,416	\$34,416
TOTAL, OBJECT OF EXPENSE	\$2,641,793	\$1,826,181	\$1,795,927	\$1,717,492	\$1,717,492
Method of Financing:					
0758 GR Match for Medicaid Account No. 758	\$816,222	\$689,430	\$656,859	\$643,065	\$643,065
SUBTOTAL, MOF (General Revenue)	\$816,222	\$689,430	\$656,859	\$643,065	\$643,065
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$1,825,571	\$1,063,507	\$1,065,824	\$1,001,183	\$1,001,183
CFDA Subtotal, Fund 0555	\$1,825,571	\$1,063,507	\$1,065,824	\$1,001,183	\$1,001,183
SUBTOTAL, MOF (Federal Funds)	\$1,825,571	\$1,063,507	\$1,065,824	\$1,001,183	\$1,001,183
Method of Financing:					
8095 ID Collections for Patient Support and Maintenance	\$0	\$73,244	\$73,244	\$73,244	\$73,244
SUBTOTAL, MOF (Other Funds)	\$0	\$73,244	\$73,244	\$73,244	\$73,244
TOTAL, METHOD OF FINANCE	\$2,641,793	\$1,826,181	\$1,795,927	\$1,717,492	\$1,717,492
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	FULL TIME EQUIVALENT POSITIONS:	25.6	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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$2,374,010	\$2,631,669	\$2,435,214	\$2,435,214	\$2,435,214
1002 - Other Personnel Costs	\$118,942	\$117,584	\$121,188	\$131,188	\$131,188
2001 - Professional Fees & Services	\$343,051	\$644,724	\$670,038	\$670,038	\$670,038
2002 - Fuels & Lubricants	\$1,028	\$1,340	\$1,329	\$1,329	\$1,329
2003 - Consumable Supplies	\$18,184	\$18,692	\$17,898	\$17,898	\$17,898
2004 - Utilities	\$88,528	\$125,739	\$124,774	\$124,774	\$124,774
2005 - Travel	\$2,167	\$2,955	\$2,958	\$2,958	\$2,958
2006 - Rent - Building	\$79,957	\$86,315	\$91,101	\$91,101	\$91,101
2007 - Rent - Machine and Other	\$38,763	\$40,275	\$39,473	\$39,473	\$39,473
2009 - Other Operating Expense	\$283,255	\$472,910	\$668,484	\$673,436	\$673,437
3001 - Client Services	\$45	\$122	\$122	\$122	\$122
3002 - Food for Persons-Wards of Sta	\$29	\$145	\$145	\$145	\$145
5000 - Capital Expenditures	\$126	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$3,348,085	\$4,142,470	\$4,172,724	\$4,187,676	\$4,187,677
Method of Financing:					
0001 General Revenue	\$3,080,901	\$3,816,860	\$3,847,114	\$3,862,066	\$3,862,067
SUBTOTAL, MOF (General Revenue)	\$3,080,901	\$3,816,860	\$3,847,114	\$3,862,066	\$3,862,067
Method of Financing:					
0707 State Chest Hospital Fees and Receipts	\$267,184	\$325,610	\$325,610	\$325,610	\$325,610
SUBTOTAL, MOF (Other Funds)	\$267,184	\$325,610	\$325,610	\$325,610	\$325,610
TOTAL, METHOD OF FINANCE	\$3,348,085	\$4,142,470	\$4,172,724	\$4,187,676	\$4,187,677
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	62.4	62.4	62.4	62.4	62.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

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

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: 3 Other Facilities						
STRATEGY: 1 Other Facilities						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Corpus Christi Bond Homes	\$2,641,793	\$1,826,181	\$1,795,927	\$1,717,492	\$1,717,492
2	Rio Grande State Center Outpatient Clinic	\$3,348,085	\$4,142,470	\$4,172,724	\$4,187,676	\$4,187,677
Total, Sub-strategies		\$5,989,878	\$5,968,651	\$5,968,651	\$5,905,168	\$5,905,169

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$4,376,098	\$6,024,964	\$5,930,065	\$6,007,078	\$6,007,078
1002 - Other Personnel Costs	\$142,916	\$536,768	\$111,820	\$257,096	\$257,096
2001 - Professional Fees & Services	\$64,261	\$644,174	\$708,750	\$709,218	\$709,218
2002 - Fuels & Lubricants	\$7	\$354	\$331	\$332	\$332
2003 - Consumable Supplies	\$10,496	\$13,590	\$13,240	\$13,159	\$13,160
2004 - Utilities	\$18,769	\$42,179	\$44,701	\$44,248	\$44,248
2005 - Travel	\$100,273	\$133,360	\$139,112	\$139,427	\$139,427
2006 - Rent - Building	\$13,983	\$100,293	\$106,145	\$102,355	\$102,355
2007 - Rent - Machine and Other	\$26,207	\$37,491	\$39,746	\$35,101	\$35,101
2009 - Other Operating Expense	\$510,529	\$1,757,256	\$1,793,057	\$1,809,836	\$1,809,836
5000 - Capital Expenditures	\$23,316	\$6,502,750	\$17,761	\$17,803	\$17,803
TOTAL, OBJECT OF EXPENSE	\$5,286,855	\$15,793,179	\$8,904,728	\$9,135,653	\$9,135,654
Method of Financing:					
0001 General Revenue	\$199,349	\$6,833,693	\$238,824	\$420,805	\$416,806
0758 GR Match for Medicaid Account No. 758	\$20,678	\$19,977	\$21,805	\$27,776	\$27,776
8010 GR Match for Title XXI (CHIP)	\$143	\$321	\$594	\$218	\$218
8014 GR Match for Food Stamp Administration	\$7,367	\$7,018	\$7,594	\$7,758	\$7,758
8032 GR Certified as Match for Medicaid	\$2,137,878	\$3,402,052	\$3,612,488	\$3,238,521	\$3,242,521
SUBTOTAL, MOF (General Revenue)	\$2,365,415	\$10,263,061	\$3,881,305	\$3,695,078	\$3,695,079
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$0	\$839	\$899	\$928	\$928
10.561.000 SNAP E&T 50% OPER	\$0	\$7,078	\$7,596	\$7,824	\$7,824
93.658.050 Foster Care Title IV-E Admin @ 5C	\$0	\$131	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$1,452	\$3,898	\$3,898	\$4,178	\$4,178
93.767.000 CHIP	\$0	\$1,804	\$1,952	\$2,768	\$2,768
93.777.000 State Survey and Certific	\$849	\$0	\$0	\$0	\$0
93.777.005 Health Insurance Benefits	\$0	\$175	\$0	\$2,516	\$2,516
93.778.000 XIX FMAP	\$2,816,427	\$5,352,862	\$4,840,288	\$5,168,345	\$5,168,345
93.778.003 XIX 50%	\$20,678	\$19,977	\$21,484	\$27,776	\$27,776
93.796.000 Survey & Certification TitleXIX 75%	\$0	\$0	\$0	\$1,804	\$1,804

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund 0555	\$2,839,406	\$5,386,764	\$4,876,117	\$5,216,139	\$5,216,139
SUBTOTAL, MOF (Federal Funds)	\$2,839,406	\$5,386,764	\$4,876,117	\$5,216,139	\$5,216,139
Method of Financing:					
0777 Interagency Contracts	\$51,552	\$45,712	\$49,664	\$126,794	\$126,794
8095 ID Collections for Patient Support and Maintenance	\$30,381	\$93,547	\$93,547	\$93,547	\$93,547
8096 ID Appropriated Receipts	\$101	\$4,095	\$4,095	\$4,095	\$4,095
SUBTOTAL, MOF (Other Funds)	\$82,034	\$143,354	\$147,306	\$224,436	\$224,436
TOTAL, METHOD OF FINANCE	\$5,286,855	\$15,793,179	\$8,904,728	\$9,135,653	\$9,135,654
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	85.5	113.5	110.6	110.8	110.8

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$3,176,779	\$3,616,162	\$3,595,587	\$3,622,925	\$3,622,925
1002 - Other Personnel Costs	\$103,767	\$88,642	\$67,762	\$157,787	\$157,787
2001 - Professional Fees & Services	\$51,479	\$453,223	\$413,969	\$413,501	\$413,501
2002 - Fuels & Lubricants	\$6	\$10	\$10	\$9	\$9
2003 - Consumable Supplies	\$7,612	\$7,458	\$6,348	\$6,429	\$6,428
2004 - Utilities	\$13,617	\$22,558	\$18,650	\$19,103	\$19,103
2005 - Travel	\$72,675	\$96,466	\$84,738	\$84,423	\$84,423
2006 - Rent - Building	\$10,231	\$6,603	\$2,345	\$6,135	\$6,135
2007 - Rent - Machine and Other	\$23,766	\$23,615	\$21,079	\$25,724	\$25,724
2009 - Other Operating Expense	\$453,383	\$506,377	\$411,706	\$518,161	\$518,161
5000 - Capital Expenditures	\$16,898	\$3,249,356	\$10,844	\$10,802	\$10,802
TOTAL, OBJECT OF EXPENSE	\$3,930,213	\$8,070,470	\$4,633,038	\$4,864,999	\$4,864,998
Method of Financing:					
0001 General Revenue	\$3,676,645	\$7,991,661	\$4,540,799	\$4,734,084	\$4,734,083
0758 GR Match for Medicaid Account No. 758	\$15,372	\$14,768	\$23,259	\$17,288	\$17,288
8010 GR Match for Title XXI (CHIP)	\$106	\$238	\$439	\$136	\$136
8014 GR Match for Food Stamp Administration	\$5,477	\$5,188	\$5,613	\$4,828	\$4,828
SUBTOTAL, MOF (General Revenue)	\$3,697,600	\$8,011,855	\$4,570,110	\$4,756,336	\$4,756,335
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$0	\$620	\$666	\$577	\$577
10.561.000 SNAP E&T 50% OPER	\$0	\$5,233	\$5,613	\$4,869	\$4,869
93.658.050 Foster Care Title IV-E Admin @ 5C	\$0	\$96	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$5,327	\$2,881	\$2,881	\$2,601	\$2,601
93.767.000 CHIP	\$0	\$1,333	\$1,442	\$1,722	\$1,722
93.777.000 State Survey and Certific	\$630	\$0	\$0	\$0	\$0
93.777.005 Health Insurance Benefits	\$0	\$130	\$0	\$1,566	\$1,566
93.778.003 XIX 50%	\$15,372	\$14,768	\$15,878	\$17,288	\$17,288
93.796.000 Survey & Certification TitleXIX 75%	\$0	\$0	\$0	\$1,123	\$1,123
CFDA Subtotal, Fund 0555	\$21,329	\$25,061	\$26,480	\$29,746	\$29,746
SUBTOTAL, MOF (Federal Funds)	\$21,329	\$25,061	\$26,480	\$29,746	\$29,746

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:					
0777 Interagency Contracts	\$211,284	\$33,554	\$36,448	\$78,917	\$78,917
SUBTOTAL, MOF (Other Funds)	\$211,284	\$33,554	\$36,448	\$78,917	\$78,917
TOTAL, METHOD OF FINANCE	\$3,930,213	\$8,070,470	\$4,633,038	\$4,864,999	\$4,864,998
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	63.2	64.1	67.0	66.8	66.8

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.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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	SSLC	\$5,286,855	\$15,793,179	\$8,904,728	\$9,135,653	\$9,135,654
2	State Hospitals	\$3,930,213	\$8,070,470	\$4,633,038	\$4,864,999	\$4,864,998
	Total, Sub-strategies	\$9,217,068	\$23,863,649	\$13,537,766	\$14,000,652	\$14,000,652

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$862,497	\$11,503,400	\$0	\$24,668,571	\$0
2004 - Utilities	\$0	\$2,946	\$0	\$0	\$0
2005 - Travel	\$0	\$938	\$938	\$0	\$0
2007 - Rent - Machine and Other	\$197,518	\$93,780	\$0	\$0	\$0
2009 - Other Operating Expense	\$1,711,575	\$1,139,200	\$118,116	\$19,127,543	\$112,186
5000 - Capital Expenditures	\$5,399,059	\$153,653,546	\$8,022,676	\$65,513,227	\$5,804,628
TOTAL, OBJECT OF EXPENSE	\$8,170,649	\$166,393,810	\$8,141,730	\$109,309,341	\$5,916,814
Method of Financing:					
0001 General Revenue	\$2,657,110	\$2,560,401	\$7,851,928	\$6,233,826	\$5,627,012
SUBTOTAL, MOF (General Revenue)	\$2,657,110	\$2,560,401	\$7,851,928	\$6,233,826	\$5,627,012
Method of Financing:					
0543 GR Dedicated - Texas Capital Trust Fund Account No. 543	\$289,802	\$289,802	\$289,802	\$289,802	\$289,802
SUBTOTAL, MOF (General Revenue-Dedicated)	\$289,802	\$289,802	\$289,802	\$289,802	\$289,802
Method of Financing:					
0599 Economic Stabilization Fund	\$4,665,116	\$63,681,159	\$0	\$0	\$0
0780 Bond Proceeds - General Obligation Bonds	\$558,621	\$1,948,496	\$0	\$0	\$0
8226 MLPP Revenue Bond Proceeds	\$0	\$97,913,952	\$0	\$102,785,713	\$0
SUBTOTAL, MOF (Other Funds)	\$5,223,737	\$163,543,607	\$0	\$102,785,713	\$0
TOTAL, METHOD OF FINANCE	\$8,170,649	\$166,393,810	\$8,141,730	\$109,309,341	\$5,916,814
TOTAL, VARIANCE:	\$0	\$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 funds the necessary repair, renovation and construction projects required to maintain the state's supported living centers (SSLCs) 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. To maintain CMS certification and receive federal reimbursement, they must comply with requirements related to the residents housing, training,

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	daily living and environment of care, including a safe and home-like environment. Additionally, SSLCs 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. 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 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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$1,139,829	\$14,024,622	\$0	\$25,447,336	\$0
2004 - Utilities	\$413,941	\$3,337	\$0	\$0	\$0
2005 - Travel	\$4,716	\$36,846	\$1,062	\$0	\$0
2007 - Rent - Machine and Other	\$223,718	\$106,220	\$0	\$0	\$0
2009 - Other Operating Expense	\$1,654,621	\$518,925	\$32,070	\$19,615,654	\$0
5000 - Capital Expenditures	\$502,486,807	\$394,007,634	\$8,513,878	\$68,142,529	\$6,388,370
TOTAL, OBJECT OF EXPENSE	\$505,923,632	\$408,697,584	\$8,547,010	\$113,205,519	\$6,388,370
Method of Financing:					
0001 General Revenue	\$2,344,932	\$2,550,556	\$8,547,010	\$7,174,955	\$6,388,370
SUBTOTAL, MOF (General Revenue)	\$2,344,932	\$2,550,556	\$8,547,010	\$7,174,955	\$6,388,370
Method of Financing:					
0599 Economic Stabilization Fund	\$503,182,189	\$294,254,254	\$0	\$0	\$0
0780 Bond Proceeds - General Obligation Bonds	\$396,511	\$990,449	\$0	\$0	\$0
8226 MLPP Revenue Bond Proceeds	\$0	\$110,902,325	\$0	\$106,030,564	\$0
SUBTOTAL, MOF (Other Funds)	\$503,578,700	\$406,147,028	\$0	\$106,030,564	\$0
TOTAL, METHOD OF FINANCE	\$505,923,632	\$408,697,584	\$8,547,010	\$113,205,519	\$6,388,370
TOTAL, VARIANCE:	\$0	\$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 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. This sub-strategy also includes General Revenue funding for repayment of debt associated with loans for the Energy Savings Performance Contract/Energy Conservation Project.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 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: 7 State Operated Facilities						
OBJECTIVE: 4 Facility Program Support						
STRATEGY: 2 Facility Capital Repairs & Renov						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	SSLCs	\$8,170,649	\$166,393,810	\$8,141,730	\$109,309,341	\$5,916,814
2	Mental Health State Hospitals	\$505,923,632	\$408,697,584	\$8,547,010	\$113,205,519	\$6,388,370
	Total, Sub-strategies	\$514,094,281	\$575,091,394	\$16,688,740	\$222,514,860	\$12,305,184

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 Long-Term Care Regulation

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$32,225,572	\$35,954,247	\$37,692,635	\$38,329,491	\$38,329,491
1002 - Other Personnel Costs	\$925,275	\$697,946	\$692,153	\$692,340	\$692,340
2001 - Professional Fees & Services	\$23,060	\$803,709	\$374,120	\$376,299	\$376,299
2003 - Consumable Supplies	\$58,167	\$18,946	\$15,417	\$15,973	\$15,973
2004 - Utilities	\$544,837	\$435,981	\$452,900	\$455,569	\$455,569
2005 - Travel	\$3,261,999	\$3,850,054	\$3,197,960	\$2,981,490	\$2,981,490
2006 - Rent - Building	\$659,884	\$603,653	\$621,753	\$652,033	\$652,033
2007 - Rent - Machine and Other	\$100,660	\$72,969	\$65,239	\$67,858	\$67,858
2009 - Other Operating Expense	\$1,030,483	\$1,444,165	\$1,643,495	\$1,673,356	\$1,673,356
TOTAL, OBJECT OF EXPENSE	\$38,829,937	\$43,881,670	\$44,755,672	\$45,244,409	\$45,244,409
Method of Financing:					
0001 General Revenue	\$5,622,142	\$3,587,557	\$3,137,306	\$5,626,098	\$5,626,098
0758 GR Match for Medicaid Account No. 758	\$4,926,653	\$7,519,346	\$6,115,999	\$4,444,551	\$4,444,551
SUBTOTAL, MOF (General Revenue)	\$10,548,795	\$11,106,903	\$9,253,305	\$10,070,649	\$10,070,649
Method of Financing:					
5018 Home Health Services Account No. 5018	\$543,987	\$4,427,609	\$4,365,580	\$4,365,580	\$4,365,580
SUBTOTAL, MOF (General Revenue-Dedicated)	\$543,987	\$4,427,609	\$4,365,580	\$4,365,580	\$4,365,580
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$13,741,240	\$13,375,246	\$14,950,557	\$14,892,145	\$14,891,784
93.778.003 XIX 50%	\$1,280,848	\$1,314,928	\$1,242,881	\$1,177,552	\$1,177,553
93.796.000 Survey & Certification TitleXIX 759	\$12,715,067	\$13,656,984	\$14,943,349	\$14,738,483	\$14,738,843
CFDA Subtotal, Fund 0555	\$27,737,155	\$28,347,158	\$31,136,787	\$30,808,180	\$30,808,180
SUBTOTAL, MOF (Federal Funds)	\$27,737,155	\$28,347,158	\$31,136,787	\$30,808,180	\$30,808,180
TOTAL, METHOD OF FINANCE	\$38,829,937	\$43,881,670	\$44,755,672	\$45,244,409	\$45,244,409
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Long-Term Care Regulation

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
FULL TIME EQUIVALENT POSITIONS:	610.9	666.0	666.0	666.0	666.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The primary function of this area is to assure quality health care delivery by regulating health facilities/entities that provide care and services to the Texas consumers including Nursing Facilities, Assisted Living Facilities, Day Activity and Health Services facilities, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition, Prescribed Pediatric Extended Care Centers, Home and Community Support Services Agencies.

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 architectural plan reviews; and coordinates enforcement actions against non-compliant health care providers. The compliance area also completes survey and investigation activities (which includes both health care delivery and physical plant) to determine compliance with federal regulations and makes recommendations for federal adverse action to the Centers for Medicare and Medicaid Services. Statutory Authority. Human Resources Code, Chapters 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 long term care consumers. Increased workload from providers undergoing changes of ownership, capacity increases, and replacement facilities necessitates on-site inspections to determine compliance with regulations by new operators. There continues to be a growth in the Assisted Living Facility and Home and Community Support Services Agency provider types. There is a growing number of self-reported incidents due to a change in federal policy as well as an increase in the number of complaints for all providers. With the onset of the pandemic in 2020, workload priorities have shifted to address the most acute situations in these long-term care provider types to keep consumers safe. There have been frequent urgent changes in state and federal regulations in response to the pandemic to ensure the safety of consumers which have required increased onsite inspections. This is projected to continue for the next 2-3 years in long term care facilities.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Acute Care Regulation

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$6,556,549	\$7,595,408	\$8,734,927	\$8,731,112	\$8,731,112
1002 - Other Personnel Costs	\$218,346	\$204,711	\$178,162	\$178,069	\$178,069
2001 - Professional Fees & Services	\$28,772	\$4,652,757	\$4,455,291	\$3,289,940	\$3,289,940
2002 - Fuels & Lubricants	\$16,202	\$3,720	\$3,565	\$3,565	\$3,565
2003 - Consumable Supplies	\$17,273	\$8,887	\$5,273	\$4,995	\$4,995
2004 - Utilities	\$84,562	\$275,221	\$274,162	\$268,827	\$268,827
2005 - Travel	\$1,133,917	\$1,277,749	\$1,379,976	\$1,334,825	\$1,334,825
2006 - Rent - Building	\$149,256	\$200,884	\$227,105	\$211,964	\$211,964
2007 - Rent - Machine and Other	\$22,357	\$20,243	\$19,641	\$18,331	\$18,331
2009 - Other Operating Expense	\$243,491	\$522,244	\$549,910	\$524,981	\$524,981
TOTAL, OBJECT OF EXPENSE	\$8,470,725	\$14,761,824	\$15,828,012	\$14,566,609	\$14,566,609
Method of Financing:					
0001 General Revenue	\$3,664,251	\$2,422,370	\$2,010,812	\$2,986,274	\$2,986,275
0758 GR Match for Medicaid Account No. 758	\$0	\$2,832,235	\$3,929,446	\$1,929,446	\$1,929,445
SUBTOTAL, MOF (General Revenue)	\$3,664,251	\$5,254,605	\$5,940,258	\$4,915,720	\$4,915,720
Method of Financing:					
0129 Hospital Licensing Account No. 129	\$0	\$2,710,114	\$2,710,114	\$2,710,114	\$2,710,114
SUBTOTAL, MOF (General Revenue-Dedicated)	\$0	\$2,710,114	\$2,710,114	\$2,710,114	\$2,710,114
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$477,367	\$1,914,962	\$1,908,052	\$1,662,560	\$1,662,560
93.777.003 CLINICAL LAB AMEND PROGRM	\$1,026,549	\$1,391,590	\$1,494,636	\$1,496,882	\$1,496,882
93.777.005 Health Insurance Benefits	\$2,799,923	\$3,000,625	\$3,276,586	\$3,277,415	\$3,277,415
93.959.000 Block Grants for Prevent	\$502,635	\$489,928	\$498,366	\$503,918	\$503,918
CFDA Subtotal, Fund 0555	\$4,806,474	\$6,797,105	\$7,177,640	\$6,940,775	\$6,940,775
SUBTOTAL, MOF (Federal Funds)	\$4,806,474	\$6,797,105	\$7,177,640	\$6,940,775	\$6,940,775
TOTAL, METHOD OF FINANCE	\$8,470,725	\$14,761,824	\$15,828,012	\$14,566,609	\$14,566,609
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Acute Care Regulation

Code	Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	FULL TIME EQUIVALENT POSITIONS:	138.8	168.0	168.0	168.0	168.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The primary function of this area is to ensure quality health care delivery by regulating health care facilities/entities and organizations that provide acute health care and services to the Texas consumers. These facilities include hospitals, substance abuse treatment facilities, ambulatory surgical centers, end stage renal disease, private psychiatric hospitals, birthing centers, crisis stabilization units, special care facilities, abortion clinics, narcotic treatment facilities, community mental health centers, comprehensive out-patient rehabilitation facilities, freestanding emergency medical care facilities, portable x-ray services, and rural health clinics. HHSC processes license applications and fees; issues initial, renewal and change of ownership licenses; develops licensing rules; provides training and education; conducts inspections and investigations; provides architectural oversight; and coordinates enforcement actions against non-compliant health care facilities. Health Facility Compliance 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 Regulation 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.

Health and Safety Code, Chapters 241, 243, 244, 245, 248, 251, 464, 466, 577

Federal Authority: The §1864 Agreement, Article II (J), §§1819 and 1919 of the Social Security Act (the Act); Title 42 of the Code of Federal Regulations (CFR), Parts 488 and 489; and the State Operations Manual (SOM)

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this strategy include the COVID-19 public health emergency. This emergency led the Centers for Medicare and Medicaid Services (CMS) to suspend survey activity not related to immediate jeopardies and infection control. Survey and investigation activity continued when necessary to ensure health and safety of patients. Internal factors impacting this strategy include internal reorganization and reclassification of positions. This reorganization will help Health Care Regulation be more efficient and lead to timelier completion of survey and investigation activity. The reorganization will also lead to positive training outcomes for employees and will ensure multiple employees are qualified to conduct survey and investigations within all facility types. Another internal factor is the creation of the Quality Assurance Unit. This unit will analyze trends and identify needs to achieve consistent survey and investigation outcomes within Health Care Regulation.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Community and Provider Abuse and Neglect Investigations

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$9,475,076	\$11,005,925	\$11,691,336	\$11,532,528	\$11,532,528
1002 - Other Personnel Costs	\$295,070	\$249,537	\$248,269	\$248,175	\$248,175
2001 - Professional Fees & Services	\$10,475	\$1,541,240	\$1,525,561	\$665,137	\$665,136
2003 - Consumable Supplies	\$9,970	\$5,657	\$3,895	\$3,617	\$3,617
2004 - Utilities	\$144,070	\$134,548	\$132,154	\$130,819	\$130,819
2005 - Travel	\$647,066	\$1,081,097	\$1,087,173	\$791,021	\$791,021
2006 - Rent - Building	\$194,033	\$200,884	\$211,964	\$196,824	\$196,824
2007 - Rent - Machine and Other	\$29,064	\$20,243	\$18,331	\$17,022	\$17,022
2009 - Other Operating Expense	\$301,882	\$830,037	\$842,721	\$632,793	\$632,793
TOTAL, OBJECT OF EXPENSE	\$11,106,706	\$15,069,168	\$15,761,404	\$14,217,936	\$14,217,935
Method of Financing:					
0001 General Revenue	\$4,492,065	\$5,870,922	\$6,201,643	\$6,031,966	\$6,031,965
0758 GR Match for Medicaid Account No. 758	\$2,131,926	\$3,797,905	\$3,946,070	\$2,697,756	\$2,697,756
SUBTOTAL, MOF (General Revenue)	\$6,623,991	\$9,668,827	\$10,147,713	\$8,729,722	\$8,729,721
Method of Financing:					
0555 Federal Funds					
93.667.000 Social Svcs Block Grants	\$3,350,789	\$3,345,683	\$3,346,504	\$3,346,504	\$3,346,505
93.778.003 XIX 50%	\$1,131,926	\$1,945,579	\$2,160,082	\$1,975,587	\$1,975,586
CFDA Subtotal, Fund 0555	\$4,482,715	\$5,291,262	\$5,506,586	\$5,322,091	\$5,322,091
SUBTOTAL, MOF (Federal Funds)	\$4,482,715	\$5,291,262	\$5,506,586	\$5,322,091	\$5,322,091
Method of Financing:					
0777 Interagency Contracts	\$0	\$109,079	\$107,105	\$166,123	\$166,123
SUBTOTAL, MOF (Other Funds)	\$0	\$109,079	\$107,105	\$166,123	\$166,123
TOTAL, METHOD OF FINANCE	\$11,106,706	\$15,069,168	\$15,761,404	\$14,217,936	\$14,217,935
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	180.5	244.0	244.0	244.0	244.0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Community and Provider Abuse and Neglect Investigations

Code	Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The operating expense related to this sub-strategy are used in support of abuse, neglect or exploitation of persons who receive HCS or TXHml Services.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Program Administration

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$23,080,017	\$25,256,779	\$27,292,703	\$26,842,823	\$26,842,823
1002 - Other Personnel Costs	\$893,202	\$680,668	\$681,765	\$680,645	\$680,645
2001 - Professional Fees & Services	\$743,107	\$1,006,726	\$715,990	\$715,990	\$715,990
2003 - Consumable Supplies	\$49,579	\$24,618	\$30,935	\$30,935	\$30,935
2004 - Utilities	\$260,165	\$370,106	\$367,387	\$367,387	\$367,387
2005 - Travel	\$1,423,418	\$1,918,389	\$1,843,014	\$1,839,014	\$1,839,014
2006 - Rent - Building	\$520,695	\$436,682	\$460,424	\$460,424	\$460,424
2007 - Rent - Machine and Other	\$332,472	\$56,378	\$52,151	\$52,151	\$52,151
2009 - Other Operating Expense	\$949,820	\$1,033,025	\$1,149,249	\$1,004,091	\$1,149,249
5000 - Capital Expenditures	\$25,030	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$28,277,505	\$30,783,371	\$32,593,618	\$31,993,460	\$32,138,618
Method of Financing:					
0001 General Revenue	\$3,781,888	\$909,057	\$909,057	\$3,992,049	\$4,137,207
0758 GR Match for Medicaid Account No. 758	\$6,278,255	\$9,017,967	\$9,705,968	\$6,119,370	\$6,119,370
SUBTOTAL, MOF (General Revenue)	\$10,060,143	\$9,927,024	\$10,615,025	\$10,111,419	\$10,256,577
Method of Financing:					
5018 Home Health Services Account No. 5018	\$1,031,259	\$1,206,289	\$1,268,318	\$1,268,318	\$1,268,318
SUBTOTAL, MOF (General Revenue-Dedicated)	\$1,031,259	\$1,206,289	\$1,268,318	\$1,268,318	\$1,268,318
Method of Financing:					
0555 Federal Funds					
93.667.000 Social Svcs Block Grants	\$73,574	\$78,680	\$77,859	\$77,859	\$77,858
93.777.000 State Survey and Certific	\$5,213,514	\$6,642,063	\$6,807,697	\$6,861,357	\$6,861,718
93.777.003 CLINICAL LAB AMEND PROGRM	\$24,125	\$39,612	\$41,229	\$70,300	\$70,300
93.777.005 Health Insurance Benefits	\$1,794,541	\$1,951,844	\$2,062,035	\$2,112,303	\$2,112,303
93.778.003 XIX 50%	\$4,378,890	\$4,852,713	\$5,182,789	\$4,993,701	\$4,993,701
93.796.000 Survey & Certification TitleXIX 759	\$5,651,909	\$5,996,033	\$6,414,938	\$6,394,384	\$6,394,024
93.959.000 Block Grants for Prevent	\$24,336	\$43,198	\$75,839	\$58,470	\$58,470
CFDA Subtotal, Fund 0555	\$17,160,889	\$19,604,143	\$20,662,386	\$20,568,374	\$20,568,374
SUBTOTAL, MOF (Federal Funds)	\$17,160,889	\$19,604,143	\$20,662,386	\$20,568,374	\$20,568,374

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Program Administration

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Method of Financing:					
0777 Interagency Contracts	\$25,214	\$45,915	\$47,889	\$45,349	\$45,349
SUBTOTAL, MOF (Other Funds)	\$25,214	\$45,915	\$47,889	\$45,349	\$45,349
TOTAL, METHOD OF FINANCE	\$28,277,505	\$30,783,371	\$32,593,618	\$31,993,460	\$32,138,618
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	458.1	504.6	500.6	500.6	500.6

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Program Administration sub-strategy supports administrative functions for all Regulatory programs including Nursing Facilities, Assisted Living Facilities, Day Activities 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.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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Long-Term Care Regulation	\$38,829,937	\$43,881,670	\$44,755,672	\$45,244,409	\$45,244,409
2	Acute Care Regulation	\$8,470,725	\$14,761,824	\$15,828,012	\$14,566,609	\$14,566,609
3	Community and Provider Abuse and Neglect Investigations	\$11,106,706	\$15,069,168	\$15,761,404	\$14,217,936	\$14,217,935
4	Program Administration	\$28,277,505	\$30,783,371	\$32,593,618	\$31,993,460	\$32,138,618
	Total, Sub-strategies	\$86,684,873	\$104,496,033	\$108,938,706	\$106,022,414	\$106,167,571

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$13,245,630	\$16,251,376	\$17,363,459	\$17,340,395	\$17,340,395
1002 - Other Personnel Costs	\$628,289	\$539,746	\$426,268	\$425,709	\$425,709
2001 - Professional Fees & Services	\$23,097	\$7,758,539	\$7,926,661	\$4,820,024	\$4,820,024
2002 - Fuels & Lubricants	\$1,444	\$2,487	\$2,369	\$2,369	\$2,369
2003 - Consumable Supplies	\$25,259	\$82,592	\$58,335	\$57,061	\$57,061
2004 - Utilities	\$244,179	\$210,099	\$255,833	\$249,608	\$249,608
2005 - Travel	\$1,053,121	\$1,562,033	\$1,563,646	\$1,562,766	\$1,562,766
2006 - Rent - Building	\$481,908	\$554,129	\$620,101	\$553,321	\$553,321
2007 - Rent - Machine and Other	\$72,731	\$56,640	\$55,148	\$49,209	\$49,209
2009 - Other Operating Expense	\$713,952	\$2,890,482	\$3,048,839	\$2,563,138	\$2,563,138
TOTAL, OBJECT OF EXPENSE	\$16,489,610	\$29,908,123	\$31,320,659	\$27,623,600	\$27,623,600
Method of Financing:					
0001 General Revenue	\$2,123,519	\$10,516,860	\$11,616,824	\$7,919,765	\$7,919,765
SUBTOTAL, MOF (General Revenue)	\$2,123,519	\$10,516,860	\$11,616,824	\$7,919,765	\$7,919,765
Method of Financing:					
0555 Federal Funds					
93.575.000 ChildCareDevFnd Blk Grant	\$14,366,091	\$19,391,263	\$19,703,835	\$19,703,835	\$19,703,835
CFDA Subtotal, Fund 0555	\$14,366,091	\$19,391,263	\$19,703,835	\$19,703,835	\$19,703,835
SUBTOTAL, MOF (Federal Funds)	\$14,366,091	\$19,391,263	\$19,703,835	\$19,703,835	\$19,703,835
TOTAL, METHOD OF FINANCE	\$16,489,610	\$29,908,123	\$31,320,659	\$27,623,600	\$27,623,600
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	311.4	408.1	408.1	408.1	408.1

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

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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safe and healthy care. Quality assurance activities promote consistency in the interpretation and enforcement of minimum standards across the state. 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, and 42, 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$6,831,340	\$7,088,800	\$7,512,925	\$7,512,925	\$7,512,925
1002 - Other Personnel Costs	\$326,156	\$221,785	\$196,476	\$196,476	\$196,476
2001 - Professional Fees & Services	\$68,466	\$995,184	\$229,001	\$229,001	\$229,001
2003 - Consumable Supplies	\$12,739	\$5,276	\$8,642	\$8,642	\$8,642
2004 - Utilities	\$117,527	\$101,437	\$99,691	\$99,691	\$99,691
2005 - Travel	\$686,689	\$739,494	\$739,501	\$739,501	\$739,501
2006 - Rent - Building	\$250,221	\$181,682	\$190,800	\$190,800	\$190,800
2007 - Rent - Machine and Other	\$37,764	\$18,571	\$16,969	\$16,969	\$16,969
2009 - Other Operating Expense	\$365,122	\$811,524	\$840,372	\$840,372	\$840,372
TOTAL, OBJECT OF EXPENSE	\$8,696,024	\$10,163,753	\$9,834,377	\$9,834,377	\$9,834,377
Method of Financing:					
0001 General Revenue	\$5,645,780	\$7,371,186	\$7,062,147	\$7,586,726	\$7,586,726
SUBTOTAL, MOF (General Revenue)	\$5,645,780	\$7,371,186	\$7,062,147	\$7,586,726	\$7,586,726
Method of Financing:					
0555 Federal Funds					
93.658.050 Foster Care Title IV-E Admin @ 5C	\$2,107,588	\$1,849,911	\$1,829,574	\$1,304,995	\$1,304,995
93.667.000 Social Svcs Block Grants	\$942,656	\$942,656	\$942,656	\$942,656	\$942,656
CFDA Subtotal, Fund 0555	\$3,050,244	\$2,792,567	\$2,772,230	\$2,247,651	\$2,247,651
SUBTOTAL, MOF (Federal Funds)	\$3,050,244	\$2,792,567	\$2,772,230	\$2,247,651	\$2,247,651
TOTAL, METHOD OF FINANCE	\$8,696,024	\$10,163,753	\$9,834,377	\$9,834,377	\$9,834,377
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	161.7	161.0	161.0	161.0	161.0

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, conduct heightened monitoring for operations showing a pattern of contract or standards violations, 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

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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some of Texas' most vulnerable children, those who have no parental advocates on the premises to look after 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$5,807,023	\$7,973,330	\$6,123,704	\$8,187,390	\$8,187,390
1002 - Other Personnel Costs	\$272,951	\$226,364	\$218,757	\$219,316	\$219,316
2001 - Professional Fees & Services	\$18,057	\$2,724,036	\$2,388,484	\$2,390,235	\$2,390,235
2003 - Consumable Supplies	\$13,135	\$7,512	\$8,981	\$6,505	\$6,505
2004 - Utilities	\$49,094	\$52,357	\$49,909	\$56,134	\$56,134
2005 - Travel	\$168,499	\$198,120	\$217,623	\$213,424	\$213,424
2006 - Rent - Building	\$194,616	\$172,597	\$143,101	\$209,881	\$209,881
2007 - Rent - Machine and Other	\$29,372	\$17,642	\$12,726	\$18,665	\$18,665
2009 - Other Operating Expense	\$1,849,287	\$778,629	\$974,566	\$2,044,743	\$2,044,743
5000 - Capital Expenditures	\$1,603	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$8,403,637	\$12,150,587	\$10,137,851	\$13,346,293	\$13,346,293
Method of Financing:					
0001 General Revenue	\$5,047,850	\$7,182,620	\$5,808,598	\$9,053,240	\$9,053,240
0758 GR Match for Medicaid Account No. 758	\$0	\$0	\$290	\$0	\$0
SUBTOTAL, MOF (General Revenue)	\$5,047,850	\$7,182,620	\$5,808,888	\$9,053,240	\$9,053,240
Method of Financing:					
0555 Federal Funds					
93.575.000 ChildCareDevFnd Blk Grant	\$571,175	\$3,621,383	\$3,314,439	\$3,314,439	\$3,314,439
93.658.050 Foster Care Title IV-E Admin @ 5C	\$134,822	\$153,342	\$153,497	\$153,335	\$153,335
93.667.000 Social Svcs Block Grants	\$28,989	\$28,430	\$28,430	\$28,430	\$28,430
CFDA Subtotal, Fund 0555	\$734,986	\$3,803,155	\$3,496,366	\$3,496,204	\$3,496,204
SUBTOTAL, MOF (Federal Funds)	\$734,986	\$3,803,155	\$3,496,366	\$3,496,204	\$3,496,204
Method of Financing:					
0777 Interagency Contracts	\$2,620,801	\$1,164,812	\$832,597	\$796,849	\$796,849
SUBTOTAL, MOF (Other Funds)	\$2,620,801	\$1,164,812	\$832,597	\$796,849	\$796,849
TOTAL, METHOD OF FINANCE	\$8,403,637	\$12,150,587	\$10,137,851	\$13,346,293	\$13,346,293
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
FULL TIME EQUIVALENT POSITIONS:	125.8	149.0	149.0	149.0	149.0

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 in child care operations. 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: 2 Child Care Regulation						
STRATEGY: 1 Child Care Regulation						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	CCR Day Care Staff	\$16,489,610	\$29,908,123	\$31,320,659	\$27,623,600	\$27,623,600
2	CCR Residential Care Staff	\$8,696,024	\$10,163,753	\$9,834,377	\$9,834,377	\$9,834,377
3	Child Care Regulation Program Support and Training	\$8,403,637	\$12,150,587	\$10,137,851	\$13,346,293	\$13,346,293
	Total, Sub-strategies	\$33,589,271	\$52,222,463	\$51,292,887	\$50,804,270	\$50,804,270

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,772,291	\$2,206,320	\$827,630	\$826,889	\$826,889
1002 - Other Personnel Costs	\$72,692	\$57,841	\$58,675	\$58,658	\$58,658
2001 - Professional Fees & Services	\$5,714	\$101,969	\$38,787	\$38,526	\$38,526
2002 - Fuels & Lubricants	\$142	\$262	\$251	\$251	\$251
2003 - Consumable Supplies	\$10,096	\$12,851	\$4,518	\$4,459	\$4,459
2004 - Utilities	\$12,232	\$13,285	\$5,538	\$5,261	\$5,261
2005 - Travel	\$39,989	\$245,453	\$59,671	\$59,647	\$59,647
2006 - Rent - Building	\$51,728	\$54,777	\$40,871	\$37,880	\$37,880
2007 - Rent - Machine and Other	\$13,254	\$10,806	\$5,562	\$5,288	\$5,288
2009 - Other Operating Expense	\$137,109	\$111,666	\$155,241	\$85,591	\$85,591
TOTAL, OBJECT OF EXPENSE	\$2,115,247	\$2,815,230	\$1,196,744	\$1,122,450	\$1,122,450
Method of Financing:					
0001 General Revenue	\$1,417,255	\$1,970,740	\$548,167	\$1,122,450	\$1,122,450
SUBTOTAL, MOF (General Revenue)	\$1,417,255	\$1,970,740	\$548,167	\$1,122,450	\$1,122,450
Method of Financing:					
0555 Federal Funds					
93.959.000 Block Grants for Prevent	\$165,797	\$195,913	\$0	\$0	\$0
CFDA Subtotal, Fund 0555	\$165,797	\$195,913	\$0	\$0	\$0
SUBTOTAL, MOF (Federal Funds)	\$165,797	\$195,913	\$0	\$0	\$0
Method of Financing:					
0666 Appropriated Receipts	\$532,195	\$648,577	\$648,577	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$532,195	\$648,577	\$648,577	\$0	\$0
TOTAL, METHOD OF FINANCE	\$2,115,247	\$2,815,230	\$1,196,744	\$1,122,450	\$1,122,450
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	41.4	53.4	15.9	15.9	15.9
STRATEGY DESCRIPTION AND JUSTIFICATION:					

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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

<u>Code</u>	<u>Description</u>	<u>Exp 2019</u>	<u>Est 2020</u>	<u>Bud 2021</u>	<u>BL 2022</u>	<u>BL 2023</u>
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The primary function is to protect public health and safety through the regulation of allied health care providers by issuing licenses to qualified applicants, investigating complaints against licensees, and enforcing disciplinary actions. The programs are as follows: sex offender treatment providers and licensed chemical dependency counselors.

Texas Occupations Codes 109, 110, 504.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External factors impacting this strategy include statutory limitations on HHSC's ability to independently license and investigate complaints against sex offender treatment providers. The Council on Sex Offender Treatment (CSOT) includes volunteer participants appointed by the Governor and not associated with HHSC. CSOT meets once every three months and must approve all licensure applications for sex offender treatment providers, prior to HHSC issuing a license. CSOT must also approve investigations of provider complaints prior to HHSC conducting investigations. The time delay regarding CSOT licensure and complaint discussion, impacts HHSC's strategy to ensure health and safety of Texans through the timely licensure of providers and investigation of provider complaints. CSOT is also responsible for determining any disciplinary action taken against licensed providers, and HHSC must coordinate CSOT disciplinary decisions. Internal factors impacting the strategy include reclassification of current staff positions and the addition of new positions. Reclassification and addition of positions will lead to a faster approval time for the issuance of licensed chemical dependency counselor (LCDC) licenses and ensure timely completion of LCDC complaints.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,249,883	\$1,613,885	\$1,303,647	\$1,444,965	\$1,444,965
1002 - Other Personnel Costs	\$69,264	\$52,016	\$39,218	\$39,235	\$39,235
2001 - Professional Fees & Services	\$6,050	\$165,395	\$167,578	\$112,860	\$112,860
2003 - Consumable Supplies	\$7,495	\$4,187	\$4,156	\$4,215	\$4,215
2004 - Utilities	\$10,691	\$12,242	\$12,765	\$13,042	\$13,042
2005 - Travel	\$31,860	\$59,159	\$59,294	\$59,318	\$59,318
2006 - Rent - Building	\$35,460	\$39,666	\$58,814	\$61,805	\$61,805
2007 - Rent - Machine and Other	\$5,628	\$4,204	\$5,388	\$5,662	\$5,662
2009 - Other Operating Expense	\$56,948	\$72,070	\$97,257	\$101,121	\$101,121
5000 - Capital Expenditures	\$135	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$1,473,414	\$2,022,824	\$1,748,117	\$1,842,223	\$1,842,223
Method of Financing:					
0001 General Revenue	\$902,968	\$1,452,807	\$1,003,750	\$1,370,431	\$1,370,431
0758 GR Match for Medicaid Account No. 758	\$145,155	\$147,322	\$137,024	\$137,024	\$137,024
SUBTOTAL, MOF (General Revenue)	\$1,048,123	\$1,600,129	\$1,140,774	\$1,507,455	\$1,507,455
Method of Financing:					
0555 Federal Funds					
93.777.000 State Survey and Certific	\$242,629	\$239,083	\$272,575	\$165,687	\$165,687
93.777.005 Health Insurance Benefits	\$10,188	\$9,907	\$165,687	\$0	\$0
93.778.003 XIX 50%	\$131,502	\$134,140	\$120,996	\$120,996	\$120,996
93.796.000 Survey & Certification TitleXIX 759	\$40,972	\$39,565	\$48,085	\$48,085	\$48,085
CFDA Subtotal, Fund 0555	\$425,291	\$422,695	\$607,343	\$334,768	\$334,768
SUBTOTAL, MOF (Federal Funds)	\$425,291	\$422,695	\$607,343	\$334,768	\$334,768
TOTAL, METHOD OF FINANCE	\$1,473,414	\$2,022,824	\$1,748,117	\$1,842,223	\$1,842,223
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	28.8	29.0	25.0	25.0	25.0
STRATEGY DESCRIPTION AND JUSTIFICATION:					

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	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 interest in obtaining the license/certification/permit which is impacted by positions available and compensation for those positions. 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: 8 Regulatory Services						
OBJECTIVE: 3 Professional and Occupational Regulation						
STRATEGY: 1 Health Care Professionals & Others						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Health Care Professionals	\$2,115,247	\$2,815,230	\$1,196,744	\$1,122,450	\$1,122,450
2	Credentialing/Certification LTC	\$1,473,414	\$2,022,824	\$1,748,117	\$1,842,223	\$1,842,223
	Total, Sub-strategies	\$3,588,661	\$4,838,054	\$2,944,861	\$2,964,673	\$2,964,673

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$415,207	\$290,315	\$349,202	\$349,201	\$349,201
1002 - Other Personnel Costs	\$6,169	\$2,440	\$4,920	\$4,920	\$4,920
2001 - Professional Fees & Services	\$11,531,170	\$11,674,909	\$11,674,909	\$11,674,909	\$11,674,909
2003 - Consumable Supplies	\$3	\$0	\$0	\$0	\$0
2004 - Utilities	\$1,793	\$7,500	\$7,500	\$7,500	\$7,500
2005 - Travel	\$1,378	\$20,000	\$20,000	\$20,000	\$20,000
2009 - Other Operating Expense	\$115,876	\$428,086	\$281,673	\$281,673	\$281,673
TOTAL, OBJECT OF EXPENSE	\$12,071,596	\$12,423,250	\$12,338,204	\$12,338,203	\$12,338,203
Method of Financing:					
0001 General Revenue	\$243,598	\$444,932	\$320,980	\$404,720	\$404,720
0758 GR Match for Medicaid Account No. 758	\$2,612,967	\$2,641,889	\$2,651,262	\$2,723,477	\$2,723,477
8010 GR Match for Title XXI (CHIP)	\$33,859	\$81,306	\$81,595	\$83,516	\$83,516
8014 GR Match for Food Stamp Administration	\$2,508,493	\$2,536,259	\$2,545,257	\$2,440,043	\$2,440,043
SUBTOTAL, MOF (General Revenue)	\$5,398,917	\$5,704,386	\$5,599,093	\$5,651,756	\$5,651,756
Method of Financing:					
0555 Federal Funds					
10.561.000 SNAP E&T 50% OPER	\$2,508,493	\$2,536,259	\$2,545,257	\$2,440,043	\$2,440,043
93.558.000 Temp AssistNeedy Families	\$69,835	\$70,608	\$70,859	\$68,259	\$68,259
93.767.000 CHIP	\$499,649	\$458,108	\$459,733	\$442,668	\$442,668
93.778.003 XIX 50%	\$2,612,967	\$2,641,889	\$2,651,262	\$2,723,477	\$2,723,477
CFDA Subtotal, Fund 0555	\$5,690,944	\$5,706,864	\$5,727,111	\$5,674,447	\$5,674,447
SUBTOTAL, MOF (Federal Funds)	\$5,690,944	\$5,706,864	\$5,727,111	\$5,674,447	\$5,674,447
Method of Financing:					
0777 Interagency Contracts	\$981,735	\$1,012,000	\$1,012,000	\$1,012,000	\$1,012,000
SUBTOTAL, MOF (Other Funds)	\$981,735	\$1,012,000	\$1,012,000	\$1,012,000	\$1,012,000
TOTAL, METHOD OF FINANCE	\$12,071,596	\$12,423,250	\$12,338,204	\$12,338,203	\$12,338,203
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	FULL TIME EQUIVALENT POSITIONS:	13.9	4.0	4.0	4.0	4.0

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 services 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 services. The 2-1-1 TIRN supports 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 services; the interagency contracts and funding from the Texas Workforce Commission, 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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$272,738,715	\$270,835,837	\$280,105,742	\$252,819,043	\$254,069,261
1002 - Other Personnel Costs	\$47,862,837	\$6,642,096	\$7,304,538	\$7,304,538	\$7,509,628
2001 - Professional Fees & Services	\$107,708,864	\$112,503,152	\$129,730,782	\$91,532,412	\$91,516,970
2003 - Consumable Supplies	\$84,101	\$283,385	\$386,333	\$257,332	\$251,920
2004 - Utilities	\$442,400	\$811,505	\$906,414	\$906,414	\$900,333
2005 - Travel	\$12,630,822	\$12,381,367	\$12,645,832	\$10,617,824	\$10,602,689
2006 - Rent - Building	\$1,609,720	\$1,712,505	\$1,662,505	\$1,662,505	\$1,662,505
2007 - Rent - Machine and Other	\$104,765	\$65,672	\$67,742	\$67,742	\$65,580
2009 - Other Operating Expense	\$33,976,979	\$10,227,820	\$2,104,512	\$40,560,222	\$42,577,842
5000 - Capital Expenditures	\$69,452	\$387,614	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$477,228,656	\$415,850,953	\$434,914,400	\$405,728,033	\$409,156,728
Method of Financing:					
0001 General Revenue	\$2,731,059	\$5,140,271	\$4,332,230	\$5,894,810	\$1,353,381
0758 GR Match for Medicaid Account No. 758	\$75,467,758	\$63,589,798	\$65,803,371	\$61,561,048	\$61,561,048
8010 GR Match for Title XXI (CHIP)	\$1,493,949	\$2,921,733	\$3,055,719	\$2,954,755	\$3,192,039
8014 GR Match for Food Stamp Administration	\$81,356,069	\$69,273,991	\$72,702,645	\$64,761,410	\$64,761,410
SUBTOTAL, MOF (General Revenue)	\$161,048,835	\$140,925,794	\$145,893,965	\$135,172,022	\$130,867,877
Method of Financing:					
0555 Federal Funds					
10.561.000 SNAP E&T 50% OPER	\$81,356,069	\$69,273,991	\$67,663,259	\$64,761,410	\$64,761,410
93.558.000 Temp Assist/Needy Families	\$4,892,149	\$3,882,327	\$3,932,734	\$3,855,642	\$3,855,496
93.767.000 CHIP	\$20,949,110	\$16,428,112	\$16,928,656	\$15,125,675	\$15,125,675
93.778.003 XIX 50%	\$8,712,010	\$2,928,295	\$1,338,936	\$1,333,751	\$9,066,735
93.778.004 XIX ADM @ 75%	\$200,270,482	\$181,987,065	\$193,395,902	\$180,559,451	\$180,559,451
93.778.005 XIX FMAP @ 90%	\$0	\$0	\$0	\$371,156	\$371,156
CFDA Subtotal, Fund 0555	\$316,179,821	\$274,499,791	\$283,259,488	\$266,007,085	\$273,739,924
SUBTOTAL, MOF (Federal Funds)	\$316,179,821	\$274,499,791	\$283,259,488	\$266,007,085	\$273,739,924
Method of Financing:					
0666 Appropriated Receipts	\$0	\$0	\$5,760,894	\$4,548,873	\$4,548,873
0777 Interagency Contracts	\$0	\$425,368	\$53	\$53	\$53

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (Other Funds)	\$0	\$425,368	\$5,760,947	\$4,548,926	\$4,548,926
TOTAL, METHOD OF FINANCE	\$477,228,656	\$415,850,953	\$434,914,400	\$405,728,033	\$409,156,728
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	6,912.0	6,989.0	6,989.0	6,989.0	6,989.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Eligibility Determination takes applications, processes renewals, and changes to 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 services, HHSC centralized eligibility and benefit staff, and vendor and state operations management.

Eligibility determination services 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 imposition of sanctions and financial penalties; 3) re-procurements of contracted services; 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$23,111,839	\$25,948,493	\$26,615,700	\$22,514,136	\$21,512,025
1002 - Other Personnel Costs	\$3,150,328	\$831,213	\$902,304	\$902,304	\$876,417
2001 - Professional Fees & Services	\$8,080,502	\$10,325,886	\$9,702,795	\$7,895,365	\$7,886,191
2003 - Consumable Supplies	\$9,069	\$118,341	\$50,255	\$48,545	\$48,267
2004 - Utilities	\$50,861	\$194,415	\$200,256	\$200,256	\$195,605
2005 - Travel	\$2,149,485	\$2,666,749	\$2,860,341	\$2,539,350	\$2,440,182
2006 - Rent - Building	\$0	\$1,250	\$1,250	\$1,250	\$1,250
2007 - Rent - Machine and Other	\$20,923	\$69,000	\$69,000	\$69,000	\$69,000
2009 - Other Operating Expense	\$614,652	\$2,475,958	\$1,349,672	\$1,274,048	\$2,415,318
4000 - Grants	\$17,653,034	\$26,447,932	\$24,026,760	\$24,026,760	\$24,026,760
TOTAL, OBJECT OF EXPENSE	\$54,840,694	\$69,079,237	\$65,778,334	\$59,471,015	\$59,471,015
Method of Financing:					
0001 General Revenue	\$550,999	\$614,644	\$643,895	\$713,579	\$713,579
0758 GR Match for Medicaid Account No. 758	\$7,879,736	\$8,750,343	\$9,010,409	\$7,259,147	\$7,259,147
8010 GR Match for Title XXI (CHIP)	\$104,215	\$261,724	\$282,949	\$229,591	\$229,591
8014 GR Match for Food Stamp Administration	\$8,270,115	\$8,053,379	\$8,259,633	\$7,024,056	\$7,024,056
SUBTOTAL, MOF (General Revenue)	\$16,805,065	\$17,680,090	\$18,196,886	\$15,226,374	\$15,226,374
Method of Financing:					
0555 Federal Funds					
10.535.000 SNAP Fraud Framework Implemer	\$0	\$331,409	\$200,000	\$314,920	\$314,920
10.545.000 SNAP Farmers Markets Program	\$0	\$75,000	\$0	\$0	\$0
10.557.001 Special Supplemental Nutrition Prc	\$0	\$645	\$640	\$640	\$640
10.561.000 SNAP E&T 50% OPER	\$27,800,461	\$40,060,833	\$36,074,491	\$34,838,914	\$34,838,914
93.558.000 Temp AssistNeedy Families	\$695,824	\$693,284	\$770,958	\$674,414	\$674,414
93.767.000 CHIP	\$1,485,898	\$1,484,980	\$1,522,271	\$1,153,928	\$1,153,928
93.778.003 XIX 50%	\$7,792,881	\$8,749,136	\$9,009,204	\$7,257,942	\$7,257,942
93.778.004 XIX ADM @ 75%	\$260,566	\$3,615	\$3,615	\$3,615	\$3,615
CFDA Subtotal, Fund 0555	\$38,035,628	\$51,398,902	\$47,581,179	\$44,244,372	\$44,244,372
SUBTOTAL, MOF (Federal Funds)	\$38,035,628	\$51,398,902	\$47,581,179	\$44,244,372	\$44,244,372

Method of Financing:

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
0777 Interagency Contracts	\$0	\$245	\$269	\$269	\$269
SUBTOTAL, MOF (Other Funds)	\$0	\$245	\$269	\$269	\$269
TOTAL, METHOD OF FINANCE	\$54,840,694	\$69,079,237	\$65,778,334	\$59,471,015	\$59,471,015
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	722.5	561.8	561.8	561.8	561.8

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 services; 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$467,253	\$701,421	\$805,115	\$646,991	\$646,991
1002 - Other Personnel Costs	\$54,178	\$15,617	\$17,160	\$17,160	\$17,160
2001 - Professional Fees & Services	\$568,886	\$7,609,777	\$7,612,577	\$6,812,577	\$6,812,577
2003 - Consumable Supplies	\$0	\$3,300	\$500	\$500	\$500
2004 - Utilities	\$1,289	\$3,000	\$3,000	\$3,000	\$3,000
2005 - Travel	\$8,126	\$10,118	\$11,118	\$9,951	\$24,122
2009 - Other Operating Expense	\$4,928,297	\$63,608	\$72,171	\$68,199	\$54,028
TOTAL, OBJECT OF EXPENSE	\$6,028,029	\$8,406,841	\$8,521,641	\$7,558,378	\$7,558,378
Method of Financing:					
0001 General Revenue	\$4,422	\$6,535	\$6,601	\$6,387	\$6,387
8014 GR Match for Food Stamp Administration	\$2,956,200	\$4,118,527	\$4,175,106	\$3,694,815	\$3,694,815
SUBTOTAL, MOF (General Revenue)	\$2,960,622	\$4,125,062	\$4,181,707	\$3,701,202	\$3,701,202
Method of Financing:					
0555 Federal Funds					
10.561.000 SNAP E&T 50% OPER	\$2,960,343	\$4,123,545	\$4,180,124	\$3,699,453	\$3,699,453
93.558.000 Temp AssistNeedy Families	\$107,064	\$158,234	\$159,811	\$157,723	\$157,723
CFDA Subtotal, Fund 0555	\$3,067,407	\$4,281,779	\$4,339,934	\$3,857,176	\$3,857,176
SUBTOTAL, MOF (Federal Funds)	\$3,067,407	\$4,281,779	\$4,339,934	\$3,857,176	\$3,857,176
TOTAL, METHOD OF FINANCE	\$6,028,029	\$8,406,841	\$8,521,641	\$7,558,378	\$7,558,378
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0

FULL TIME EQUIVALENT POSITIONS: 25.3 25.3 25.3 25.3 25.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

The EBT sub-strategy includes state oversight staff and a single contract for the operation of the Lone Star card system (EBT) and related support services. The EBT system provides access to Temporary Assistance for Needy Families (TANF) cash assistance, and Supplemental Nutrition Assistance Program (SNAP) benefits to eligible recipients. EBT support services include customer and retailer call center services, card and materials production, financial settlement and dispute services, reporting and other value-add services. Contract costs for the EBT system are based upon a cost per case month (CPCM) variable cost model.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine 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.

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$12,900,799	\$22,922,096	\$23,483,839	\$22,665,729	\$22,417,622
1002 - Other Personnel Costs	\$8,342,383	\$2,237,697	\$421,152	\$421,152	\$241,948
2001 - Professional Fees & Services	\$1,365,844	\$2,972,966	\$3,505,515	\$1,311,133	\$1,352,796
2002 - Fuels & Lubricants	\$33,636	\$66,442	\$63,732	\$63,732	\$63,732
2003 - Consumable Supplies	\$1,140,168	\$775,163	\$547,765	\$547,765	\$553,455
2004 - Utilities	\$3,198,278	\$2,805,455	\$2,448,058	\$2,448,058	\$2,458,789
2005 - Travel	\$227,318	\$588,108	\$592,148	\$592,148	\$695,023
2006 - Rent - Building	\$20,993,555	\$24,942,394	\$26,457,830	\$26,457,830	\$26,457,830
2007 - Rent - Machine and Other	\$3,245,255	\$2,580,635	\$2,320,847	\$2,320,847	\$2,323,009
2009 - Other Operating Expense	\$16,572,742	\$21,120,861	\$21,971,115	\$14,699,117	\$11,551,327
3001 - Client Services	\$184,581	\$544,042	\$530,347	\$530,347	\$530,347
5000 - Capital Expenditures	\$301,283	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$68,505,842	\$81,555,860	\$82,342,347	\$72,057,857	\$68,645,879
Method of Financing:					
0001 General Revenue	\$14,020,442	\$16,541,405	\$9,434,931	\$6,622,774	\$11,165,258
0758 GR Match for Medicaid Account No. 758	\$13,647,904	\$16,222,660	\$16,955,896	\$16,477,372	\$16,478,132
8010 GR Match for Title XXI (CHIP)	\$197,404	\$458,033	\$938,604	\$920,276	\$683,117
8014 GR Match for Food Stamp Administration	\$11,658,874	\$13,726,151	\$14,187,186	\$13,710,567	\$13,714,219
SUBTOTAL, MOF (General Revenue)	\$39,524,624	\$46,948,249	\$41,516,617	\$37,730,989	\$42,040,727
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$0	\$18,337	\$19,237	\$19,237	\$19,237
10.561.000 SNAP E&T 50% OPER	\$11,658,874	\$13,757,260	\$19,226,572	\$13,710,567	\$13,714,219
84.181.000 Special Education Grants	\$0	\$964	\$973	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$502,766	\$576,158	\$594,028	\$578,531	\$578,638
93.558.667 TANF to Title XX	\$0	\$146,551	\$146,551	\$146,551	\$146,551
93.667.000 Social Svcs Block Grants	\$55	\$0	\$0	\$0	\$0
93.767.000 CHIP	\$2,911,340	\$3,080,048	\$2,745,344	\$2,642,128	\$2,642,792
93.778.003 XIX 50%	\$13,598,767	\$16,132,429	\$16,816,029	\$16,403,826	\$8,670,841
93.778.004 XIX ADM @ 75%	\$66,408	\$85,084	\$124,107	\$51,141	\$51,141
93.778.005 XIX FMAP @ 90%	\$243,009	\$556,825	\$886,433	\$508,431	\$515,277

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund 0555	\$28,981,218	\$34,353,655	\$40,559,274	\$34,060,412	\$26,338,696
SUBTOTAL, MOF (Federal Funds)	\$28,981,218	\$34,353,655	\$40,559,274	\$34,060,412	\$26,338,696
Method of Financing:					
0777 Interagency Contracts	\$0	\$253,955	\$266,456	\$266,456	\$266,456
SUBTOTAL, MOF (Other Funds)	\$0	\$253,955	\$266,456	\$266,456	\$266,456
TOTAL, METHOD OF FINANCE	\$68,505,842	\$81,555,860	\$82,342,347	\$72,057,857	\$68,645,879
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	228.1	333.5	333.5	333.5	333.5

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: 1 Eligibility Operations						
STRATEGY: 1 Integrated Eligibility & Enrollment						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	2-1-1	\$12,071,596	\$12,423,250	\$12,338,204	\$12,338,203	\$12,338,203
2	Eligibility Determination	\$477,228,656	\$415,850,953	\$434,914,400	\$405,728,033	\$409,156,728
3	Policy, Training and State Support	\$54,840,694	\$69,079,237	\$65,778,334	\$59,471,015	\$59,471,015
4	Electronic Benefits Transfer (EBT)	\$6,028,029	\$8,406,841	\$8,521,641	\$7,558,378	\$7,558,378
5	Other	\$68,505,842	\$81,555,860	\$82,342,347	\$72,057,857	\$68,645,879
Total, Sub-strategies		\$618,674,817	\$587,316,140	\$603,894,926	\$557,153,486	\$557,170,202

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
3001 - Client Services	\$67,311,642	\$79,236,329	\$83,299,149	\$79,236,329	\$79,236,329
4000 - Grants	\$50,298,449	\$44,431,714	\$40,534,356	\$46,431,714	\$46,431,714
TOTAL, OBJECT OF EXPENSE	\$117,610,091	\$123,668,043	\$123,833,505	\$125,668,043	\$125,668,043
Method of Financing:					
0001 General Revenue	\$40,876,654	\$41,171,850	\$38,567,229	\$43,171,850	\$43,171,850
0758 GR Match for Medicaid Account No. 758	\$34,496,228	\$32,445,753	\$34,079,742	\$31,777,534	\$31,777,534
SUBTOTAL, MOF (General Revenue)	\$75,372,882	\$73,617,603	\$72,646,970	\$74,949,384	\$74,949,384
Method of Financing:					
0555 Federal Funds					
93.778.000 XIX FMAP	\$42,237,209	\$50,050,440	\$51,186,535	\$50,718,659	\$50,718,659
CFDA Subtotal, Fund 0555	\$42,237,209	\$50,050,440	\$51,186,535	\$50,718,659	\$50,718,659
SUBTOTAL, MOF (Federal Funds)	\$42,237,209	\$50,050,440	\$51,186,535	\$50,718,659	\$50,718,659
TOTAL, METHOD OF FINANCE	\$117,610,091	\$123,668,043	\$123,833,505	\$125,668,043	\$125,668,043
TOTAL, VARIANCE:	\$0	\$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 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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
2001 - Professional Fees & Services	\$13,603	\$64,596	\$64,596	\$64,596	\$64,596
2009 - Other Operating Expense	\$0	\$4,000	\$4,000	\$4,000	\$4,000
4000 - Grants	\$31,053,933	\$36,180,987	\$44,810,125	\$35,756,661	\$35,756,661
TOTAL, OBJECT OF EXPENSE	\$31,067,536	\$36,249,583	\$44,878,721	\$35,825,257	\$35,825,257
Method of Financing:					
0001 General Revenue	\$3,131,814	\$1,577,757	\$3,603,790	\$5,919,322	\$5,919,322
8004 GR Match for Federal Funds (Older Americans Act)	\$880,791	\$880,791	\$880,791	\$880,791	\$880,791
SUBTOTAL, MOF (General Revenue)	\$4,012,605	\$2,458,548	\$4,484,581	\$6,800,113	\$6,800,113
Method of Financing:					
0555 Federal Funds					
93.041.000 Programs for Prevention of Elder Abuse	\$230,731	\$253,249	\$273,775	\$253,249	\$253,249
93.042.000 TITLE VII CHAPTER 2	\$1,127,941	\$1,128,970	\$1,011,210	\$1,128,970	\$1,128,970
93.042.119 COV19 Aging/Title VII/ LTC Ombudsman	\$0	\$500,000	\$500,000	\$0	\$0
93.044.000 Title III B – Supportive Services	\$15,605,791	\$15,281,757	\$15,664,757	\$15,281,757	\$15,281,757
93.044.119 COV19 Aging/Title III B/Grants Program	\$0	\$1,249,197	\$3,747,590	\$0	\$0
93.045.000 Title III C1 Congregate Meals C2 Homebound	\$5,848,087	\$7,207,686	\$7,465,719	\$7,485,686	\$7,485,686
93.045.119 COV19 Special Prgms Aging Title III C1	\$0	\$810,289	\$2,430,870	\$0	\$0
93.048.000 Special Programs for the Aging_Ti	\$0	\$224,889	\$215,395	\$215,395	\$215,395
93.048.119 COV19 Special Prgms Aging IV & I	\$0	\$1,500,000	\$1,500,000	\$0	\$0
93.052.000 Title III E National Family Caregiver	\$3,906,048	\$4,297,658	\$4,297,658	\$4,297,658	\$4,297,658
93.052.119 COV19 Nat Fam Caregiver Supp II	\$0	\$974,911	\$2,924,736	\$0	\$0
93.071.000 Medicare Enrollment Assistance Pr	\$336,333	\$362,429	\$362,429	\$362,429	\$362,429
CFDA Subtotal, Fund 0555	\$27,054,931	\$33,791,035	\$40,394,139	\$29,025,144	\$29,025,144
SUBTOTAL, MOF (Federal Funds)	\$27,054,931	\$33,791,035	\$40,394,139	\$29,025,144	\$29,025,144
TOTAL, METHOD OF FINANCE	\$31,067,536	\$36,249,583	\$44,878,721	\$35,825,257	\$35,825,257
TOTAL, VARIANCE:	\$0	\$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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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STRATEGY DESCRIPTION AND JUSTIFICATION:

This sub-strategy includes access and assistance services 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 services. 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 services.

Statutory Authority: Human Resource Code, Chapters 101A and 161 and Title 42 U.S.C. Chapter 35, Older Americans Act of 1965, as amended.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The population of age 60+ continues to increase based on Texas Demographic Center, Office of the State Demographer at the University of Texas at San Antonio. The gradual aging of the population will likely result in an increase in the number of individuals needing services provided through Title III programs.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$29,849,264	\$32,169,198	\$28,963,962	\$25,350,936	\$25,350,936
1002 - Other Personnel Costs	\$1,495,357	\$1,325,184	\$1,081,146	\$1,219,986	\$1,219,986
2001 - Professional Fees & Services	\$503,844	\$943,644	\$1,172,267	\$1,023,250	\$1,023,250
2002 - Fuels & Lubricants	\$5,343	\$6,266	\$6,064	\$6,064	\$6,064
2003 - Consumable Supplies	\$231,678	\$139,010	\$69,388	\$69,388	\$69,388
2004 - Utilities	\$595,706	\$475,114	\$411,405	\$424,674	\$424,674
2005 - Travel	\$2,828,996	\$3,061,936	\$2,963,174	\$3,104,559	\$3,104,559
2006 - Rent - Building	\$3,542,030	\$2,641,576	\$2,833,828	\$2,833,828	\$2,833,828
2007 - Rent - Machine and Other	\$535,799	\$272,533	\$240,360	\$240,360	\$240,360
2009 - Other Operating Expense	\$1,764,811	\$1,502,133	\$1,679,372	\$1,731,695	\$1,731,695
3001 - Client Services	\$1,537,790	\$1,630,787	\$1,630,787	\$1,630,787	\$1,630,787
5000 - Capital Expenditures	\$1,188	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$42,891,807	\$44,167,382	\$41,051,754	\$37,635,528	\$37,635,528
Method of Financing:					
0001 General Revenue	\$6,793,356	\$5,402,645	\$7,384,325	\$5,271,171	\$5,271,171
0758 GR Match for Medicaid Account No. 758	\$14,508,948	\$20,092,591	\$14,649,552	\$13,829,075	\$13,829,075
SUBTOTAL, MOF (General Revenue)	\$21,302,304	\$25,495,235	\$22,033,877	\$19,100,246	\$19,100,246
Method of Financing:					
0555 Federal Funds					
93.044.000 Title III B – Supportive Services	\$2,311	\$3,859	\$3,981	\$3,834	\$3,834
93.045.000 Title III C1 Congregate Meals C2 f	\$4,636	\$7,799	\$0	\$7,750	\$7,750
93.052.000 Title III E National Family Caregivi	\$1,005	\$1,691	\$1,742	\$1,683	\$1,683
93.667.000 Social Svcs Block Grants	\$4,797,820	\$2,419,728	\$2,430,700	\$2,430,700	\$2,430,700
93.778.002 MEDICAID REIMBURSE ADMIN	\$247,243	\$0	\$0	\$0	\$0
93.778.003 XIX 50%	\$14,242,300	\$14,460,932	\$14,767,178	\$13,513,357	\$13,513,357
93.778.004 XIX ADM @ 75%	\$799,938	\$147,351	\$183,489	\$947,170	\$947,170
94.011.000 Foster Grandparent Progra	\$1,494,249	\$1,630,787	\$1,630,787	\$1,630,787	\$1,630,787
CFDA Subtotal, Fund 0555	\$21,589,503	\$18,672,146	\$19,017,877	\$18,535,282	\$18,535,282
SUBTOTAL, MOF (Federal Funds)	\$21,589,503	\$18,672,146	\$19,017,877	\$18,535,282	\$18,535,282
TOTAL, METHOD OF FINANCE	\$42,891,807	\$44,167,382	\$41,051,754	\$37,635,528	\$37,635,528

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	895.8	970.6	970.6	970.6	970.6

STRATEGY DESCRIPTION AND JUSTIFICATION:

Community Care Services Eligibility (CCSE) 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. CCSE programs are funded via Title XIX Medicaid, State GR, and or Title XX Special Services Block Grant. CCSE programs covered under this strategy include Residential Care Services , Respite care (unfunded with no clients), Home Delivered Meals, Emergency Response Services, Adult Foster Care, Family Care, Day Activity and Health Services Title XX, Title XIX Primary Home Care, Special Services for Persons with Disabilities, Consumer Managed Personal Assistance Services, Day Activity and Health Services Title XIX.

Some CCSE programs require a functional eligibility score determined via assessment by regional staff.

Other CCSE 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.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The population of age 60+ continues to increase based on Texas Demographic Center, Office of the State Demographer at the University of Texas at San Antonio. The gradual aging of the population will likely result in an increase in the number of individuals living with a disability and/or a chronic health condition, will increase the need for community service programs, and increase the number of individuals on the Title XX program interest lists. The increase in demand for these services will increase workloads for case workers who perform federally mandated face-to-face assessments and may potentially increase the need for additional contracted providers to meet the demand.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$25,321,958	\$25,479,762	\$31,800,245	\$32,762,372	\$32,762,372
1002 - Other Personnel Costs	\$2,350,032	\$719,803	\$689,183	\$550,343	\$550,343
2001 - Professional Fees & Services	\$4,561,124	\$16,113,285	\$12,350,852	\$12,275,864	\$12,275,864
2002 - Fuels & Lubricants	\$1,414	\$2,168	\$2,015	\$2,015	\$2,015
2003 - Consumable Supplies	\$47,704	\$62,927	\$58,816	\$58,816	\$58,816
2004 - Utilities	\$241,470	\$353,438	\$371,660	\$358,391	\$358,391
2005 - Travel	\$1,037,643	\$1,982,974	\$2,557,962	\$1,302,462	\$1,302,461
2006 - Rent - Building	\$697,858	\$594,424	\$585,081	\$585,081	\$585,081
2007 - Rent - Machine and Other	\$144,891	\$70,567	\$70,931	\$70,931	\$70,931
2009 - Other Operating Expense	\$3,038,984	\$4,948,207	\$4,143,151	\$3,433,750	\$3,433,750
4000 - Grants	\$8,671,179	\$16,674,281	\$15,975,728	\$13,238,996	\$13,238,996
5000 - Capital Expenditures	\$3,486	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$46,117,744	\$67,001,836	\$68,605,625	\$64,639,022	\$64,639,021
Method of Financing:					
0001 General Revenue	\$4,715,044	\$12,529,522	\$9,271,047	\$5,443,410	\$5,443,410
0758 GR Match for Medicaid Account No. 758	\$13,514,034	\$9,774,087	\$15,287,320	\$15,772,981	\$15,772,980
SUBTOTAL, MOF (General Revenue)	\$18,229,078	\$22,303,610	\$24,558,367	\$21,216,391	\$21,216,390
Method of Financing:					
0555 Federal Funds					
93.044.000 Title III B – Supportive Services	\$633,875	\$812,397	\$378,045	\$760,966	\$760,966
93.045.000 Title III C1 Congregate Meals C2	\$1,222,142	\$1,281,875	\$1,227,823	\$1,477,671	\$1,477,671
93.051.000 Alzheimer's Disease Demo Grants	\$312,459	\$0	\$0	\$0	\$0
93.052.000 Title III E National Family Caregiver	\$359,947	\$395,820	\$439,016	\$438,985	\$438,985
93.071.001 Medicare Enrollment Assistance Pr	\$318,629	\$818,730	\$823,861	\$820,857	\$820,857
93.071.002 Medicare Enrollment Assistance Pr	\$489,883	\$456,771	\$456,771	\$456,771	\$456,771
93.324.000 State Health Ins Assist Program	\$2,655,255	\$1,924,867	\$2,165,146	\$1,897,034	\$1,897,034
93.667.000 Social Svcs Block Grants	\$661,747	\$2,419,728	\$2,430,700	\$2,430,700	\$2,430,700
93.777.000 State Survey and Certific	\$0	\$54,836	\$61,378	\$62,139	\$62,139
93.777.005 Health Insurance Benefits	\$0	\$16,274	\$18,215	\$19,139	\$19,139
93.778.003 XIX 50%	\$11,762,508	\$13,597,133	\$14,750,712	\$13,790,373	\$13,790,373
93.778.004 XIX ADM @ 75%	\$5,191,383	\$5,209,994	\$5,898,760	\$5,870,166	\$5,870,166
93.791.000 Money Follows Person Reblncng D	\$3,956,494	\$14,600,992	\$14,058,933	\$14,058,933	\$14,058,933
93.796.000 Survey & Certification TitleXIX 75%	\$63,147	\$68,447	\$76,613	\$77,611	\$77,611

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
94.011.000 Foster Grandparent Progra	\$261,197	\$343,580	\$301,285	\$301,285	\$301,285
CFDA Subtotal, Fund 0555	\$27,888,666	\$42,001,445	\$43,087,258	\$42,462,631	\$42,462,630
SUBTOTAL, MOF (Federal Funds)	\$27,888,666	\$42,001,445	\$43,087,258	\$42,462,631	\$42,462,630
Method of Financing:					
0666 Appropriated Receipts	\$0	\$2,696,782	\$960,000	\$960,000	\$960,000
SUBTOTAL, MOF (Other Funds)	\$0	\$2,696,782	\$960,000	\$960,000	\$960,000
TOTAL, METHOD OF FINANCE	\$46,117,744	\$67,001,836	\$68,605,625	\$64,639,021	\$64,639,020
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	324.1	324.1	324.1	324.1	324.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

Provides leadership, program oversight and coordinated contract, grant, fiscal and workforce management support for the following programs:

- Area Agencies on Aging
- Aging and Disability Resource Centers
- Foster Grandparents Program
- Community Care Services Eligibility Program Operations

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The population of age 60+ continues to increase based on Texas Demographic Center, Office of the State Demographer at the University of Texas at San Antonio. The gradual aging of the population will likely result in an increase in the number of individuals living with a disability and/or a chronic health condition, will increase the need to support the administration of programs providing services to individuals supported by these programs.

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Intake, Access, & Eligibility (Local Authority)	\$117,610,091	\$123,668,043	\$123,833,505	\$125,668,043	\$125,668,043
2	Intake, Access, & Eligibility (Aging)	\$31,067,536	\$36,249,583	\$44,878,721	\$35,825,257	\$35,825,257
3	Intake, Access, & Eligibility (Regional Supports)	\$42,891,807	\$44,167,382	\$41,051,754	\$37,635,528	\$37,635,528
4	Intake, Access, & Eligibility (State Office Supports)	\$46,117,744	\$67,001,836	\$68,605,625	\$64,639,021	\$64,639,020
Total, Sub-strategies		\$237,687,178	\$271,086,844	\$278,369,605	\$263,767,849	\$263,767,848

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$13,470,763	\$15,604,817	\$15,665,328	\$14,060,091	\$14,060,091
1002 - Other Personnel Costs	\$589,487	\$366,530	\$425,120	\$375,120	\$375,120
2001 - Professional Fees & Services	\$153,244	\$77,257	\$200,961	\$200,961	\$200,961
2003 - Consumable Supplies	\$14,814	\$9,167	\$8,517	\$8,517	\$8,517
2004 - Utilities	\$106,734	\$97,495	\$87,725	\$87,725	\$87,725
2005 - Travel	\$614,108	\$906,039	\$918,798	\$652,805	\$652,805
2007 - Rent - Machine and Other	\$3,700	\$5,527	\$19,626	\$19,626	\$19,626
2009 - Other Operating Expense	\$573,160	\$921,134	\$775,134	\$715,517	\$715,517
5000 - Capital Expenditures	\$18,225	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$15,544,235	\$17,987,966	\$18,101,209	\$16,120,362	\$16,120,362
Method of Financing:					
0001 General Revenue	\$781,869	\$2,482,864	\$1,377,728	\$558,851	\$558,851
0758 GR Match for Medicaid Account No. 758	\$3,141,634	\$2,938,245	\$3,451,909	\$3,209,352	\$3,209,352
8010 GR Match for Title XXI (CHIP)	\$7,182	\$133,242	\$24,899	\$19,711	\$19,711
8014 GR Match for Food Stamp Administration	\$3,316,202	\$3,465,304	\$3,744,006	\$3,454,488	\$3,454,488
8032 GR Certified as Match for Medicaid	\$480,503	\$428,145	\$464,499	\$491,537	\$491,537
SUBTOTAL, MOF (General Revenue)	\$7,727,390	\$9,447,800	\$9,063,041	\$7,733,939	\$7,733,939
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$12,832	\$14,164	\$15,814	\$15,342	\$15,342
10.561.000 SNAP E&T 50% OPER	\$3,328,974	\$3,629,258	\$3,791,506	\$3,501,988	\$3,501,988
93.558.000 Temp AssistNeedy Families	\$123,056	\$139,441	\$146,449	\$55,289	\$55,289
93.767.000 CHIP	\$122,884	\$107,381	\$111,606	\$104,259	\$104,259
93.777.000 State Survey and Certific	\$12,171	\$13,437	\$15,002	\$13,759	\$13,759
93.777.005 Health Insurance Benefits	\$2,627	\$2,890	\$3,227	\$0	\$0
93.778.000 XIX FMAP	\$633,000	\$676,283	\$717,923	\$765,257	\$765,257
93.778.003 XIX 50%	\$2,803,108	\$3,249,899	\$3,446,822	\$3,229,787	\$3,229,787
93.778.004 XIX ADM @ 75%	\$0	\$21,878	\$24,427	\$0	\$0
93.788.000 Opiod STR	\$1,058	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$12,341	\$13,648	\$15,237	\$15,260	\$15,260
96.001.000 Social Security Disability Ins	\$58,057	\$64,084	\$71,549	\$4,809	\$4,809

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund 0555	\$7,110,108	\$7,932,363	\$8,359,562	\$7,705,750	\$7,705,750
SUBTOTAL, MOF (Federal Funds)	\$7,110,108	\$7,932,363	\$8,359,562	\$7,705,750	\$7,705,750
Method of Financing:					
0777 Interagency Contracts	\$706,737	\$607,803	\$678,606	\$680,673	\$680,673
SUBTOTAL, MOF (Other Funds)	\$706,737	\$607,803	\$678,606	\$680,673	\$680,673
TOTAL, METHOD OF FINANCE	\$15,544,235	\$17,987,966	\$18,101,209	\$16,120,362	\$16,120,362
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	266.9	288.0	288.0	288.0	288.0

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$4,553,998	\$4,610,561	\$5,176,041	\$4,905,501	\$4,905,501
1002 - Other Personnel Costs	\$122,002	\$68,700	\$150,000	\$145,000	\$145,000
2001 - Professional Fees & Services	\$97,427	\$259,618	\$283,520	\$283,520	\$283,520
2003 - Consumable Supplies	\$507	\$1,200	\$1,200	\$1,200	\$1,200
2004 - Utilities	\$14,745	\$13,790	\$4,542	\$4,542	\$4,542
2005 - Travel	\$96,268	\$306,357	\$289,475	\$250,475	\$250,475
2007 - Rent - Machine and Other	\$9,261	\$6,052	\$6,052	\$6,052	\$6,052
2009 - Other Operating Expense	\$162,488	\$137,337	\$121,774	\$118,401	\$118,401
TOTAL, OBJECT OF EXPENSE	\$5,056,696	\$5,403,615	\$6,032,604	\$5,714,691	\$5,714,691
Method of Financing:					
0001 General Revenue	\$135,486	\$298,123	\$155,909	\$17,284	\$17,284
0758 GR Match for Medicaid Account No. 758	\$2,126,021	\$2,233,661	\$2,612,373	\$2,490,882	\$2,490,882
8010 GR Match for Title XXI (CHIP)	\$8,131	\$35,758	\$21,341	\$45,056	\$45,056
8014 GR Match for Food Stamp Administration	\$54,225	\$26,184	\$47,201	\$17,356	\$17,356
8032 GR Certified as Match for Medicaid	\$4,583	\$229	\$2,609	\$2,787	\$2,787
SUBTOTAL, MOF (General Revenue)	\$2,328,446	\$2,593,955	\$2,839,433	\$2,573,365	\$2,573,365
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$3,262	\$2,176	\$2,094	\$2,139	\$2,139
10.561.000 SNAP E&T 50% OPER	\$54,696	\$44,075	\$47,201	\$17,356	\$17,356
93.558.000 Temp AssistNeedy Families	\$1,991	\$1,559	\$1,639	\$778	\$778
93.767.000 CHIP	\$123,638	\$102,567	\$116,367	\$238,770	\$238,770
93.777.000 State Survey and Certific	\$3,599	\$2,064	\$1,986	\$1,918	\$1,918
93.777.005 Health Insurance Benefits	\$668	\$444	\$427	\$0	\$0
93.778.000 XIX FMAP	\$6,039	\$2,788	\$4,210	\$4,338	\$4,338
93.778.003 XIX 50%	\$2,062,635	\$2,281,542	\$2,611,699	\$2,493,732	\$2,493,732
93.778.004 XIX ADM @ 75%	\$0	\$3,361	\$3,234	\$0	\$0
93.788.000 Opiod STR	\$269	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$3,137	\$2,097	\$2,017	\$2,128	\$2,128
96.001.000 Social Security Disability Ins	\$14,759	\$9,846	\$9,473	\$671	\$671
CFDA Subtotal, Fund 0555	\$2,274,693	\$2,452,519	\$2,800,347	\$2,761,830	\$2,761,830

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (Federal Funds)	\$2,274,693	\$2,452,519	\$2,800,347	\$2,761,830	\$2,761,830
Method of Financing:					
0777 Interagency Contracts	\$453,557	\$357,141	\$392,824	\$379,496	\$379,496
SUBTOTAL, MOF (Other Funds)	\$453,557	\$357,141	\$392,824	\$379,496	\$379,496
TOTAL, METHOD OF FINANCE	\$5,056,696	\$5,403,615	\$6,032,604	\$5,714,691	\$5,714,691
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	81.7	72.0	72.0	72.0	72.0

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,278,165	\$1,485,787	\$1,478,126	\$1,011,966	\$1,011,966
1002 - Other Personnel Costs	\$40,090	\$24,180	\$45,000	\$35,000	\$35,000
2001 - Professional Fees & Services	\$2,129	\$22,679	\$179	\$179	\$179
2003 - Consumable Supplies	\$274	\$1,200	\$1,200	\$1,200	\$1,200
2004 - Utilities	\$5,492	\$4,750	\$2,926	\$2,926	\$2,926
2005 - Travel	\$13,531	\$38,209	\$68,385	\$68,385	\$68,385
2007 - Rent - Machine and Other	\$433	\$1,826	\$1,826	\$1,826	\$1,826
2009 - Other Operating Expense	\$37,256	\$29,845	\$33,030	\$33,029	\$33,029
TOTAL, OBJECT OF EXPENSE	\$1,377,370	\$1,608,476	\$1,630,672	\$1,154,511	\$1,154,511
Method of Financing:					
0001 General Revenue	\$146,217	\$676,641	\$217,199	\$74,450	\$74,450
0758 GR Match for Medicaid Account No. 758	\$195,383	\$2,946	\$266,318	\$211,681	\$211,681
8010 GR Match for Title XXI (CHIP)	\$1,575	\$82,194	\$7,730	\$3,571	\$3,571
8014 GR Match for Food Stamp Administration	\$82,063	\$2,170	\$99,392	\$74,761	\$74,761
8032 GR Certified as Match for Medicaid	\$13,658	\$1,026	\$14,665	\$12,005	\$12,005
SUBTOTAL, MOF (General Revenue)	\$438,896	\$764,977	\$605,304	\$376,468	\$376,468
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$9,721	\$9,733	\$11,770	\$9,214	\$9,214
10.561.000 SNAP E&T 50% OPER	\$83,466	\$82,194	\$99,392	\$74,761	\$74,761
93.558.000 Temp AssistNeedy Families	\$3,622	\$3,630	\$4,390	\$3,352	\$3,352
93.767.000 CHIP	\$35,978	\$21,032	\$22,220	\$18,952	\$18,952
93.777.000 State Survey and Certific	\$9,220	\$9,234	\$11,166	\$8,263	\$8,263
93.777.005 Health Insurance Benefits	\$1,990	\$1,986	\$2,402	\$0	\$0
93.778.000 XIX FMAP	\$17,996	\$12,469	\$23,667	\$18,684	\$18,684
93.778.003 XIX 50%	\$186,961	\$217,106	\$262,533	\$223,954	\$223,954
93.778.004 XIX ADM @ 75%	\$0	\$15,034	\$18,180	\$0	\$0
93.788.000 Opiod STR	\$802	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$9,349	\$9,378	\$11,340	\$9,165	\$9,165
96.001.000 Social Security Disability Ins	\$43,981	\$44,037	\$53,251	\$2,889	\$2,889
CFDA Subtotal, Fund 0555	\$403,086	\$425,833	\$520,311	\$369,234	\$369,234

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
SUBTOTAL, MOF (Federal Funds)	\$403,086	\$425,833	\$520,311	\$369,234	\$369,234
Method of Financing:					
0777 Interagency Contracts	\$535,388	\$417,666	\$505,057	\$408,809	\$408,809
SUBTOTAL, MOF (Other Funds)	\$535,388	\$417,666	\$505,057	\$408,809	\$408,809
TOTAL, METHOD OF FINANCE	\$1,377,370	\$1,608,476	\$1,630,672	\$1,154,511	\$1,154,511
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	34.3	17.0	17.0	17.0	17.0

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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$10,874,004	\$9,071,078	\$9,637,670	\$5,767,908	\$5,767,908
1002 - Other Personnel Costs	\$302,479	\$208,991	\$295,000	\$150,000	\$150,000
2001 - Professional Fees & Services	\$3,788,766	\$531,610	\$1,021,336	\$995,565	\$995,565
2003 - Consumable Supplies	\$4,876	\$7,053	\$7,485	\$7,485	\$7,485
2004 - Utilities	\$37,809	\$27,754	\$26,914	\$19,362	\$19,362
2005 - Travel	\$257,161	\$137,716	\$173,748	\$109,810	\$109,810
2007 - Rent - Machine and Other	\$19,185	\$44,379	\$3,686	\$3,686	\$3,686
2009 - Other Operating Expense	\$595,269	\$427,264	\$484,866	\$480,919	\$480,919
5000 - Capital Expenditures	\$0	\$150,000	\$150,000	\$150,000	\$150,000
TOTAL, OBJECT OF EXPENSE	\$15,879,549	\$10,605,845	\$11,800,705	\$7,684,735	\$7,684,735
Method of Financing:					
0001 General Revenue	\$245,938	\$128,064	\$45,575	\$75,745	\$75,745
0758 GR Match for Medicaid Account No. 758	\$5,196,057	\$3,997,374	\$5,067,363	\$3,478,751	\$3,478,751
8010 GR Match for Title XXI (CHIP)	\$8,852	\$68,887	\$24,065	\$847	\$847
8014 GR Match for Food Stamp Administration	\$233,440	\$78,121	\$25,214	\$20,034	\$20,034
8032 GR Certified as Match for Medicaid	\$28,753	\$673,581	\$16,269	\$8,297	\$8,297
SUBTOTAL, MOF (General Revenue)	\$5,713,040	\$4,946,027	\$5,178,486	\$3,583,674	\$3,583,674
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$28,725	\$3,019	\$3,470	\$2,148	\$2,148
10.561.000 SNAP E&T 50% OPER	\$325,557	\$22,448	\$25,214	\$20,034	\$20,034
93.558.000 Temp AssistNeedy Families	\$308,175	\$37,425	\$29,058	\$3,339	\$3,339
93.667.000 Social Svcs Block Grants	\$22	\$0	\$0	\$0	\$0
93.767.000 CHIP	\$123,692	\$99,513	\$131,682	\$4,497	\$4,497
93.777.000 State Survey and Certific	\$22,762	\$1,924	\$2,030	\$1,960	\$1,960
93.777.005 Health Insurance Benefits	\$5,151	\$414	\$437	\$0	\$0
93.778.000 XIX FMAP	\$58,926	\$18,265	\$25,324	\$12,893	\$12,893
93.778.003 XIX 50%	\$3,835,378	\$4,512,178	\$4,437,406	\$3,172,243	\$3,172,243
93.778.004 XIX ADM @ 75%	\$4,518,038	\$844,429	\$1,841,966	\$784,081	\$784,081
93.788.000 Opioid STR	\$1,681	\$0	\$0	\$0	\$0
93.796.000 Survey & Certification TitleXIX 75%	\$23,785	\$1,954	\$2,062	\$2,175	\$2,175
96.001.000 Social Security Disability Ins	\$112,759	\$9,176	\$9,683	\$685	\$685

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund 0555	\$9,364,651	\$5,550,745	\$6,508,332	\$4,004,055	\$4,004,055
SUBTOTAL, MOF (Federal Funds)	\$9,364,651	\$5,550,745	\$6,508,332	\$4,004,055	\$4,004,055
Method of Financing:					
0777 Interagency Contracts	\$801,858	\$87,022	\$91,836	\$97,006	\$97,006
8095 ID Collections for Patient Support and Maintenance	\$0	\$21,138	\$21,138	\$0	\$0
8096 ID Appropriated Receipts	\$0	\$913	\$913	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$801,858	\$109,073	\$113,887	\$97,006	\$97,006
TOTAL, METHOD OF FINANCE	\$15,879,549	\$10,605,845	\$11,800,705	\$7,684,735	\$7,684,735
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	99.9	146.5	146.5	146.5	146.5

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 .

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

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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: 11 Office of Inspector General						
OBJECTIVE: 1 Client and Provider Accountability						
STRATEGY: 1 Office of Inspector General						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Investigations	\$15,544,235	\$17,987,966	\$18,101,209	\$16,120,362	\$16,120,362
2	Audit	\$5,056,696	\$5,403,615	\$6,032,604	\$5,714,691	\$5,714,691
3	Inspections	\$1,377,370	\$1,608,476	\$1,630,672	\$1,154,511	\$1,154,511
4	Operations	\$15,879,549	\$10,605,845	\$11,800,705	\$7,684,735	\$7,684,735
	Total, Sub-strategies	\$37,857,850	\$35,605,902	\$37,565,190	\$30,674,299	\$30,674,299

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$4,452,552	\$4,179,380	\$4,509,544	\$4,333,743	\$4,333,743
1002 - Other Personnel Costs	\$163,628	\$113,822	\$94,440	\$94,440	\$94,440
2001 - Professional Fees & Services	\$12,374,302	\$14,077,046	\$14,092,980	\$14,092,980	\$14,092,980
2002 - Fuels & Lubricants	\$31,930	\$32,500	\$32,500	\$32,500	\$32,500
2003 - Consumable Supplies	\$17,434	\$7,100	\$7,000	\$7,000	\$7,000
2004 - Utilities	\$12,297	\$11,310	\$12,310	\$12,310	\$12,310
2005 - Travel	\$59,766	\$80,000	\$82,600	\$62,600	\$62,600
2009 - Other Operating Expense	\$138,461	\$103,250	\$96,894	\$75,894	\$75,894
TOTAL, OBJECT OF EXPENSE	\$17,250,370	\$18,604,408	\$18,928,268	\$18,711,467	\$18,711,467
Method of Financing:					
0001 General Revenue	\$3,456,026	\$3,630,715	\$3,689,752	\$3,652,498	\$3,652,499
0758 GR Match for Medicaid Account No. 758	\$1,806,580	\$1,987,361	\$2,028,047	\$2,046,523	\$2,046,523
8010 GR Match for Title XXI (CHIP)	\$12,675	\$33,283	\$33,967	\$34,637	\$34,637
8014 GR Match for Food Stamp Administration	\$668,930	\$735,623	\$750,722	\$724,408	\$724,408
8032 GR Certified as Match for Medicaid	\$1,364,165	\$1,403,370	\$1,423,551	\$1,373,061	\$1,373,061
SUBTOTAL, MOF (General Revenue)	\$7,308,376	\$7,790,352	\$7,926,039	\$7,831,127	\$7,831,128
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Pro	\$84,648	\$87,114	\$88,902	\$89,842	\$89,842
10.561.000 SNAP E&T 50% OPER	\$674,964	\$735,623	\$750,722	\$724,408	\$724,408
93.044.000 Title III B – Supportive Services	\$0	\$5,385	\$5,494	\$5,934	\$5,934
93.045.000 Title III C1 Congregate Meals C2 F	\$0	\$5,958	\$6,080	\$5,679	\$5,679
93.052.000 Title III E National Family Caregiver	\$0	\$1,271	\$1,298	\$1,238	\$1,238
93.104.000 Comprehensive Community M	\$0	\$0	\$60,000	\$15,000	\$4,904
93.235.000 Abstinence Education	\$0	\$0	\$0	\$763	\$763
93.243.000 Project Reg. & Natl Significance	\$42,609	\$0	\$20,837	\$19,992	\$15,087
93.558.000 Temp AssistNeedy Families	\$41,823	\$32,451	\$33,117	\$31,687	\$31,687
93.667.000 Social Svcs Block Grants	\$62,098	\$101,285	\$43,365	\$77,830	\$92,830
93.767.000 CHIP	\$207,867	\$200,823	\$191,115	\$183,747	\$183,747
93.777.000 State Survey and Certific	\$55,284	\$82,799	\$84,498	\$80,096	\$80,096
93.777.005 Health Insurance Benefits	\$16,586	\$18,264	\$18,636	\$21,653	\$21,653
93.778.000 XIX FMAP	\$1,796,949	\$2,164,695	\$2,195,826	\$2,137,756	\$2,137,756
93.778.003 XIX 50%	\$1,792,943	\$1,972,522	\$2,012,863	\$2,016,902	\$2,016,902

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.796.000 Survey & Certification TitleXIX 759	\$60,348	\$65,920	\$67,393	\$88,864	\$88,864
96.001.000 Social Security Disability Ins	\$130,784	\$123,192	\$127,921	\$27,855	\$27,855
CFDA Subtotal, Fund 0555	\$4,966,903	\$5,597,302	\$5,708,067	\$5,529,246	\$5,529,245
SUBTOTAL, MOF (Federal Funds)	\$4,966,903	\$5,597,302	\$5,708,067	\$5,529,246	\$5,529,245
Method of Financing:					
0777 Interagency Contracts	\$4,975,091	\$5,216,754	\$5,294,162	\$5,351,094	\$5,351,094
SUBTOTAL, MOF (Other Funds)	\$4,975,091	\$5,216,754	\$5,294,162	\$5,351,094	\$5,351,094
TOTAL, METHOD OF FINANCE	\$17,250,370	\$18,604,408	\$18,928,268	\$18,711,467	\$18,711,467
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	85.9	68.6	68.6	68.6	68.6

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 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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$3,585,659	\$3,832,440	\$4,176,441	\$4,176,441	\$4,176,441
1002 - Other Personnel Costs	\$151,087	\$98,545	\$96,120	\$96,120	\$96,120
2001 - Professional Fees & Services	\$14,418	\$5,000	\$5,000	\$4,747	\$4,747
2003 - Consumable Supplies	\$4,792	\$2,000	\$1,000	\$1,000	\$1,000
2004 - Utilities	\$6,215	\$9,000	\$9,000	\$9,000	\$9,000
2005 - Travel	\$58,754	\$57,707	\$77,707	\$7,707	\$7,707
2009 - Other Operating Expense	\$63,337	\$72,448	\$131,129	\$61,382	\$61,382
TOTAL, OBJECT OF EXPENSE	\$3,884,262	\$4,077,140	\$4,496,397	\$4,356,397	\$4,356,397
Method of Financing:					
0001 General Revenue	\$396,698	\$1,238,632	\$500,539	\$495,889	\$495,889
0758 GR Match for Medicaid Account No. 758	\$596,545	\$9,516	\$752,877	\$756,619	\$756,619
8010 GR Match for Title XXI (CHIP)	\$4,273	\$94,194	\$21,852	\$12,764	\$12,764
8014 GR Match for Food Stamp Administration	\$222,646	\$7,010	\$280,980	\$267,221	\$267,221
8032 GR Certified as Match for Medicaid	\$37,056	\$3,314	\$41,457	\$42,911	\$42,911
SUBTOTAL, MOF (General Revenue)	\$1,257,218	\$1,352,666	\$1,597,705	\$1,575,404	\$1,575,404
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Pro	\$28,200	\$31,438	\$33,273	\$32,934	\$32,934
10.561.000 SNAP E&T 50% OPER	\$224,627	\$265,484	\$280,980	\$267,221	\$267,221
93.044.000 Title III B – Supportive Services	\$0	\$1,912	\$2,023	\$2,222	\$2,222
93.045.000 Title III C1 Congregate Meals C2 F	\$0	\$2,167	\$2,293	\$2,135	\$2,135
93.052.000 Title III E National Family Caregivi	\$0	\$467	\$495	\$436	\$436
93.104.000 Comprehensive Community M	\$0	\$0	\$15,000	\$4,836	\$4,836
93.235.000 Abstinence Education	\$0	\$0	\$0	\$305	\$305
93.243.000 Project Reg. & Natl Significance	\$15,000	\$0	\$5,126	\$2,962	\$2,962
93.558.000 Temp AssistNeedy Families	\$13,906	\$11,726	\$12,410	\$11,675	\$11,675
93.667.000 Social Svcs Block Grants	\$15,686	\$36,579	\$23,714	\$34,241	\$34,241
93.767.000 CHIP	\$67,847	\$72,776	\$62,815	\$67,742	\$67,742
93.777.000 State Survey and Certific	\$20,015	\$29,824	\$31,565	\$29,536	\$29,536
93.777.005 Health Insurance Benefits	\$5,399	\$6,415	\$6,790	\$7,972	\$7,972
93.778.000 XIX FMAP	\$48,825	\$40,275	\$66,906	\$66,784	\$66,784
93.778.003 XIX 50%	\$590,291	\$703,837	\$744,918	\$745,684	\$745,684
93.796.000 Survey & Certification TitleXIX 75%	\$25,364	\$30,291	\$32,059	\$32,760	\$32,760

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
96.001.000 Social Security Disability Ins	\$119,325	\$142,237	\$150,539	\$10,325	\$10,325
CFDA Subtotal, Fund 0555	\$1,174,485	\$1,375,428	\$1,470,906	\$1,319,770	\$1,319,770
SUBTOTAL, MOF (Federal Funds)	\$1,174,485	\$1,375,428	\$1,470,906	\$1,319,770	\$1,319,770
Method of Financing:					
0777 Interagency Contracts	\$1,452,559	\$1,349,046	\$1,427,786	\$1,461,223	\$1,461,223
SUBTOTAL, MOF (Other Funds)	\$1,452,559	\$1,349,046	\$1,427,786	\$1,461,223	\$1,461,223
TOTAL, METHOD OF FINANCE	\$3,884,262	\$4,077,140	\$4,496,397	\$4,356,397	\$4,356,397
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	69.3	72.0	72.0	72.0	72.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

L-1-1-2 Civil Rights: Since 2003, when several agencies consolidated into those in HHS, the Civil Rights Office (CRO) has served all agencies within the system. In 2017, when DFPS became a stand-alone agency, the CRO continued to provide civil rights services and support. The CRO sub-strategy includes funding for civil rights compliance, including guidance and support to HHS employees and clients receiving or applying for HHS services. CRO services support HHS infrastructure to ensure citizens are treated with dignity and respect and in an environment free of discrimination. CRO duties include: discrimination complaint processing, including mediation for employees, clients and contractors; civil rights training, including developing and delivering civil rights training specific to program services; reviewing, analyzing, and reporting civil rights data; workforce reporting and analysis; conducting compliance reviews; assisting programs in the review of procedure manuals, contracts, rules, policies, and informational publications; assisting in monitoring enterprise technology initiatives to ensure accessibility; ensuring persons with limited English proficiency are able to access HHS services; processing requests for reasonable accommodations; and monitoring the administrative complaint process.

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 services, the CRO has seen a continued increase in the demand for services. These factors coupled with CRO succession planning, resource allocation, leadership support, independence (autonomy) and agency policies can also impact the ability to meet demands.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$12,000,749	\$13,025,041	\$15,328,210	\$15,328,210	\$15,328,210
1002 - Other Personnel Costs	\$426,675	\$288,533	\$302,640	\$302,640	\$302,640
2001 - Professional Fees & Services	\$711,408	\$349,501	\$354,006	\$365,834	\$365,834
2003 - Consumable Supplies	\$4,873	\$465	\$421	\$421	\$421
2004 - Utilities	\$19,208	\$50,680	\$53,210	\$53,210	\$53,210
2005 - Travel	\$99,899	\$48,404	\$11,407	\$11,407	\$11,407
2006 - Rent - Building	\$975	\$2,790	\$1,100	\$1,100	\$1,100
2007 - Rent - Machine and Other	\$5,126	\$5,200	\$5,200	\$5,200	\$5,200
2009 - Other Operating Expense	\$513,691	\$523,038	\$678,241	\$690,069	\$690,069
5000 - Capital Expenditures	\$14,800	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$13,797,404	\$14,293,652	\$16,734,435	\$16,758,091	\$16,758,091
Method of Financing:					
0001 General Revenue	\$1,409,132	\$4,342,394	\$1,862,877	\$1,907,574	\$1,907,574
0758 GR Match for Medicaid Account No. 758	\$2,119,005	\$33,363	\$2,802,014	\$2,910,545	\$2,910,545
8010 GR Match for Title XXI (CHIP)	\$15,177	\$330,226	\$81,329	\$49,101	\$49,101
8014 GR Match for Food Stamp Administration	\$790,867	\$24,575	\$1,045,735	\$1,027,941	\$1,027,941
8032 GR Certified as Match for Medicaid	\$131,627	\$11,617	\$154,291	\$165,067	\$165,067
SUBTOTAL, MOF (General Revenue)	\$4,465,808	\$4,742,175	\$5,946,246	\$6,060,228	\$6,060,228
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$101,549	\$110,217	\$123,835	\$126,691	\$126,691
10.561.000 SNAP E&T 50% OPER	\$796,524	\$930,736	\$1,045,735	\$1,027,941	\$1,027,941
93.044.000 Title III B – Supportive Services	\$0	\$6,702	\$7,530	\$8,547	\$8,547
93.045.000 Title III C1 Congregate Meals C2 I	\$0	\$7,596	\$8,535	\$8,211	\$8,211
93.052.000 Title III E National Family Caregivi	\$0	\$1,638	\$1,841	\$1,676	\$1,676
93.104.000 Comprehensive Community M	\$0	\$0	\$90,000	\$20,000	\$18,601
93.235.000 Abstinence Education	\$0	\$0	\$0	\$1,173	\$1,173
93.243.000 Project Reg. & Natl Significance	\$25,000	\$0	\$19,077	\$29,997	\$11,396
93.558.000 Temp AssistNeedy Families	\$49,395	\$41,108	\$46,187	\$44,912	\$44,912
93.667.000 Social Svcs Block Grants	\$83,999	\$128,239	\$54,083	\$111,719	\$131,719
93.767.000 CHIP	\$253,242	\$238,158	\$233,780	\$260,588	\$260,588
93.777.000 State Survey and Certific	\$58,855	\$104,557	\$117,476	\$113,620	\$113,620
93.777.005 Health Insurance Benefits	\$19,178	\$22,490	\$25,269	\$30,667	\$30,667

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.778.000 XIX FMAP	\$173,433	\$158,176	\$249,008	\$256,902	\$256,902
93.778.003 XIX 50%	\$2,096,791	\$2,467,516	\$2,772,394	\$2,868,482	\$2,868,482
93.796.000 Survey & Certification TitleXIX 75%	\$90,097	\$106,195	\$119,317	\$126,021	\$126,021
96.001.000 Social Security Disability Ins	\$423,856	\$498,657	\$560,269	\$39,717	\$39,717
CFDA Subtotal, Fund 0555	\$4,171,919	\$4,821,985	\$5,474,336	\$5,076,864	\$5,076,864
SUBTOTAL, MOF (Federal Funds)	\$4,171,919	\$4,821,985	\$5,474,336	\$5,076,864	\$5,076,864
Method of Financing:					
0777 Interagency Contracts	\$5,159,677	\$4,729,492	\$5,313,853	\$5,620,999	\$5,620,999
SUBTOTAL, MOF (Other Funds)	\$5,159,677	\$4,729,492	\$5,313,853	\$5,620,999	\$5,620,999
TOTAL, METHOD OF FINANCE	\$13,797,404	\$14,293,652	\$16,734,435	\$16,758,091	\$16,758,091
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	198.3	236.0	236.0	236.0	236.0

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.

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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$2,585,230	\$2,780,419	\$3,145,551	\$3,145,551	\$3,096,663
1002 - Other Personnel Costs	\$83,542	\$85,939	\$92,280	\$92,280	\$92,280
2001 - Professional Fees & Services	\$193	\$4,000	\$4,340	\$4,340	\$4,340
2003 - Consumable Supplies	\$3,121	\$2,550	\$3,000	\$3,000	\$3,000
2004 - Utilities	\$3,518	\$12,614	\$12,864	\$12,864	\$12,864
2005 - Travel	\$11,171	\$17,930	\$35,100	\$35,100	\$35,100
2009 - Other Operating Expense	\$77,047	\$40,957	\$74,663	\$74,663	\$74,663
TOTAL, OBJECT OF EXPENSE	\$2,763,822	\$2,944,409	\$3,367,798	\$3,367,798	\$3,318,910
Method of Financing:					
0001 General Revenue	\$680,732	\$736,625	\$834,685	\$977,708	\$965,507
0758 GR Match for Medicaid Account No. 758	\$565,611	\$603,767	\$689,484	\$689,484	\$678,568
8010 GR Match for Title XXI (CHIP)	\$6,788	\$7,246	\$8,275	\$8,275	\$8,144
8014 GR Match for Food Stamp Administration	\$256,412	\$273,709	\$312,568	\$312,568	\$307,619
SUBTOTAL, MOF (General Revenue)	\$1,509,543	\$1,621,347	\$1,845,012	\$1,988,035	\$1,959,838
Method of Financing:					
0555 Federal Funds					
10.561.000 SNAP E&T 50% OPER	\$346,661	\$399,816	\$346,564	\$312,568	\$307,619
84.126.000 Rehabilitation Services_V	\$27,888	\$0	\$0	\$0	\$0
93.044.000 Title III B – Supportive Services	\$0	\$0	\$110,015	\$0	\$0
93.558.000 Temp AssistNeedy Families	\$50,862	\$54,293	\$62,001	\$62,001	\$61,019
93.767.000 CHIP	\$35,892	\$38,313	\$43,753	\$43,753	\$43,060
93.778.003 XIX 50%	\$565,611	\$603,767	\$689,484	\$689,484	\$678,568
96.001.000 Social Security Disability Ins	\$0	\$0	\$0	\$988	\$972
CFDA Subtotal, Fund 0555	\$1,026,914	\$1,096,189	\$1,251,817	\$1,108,794	\$1,091,238
SUBTOTAL, MOF (Federal Funds)	\$1,026,914	\$1,096,189	\$1,251,817	\$1,108,794	\$1,091,238
Method of Financing:					
0777 Interagency Contracts	\$227,365	\$226,873	\$270,969	\$270,969	\$267,834
SUBTOTAL, MOF (Other Funds)	\$227,365	\$226,873	\$270,969	\$270,969	\$267,834

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE	\$2,763,822	\$2,944,409	\$3,367,798	\$3,367,798	\$3,318,910
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	42.1	60.0	60.0	60.0	60.0

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 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: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$35,863,993	\$35,126,406	\$35,916,640	\$40,039,958	\$40,039,960
1002 - Other Personnel Costs	\$707,471	\$684,397	\$696,805	\$745,845	\$745,845
2001 - Professional Fees & Services	\$477,857	\$345,000	\$300,000	\$250,000	\$250,000
2002 - Fuels & Lubricants	\$75,609	\$47,535	\$42,240	\$42,240	\$42,240
2003 - Consumable Supplies	\$171,233	\$105,522	\$80,127	\$80,127	\$80,127
2004 - Utilities	\$425,918	\$360,747	\$343,349	\$425,849	\$425,849
2005 - Travel	\$152,571	\$84,987	\$98,758	\$409,815	\$409,815
2006 - Rent - Building	\$2,686,638	\$2,322,732	\$1,806,120	\$2,306,120	\$2,306,120
2007 - Rent - Machine and Other	\$374,192	\$298,512	\$265,030	\$265,030	\$265,030
2009 - Other Operating Expense	\$3,659,532	\$2,640,203	\$1,808,536	\$2,783,421	\$2,783,418
4000 - Grants	\$2,540,116	\$1,443,658	\$1,570,449	\$2,221,454	\$2,221,454
5000 - Capital Expenditures	\$2,157	\$1,864	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$47,137,287	\$43,461,563	\$42,928,054	\$49,569,859	\$49,569,858
Method of Financing:					
0001 General Revenue	\$5,807,063	\$6,024,523	\$1,648,447	\$6,548,510	\$6,548,508
0758 GR Match for Medicaid Account No. 758	\$174,651	\$5,727,077	\$8,739,917	\$2,053,993	\$2,053,994
8010 GR Match for Title XXI (CHIP)	\$50,860	\$494,856	\$76,440	\$150,947	\$150,947
8014 GR Match for Food Stamp Administration	\$1,726,144	\$1,634,121	\$1,183,591	\$2,626,340	\$2,626,340
8032 GR Certified as Match for Medicaid	\$543,335	\$1,237,718	\$885,506	\$1,025,485	\$1,025,485
8086 General Revenue for ECI	\$0	\$865,687	\$865,687	\$865,687	\$865,687
SUBTOTAL, MOF (General Revenue)	\$8,302,053	\$15,983,982	\$13,399,588	\$13,270,962	\$13,270,961
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$124,669	\$47,214	\$45,462	\$235,277	\$235,277
10.561.000 SNAP E&T 50% OPER	\$1,619,926	\$942,668	\$1,084,864	\$2,626,340	\$2,626,340
84.126.000 Rehabilitation Services_V	\$5	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$84,711	\$0	\$382	\$0	\$0
93.044.000 Title III B – Supportive Services	\$0	\$16,679	\$7,474	\$15,812	\$15,812
93.045.000 Title III C1 Congregate Meals C2 F	\$0	\$3,887	\$8	\$15,139	\$15,139
93.052.000 Title III E National Family Caregivi	\$3	\$5,272	\$47	\$3,181	\$3,181
93.104.000 Comprehensive Community M	\$1,921,349	\$3,294,193	\$1,402,260	\$976,397	\$2,035,719
93.235.000 Abstinence Education	\$0	\$0	\$0	\$2,146	\$2,146
93.243.000 Project Reg. & Natl Significance	\$1,788,916	\$2,039,824	\$950,855	\$1,833,283	\$1,870,259

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.558.000	Temp AssistNeedy Families	\$74,157	\$79,723	\$48,354	\$73,193	\$68,600
93.558.667	TANF to Title XX	\$0	\$0	\$119	\$1,505	\$1,409
93.667.000	Social Svcs Block Grants	\$10,301	\$0	\$18,783	\$16,128	\$219,830
93.767.000	CHIP	\$580,056	\$534,272	\$509,310	\$769,669	\$769,669
93.777.000	State Survey and Certific	\$266,027	\$37,377	\$30,566	\$210,974	\$210,974
93.777.005	Health Insurance Benefits	\$69,520	\$9,100	\$8,589	\$56,969	\$56,969
93.778.000	XIX FMAP	\$712,318	\$1,749,426	\$1,534,967	\$2,489,495	\$2,494,184
93.778.003	XIX 50%	\$9,850,561	\$7,484,120	\$11,089,258	\$7,588,372	\$6,288,372
93.791.000	Money Follows Person Reblncng D	\$0	\$0	\$357	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$772,967	\$572,308	\$1,583,619	\$268,676	\$268,676
93.958.000	Block Grants for Communi	\$0	\$0	\$8,625	\$0	\$0
93.959.000	Block Grants for Prevent	\$500	\$15,055	\$1,940	\$0	\$0
96.001.000	Social Security Disability Ins	\$653,899	\$157,843	\$132,757	\$145,478	\$145,477
CFDA Subtotal, Fund 0555		\$18,529,885	\$16,988,961	\$18,458,596	\$17,328,034	\$17,328,033
SUBTOTAL, MOF (Federal Funds)		\$18,529,885	\$16,988,961	\$18,458,596	\$17,328,034	\$17,328,033
Method of Financing:						
0666	Appropriated Receipts	\$11,059,477	\$6,299,998	\$6,999,998	\$7,000,000	\$7,000,000
0777	Interagency Contracts	\$9,244,855	\$4,017,429	\$3,899,254	\$11,970,863	\$11,970,864
8095	ID Collections for Patient Support and Maintenance	\$980	\$164,416	\$163,859	\$0	\$0
8096	ID Appropriated Receipts	\$37	\$6,777	\$6,759	\$0	\$0
SUBTOTAL, MOF (Other Funds)		\$20,305,349	\$10,488,620	\$11,069,870	\$18,970,863	\$18,970,864
TOTAL, METHOD OF FINANCE		\$47,137,287	\$43,461,563	\$42,928,054	\$49,569,859	\$49,569,858
TOTAL, VARIANCE:		\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		312.4	672.1	672.1	672.1	672.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

Centralized Financial Policy provides executive management, oversight, coordination, and leadership to and across all HHS agencies in financial matters to maximize efficiencies and assure all financial communications and reports are prepared 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

3.D. Sub-Strategy Level Detail

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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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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:

Factors: 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 DFPS, 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: Oct 27, 2020

Time: 4:35:34 PM

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 Office of Chief Counsel

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$18,460,980	\$21,176,179	\$23,851,215	\$23,652,168	\$23,652,168
1002 - Other Personnel Costs	\$457,054	\$435,359	\$472,680	\$472,680	\$472,680
2001 - Professional Fees & Services	\$943,871	\$4,419,543	\$5,179,176	\$4,826,676	\$4,826,676
2003 - Consumable Supplies	\$5,727	\$4,983	\$1,299	\$1,299	\$1,299
2004 - Utilities	\$76,049	\$135,853	\$136,723	\$136,723	\$136,723
2005 - Travel	\$216,331	\$343,353	\$358,782	\$358,782	\$358,782
2009 - Other Operating Expense	\$2,300,010	\$2,597,055	\$1,152,524	\$1,152,524	\$1,152,524
TOTAL, OBJECT OF EXPENSE	\$22,460,022	\$29,112,325	\$31,152,399	\$30,600,852	\$30,600,852
Method of Financing:					
0001 General Revenue	\$4,615,806	\$3,669,201	\$4,154,919	\$4,226,831	\$4,226,831
0758 GR Match for Medicaid Account No. 758	\$3,480,155	\$6,357,695	\$6,510,883	\$6,708,799	\$6,708,799
8010 GR Match for Title XXI (CHIP)	\$17,948	\$32,888	\$76,226	\$76,653	\$76,653
8014 GR Match for Food Stamp Administration	\$1,603,874	\$2,115,043	\$2,308,199	\$2,286,143	\$2,286,143
8032 GR Certified as Match for Medicaid	\$225,631	\$396,237	\$434,010	\$448,841	\$448,841
SUBTOTAL, MOF (General Revenue)	\$9,943,414	\$12,571,064	\$13,484,237	\$13,747,267	\$13,747,267
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Pro	\$115,274	\$151,237	\$172,619	\$168,599	\$168,599
10.561.000 SNAP E&T 50% OPER	\$1,606,185	\$2,137,293	\$2,309,000	\$2,286,143	\$2,286,143
84.126.000 Rehabilitation Services_V	\$16	\$0	\$0	\$0	\$0
84.181.000 Special Education Grants	\$10,904	\$2,845	\$2,463	\$0	\$0
93.044.000 Title III B – Supportive Services	\$0	\$0	\$7,457	\$7,973	\$7,973
93.045.000 Title III C1 Congregate Meals C2 F	\$0	\$8,442	\$819	\$8,670	\$8,670
93.052.000 Title III E National Family Caregivi	\$0	\$545	\$241	\$1,862	\$1,862
93.104.000 Comprehensive Community M	\$0	\$178	\$1,731,862	\$1,300,000	\$252,172
93.235.000 Abstinence Education	\$0	\$0	\$0	\$2,430	\$2,430
93.243.000 Project Reg. & Natl Significance	\$100,194	\$652	\$1,048,946	\$26,248	\$12,778
93.558.000 Temp Assist/Needy Families	\$166,357	\$194,135	\$205,791	\$189,967	\$189,967
93.558.667 TANF to Title XX	\$0	\$1,505	\$1,290	\$0	\$0
93.667.000 Social Svcs Block Grants	\$64,913	\$212,516	\$338,675	\$238,702	\$0
93.767.000 CHIP	\$379,867	\$521,681	\$418,794	\$406,366	\$406,366
93.777.000 State Survey and Certific	\$234,584	\$186,891	\$219,386	\$157,003	\$157,003
93.777.005 Health Insurance Benefits	\$38,862	\$27,411	\$31,881	\$39,792	\$39,792

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Office of Chief Counsel

Code	Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.778.000	XIX FMAP	\$297,215	\$704,634	\$683,048	\$698,632	\$698,632
93.778.003	XIX 50%	\$4,107,093	\$8,486,957	\$6,561,161	\$6,870,489	\$8,170,489
93.778.004	XIX ADM @ 75%	\$204,006	\$647,311	\$719,909	\$0	\$0
93.791.000	Money Follows Person Reblncng D	\$0	\$0	\$2,700	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$347,786	\$448,272	\$0	\$1,464,292	\$1,464,292
93.958.000	Block Grants for Communi	\$0	\$1,204	\$2,115	\$0	\$0
93.959.000	Block Grants for Prevent	\$5,724	\$5,318	\$3,378	\$0	\$0
96.001.000	Social Security Disability Ins	\$452,363	\$493,798	\$576,561	\$65,295	\$65,295
CFDA Subtotal, Fund 0555		\$8,131,343	\$14,232,825	\$15,038,096	\$13,932,463	\$13,932,463
SUBTOTAL, MOF (Federal Funds)		\$8,131,343	\$14,232,825	\$15,038,096	\$13,932,463	\$13,932,463
Method of Financing:						
0666	Appropriated Receipts	\$171	\$550	\$615	\$0	\$0
0777	Interagency Contracts	\$4,385,094	\$2,304,264	\$2,625,254	\$2,921,122	\$2,921,122
8095	ID Collections for Patient Support and Maintenance	\$0	\$3,493	\$4,050	\$0	\$0
8096	ID Appropriated Receipts	\$0	\$129	\$147	\$0	\$0
SUBTOTAL, MOF (Other Funds)		\$4,385,265	\$2,308,436	\$2,630,066	\$2,921,122	\$2,921,122
TOTAL, METHOD OF FINANCE		\$22,460,022	\$29,112,325	\$31,152,399	\$30,600,852	\$30,600,852
TOTAL, VARIANCE:		\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		321.0	277.0	277.0	277.0	277.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Office of Chief Counsel (OCC) is part of the centralized system of administrative support services for the health and human services (HHS) system and provides legal and related support to HHSC and DSHS.

The Legal Services Division provides day-to-day legal support, including legal analysis, risk assessment, and advice to HHS staff. In addition to general legal support, Legal Services provides specialized support for the agency in administrative enforcement actions, litigation by or against the agency, open records requests, personnel and related decisions, policy and rulemaking, guardianship, and contracting.

The Appeals Division provides administrative review of agency actions when required by state or federal law, including employee grievance hearings under state law, contested cases under the Administrative Procedure Act, Medicaid and other fair hearings under federal law, and informal dispute resolution for nursing and other long-term care facilities.

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 Office of Chief Counsel

Code	Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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The Privacy Division facilitates compliance with HHS policy, rules, and state and federal laws relating to privacy and investigates privacy incidents and potential breaches involving HHS information.

The Ethics Office provides guidance to HHS staff and leadership on ethics issues, including standards of conduct, conflicts of interest, interaction with vendors, and restrictions on employment.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

A change to federal or state law, including federal regulations, state rules, and oversight agency interpretations, could impact funding for this strategy. Changes to existing agency programs or the creation of a new program, for example, would require additional policy making, new administrative rules, and new contracts. Other changes in law may result in an increase the number of administrative enforcement actions or appeals or provide a new basis for litigation. Likewise, court rulings may require significant commitment of resources to oversight and compliance.

Information technology is a factor that could impact this strategy. Modern and effective IT tools allow OCC to use resources more effectively, absent or antiquated tools result in inefficiencies. Moving away from the current centralized system of administrative support services would also impact this strategy, risking inefficiency by duplicating efforts and undermining consistency. Another internal factor that may impact this strategy is an increased need to divert OCC resources away from core functions and toward administrative functions, such as human resources or budget management.

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 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	Human Resources	\$17,250,370	\$18,604,408	\$18,928,268	\$18,711,467	\$18,711,467
2	Civil Rights	\$3,884,262	\$4,077,140	\$4,496,397	\$4,356,397	\$4,356,397
3	Procurement	\$13,797,404	\$14,293,652	\$16,734,435	\$16,758,091	\$16,758,091
4	Ombudsman	\$2,763,822	\$2,944,409	\$3,367,798	\$3,367,798	\$3,318,910
5	Executive Leadership & Policy	\$47,137,287	\$43,461,563	\$42,928,054	\$49,569,859	\$49,569,858
6	Office of Chief Counsel	\$22,460,022	\$29,112,325	\$31,152,399	\$30,600,852	\$30,600,852
Total, Sub-strategies		\$107,293,167	\$112,493,497	\$117,607,351	\$123,364,464	\$123,315,575

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$1,839,194	\$1,505,401	\$1,617,623	\$1,602,541	\$1,602,541
1002 - Other Personnel Costs	\$50,034	\$45,899	\$43,958	\$45,953	\$45,953
2001 - Professional Fees & Services	\$68,398,503	\$102,803,578	\$93,929,310	\$64,617,580	\$61,459,761
2004 - Utilities	\$726,595	\$259,615	\$349,835	\$720	\$720
2007 - Rent - Machine and Other	\$25,405,309	\$16,791,195	\$13,273,833	\$16,410,125	\$16,410,125
2009 - Other Operating Expense	\$15,329,576	\$15,239,139	\$11,324,980	\$11,021,687	\$11,063,896
5000 - Capital Expenditures	\$1,203,739	\$1,145,074	\$451,114	\$451,114	\$451,114
TOTAL, OBJECT OF EXPENSE	\$112,952,950	\$137,789,901	\$120,990,653	\$94,149,720	\$91,034,110
Method of Financing:					
0001 General Revenue	\$15,553,747	\$28,818,123	\$19,687,934	\$17,370,479	\$16,204,095
0758 GR Match for Medicaid Account No. 758	\$24,217,981	\$27,185,395	\$25,847,302	\$19,822,962	\$19,230,643
8010 GR Match for Title XXI (CHIP)	\$151,837	\$729,426	\$411,433	\$323,609	\$316,548
8014 GR Match for Food Stamp Administration	\$7,875,328	\$8,925,951	\$8,683,280	\$7,214,278	\$7,064,194
8032 GR Certified as Match for Medicaid	\$2,686,421	\$3,017,045	\$2,810,499	\$2,265,443	\$2,238,297
SUBTOTAL, MOF (General Revenue)	\$50,485,314	\$68,675,940	\$57,440,448	\$46,996,771	\$45,053,777
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Pro	\$1,139,969	\$1,364,586	\$1,276,139	\$1,202,036	\$1,182,877
10.559.002 Summer Food Service Prog	\$0	\$105	\$0	\$0	\$0
10.561.000 SNAP E&T 50% OPER	\$14,614,430	\$9,233,929	\$8,683,340	\$7,214,590	\$7,064,506
84.126.000 Rehabilitation Services_V	\$0	\$40	\$0	\$0	\$0
84.181.000 Special Education Grants	\$0	\$17,319	\$0	\$0	\$0
93.044.000 Title III B – Supportive Services	\$11,125	\$42,904	\$42,572	\$51,718	\$50,522
93.045.000 Title III C1 Congregate Meals C2 I	\$17,137	\$54,636	\$54,211	\$49,718	\$48,559
93.052.000 Title III E National Family Caregivi	\$4,423	\$11,898	\$11,804	\$10,602	\$10,374
93.558.000 Temp AssistNeedy Families	\$340,531	\$399,985	\$387,642	\$288,355	\$281,909
93.558.667 TANF to Title XX	\$0	\$5,351	\$5,390	\$0	\$0
93.575.000 ChildCareDevFnd Blk Grant	\$0	\$24,814	\$26,853	\$0	\$0
93.658.050 Foster Care Title IV-E Admin @ 5C	\$1,857	\$158,263	\$0	\$0	\$0
93.667.000 Social Svcs Block Grants	\$827,611	\$1,311,639	\$1,321,564	\$809,571	\$790,854
93.752.001 Texas Cancer Prevention and Cont	\$0	\$16	\$0	\$0	\$0
93.767.000 CHIP	\$2,244,109	\$2,405,875	\$2,217,852	\$1,718,174	\$1,680,794
93.777.000 State Survey and Certific	\$841,377	\$977,902	\$910,272	\$692,016	\$675,879

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.777.003	CLINICAL LAB AMEND PROGRM	\$0	\$922	\$1,283	\$0	\$0
93.777.005	Health Insurance Benefits	\$182,017	\$211,937	\$194,829	\$199,404	\$195,055
93.778.000	XIX FMAP	\$3,570,272	\$4,696,180	\$4,341,163	\$3,410,203	\$3,367,960
93.778.003	XIX 50%	\$23,105,221	\$26,411,565	\$24,293,845	\$19,322,006	\$18,792,969
93.778.004	XIX ADM @ 75%	\$1,407,312	\$2,124,735	\$1,911,803	\$0	\$0
93.778.005	XIX FMAP @ 90%	\$2,378,762	\$3,988,152	\$4,932,218	\$1,328,284	\$1,328,284
93.788.000	Opiod STR	\$73,534	\$1,554,687	\$0	\$0	\$0
93.791.000	Money Follows Person Reblncng D	\$0	\$1,840	\$2,748	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$1,138,940	\$1,376,749	\$1,105,194	\$1,060,127	\$870,273
93.898.000	Tx Cancer Prev & Control Applc	\$0	\$3,691	\$0	\$0	\$0
93.958.000	Block Grants for Communi	\$0	\$496	\$767	\$3,387	\$3,387
93.959.000	Block Grants for Prevent	\$0	\$6,646	\$10,634	\$34,605	\$34,606
96.001.000	Social Security Disability Ins	\$274,592	\$865,783	\$614,098	\$523,600	\$456,767
CFDA Subtotal, Fund 0555		\$52,173,219	\$57,252,645	\$52,346,221	\$37,918,396	\$36,835,575
SUBTOTAL, MOF (Federal Funds)		\$52,173,219	\$57,252,645	\$52,346,221	\$37,918,396	\$36,835,575
Method of Financing:						
0666	Appropriated Receipts	\$0	\$44	\$118	\$0	\$0
0777	Interagency Contracts	\$10,275,101	\$11,838,794	\$11,179,631	\$9,234,553	\$9,144,758
8095	ID Collections for Patient Support and Maintenance	\$18,950	\$21,945	\$23,640	\$0	\$0
8096	ID Appropriated Receipts	\$366	\$533	\$595	\$0	\$0
SUBTOTAL, MOF (Other Funds)		\$10,294,417	\$11,861,316	\$11,203,984	\$9,234,553	\$9,144,758
TOTAL, METHOD OF FINANCE		\$112,952,950	\$137,789,901	\$120,990,653	\$94,149,720	\$91,034,110
TOTAL, VARIANCE:		\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		28.0	20.0	20.0	20.0	20.0

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: Oct 27, 2020

Time: 4:35:34 PM

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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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. The onset of the COVID-19 pandemic in mid FY-20 had a tremendous impact on the IT resources required to quickly transition to new service delivery model including 1000's of new teleworkers, emergency deployment or expansion of numerous call centers and ensuring resources were available 24 hours a day 7 days a week to ensure all systems and services were available to support Texas citizens during a most difficult time.

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: Oct 27, 2020

Time: 4:35:34 PM

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: 2 IT Program Support

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Objects of Expense:					
1001 - Salaries & Wages	\$36,342,769	\$42,238,822	\$44,866,361	\$46,418,656	\$46,418,656
1002 - Other Personnel Costs	\$839,566	\$1,767,663	\$857,850	\$890,678	\$890,678
2001 - Professional Fees & Services	\$19,715,187	\$26,605,299	\$27,401,224	\$36,431,412	\$36,396,206
2002 - Fuels & Lubricants	\$479	\$1,736	\$1,643	\$1,643	\$1,643
2003 - Consumable Supplies	\$21,606	\$51,668	\$58,219	\$41,677	\$38,632
2004 - Utilities	\$15,713,767	\$14,518,649	\$14,169,756	\$14,364,005	\$14,362,382
2005 - Travel	\$54,257	\$231,637	\$355,226	\$324,226	\$324,226
2006 - Rent - Building	\$296,225	\$562,336	\$585,436	\$585,436	\$585,436
2007 - Rent - Machine and Other	\$46,340	\$63,248	\$59,342	\$59,342	\$59,342
2009 - Other Operating Expense	\$14,692,506	\$32,126,111	\$32,715,039	\$36,167,226	\$35,962,515
5000 - Capital Expenditures	\$92,359	\$85,023	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE	\$87,815,061	\$118,252,192	\$121,070,096	\$135,284,301	\$135,039,716
Method of Financing:					
0001 General Revenue	\$8,598,496	\$19,204,218	\$21,464,617	\$23,562,883	\$23,538,116
0758 GR Match for Medicaid Account No. 758	\$11,541,693	\$16,469,373	\$16,130,525	\$21,278,581	\$21,519,432
8001 GR for Mental Health Block Grant	\$236,144	\$0	\$0	\$0	\$0
8002 GR for Substance Abuse Prevention and Treatment Block Grant	\$2	\$0	\$0	\$0	\$0
8004 GR Match for Federal Funds (Older Americans Act)	\$117	\$0	\$0	\$0	\$0
8010 GR Match for Title XXI (CHIP)	\$78,882	\$531,867	\$283,489	\$295,629	\$296,197
8014 GR Match for Food Stamp Administration	\$4,141,109	\$6,048,647	\$6,048,734	\$6,228,625	\$6,238,497
8032 GR Certified as Match for Medicaid	\$4,979,693	\$8,729,336	\$8,065,435	\$7,971,302	\$7,961,495
SUBTOTAL, MOF (General Revenue)	\$29,576,136	\$50,983,441	\$51,992,800	\$59,337,020	\$59,553,737
Method of Financing:					
5018 Home Health Services Account No. 5018	\$0	\$1,756	\$1,073	\$0	\$0
SUBTOTAL, MOF (General Revenue-Dedicated)	\$0	\$1,756	\$1,073	\$0	\$0
Method of Financing:					
0555 Federal Funds					
10.557.001 Special Supplemental Nutrition Prc	\$476,814	\$671,325	\$689,553	\$750,559	\$742,326
10.559.002 Summer Food Service Prog	\$0	\$45	\$0	\$0	\$0

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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: 2 IT Program Support

Code	Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
10.561.000	SNAP E&T 50% OPER	\$6,897,900	\$5,740,670	\$6,048,674	\$6,228,865	\$6,238,623
84.126.000	Rehabilitation Services_V	\$1,412	\$29	\$0	\$0	\$0
84.181.000	Special Education Grants	\$147,242	\$8,738	\$0	\$0	\$0
93.044.000	Title III B – Supportive Services	\$0	\$0	\$0	\$47,670	\$48,538
93.045.000	Title III C1 Congregate Meals C2 F	\$0	\$0	\$0	\$46,034	\$46,873
93.052.000	Title III E National Family Caregivi	\$0	\$0	\$0	\$9,678	\$9,857
93.071.001	Medicare Enrollment Assistance Pr	\$70	\$0	\$0	\$0	\$0
93.150.000	Projects for Assistance	\$54	\$0	\$0	\$0	\$0
93.235.000	Abstinence Education	\$204	\$0	\$0	\$0	\$0
93.243.000	Project Reg. & Natl Significance	\$183	\$0	\$0	\$0	\$0
93.296.000	Improving Hlth & Educational Out	\$64	\$0	\$0	\$0	\$0
93.369.000	Independent Living_State	\$45,477	\$0	\$0	\$0	\$0
93.369.001	Independent Living_State_Rehab	\$106,317	\$0	\$0	\$0	\$0
93.558.000	Temp AssistNeedy Families	\$224,099	\$321,290	\$286,979	\$432,920	\$392,712
93.558.667	TANF to Title XX	\$403	\$6,236	\$1,299	\$0	\$0
93.575.000	ChildCareDevFnd Blk Grant	\$6,827	\$7,638	\$0	\$0	\$0
93.658.050	Foster Care Title IV-E Admin @ 5C	\$0	\$99,807	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$0	\$78,666	\$51,255	\$580,734	\$581,965
93.767.000	CHIP	\$1,165,956	\$1,470,403	\$1,528,218	\$1,560,513	\$1,562,892
93.777.000	State Survey and Certific	\$458,959	\$621,653	\$638,592	\$636,877	\$648,963
93.777.002	SURVEY & CERT @ 75%	\$500,659	\$0	\$0	\$0	\$0
93.777.003	CLINICAL LAB AMEND PROGRM	\$146	\$800	\$459	\$0	\$0
93.777.005	Health Insurance Benefits	\$99,362	\$135,417	\$140,713	\$181,646	\$180,152
93.778.000	XIX FMAP	\$6,958,362	\$14,006,899	\$12,528,098	\$12,386,577	\$12,413,686
93.778.003	XIX 50%	\$10,991,583	\$14,797,030	\$15,241,888	\$20,334,129	\$20,632,699
93.778.004	XIX ADM @ 75%	\$960,468	\$1,667,469	\$1,667,953	\$1,667,953	\$1,667,953
93.778.005	XIX FMAP @ 90%	\$697,806	\$820,781	\$1,063,856	\$1,219,374	\$719,077
93.779.000	Health Care Financing Res	\$8,555	\$0	\$0	\$0	\$0
93.788.000	Opiod STR	\$39,795	\$53,284	\$0	\$0	\$0
93.791.000	Money Follows Person Reblncng D	\$0	\$1,239	\$1,030	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%	\$457,211	\$622,693	\$643,196	\$758,705	\$752,358
93.898.000	Tx Cancer Prev & Control Applc	\$0	\$1,706	\$0	\$0	\$0
93.958.000	Block Grants for Communi	\$280	\$129,858	\$129,314	\$2,614	\$1,379
93.959.000	Block Grants for Prevent	\$4,082	\$8,854	\$4,880	\$26,714	\$14,093
96.001.000	Social Security Disability Ins	\$651,414	\$530,672	\$859,794	\$948,272	\$907,176

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

Time: 4:35:34 PM

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: 2 IT Program Support

Code Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
CFDA Subtotal, Fund 0555	\$30,901,704	\$41,803,202	\$41,525,751	\$47,819,834	\$47,561,322
SUBTOTAL, MOF (Federal Funds)	\$30,901,704	\$41,803,202	\$41,525,751	\$47,819,834	\$47,561,322
Method of Financing:					
0666 Appropriated Receipts	\$619,711	\$577	\$635	\$0	\$0
0777 Interagency Contracts	\$25,690,672	\$24,832,378	\$26,917,440	\$28,127,447	\$27,924,657
8051 Universal Services Fund Reimbursements	\$23,152	\$0	\$0	\$0	\$0
8095 ID Collections for Patient Support and Maintenance	\$956,590	\$610,238	\$611,717	\$0	\$0
8096 ID Appropriated Receipts	\$47,096	\$20,600	\$20,680	\$0	\$0
SUBTOTAL, MOF (Other Funds)	\$27,337,221	\$25,463,793	\$27,550,472	\$28,127,447	\$27,924,657
TOTAL, METHOD OF FINANCE	\$87,815,061	\$118,252,192	\$121,070,096	\$135,284,301	\$135,039,716
TOTAL, VARIANCE:	\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:	565.2	619.2	619.3	619.3	619.3

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. The onset of the COVID-19 pandemic in mid FY-20 had a tremendous impact on the IT resources required to quickly transition to

3.D. Sub-Strategy Level Detail

Date: Oct 27, 2020

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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: 2 IT Program Support

Code	Description	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	new service delivery model including 1000's of new teleworkers, emergency deployment or expansion of numerous call centers and ensuring resources were available 24 hours a day 7 days a week to ensure all systems and services were available to support Texas citizens during a most difficult time.					

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: 1 Oversight, Policy & System Support						
STRATEGY: 2 IT Oversight & Program Support						
SUB-STRATEGY SUMMARY						
Code	Sub-Strategies	Expended 2019	Expended 2020	Budgeted 2021	BL 2022	BL 2023
1	IT Related Capital Projects	\$112,952,950	\$137,789,901	\$120,990,653	\$94,149,720	\$91,034,110
2	IT Program Support	\$87,815,061	\$118,252,192	\$121,070,096	\$135,284,301	\$135,039,716
	Total, Sub-strategies	\$200,768,011	\$256,042,093	\$242,060,749	\$229,434,021	\$226,073,826

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Agency code: 529

Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
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	Item Name:	Maintain Client Services 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	
	01-02-01	Community Attendant Services	
	01-02-02	Primary Home Care	
	01-02-03	Day Activity and Health Services (DAHS)	
	01-02-04	Nursing Facility Payments	
	01-02-05	Medicare Skilled Nursing Facility	
	01-02-06	Hospice	
	01-02-07	Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)	
	01-03-01	Home and Community-based Services (HCS)	
	01-03-02	Community Living Assistance and Support Services (CLASS)	
	01-03-03	Deaf-Blind Multiple Disabilities (DBMD)	
	01-03-04	Texas Home Living Waiver	
	01-04-01	Non-Full Benefit Payments	
	01-04-02	For Clients Dually Eligible for Medicare and Medicaid	
	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	
	05-01-01	Temporary Assistance for Needy Families Grants	

OBJECTS OF EXPENSE:

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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
3001	CLIENT SERVICES	1,329,215,503	2,673,742,626
TOTAL, OBJECT OF EXPENSE		\$1,329,215,503	\$2,673,742,626
METHOD OF FINANCING:			
1	General Revenue Fund	856,722	1,698,148
555	Federal Funds		
93.767.000	CHIP	23,718,212	49,303,567
93.767.778	CHIP for Medicaid (EFMAP)	19,548,439	39,711,380
93.778.000	XIX FMAP	744,755,285	1,518,482,144
93.778.005	XIX FMAP @ 90%	1,083,470	2,114,671
93.778.009	SHARS	22,646,064	36,739,804
758	GR Match For Medicaid	466,460,914	952,702,422
8025	Tobacco Receipts Match For Chip	8,754,697	18,217,066
8092	Medicare Giveback Provision	41,391,700	54,773,424
TOTAL, METHOD OF FINANCING		\$1,329,215,503	\$2,673,742,626

DESCRIPTION / JUSTIFICATION:

The EI request to maintain Medicaid and CHIP cost growth provides for the incremental cost increase in FY2022-23 over FY2021 levels for all acute and LTSS. The maintain TANF funding EI includes caseload and cost growth need beyond FY2020-21 appropriated amounts. The Medicaid entitlement and CHIP baseline requests include projected caseload growth at FY2021 average cost, Medicaid non-entitlement caseload growth is a separate request.

Cost growth from utilization and acuity changes, inflation or evolving/new services, must be requested as an EI. The Federal Medical Assistance % (FMAP) rates of 61.48% for FY2022 and 61.45% for FY2023 are assumed, with additional match of 6% age points for CFC The Enhanced FMAP rates of 73.04 % for FY 2022 and 73.02% for FY 2023 are assumed for CHIP, MCHIP, Qualified Aliens and Breast & Cervical Cancer clients. The match rate for family planning services is 90%.

All programs consider potential caseload and cost impacts related to current economic conditions and unemployment due to the Covid pandemic. Overall, the entitlement Medicaid annual cost growth trend is 5.2% for FY2022 and 6.2 % for FY2023, or 5.7 % per year. For Medicaid non-entitlements overall, growth for average cost per client served is assumed at 1.8 % per year. Due to the disparate impact on financial only eligible populations, cost trends appear inflated due to casemix as these lower cost populations decrease as economic recovery is assumed over the biennium.

For CHIP overall, the assumed annual cost growth trend is 2% in FY2022 and 3.1% in FY2023. Perinatal makes up 9.7% of the total CHIP program exceptional item. For TANF overall, the all fund EI request for the biennium is 2.6% over FY2020-21 appropriated amounts. TANF projections include annual cost growth of 1.4% in FY2022 and 1.6% in FY2023.

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Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
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EXTERNAL/INTERNAL FACTORS:

The current Covid pandemic has resulted in caseload growth among programs due to federal policies aimed at sustaining healthcare coverage as well as a larger potentially eligible population from increased unemployment and economic impact. The duration of the Public Health Emergency and economic uncertainty are significant unknowns that impact both enrollment growth and costs in the Medicaid, CHIP or TANF program.

Some cost elements 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
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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Foster Care Litigation		
	Item Priority: 2		
	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		
	12-01-02 Information Technology Capital Projects Oversight & Program Support		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	7,714,984	7,726,003
2001	PROFESSIONAL FEES AND SERVICES	4,068,621	7,466,930
2004	UTILITIES	2,400	2,400
2005	TRAVEL	412,000	412,000
2007	RENT - MACHINE AND OTHER	105,900	105,900
2009	OTHER OPERATING EXPENSE	2,780,536	2,870,785
TOTAL, OBJECT OF EXPENSE		\$15,084,441	\$18,584,018
 METHOD OF FINANCING:			
1	General Revenue Fund	15,084,441	18,584,018
TOTAL, METHOD OF FINANCING		\$15,084,441	\$18,584,018
FULL-TIME EQUIVALENT POSITIONS (FTE):		139.90	152.00

DESCRIPTION / JUSTIFICATION:

This exceptional item is in response to the ongoing Foster Care Litigation (FCL) lawsuit and the requirements that must be met by HHSC in order to remain in compliance with U.S. District Court remedial orders. This request would fund increases to the number of program and IT staff required to address new caseload guidelines and heightened monitoring of high-risk Residential Child Care operations, as well as the implementation of a number of associated system changes to CLASS, CLASSMate and public and provider applications which will address requirements in previous and current court orders.

This item also requests funding for 16 FTEs to establish a Compliance team which will focus on data review and coordination with IT, and two FCL teams, one for quality assurance and one for investigation review, and 21 FTEs for the IT CLASS team to implement the necessary enhancements and provide ongoing support to the CCR team. Additionally, this item would fund the cost for two court monitors based on last year's billing and two additional FTEs that are needed in HR and Legal to maintain workload levels on FCL.

In addition to Foster Care Litigation this request is also in response to the legislative mandate from the 85th legislative session separating HHSC and DFPS. In order to complete the separation for the Regulatory division the CLASS, CLASSMate and Public and Provider systems need to be migrated from DFPS's DCS environments to HHSC's

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DCS environments and support for database administration, server administration, ETL development and release management need to transition from DFPS staff to HHSC staff. Along with the migration an effort to upgrade the CLASS WebLogic servers to the latest version of WebLogic is also needed as they are currently only on extended support, which expires in December 2021. This effort will require an estimated 23 staff augmentation positions to complete.

EXTERNAL/INTERNAL FACTORS:

Ongoing, high-profile federal litigation requires increased action on behalf of RCCR to stay in compliance with remedial orders and requests from court monitors.

DFPS requests funds for costs associated with the special monitors assigned by the court in the amount of \$9,840,000 per year, \$19,680,000 for the biennium. This represents 82% of the cost. HHSC has the remaining 18% of the cost.* Per the court orders, DFPS must pay the special monitors fees within 30 days of invoice submission. For the months of March through May 2020, the special monitors have billed DFPS approximately \$1 million per month. DFPS expects the monitors to continue with this same level of billing throughout the 2022-23 biennium.

PCLS TRACKING KEY:

PCLS_87R_529_591317

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

A crucial part of operationalizing a heightened monitoring process and compliance with court orders is the implementation of system changes to the CLASS, CLASSMate and Public and Provider applications. All heightened monitoring efforts, including each facility's monitoring plan, compliance with the plan, and notation of weekly visits at the operations must be documented in CLASS, which requires these modifications.

These system modifications will allow for changes to ensure all items specified by the court's heightened monitoring order can be completed as defined, including new letters, coding, case assignments, and the ability to generate additional reports. Changes also allow Residential Child Care Regulation and DFPS staff responsible for carrying out the actions associated with an operation on heightened monitoring to have technology to efficiently and effectively carry out their job tasks. IT estimates the need for an additional 21 FTEs to fully implement the changes to the systems.

Other needed changes to satisfy requests from the FCL court appointed monitors include:

- Incorporating document upload and storage components that feed into the CLASS application ensuring transparency regarding external records obtained by HHSC during the course of regular monitoring activities.
- Creating a new security role within CLASS to allow view only access to sensitive cases without allowing users to modify the cases they are viewing.
- Incorporating agency home recommendation for closure and corresponding decisions.
- Developing a view for extended compliance history for an operation that allows confirmation of history review.
- Creating fields in CLASSMate which allows staff to enter Steps Taken to Mitigate Risk information.
- Modernizing report pages to work with modern browsers and external user access.
- Establishing the ability to document contacts with individual victims in a CCR investigation including date and time stamps to ensure compliance with initiation time requirements of 24 and 72 hours.
- Developing a workload summary of tasks to manage volume and workload assignments for RCCR.

In addition to Foster Care Litigation this request is also in response to the legislative mandate from the 85th legislative session separating HHSC and DFPS. In order to complete the separation for the Regulatory division the CLASS, CLASSMate and Public and Provider systems need to be migrated from DFPS's DCS environments to HHSC's DCS environments and support for database administration, server administration, ETL development and release management need to transition from DFPS staff to HHSC

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staff. Along with the migration an effort to upgrade the CLASS WebLogic servers to the latest version of WebLogic is also needed as they are currently only on extended support, which expires in December 2021.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New request for consideration by 87th Legislature

OUTCOMES:

HHSC is required to comply with orders issued by the court as part of foster care litigation. If the court determines the agency is in contempt with one or more remedial orders, the agency could be subject to severe monetary penalties.

OUTPUTS:

Number of operations identified for Heightened Monitoring; number of images, videos and audio files uploaded; number of users assigned to the new view only security role

TYPE OF PROJECT

Licensing / Permitting / Monitoring / Enforcement

ALTERNATIVE ANALYSIS

Maintaining status quo is not an option for this project as it is mandated by an Official Court Order. Not implementing this project and continuing with manual processes could result in the agency being held in contempt of court and face fines of up to \$100,000 per day until the agency is able to demonstrate compliance.

Leaving the current CLASS, CLASSMate and Public and Provider servers in the current DFPS DCS environments and having HHSC assume ownership and control of the existing servers was deemed to not be feasible since the systems reside on shared infrastructure with a number of other DFPS systems.

ESTIMATED IT COST

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$3,576,295	\$7,886,452	\$5,206,687	\$3,633,867	\$3,346,394	\$23,649,694

SCALABILITY

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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CODE	DESCRIPTION						Excp 2022	Excp 2023
FTE								
		2020	2021	2022	2023	2024	2025	2026
		0.0	0.0	32.0	44.0	34.0	26.0	21.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

*Regulatory staff costs to support the ongoing requirements to meet caseload and heightened monitoring requirements as well as other remedial orders issued by the court. Cost includes; salary, operating cost and travel.

*IT state staff costs for ongoing system support - \$1,667,674 annually

*Hardware and software costs for the fiscal years 2024, 2025 and 2026 are as follows:

- FY2024:

- Contracted services to complete project enhancements: \$1,817,276 (CLASS stabilization, heightened monitoring & security role changes, and WebLogic upgrade)
- Hardware - DCS: \$721,889 (cost of DCS application and database servers)
- Software - DCS: \$88,000 (cost of WebLogic licensing)
- Software Non-DCS: \$911,848 (cost of Informatica licensing)

- FY2025:

- Contracted services to complete project enhancements: \$283,392 (WebLogic upgrade)
- Hardware - DCS: \$682,953 (cost of DCS application and database servers)
- Software - DCS: \$88,000 (cost of WebLogic licensing)
- Software Non-DCS: \$911,848 (cost of Informatica licensing)

- FY2026:

- Hardware - DCS: \$678,872 (cost of DCS application and database servers)
- Software - DCS: \$88,000 (cost of WebLogic licensing)
- Software Non-DCS: \$911,848 (cost of Informatica licensing)

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2024	2025	2026
	\$15,759,152	\$14,013,631	\$13,663,462

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 24.00%

CONTRACT DESCRIPTION :

HHSC would procure staff augmentation contractors, software tools, and technology services thru Department of Information Resources existing cooperative contracts.

HHSC procures infrastructure support from the Department of Information Resources Data Center Services through the established interagency contract. HHSC would

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	procure these services through the already established contract and; expanding the costs of the already established contract.		

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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: DAA for Hepatitis C No Restrictions		
	Item Priority: 3		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-06 Medicaid Prescription Drugs		
	07-02-01 Mental Health State Hospitals		
OBJECTS OF EXPENSE:			
2009	OTHER OPERATING EXPENSE	1,924,774	929,140
3001	CLIENT SERVICES	58,841,727	54,060,838
TOTAL, OBJECT OF EXPENSE		\$60,766,501	\$54,989,978

METHOD OF FINANCING:

1	General Revenue Fund	1,924,774	929,140
555	Federal Funds		
93.778.000	XIX FMAP	36,370,071	33,415,005
758	GR Match For Medicaid	22,471,656	20,645,833
TOTAL, METHOD OF FINANCING		\$60,766,501	\$54,989,978

DESCRIPTION / JUSTIFICATION:

Direct Acting Antiviral Drugs (DAA) for the treatment of Hepatitis C virus (HCV) were first introduced in 2011 and cost approximately \$84,000 per treatment. Texas Medicaid began covering DAAs in its formulary in 2015 and instituted three prior authorization criteria: presence of advanced liver fibrosis (a METAVIR score of F3 or F4), prescription from a specialist, and a drug screening within 90 days prior to the request for HCV treatment. Treatment policies for CHIP beneficiaries and state hospital residents are similar to Medicaid policies.

Increasing access to DAA for all individuals with chronic Hepatitis C will improve the health, safety, and well-being of Texans. This EI proposes to remove certain prior authorization requirements to align with Centers for Medicare and Medicaid Services' 2015 guidance to increase access to DAAs. This Exceptional Item (EI) requests funding to provide DAA access for the estimated 21,000 Medicaid and CHIP enrollees and 337 state hospital residents infected with HCV who would be eligible for treatment if the three PA criteria are removed. The literature indicates that a sizeable population of Medicaid enrollees have undiagnosed HCV, as a result, there may be more than 21,000 individuals with HCV.

This EI estimates that in the biennium, 6,656 of the Medicaid and CHIP population and 280 state hospital residents would be treated with the modified policies. The utilization estimates are modeled based on historical trends and other states' experiences when PA requirements were removed.

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Analyses assume the HCV DAA benefit will be paid non-risk for SFY 2022-2023 and then carved into managed care from SFY 2024 forward.

The \$45.97M GR request for the biennium factors in the federal rebates (\$145.28M) and the supplemental rebates (\$21.64M) available for Medicaid and CHIP services.

EXTERNAL/INTERNAL FACTORS:

There has been increasing scrutiny of Texas' HCV Medicaid policies related to the treatment of Hepatitis C with DAAs. In 2015, CMS issued a letter related to access to HCV treatment for Medicaid beneficiaries, titled, "Assuring Medicaid Beneficiaries Access to Hepatitis C Drugs". The letter advises states to cover all METAVIR scores, remove the period of abstinence from drug and alcohol abuse as a condition of access, and advises against limiting DAA prescription authority to select provider types. Texas Health and Safety Code and Joint Commission standards require that outcomes not be affected by ability to pay and payment source. Federal case law establishes "right to treatment" with realistic opportunity to be cured. There is a class action lawsuit against TDCJ that argues for treatment access to all inmates positive for HCV. There also is a class-action lawsuit against HHSC for its Medicaid prior authorization policy for Hepatitis C treatment drugs and argues for the removal of METAVIR scores as a condition of access. Other states (Indiana, Michigan, Missouri, Washington, Massachusetts, Florida, Colorado) that have been similarly sued for limiting treatment access have settled their cases and are providing HCV treatment access for an expanded population of Medicaid recipients or inmates.

Also, the cost of DAA drugs for HCV are now a fraction of the cost of when they were first introduced in 2011.

In March 2020, the U.S. Preventative Task Force recommended that all individuals between the ages of 18 and 79 be tested for HCV and argue that the net benefit of screening and treatment is substantial for adults in this age range. Organizations such as American Association for the Study of Liver Diseases and the Infectious Diseases Society of America also argue that antiviral drugs should be available for all patients with chronic HCV, except those with a short life expectancy that the treatment wouldn't help.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain similar level of service if exceptional item is adopted.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2024	2025	2026
	\$42,947,005	\$36,224,079	\$37,988,759

4.A. Exceptional Item Request Schedule
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DATE: 10/26/2020
 TIME: 4:54:17PM

Agency code: 529 Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers		
	Item Priority: 4		
	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		
	01-01-06 Medicaid Prescription Drugs		
	01-02-04 Nursing Facility Payments		
	01-03-01 Home and Community-based Services (HCS)		
	01-03-02 Community Living Assistance and Support Services (CLASS)		
	01-03-03 Deaf-Blind Multiple Disabilities (DBMD)		
	01-03-04 Texas Home Living Waiver		
	02-01-01 Medicaid Contracts and Administration		
	07-01-01 State Supported Living Centers		
	08-01-01 Health Care Facilities & Community-based Regulation		
	09-02-01 Intake, Access, and Eligibility to Services and Supports		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	3,243,483	3,699,347
2009	OTHER OPERATING EXPENSE	1,071,918	801,236
3001	CLIENT SERVICES	45,801,541	133,003,989
TOTAL, OBJECT OF EXPENSE		\$50,116,942	\$137,504,572
METHOD OF FINANCING:			
1	General Revenue Fund	114,533	142,889
555	Federal Funds		
93.777.003	CLINICAL LAB AMEND PROGRM	1,121,375	1,192,400
93.778.000	XIX FMAP	28,634,456	83,119,167
93.778.003	XIX 50%	979,059	986,447
758	GR Match For Medicaid	19,267,519	52,063,669
TOTAL, METHOD OF FINANCING		\$50,116,942	\$137,504,572

Agency code: **529**

Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
FULL-TIME EQUIVALENT POSITIONS (FTE):		56.40	64.50

DESCRIPTION / JUSTIFICATION:

This item provides funding to enroll an additional 3,512 individuals in Medicaid 1915(c) waiver programs providing long-term services and supports (LTSS) to people with disabilities. It will support HHSC's continuous efforts to ensure Texans are able to live in the least restrictive environment possible with the supports needed to do so safely and independently.

The request includes funding to enroll an additional:

- 224 individuals in Community Living Assistance and Support Services (CLASS)
- 13 individuals in Deaf-blind with Multiple Disabilities (DBMD)
- 2,057 individuals in Home and Community-based Services (HCS)
- 185 individuals in Texas Home Living (TxHmL)
- 220 individuals in Medically Dependent Children Program (MDCP)
- 812 individuals in STAR+PLUS Home and Community Based Service (HCBS)

This request includes funding for interest lists maintained for the waiver programs to keep pace with caseload growth over the biennium, as well as to support Texas' Promoting Independence initiative to transition and divert individuals from institutional settings and comply with federal preadmission screening and resident review (PASRR) requirements.

The item also funds 64.5 FTEs necessary to ensure individuals are enrolled timely and that HHSC can provide required regulatory, contract and program oversight. Additional FTEs will support eligibility and enrollment, utilization review, contract management, and regulatory support for on-site health and safety surveys and complaint investigations.

EXTERNAL/INTERNAL FACTORS:

As of April 2020, there were 159,419 individuals on at least one interest list, with some individuals waiting 15 years to reach the top of the interest list.

Request includes offset in nursing facility costs for transition to community-based services.

To calculate projected interest list reduction, HHSC used a methodology incorporating U.S. census data from the American Community Survey for overall Texas population trends, current take-up rates for each waiver (i.e. the percentage of individuals who complete the enrollment process when a slot is released), and historical enrollment trends.

HHSC will continue to use attrition in the HCS waiver program to support transition and diversion to the community as much as possible, but additional funding will ensure HHSC can plan for transition and meet needs across all target groups during the biennium. These groups include:

- Individuals residing in an ICF/IID (small, medium and large, as well as state supported living centers (SSLCs))
- Individuals with IDD residing in a state mental health hospital
- Children aging out of foster care
- Children residing in general residential operations (GROs) operated by the Department of Family and Protective Services (DFPS)
- Individuals in crisis and at risk of admission to a more restrictive institutional setting

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Agency name:
Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	•Individuals with IDD residing in a nursing facility		
	•Individuals with IDD to be diverted from nursing facility admission		
PCLS TRACKING KEY:			

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year cost to maintain similar level of service if item is adopted.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2024	2025	2026
	\$137,420,636	\$137,420,636	\$137,420,636

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DATE: 10/26/2020
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Agency code: 529 Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Electronic Visit Verification Expansion Item Priority: 5 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		
2001	PROFESSIONAL FEES AND SERVICES	1,500,000	1,515,000
5000	CAPITAL EXPENDITURES	5,000,000	0
TOTAL, OBJECT OF EXPENSE		\$6,500,000	\$1,515,000

METHOD OF FINANCING:

555	Federal Funds		
93.778.004	XIX ADM @ 75%	1,125,000	1,136,250
93.778.005	XIX FMAP @ 90%	4,500,000	0
758	GR Match For Medicaid	875,000	378,750
TOTAL, METHOD OF FINANCING		\$6,500,000	\$1,515,000

DESCRIPTION / JUSTIFICATION:

Electronic Visit Verification (EVV) systems are used to document service delivery visits performed in the home or in the community. HHSC has implemented EVV for certain home and community-based services, and federal law requires the inclusion of home health services in EVV by 2023. This request is to fund the systems changes necessary to comply with federal requirements as well as continue system improvement efforts resulting from legislatively required reviews.

To comply with federal mandates, technology modifications must occur in Texas' Claims Administrator EVV-related claims submission software, the EVV Portal and EVV vendor systems. The modifications will ensure accurate processing of claims and EVV data for home health care services. Implementing EVV in home health care services will improve oversight to ensure clients receive necessary care; prevent overbilling for services; and more readily identify fraud, waste and abuse. These changes are necessary to avoid costly federal financial penalties by complying with federal law. HHSC estimates the changes will impact more than 2,200 providers and 57,000 clients.

Funding for the first phase of the federal Cures Act mandate was provided by the 86th Legislature. This request is required to comply with the Cures Act requirement for 2023 for necessary systems changes and costs incurred for ongoing system operations

EXTERNAL/INTERNAL FACTORS:

Failure to implement EVV would result in significant reductions in federal matching funds for home health care services. The estimated fiscal impact of non-compliance is \$2.4m

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
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general revenue (GR) in FY 2022/23, and \$10.5m GR in FY 2024/25. This fiscal impact will continue in future years until federal compliance is achieved.

Inclusion of home health services in EVV is a continuation of efforts to improve the EVV system in line with legislatively required internal reviews, HHSC Office of the Inspector General (OIG) reviews, as well as federal legislation. Previous efforts include the following:

SB 894 (85th Legislature, 2017) required the state to conduct an administrative review of the EVV program by March 15, 2018. The subsequent review, informed in part by a OIG report, resulted in the redesign of the EVV system and significant changes to EVV contracting structure, data flow and data validation within automated systems. The redesigned EVV model was implemented in September 2019.

SB 1991 (86th Legislature, 2019) mandated the development of an open model to allow the use of proprietary systems meeting state standards. The open model was implemented in February 2020.

HHSC Exceptional Item #23 (86th Legislature, 2019) funded technology and operations costs to implement the redesigned EVV model and comply with the Cures Act requirement for personal care services. Funding was also provided to supplement increased costs for Medicaid consumer directed services (CDS) employers to purchase devices necessary to use the EVV systems such as a laptop or mobile phone.

PCLS TRACKING KEY:

NA

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

To comply with federal mandates, technology modifications must occur in Texas' Claims Administrator EVV-related claims submission software, the EVV Portal and EVV vendor systems. The modifications will ensure accurate processing of claims and EVV data for home health care services. Implementing EVV in home health care services will improve oversight to ensure clients receive necessary care; prevent overbilling for services; more readily identify fraud, waste and abuse; and avoid costly federal financial penalties by complying with federal law. HHSC estimates the federal expansion will impact more than 2,200 providers and 57,000 clients. EVV systems must be modified to meet the specific business needs of the home health care services providers. When providers begin using EVV for home health care services, HHSC will also incur increased processing costs for ongoing system operations.

Funding for the first phase of the federal Cures Act mandate was provided by the 86th Legislature. This request is required to comply with the Cures Act requirement for 2023 and SB 1991.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for Consideration by the 87th Legislature.

OUTCOMES:

Total Project Cost = \$8,015,000

With expected federal match rate, GR cost = \$1,253,750

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
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GR Revenue reduction due to non-compliance with CMS rule:

FY 2022 – FY 2023 = \$2,400,000
 FY 2024 – FY 2025 = \$10,500,000
 Total \$12,900,000

Cost Savings = \$4,885,000
 (GR savings = \$11,646,250) through FY 2025 with increasing savings in future fiscal years.

This does not include cost savings from decreased fraud, waste and abuse.

OUTPUTS:

Amount of financial penalty / revenue reduction from CMS based on non-compliance with the Cures Act. With the implementation of these changes, the reduction amount should be zero.

TYPE OF PROJECT

Acquisition and Refresh of Hardware and Software

ALTERNATIVE ANALYSIS

Delayed Implementation – (\$6.5M AF/\$875K GR)

Federal law allows states to request a one-year extension of the January 1, 2023, federal deadline to January 1, 2024, if the state has encountered unavoidable delays in implementing EVV. This scalability option assumes HHSC requests and is approved to extend the implementation of EVV for home health care services. Changes to Claims Administrator and EVV systems must be completed in FY 2023 to meet the January 1, 2024 deadline; in this option, all funding for system changes is shifted to FY 2023. With a delayed implementation, HHSC will not incur increased processing costs for ongoing system operations in FY 2022, thereby reducing costs for the FY 2022/23 biennium.

Note: The federal extension can be requested beginning July 2022 and Texas must meet federal criteria to be approved. All 50 states were approved for a delay of the January 1, 2020, implementation for personal care services.

ESTIMATED IT COST

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$5,000,000	\$0	\$0	\$0	\$0	\$5,000,000

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<u>CODE</u>	<u>DESCRIPTION</u>							<u>Excp 2022</u>	<u>Excp 2023</u>
SCALABILITY									
	2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

FTE									
	2020	2021	2022	2023	2024	2025	2026		
	0.0	0.0	0.0	0.0	0.0	0.0	0.0		

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

These cost represent the ongoing costs to operate the EVV systems in support of the expanded EVV population.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	<u>2024</u>	<u>2025</u>	<u>2026</u>
	\$1,530,150	\$1,545,452	\$1,560,906

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

The EVV systems are managed by the Texas Claims Administrator; therefore, system modifications are handled as amendments to the existing contract. The claims administrator contract is scheduled to expire on July 31, 2023.

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Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: IT Security Threat Reduction and System Stabilization		
	Item Priority: 6		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies:		
	09-03-01 Texas Integrated Eligibility Redesign System & Supporting Tech		
	12-01-01 Enterprise Oversight and Policy		
	12-01-02 Information Technology Capital Projects Oversight & Program Support		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	381,573	381,573
2001	PROFESSIONAL FEES AND SERVICES	14,658,809	13,862,065
2003	CONSUMABLE SUPPLIES	5,250	5,250
2009	OTHER OPERATING EXPENSE	404,870	277,199
5000	CAPITAL EXPENDITURES	21,021,344	18,954,896
TOTAL, OBJECT OF EXPENSE		\$36,471,846	\$33,480,983
METHOD OF FINANCING:			
1	General Revenue Fund	14,946,644	13,907,384
555	Federal Funds		
10.557.001	SPECIAL SUPPL FOOD WIC	288,038	260,579
10.561.000	State Admin Match SNAP	2,498,954	2,276,160
93.767.000	CHIP	621,813	565,335
93.777.000	State Survey and Certific	258,311	233,687
93.778.000	XIX FMAP	1,005,721	929,164
93.778.003	XIX 50%	6,702,097	6,080,427
96.001.000	Social Security Disability Ins	90,283	81,676
758	GR Match For Medicaid	6,797,693	6,166,916
8010	GR Match For Title XXI	117,191	106,544
8014	GR Match for Food Stamp Admin	2,498,955	2,276,161
8032	GR Certified As Match For Medicaid	646,146	596,950
TOTAL, METHOD OF FINANCING		\$36,471,846	\$33,480,983

Agency code: **529**

Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
FULL-TIME EQUIVALENT POSITIONS (FTE):		17.10	17.10

DESCRIPTION / JUSTIFICATION:

This request is to equip HHSC with security stabilization and advancement in support of the 10 Year plan and fund below

a) Stabilization of Program Support Systems: using the system-wide business platform to 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. Funds will focus on FSS-CFO, HEART, and WebSphere Applications.

b) Modernize End-of-Life (EoL)/End-of-Support (EoS) Network Equipment: to improve service, security, availability, scalability and integration of the HHS network. By 2023 majority of HHS network infrastructure will be EoL and approaching EoS. Updating network equipment is critical in providing a secure reliable network to meet agency business needs.

c) Cybersecurity Advancement: To protect computers, networks, programs, and data from unintended or unauthorized access, change, or destruction. Project elements include perimeter refresh and decryption, security management systems, network security, and additional security support initiatives.

d) Stabilization of Enterprise Server and Storage: Stabilize the local office infrastructure to accommodate the reduction and consolidation of remote server infrastructures to a less expensive DIR data center services storage solution. This will reduce the number of capital assets by consolidating the operations of 170+ local servers consisting of 158 remote/local office infrastructure file servers and 12 SSLC file servers.

e) TIERS Data Center Environment Protection Services: For a core facility support related contract for the Winters data center from a professional facility service company or to expand the current TFC contract providing core services to the HHSC Winters data center. The expanded contract would help with emergency services with cooling systems, HVAC systems and power failure at the data center.

EXTERNAL/INTERNAL FACTORS:

a) Stabilize Program Support Systems - Various systems are out-of-date, some using legacy technology from 2007. Moving the systems to newer technologies allow the systems to reduce vulnerabilities related to legacy technologies that are no-longer supported.

b) Modernization of End-of-Life / End-of-Support Network Equipment - Federal funding requires network infrastructure to be current and supported by the manufacturer with regards to security vulnerability updates. Audit failures in these areas can result in loss of funding or penalties being assessed to HHS. The HHS enterprise utilizes 150+ applications and all are dependent on the network for access and utilization as well as cyber security protections. Past and current federal funding partner and IRS audits have mandated replacement of out of date network infrastructure without exception.

c) HHSC Cybersecurity Advancement - Compliance with federal and state regulations is at risk without the funding of the request. Noncompliance places the HHS Enterprise at increased risk for security disclosures and breaches, which could also result in fines, client breach notifications, in depth audits on data handling, and loss of funding.

d) Stabilization of Enterprise Server and Storage- External factors include partner skills and availability. Internal factors include statutory compliance, Government Code, Section 2054. Maintains existing baselines required by law and implements the availability necessary to meet future demands. This solution also provides for immediate recovery due to the built-in redundancy offered by modern cloud solutions and the DIR DCS program. Migrating this storage to a DIR Data Center Services managed solution will reduce security risk, ensure HB1516 Compliance, and aligns with Rider 175 Legacy Modernization.

e) TIERS Data Center Environment Protection Services - HHS or Texas Facilities Commission lacks the ability to hire additional FTE maintenance staff for the state-owned

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Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
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facility.

PCLS TRACKING KEY:
PCLS_87R_529_591325

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

The purpose of this request is to equip HHSC with security stabilization and advancement in support of the Agency 10 Year plan. This request would fund the following initiatives:

a) Stabilization Program Support Systems - Using the system-wide business platform to 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. Funds would focus on FSS-CFO, HEART, and WebSphere Applications.

b) Modernize End-of-Life (EoL) / End-of-Support (EoS) Network Equipment - to improve service, security, availability, scalability and integration of the HHS network. By 2023 the majority of HHS network infrastructure will be EoL and approaching EoS. Updating network equipment is critical in providing a secure reliable network to meet agency business needs.

c) Cybersecurity Advancement - To protect computers, networks, programs, and data from unintended or unauthorized access, change, or destruction. Project elements include perimeter refresh and decryption, security management systems, network security, and additional security support initiatives.

d) Stabilization of Enterprise Server and Storage - Stabilize the local office infrastructure to accommodate the reduction and consolidation of remote server infrastructures to a less expensive DIR data center services storage solution. The solution will reduce the number of capital assets by consolidating the operations of 170+ local servers consisting of 158 remote/local office infrastructure file servers and 12 SSLC file servers.

e) TIERS Data Center Environment Protection Services - Provide for a core facility support related contract for the Winters data center from a professional facility service company or to expand the current TFC contract providing core services to the HHSC Winters data center. The expanded contract would help with emergency services with cooling systems, HVAC systems and power failure in the Winters data center.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by 87th Legislature.

OUTCOMES:

a) Stabilize Program Support Systems:

Provide benefits in cybersecurity and the ability to respond to user needs, increase productivity of support staff, and reduce overall operations and maintenance costs of legacy systems.

Optimize the use of critical business enabling technologies such as network infrastructure, connectivity, data storage, and application / server access.

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CODE	DESCRIPTION	Excp 2022	Excp 2023
b)	Modernization of End-of-Life / End-of-Support Network Equipment: Maximize business availability and continuity of network services delivered for all programs so they can support constituencies as mandated and within scheduled operational hours and budget.		
c)	HHSC Cybersecurity Advancement: Reduction and/or elimination of ransomware and other potential threats against HHS translating to a cost-savings to the state of Texas. Increased efficiency in network security tools because of decrypted network traffic preventing attacks/damages. Preventing critical infrastructure breaches or malicious attacks.		
d)	Stabilization of Enterprise Server and Storage: Compliance with federal and state regulations. HHS would be in compliance with Texas Government Code 2054.		
e)	TIERS Data Center Environment Protection Services: No technology costs.		
OUTPUTS:			
a)	Stabilize Program Support Systems: Improve performance and stability as it replaces the existing legacy platform and technology being used.		
b)	Modernization of End-of-Life / End-of-Support Network Equipment: Manufacturer roadmap of support for each technology implemented will be provided to ensure support and lifecycle management through the ongoing life of the project. Uptime for network availability which will improve employee and partner access to critical systems and data and bandwidth consumption per user.		
c)	HHSC Cybersecurity Advancement: Protection of cyber threats and advanced attack to include incidents worked by a CSOC analyst such as validation of events detected, or addressing incident reported within a month, monthly number of DLP incidents resolved by CSOC, incidents identified by advanced threat protection for endpoints and servers; and vulnerability Metrics		
d)	Stabilization of Enterprise Server and Storage: Fewer helpdesk tickets. Improved user experience and efficiency.		
e)	TIERS Data Center Environment Protection Services: No technology costs.		
TYPE OF PROJECT			
Other Service Delivery Functions			
ALTERNATIVE ANALYSIS			
Alternatives reviewed resulted in higher cost due to the number of users for the functionality. License costs that would be required make the use of that product cost prohibitive.			

During the analysis of each solution, requirements from all HHS agencies are compiled, agreed upon, and competitively bid based upon best value for integrating into existing

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HHS system standards vs. introducing new technologies.

The Cybersecurity Advancement component could continue at current state without refreshing the malware detection and response, however equipment will be EOL which has increased cost for maintenance in the future; presents high security risk for EOL equipment. Funding for decryption enclave solution is all or nothing. The removal of any funding reduces the ability to identify and respond to malicious traffic identified during the decryption of network traffic .

In regard to the Stabilization of Enterprise Server and Storage component, 100% cloud service was considered but not feasible at this time as some user data and applications must be local. Data Software Modernization will over time, modify or replace applications so they can later be moved to the cloud. As a part of that project we would be able to further reduce the local infrastructure.

ESTIMATED IT COST

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$35,355,421	\$32,492,229	\$12,213,374	\$12,213,374	\$12,213,374	04,487,772

SCALABILITY

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$26,265,323	\$24,462,603	\$6,097,353	\$6,097,353	\$4,763,533	\$67,686,165

FTE

2020	2021	2022	2023	2024	2025	2026
0.0	0.0	17.0	17.0	4.0	4.0	4.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

a) Stabilize Program Support Systems: CFO-FSS - Ongoing costs for support of state staff to support the system along with the server (\$183k per fiscal year) and infrastructure, storage and memory within the Department of Information Resources data center consolidation program (\$287k per fiscal year); HEART - Ongoing costs for support of state staff to support the system along with the server (\$183k per fiscal year) and infrastructure, storage and memory within the Department of Information Resources data center consolidation program (\$287k per fiscal year); WebSphere Applications - Ongoing costs for support of infrastructure, storage and memory within the Department of Information Resources data center consolidation program (\$1.1m per fiscal year)

b) Modernization of End-of-Life / End-of-Support Network Equipment: A continual six (6) to seven (7) year lifecycle replacement program is required - \$6.7m per fiscal year.

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CODE	DESCRIPTION	Excp 2022	Excp 2023
c)	HHSC Cybersecurity Advancement: Annual malware detection/response maintenance and decryption enclave support - \$893k per fiscal year		
d)	Stabilization of Enterprise Server and Storage: Ongoing costs for support of the server and storage infrastructure within the Department of Information Resources data center consolidation program - \$2.6m per fiscal year		
e)	TIERS Data Center Environment Protection Services: \$750k annually for professional services contract (no technology costs).		

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2024	2025	2026
	\$13,015,626	\$13,015,626	\$13,015,626

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 98.00%

CONTRACT DESCRIPTION :

- a) Stabilize Program Support Systems: HHSC procures staff augmentation contractors thru Department of Information Resources existing contracts. HHSC procures infrastructure support from the Department of Information Resources Data Center Services through the established interagency contract. HHSC would procure these services through the already established contract (and amend as necessary).
- b) Modernization of End-of-Life / End-of-Support Network Equipment: HHSC procures staff augmentation contractors thru Department of Information Resources existing contracts. HHSC procures technology software as a solution services through the Department of Information Resource's cooperative purchasing program.
- c) HHSC Cybersecurity Advancement: HHSC procures technology goods and services through the Department of Information Resource's cooperative purchasing program.
- d) Stabilization of Enterprise Server and Storage: HHSC procures infrastructure support from the Department of Information Resources Data Center Services through the established interagency contract. HHSC would procure these services through the already established contract and expand the costs of the already established contract (and amend as necessary).
- e) TIERS Data Center Environment Protection Services: HHSC generally obtains facility support from the Texas Facilities Commission (TFC) for this state owned billing. The contract mechanism could occur via an interagency contract with TFC or HHSC could procure the professional services contract via a competitive process. HHSC does not possess facility management staff to perform this professional service in house.

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 TIME: **4:54:17PM**

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Phase 1: MMIS Modernization Procurement and Timeline Item Priority: 7 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		
2001	PROFESSIONAL FEES AND SERVICES	32,540,967	28,706,028
2009	OTHER OPERATING EXPENSE	25,407,914	183,178,231
TOTAL, OBJECT OF EXPENSE		\$57,948,881	\$211,884,259

METHOD OF FINANCING:

555	Federal Funds		
93.778.004	XIX ADM @ 75%	15,229,201	12,359,975
93.778.005	XIX FMAP @ 90%	33,878,952	175,863,863
758	GR Match For Medicaid	8,840,728	23,660,421
TOTAL, METHOD OF FINANCING		\$57,948,881	\$211,884,259

DESCRIPTION / JUSTIFICATION:

This item supports the modernization of Medicaid Management Information Systems (MMIS). Current systems are monolithic, vendor-locked, and nearing end of life technologically and contractually. The Centers for Medicare & Medicaid Services (CMS) provided states guidance to use more flexible and dynamic MMIS framework. HHSC is using this guidance to drive the modernization strategy.

HHSC aims to procure a new MMIS that uses elements of the existing infrastructure with an outsourced managed services model. It will incorporate current and emerging tools and technology from both in-state resources and the open market to support business processes required by the State's adoption of a managed care-driven service delivery model. This will provide more functionality in a managed care environment and will significantly reduce on-going costs for maintenance and support.

The funding requested is to be applied to the initial procurements and transition period to the new vendors. Moving systems into a more standardized, modular environment allows enhancements to be made more quickly and cost-effectively in response to federal and state requirements. In addition, a user friendly, single sign-on portal will standardize and streamline provider logons and accessibility creating efficiencies and greater provider satisfaction. This item includes support for the transition from the current Vendor Drug Program (VDP) to the VDP Pharmacy Benefits Services Modernization (VPM) solution. Funds are needed in fiscal year 2022 to complete the transition and provide HHSC the ability to administer and modernize all aspects of the VDP by providing a flexible, integrated, and clinical evidence-based approach to manage drug utilization.

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This item helps HHSC to meet goals of better health, better care, and lower costs through improvement and streamlining of business operations and functions. Capital authority is required for this exceptional item request.

EXTERNAL/INTERNAL FACTORS:

Various factors driving the agency’s MMIS Modernization Strategy include, but are not limited to:

• External Factors

- o The Centers for Medicare and Medicaid Services directs states to modernize and modularize replacement systems.
- o Technology advances and updates.
- o Lessens provider abrasion and administrative burden by streamlining processes.
 - o 42 Code of Federal Regulations (CFR) 433.112 provides Federal Financial Participation for design, development, installation or enhancement of mechanized processing and information retrieval systems.
 - o The VPM ensures ongoing compliance with the Medicaid Drug Rebate Program, which generates substantial revenue for the state, and state and federal requirements to provide timely access to medications, many of which are life-saving and prevent medical crises and hospitalizations.

• Internal Factors

- o Current claims administrator contract terms August 31, 2023. VDP contracts expire on July 31, 2022.
- o Existing system is:
 - § Monolithic and at end of life.
 - § No longer operates for a fully FFS delivery model of Medicaid (~94% of the Medicaid population is serviced through managed care organization (MCOs)).
 - § Costly on all fronts (maintenance, operation, and updates/upgrades) to continue its use.
 - § Costly to continue to have 4 separate contracts for VDP.
- o Opportunity to refresh MMIS and processes by streamlining essential functions and eliminating antiquated functions and processes to improve both the provider and client Medicaid experience.

PCLS TRACKING KEY:

PCLS_87R_529_591323

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

HHSC is modernizing the existing Medicaid Management Information Systems (MMIS) components currently outsourced to Accenture (built in the 1990s). These current systems are monolithic, vendor-locked, and nearing end of life not only technologically, but contractually as the current contract will expire August 31, 2023. Please note that this date is the absolute end date of the contract as it already exhausts three, one year extensions to base contract term ending August 31, 2020. Centers for Medicare & Medicaid Services (CMS) has provided states guidance to use more flexible and dynamic MMIS framework. These factors drive HHSC’s need to take action now on the MMIS Modernization Strategy.

While more than ninety percent of Medicaid is handled through managed care providers, there remains a need to support the remaining Fee-for-Service (FFS) payments, but at a lower volume than what the current system was built for (previously 100% FFS claims).

HHSC aims to procure a new MMIS that combines leveraging select elements of the existing infrastructure with an outsourced managed services model. It will incorporate

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CODE	DESCRIPTION	Excp 2022	Excp 2023
	<p>current and emerging tools and technology from both in-state resources and the open market to support business processes required by the State's adoption of a managed care-driven services delivery model.</p> <p>The envisioned future-state MMIS will provide more functionality in a managed care environment and will significantly reduce on-going costs for maintenance and support. The funding requested is to be applied for the initial procurements and the necessary overlapping transition period to the new vendors. De-coupling systems into a more modular environment affords the capability to more quickly and cost effectively enhance specific MMIS applications and refine processes in a quality-driven manner when mandated to do so by federal entities and Texas legislators. In addition to these benefits, localizing the various program (Medicaid and non-Medicaid, Long Term Care, etc.) provider portals to a user friendly, single sign-on portal will standardize and streamline provider logons and accessibility creating efficiencies and greater provider satisfaction. These modernizations will also add to greater efficiencies in receipt of care by clients.</p> <p>There are six contracts (1 contract, 4 procurements and the continuation of 1 procurement) that make up the MMIS Modernization strategy to increase timely completion and gain better value to the state: 1) Business Services Integration and Operations, 2) Outsourced Claims Processing and Adjudication, 3) Application Maintenance and Development, 4) Independent Verification and Validation for Operations and Maintenance, 5) Data Center Services which will transition to the DIR State Data Center, and 6) the transition expenses associated with the existing Vendor Drug Program (VDP) Pharmacy Benefits Services Modernization (VPM) solution.</p> <p>The VPM solution, funded by the 86th Legislature, provides for the transition expenses of four (4) independent Vendor Drug Program Pharmacy Benefit Services contracts to a combined technology and business solution. Continued funding is necessary to ensure a full transition, due to procurement-related delays. The comprehensive VPM solution integrates with MMIS to provide HHSC the ability to administer and modernize all aspects of the VDP by providing a flexible, integrated and clinical evidence-based approach to manage drug utilization in order for HHSC to meet its goals of better health, better care, and lower costs through improvement and streamlining of business operations and functions. VDP includes all covered outpatient drugs administered for Fee for Service (FFS) and Managed Care clients within Medicaid, Children's Health Insurance Program (CHIP), Healthy Texas Women (HTW) Program, Children with Special Health Care Needs (CSHCN) Services Program, and the Kidney Health Care (KHC) Program. Services provided through VDP have a critical impact on lives, including providing timely access to life-saving medications.</p> <p>*MMIS Contractor Services = \$208.5m for 2022-2023 biennium *Turnover costs = \$6.1m for 2022-2023 biennium *Data center services = \$55.1m for 2022-2023 biennium</p>		
	<p>IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT? CURRENT</p> <p>STATUS: On-going. In FY20-21, planning activities including development of draft RFOs was completed. Two modernization (non-procurement) projects are commencing for FY 21. One is to migrate systems from the Riata Data Center (leased by Accenture) to the state-owned data centers managed by DIR. A second project will be to transition from an outdated NSK platform for the data warehouse to a more robust Oracle environment. Once completed this will be migrated to Data Center Services or a cloud solution.</p> <p>OUTCOMES: While exact costs of each of the individual contracts are unknown and will not be until procurement, full funding is requested and necessary to achieve the benefits of this project. Successful and complete transition of all scope within the existing contract operating on a monolithic, legacy system to the new vendors is dependent on execution of each of the six new contracts outlined in this strategy.</p>		

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	<p>This project will retire the legacy mainframe systems which have high costs for hardware purchase and maintenance, operating system licensing cost, security and control software licensing, and licensing for code development tools. The project will eliminate the need for ongoing proprietary hardware refresh costs.</p> <p>Moving the applications currently hosted in the Riata Data Center to the DIR managed data centers will reduce costs due to elimination of redundant network components, and will provide better service for data analytics needs for the agency.</p> <p>OUTPUTS:</p> <p>The current claims processing engine (C21) is underutilized with less than 20% of the capacity consistently used. The system was designed to provide for a statewide 100% FFS population that has been reduced to less than 10% of the Medicaid population. The new claims system will be scaled to meet the needs of the current population, and enable the state to adjust to any FFS population changes.</p> <p>The replacement systems will ensure compliance with all security standards.</p> <p>The project will retire legacy mainframe systems which are approaching end of service life.</p> <p>Most processing will relocate to the state's Data Center Services contract through either hosting or via DCS cloud; DCS waivers will no longer be required. Other processing will be performed via managed services.</p> <p>TYPE OF PROJECT Other Service Delivery Functions</p> <p>ALTERNATIVE ANALYSIS</p> <p>Discussions with other states and vendor presentations were reviewed prior to construction of RFO. Additionally, a Request For Information (RFI) was published for comment by the vendor and provider community, and the State received eight (8) responses. At this time, exact costs of each of the individual contracts are unknown and will not be known until the procurements are complete. While full funding is requested and necessary to successfully and completely achieve the benefits of this project, depending on monies appropriated, partial funding will change the procurement strategy to a two-part transition process.</p> <p>HHSC IT is currently developing a plan to move a number of MMIS applications from the current vendor's data center to the state-owned data center managed by DIR, and has funds to make the initial shift, but ongoing funding is needed for continued operations and maintenance (to be requested at a later date). This includes also paying Accenture to support the applications which will reside in the state data center, until the Applications Maintenance and Development (AMD) procurement is completed.</p> <p>For the remaining other MMIS functions still with Accenture (whose contract expires August 31, 2023 and no further extensions are available with the current contract without legislative decision), the most likely option to move forward (with partial funding) is to first obtain funding for the Claims Processing Adjudication and Financial Services contract for the FY22-23 biennium. This scaled approach will decrease the potential of provider abrasion and still allow the state to move away from the current Non-Stop Kernel (NSK) platform (costly and complex to operate and maintain) that houses the existing claims engine.</p> <p>Next, funding is requested for the support of the applications being moved to DIR. It does not make sense to move these "already modernized" applications and not continue to maintain and enhance them as needed.</p> <p>A subsequent decision to be made would be whether the priority is to fund the Business Operations module or AMD staffing. There are significant "people functions" involved in the support of the MMIS, identified as part of the Business Operations module/procurement. Alternatively, funding the AMD staffing procurement would offset the cost of Accenture supporting those applications residing in the DIR data center.</p> <p>Caveat to the sequence laid out above: those final determinations would be made by program management, and not by IT staff. Factors involved in those decisions are cost</p>		

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versus available funds, manageability, and federal or State mandates.

ESTIMATED IT COST

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$57,948,881	\$211,884,259	\$179,190,757	\$182,491,904	\$185,927,669	117,443,469

SCALABILITY

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$40,111,283	\$196,091,082	\$181,300,666	\$184,635,171	\$188,327,874	790,466,076

FTE

2020	2021	2022	2023	2024	2025	2026
0.0	0.0	0.0	0.0	0.0	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Ongoing costs for support of the server and infrastructure storage and memory within the Department of Information Resources data center consolidation program. FY24 & FY25 are estimated (and proposed by DIR) at \$12.4 million per fiscal year.

All other contracts for Claims, Business Ops, AMD and IV&V are anticipated estimates, but true values are unknown until procurement. It is a guesstimate that out-year costs for FY24 will be \$166,755,214; FY25 will be \$170,056,361; and FY26 will be \$173,492,126. Keep in mind that the base contract years will vary per contract (5-6 years for claims, 3 for business ops, 4 for application maintenance and development, 3 for IV&V and 4 for DCS). Out year costs represent ongoing maintenance, operations and administrative costs.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2024	2025	2026
\$179,190,757	\$182,491,904	\$185,927,669

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

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CODE DESCRIPTION

Excp 2022

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CONTRACT DESCRIPTION :

MMIS Modernization is seeking to procure services (claims as a service, business operations, and analytics as a service).

*Data center services are provided by the Department of Information Resources Data Center Services through the established IAC number 529-13-0088-0001. HHSC would procure the services through the already established contract - expanding the costs of the already established contract.

*The base contract years will vary per contract (5-6 years for claims, 3 for business ops, 4 for application maintenance and development, 3 for IV&V and 4 for DCS). Claims, Business Ops, and AMD will be procured through a Request for Offer (RFO). The existing claims system we have developed over the years is on an outdated platform and grows more and more costly to maintain and update. HHSC developed a strategy to modernize specific components and functionality of MMIS modules/applications to achieve the Medicaid program's desired outcomes, drive business innovation, replace inefficient system-driven processes, and transition away from expensive, aging datacenter systems/infrastructure. The new service model is expected to require minimal customization and aid HHSC in its transition to national standard code sets for claims processing. The decision was made to utilize an outsourced services model to alleviate having to maintain hardware and software, and avoid significant maintenance costs any aging purchased system would require in the future. This model provides the State increased flexibility in managing shifts in client populations, as well as improving implementation response times to future State or federal mandates.

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Health and Human Services Commission

CODE	DESCRIPTION		Excp 2022	Excp 2023
	Item Name:	IDD System Redesign and Waiver		
	Item Priority:	8		
	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		
		08-01-01 Health Care Facilities & Community-based Regulation		
		09-03-02 Texas Integrated Eligibility Redesign System Capital Projects		
		12-01-01 Enterprise Oversight and Policy		
OBJECTS OF EXPENSE:				
1001	SALARIES AND WAGES		202,231	934,565
2001	PROFESSIONAL FEES AND SERVICES		24,529,925	24,767,325
2005	TRAVEL		500	500
2009	OTHER OPERATING EXPENSE		331,343	432,283
TOTAL, OBJECT OF EXPENSE			\$25,063,999	\$26,134,673
METHOD OF FINANCING:				
1	General Revenue Fund		19,496	397,705
555	Federal Funds			
10.557.001	SPECIAL SUPPL FOOD WIC		312	296
10.561.000	State Admin Match SNAP		2,533	48,396
93.767.000	CHIP		62,088	155,241
93.777.000	State Survey and Certific		280	265
93.778.000	XIX FMAP		633	599
93.778.003	XIX 50%		1,975,658	1,461,049
93.778.004	XIX ADM @ 75%		475,200	475,200
93.778.005	XIX FMAP @ 90%		18,340,990	19,629,609
96.001.000	Social Security Disability Ins		98	113
758	GR Match For Medicaid		4,172,050	3,815,976
8010	GR Match For Title XXI		11,721	48,611
8014	GR Match for Food Stamp Admin		2,533	101,228
8032	GR Certified As Match For Medicaid		407	385
TOTAL, METHOD OF FINANCING			\$25,063,999	\$26,134,673

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
FULL-TIME EQUIVALENT POSITIONS (FTE):		17.20	29.40

DESCRIPTION / JUSTIFICATION:

This exceptional item funds critical infrastructure necessary for the pilot program described in Government Code Section 534.101 and to support intellectual and developmental disability (IDD) providers, local IDD authorities (LIDDAs), and service coordinators improve the management of client data needed to ensure access to care. This item also supports the implementation of a waiver program, if cost-effective, which provides additional community services and supports for medically fragile Texans.

This item funds changes to multiple technology systems required for both the pilot program in STAR+PLUS, and for the long-term redesign of the IDD system of supports and services. An evaluation, including goals and performance standards established in consultation with stakeholders, is required with the STAR+PLUS pilot program on September 1, 2023. Staff to regulate providers and to form a support system for pilot participants must be hired and trained prior to enrolling participants .

Technology enhancements to support IDD providers, LIDDAs, and service coordinators and to prevent gaps in eligibility or services are included in this item. As systems migrate to a single platform, maintaining the functionality to track and report authorizations, eligibility, and case management activities is essential to ensure the health and well-being of the people served. This item ensures functionality for existing programs serving individuals with IDD and supports the overall IDD service system redesign.

Combined, this exceptional item provides the infrastructure and resources necessary to implement a pilot to test the delivery of long-term supports and services to individuals with IDD, traumatic brain injury, and similar functional needs in managed care, gives providers and service coordinators the data necessary to support their clients, and supports the delivery of services in the community for the most medically fragile adults served in Medicaid.

EXTERNAL/INTERNAL FACTORS:

The transition of long-term services and supports from fee-for-service-to managed care requires careful consideration for Texans with disabilities. As HHSC works with stakeholders, including the IDD System Redesign Advisory Committee and the STAR+PLUS Pilot Program Workgroup, to develop the parameters of the pilot, the technology changes necessary to support the pilot and the overall redesign of the IDD system must begin. To be effective in their roles, staff necessary to ensure participant health, safety, and resolution of complaints need to be hired and trained before the pilot begins enrolling providers and participants.

As HHSC has migrated different technology systems that support community based long term services and supports delivered in fee-for-service to a single platform, compatible with a managed care delivery system, functionality critical to IDD providers, LIDDAs, and service coordinators has not always followed. Critical functionality in this item includes automated reports of client authorizations, eligibility dates, and integrated summaries of historical information necessary to ensure there are no disruptions in an individual's care. The work needed to track, query, and produce reports necessary to coordinate and deliver care is currently accounted for in cost reports. Automation of these functions may reduce provider administrative burden and costs. The migration of functionality will also put databases in a better position for the future transition to a managed care model.

Finally, to review medical necessity and clinically appropriate placement in the medically fragile category, a registered nurse is required. Without a dedicated nurse to review clinical documentation and regularly re-assess, HHSC is not able to determine eligibility for the benefit.

PCLS TRACKING KEY:

PCLS_87R_529_591321

Agency code: 529

Agency name:

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CODE DESCRIPTION

Excp 2022

Excp 2023

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

The project will cover three different areas of changes. The subprojects are as follows:

STAR+PLUS Pilot Program (SP3):

The transition of long-term services and supports (LTSS) from fee-for-service-to managed care requires careful consideration for Texans with disabilities. As HHSC works with stakeholders, including the IDD System Redesign Advisory Committee and the STAR+PLUS Pilot Program Workgroup, to develop the details of the Pilot, the technology changes necessary to support the Pilot must begin. To be effective in their roles, staff necessary to ensure participant health, safety, and resolution of complaints need to be hired and trained before the Pilot begins enrolling providers and participants.

House Bill (HB) 4533 amends Texas Government Code, Chapter 534, Subchapter C and requires a Pilot Program to operate through the STAR+PLUS Medicaid managed care Program to test the delivery of LTSS for people with IDD, traumatic brain injury that occurred after age 21, or people with similar functional needs as a person with IDD, through a managed care delivery model. People with an IDD currently receiving other waiver LTSS are not eligible to participate in and receive LTSS through the STAR+PLUS Pilot Program.

This project supports:

- development and implementation of the HB 4533 Pilot Program infrastructure to ensure the Pilot meets legislative requirements, is operational by September 1, 2023 and operates for a minimum of 24 months; and
- an evaluation of the STAR+PLUS Pilot due to the Legislature by September 1, 2026 and is meant to outlay the plan to transition all or a portion of services provided through IDD waivers facilities for individuals with intellectual disability Programs into managed care.

Medically Fragile Benefit (MFB):

The MFB will meet Section 31 of HB 4533 requirements to implement a benefit to improve services for medically fragile individuals in STAR+PLUS, if cost-effective. Critical staff to review medical necessity and clinically appropriate placement in the medically fragile category. The MFB requires a dedicated registered nurse to review clinical documentation and regularly re-assess individuals: Obtain one full time employee (FTE) Nurse IV.

IDD Systems:

As HHSC has migrated different technology systems that support community based LTSS delivered in fee-for-service to a single platform, compatible with a managed care delivery system, functionality critical to IDD providers, local IDD authority (LIDDA)s, service coordinators, and case managers has not always followed. Critical functionality in this item includes automated reports of client authorizations, eligibility dates, and integrated summaries of historical information necessary to ensure there are no disruptions in an individual's care. The work needed to track, query, and produce reports necessary to coordinate and deliver care is currently accounted for in cost reports. Automation of these functions may reduce provider administrative burden and costs. The migration of functionality will also put databases in a better position for the legislatively mandated future transitions to a managed care model.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New Request for consideration by the 87th Legislature.

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OUTCOMES:

SP3:

The Pilot is successfully implemented, and eligible individuals are enrolled, assessed, and served in the STAR+PLUS Pilot Program.

MFB:

Medical eligibility benefits are successful determined.

IDD Systems:

The project output will be the implementation of the IDD service authorization enhancements outlined in the project planning and analysis phase.

OUTPUTS:

SP3:

Evaluation report of the STAR+PLUS Pilot Program (SP3) will begin after the SP3 has been in production for 24 months, September 1, 2025. The SP3 evaluation report is due September 1, 2026.

MFB:

Review the clinical documentation provided by a nurse.

IDD Systems:

The results timing will be outlined in the project planning and analysis phase.

TYPE OF PROJECT

Other Service Delivery Functions

ALTERNATIVE ANALYSIS

Alternative acquisitions were considered for commercial off the shelf, cloud computing, software as a service. Alternative solutions would not leverage previous investments that the agency has made in the Texas Medicaid Healthcare Partnership systems and Service Authorization System.

ESTIMATED IT COST

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$21,012,478	\$23,077,948	\$0	\$0	\$0	\$44,090,426

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SCALABILITY

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FTE

2020	2021	2022	2023	2024	2025	2026
0.0	0.0	17.0	17.0	0.0	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year cost for continued staffing needs.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2024	2025	2026
\$1,285,957	\$1,285,957	\$1,283,857

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 96.00%

CONTRACT DESCRIPTION :

HHSC would procure staff augmentation contractors and technology services thru Department of Information Resources existing cooperative contracts . Contracts will be for professional services and will end before the end of the biennium. HHSC seeks to hire project managers and business analysts to dedicate to system changes full time. Current HHSC staff are dedicate to ongoing work and contractors are needed to complete the short term project to migrate functionality to a single platform .

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Comply with Federal Requirements for Community Integration for Individuals with Disabilities Item Priority: 9 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		

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

DESCRIPTION / JUSTIFICATION:

The Centers for Medicare and Medicaid Services (CMS) requires all Home and Community-Based Services (HCBS) settings to comply with rules for engagement in community life, integrated work environments, and control of personal resources by March 2023. The current day habilitation model in the Home and Community-based Services (HCS), Texas Home Living (TxHmL), and Deaf-Blind Multiple Disabilities (DBMD) waiver programs does not comply with requirements for community integration. HHSC is developing a plan to address this issue, in accordance with the 2020-21 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC, Rider 21). This item is a placeholder for the agency's plan.

EXTERNAL/INTERNAL FACTORS:

2020-21 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC, Rider 21) directs HHSC to develop a plan to replace current day habilitation services in waiver programs for individuals with intellectual and developmental disabilities (IDD) with more integrated services that maximize participation and integration of individuals with IDD in the community. In accordance with CFR §441.301(c)(4) and §441.710, all HCBS settings must comply with these rules for engagement in community life, integrated work environments, and control of personal resources by March 2022. On July 14, 2020, CMS extended the deadline for compliance with HCBS settings by one year. The current day habilitation model in the HCS, TxHmL, and DBMD waiver programs does not comply with requirements for community integration and will not be eligible for federal financial participation after March 2023.

PCLS TRACKING KEY:

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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain FY 2022-23 service levels, should the exceptional item receive funding.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2024	2025	2026
	\$1	\$1	\$1

4.A. Exceptional Item Request Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/26/2020**
 TIME: **4:54:17PM**

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Maintain Compliance with Federal Data Governance Requirements; Maintain Data Driven Decision Making		
	Item Priority: 10		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 12-01-01 Enterprise Oversight and Policy		
	12-01-02 Information Technology Capital Projects Oversight & Program Support		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	687,752	687,752
2001	PROFESSIONAL FEES AND SERVICES	751,800	751,800
2009	OTHER OPERATING EXPENSE	3,590,211	4,136,362
TOTAL, OBJECT OF EXPENSE		\$5,029,763	\$5,575,914

METHOD OF FINANCING:

1	General Revenue Fund	3,738,043	4,339,313
555	Federal Funds		
10.557.000	Special Supplemental Nut	75	75
10.557.001	SPECIAL SUPPL FOOD WIC	25,016	23,617
10.561.000	State Admin Match SNAP	173,280	167,423
93.767.000	CHIP	40,265	38,737
93.777.000	State Survey and Certific	262	262
93.778.000	XIX FMAP	2,294	2,294
93.778.003	XIX 50%	1,695	1,695
93.778.005	XIX FMAP @ 90%	701,568	670,016
96.001.000	Social Security Disability Ins	49,361	46,418
758	GR Match For Medicaid	86,786	82,850
8010	GR Match For Title XXI	7,467	7,187
8014	GR Match for Food Stamp Admin	173,159	167,309
8032	GR Certified As Match For Medicaid	30,492	28,718
TOTAL, METHOD OF FINANCING		\$5,029,763	\$5,575,914

FULL-TIME EQUIVALENT POSITIONS (FTE):

12.20 12.20

DESCRIPTION / JUSTIFICATION:

The Office of Performance seeks to continue the performance management and analytics efforts and capacity of the Health and Human Services (HHS) system in state fiscal

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years 2022 – 2023 (SFY22-23) by:

1. Continuing Enterprise Data Governance (EDG) efforts. In March of 2022, the federal match for the current Medicaid Enterprise Data Governance process will be reduced from the build related match rate of 90/10 to the operational match rate of 50/50. State GR is needed to supplement the previous federal funds to maintain EDG efforts and include data sets outside Medicaid. If EDG is not maintained, federal funding on other Medicaid projects could be at risk. If HHSC does not begin to expand EDG beyond Medicaid data sets, it will continue to experience data quality/availability issues in some areas and to be challenged by request that require connection of data across programs.

2. Maturing the Key Performance Indicator dashboards and performance measures created as part of the Performance Management & Analytics System (PMAS) performance management pilot and expanding system connections and analytic tool application within PMAS. Project one will connect data sets used by HHS staff managing critical system support decisions and actions (e.g., recommending office consolidation, managing emergency response, etc.) and apply a set of analytic tools and dashboards that will allow those staff to make more informed and efficient decisions (e.g., identify space consolidation recommendations likely to result in more savings and less impact to business operations). Project two would allow HHSC to track and monitor an HHSC clients interaction with the agency across two to three related programs in an effort to better understand clients’ use of HHSC services and to identify methods to measure the combined impact of programs/services on clients outcomes.

EXTERNAL/INTERNAL FACTORS:

Sunset and SB 200 (84R)

The HHS Sunset Report identified many specific deficiencies, and recommendations related to performance management, data analytics, and data management. These findings pointed to a need for a strategic and holistic approach to system integration and data interconnectedness. As a result, HHSC was directed to develop an HHS-wide data analytics and performance management approach and to strengthen its data governance processes and protocols.

The findings reiterated long standing internal and external assertions that HHSC’s multiple (and often siloed) program-specific applications and analytics platforms have created a number of challenges. Examples include:

1. Inability to effectively report person-centric health outcome results for all clients across its services delivery landscape,
2. Inability to efficiently monitor and relate client experiences and outcome across varied HHS programs,
3. Inconsistent data quality and availability related to varied (and often manual) data collection, handling and release processes; and
4. funding limitations that restrict the ability to leverage HHS IT investments across programs.

EDG and Federal Funding

The implementation phase, and federal funding structure of 90% for the EDG program, ends in March 2022. The maintenance phase is likely to have a funding structure of a 50% match thereafter. Additional GR is needed to support the PMAS roadmap and extend the EDG program beyond the Medicaid program and across the system.

Continuation of EDG work is required to maintain federal match for PMAS and many other current and future technology initiatives.

The funding needed for SFY22-23 is directly related to overcoming the challenges mentioned above. These dollars will continue and mature HHSC’s EDG work and allow HHSC to continue incremental progress toward developing an integrated data system that will serve as the foundation for data management and advanced analytics moving forward.

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PCLS TRACKING KEY:

n/a

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

The Health and Human Services (HHS) system seeks to improve critical outcomes for Texans across its program landscape by continuing to advance its performance management and analytics capabilities. This request supports these efforts by augmenting the base Performance Management and Analytics System (PMAS) and Enterprise Data Governance (EDG) projects.

The additional funding is required to address a deficit in general revenue funds that will occur in the SFY2022-23 biennium based upon modifications to the federal funding match rate.

- EDG funding in SFY2020-21 received federal match of 90/10 funding as it was new development for Medicaid only programs. In SFY2022-23 the federal match is being reduced to 50/50 in alignment with federal guidelines for operational support and cross HHS system program support. EDG operations cannot continue without the additional \$6M in general revenue.

- PMAS federal funding match in SFY2020-21 was slightly lower than anticipated given the cross-HHS system focus resulting in lower Medicaid funded programs involvement. An additional \$819K in GR funds are required for the support and maintenance of the performance management visualization system for SFY2022-23. Without these additional funds the required resource reductions will impact the ability to support, maintain, and enhance this system.

In addition, funding is requested for some new development efforts for both the EDG and PMAS projects.

- New development efforts required for EDG for the expansion of data stewardship activities to improve the effective control and use of HHS data assets. This includes the addition of 4 resources and small expansion of the existing platform.

- New development efforts required for the PMAS project for the implementation of one, or two, narrowly focused use cases. This includes the addition of 2 staff augmentation resources and a small expansion of the existing platform.

This requested funding will support the following new development efforts:

EDG - Expand EDG beyond Medicaid, which is a critical foundational step that must occur in order for any system wide data analytic or performance tools to be successful. Among other things, this very minimal expansion would enhance support for creation of an operational MDM for WIC. This tool would provide a daily feed of Medicaid pregnant women or new mothers who are not already enrolled in WIC, which WIC could then be used daily for outreach and recruitment. This exceptional item could lead to increased enrollment into the WIC program of 3,000 clients annually. With the average food benefits valued at \$600 per client each year, these clients may increase sales in local Texas grocery stores by \$1.8 million. Additionally, federal research conducted by USDA has shown that participation in WIC during the prenatal period has the potential to result in savings to the Medicaid program.

PMAS - One (possibly two) narrowly focused use cases designed to evaluate the benefits and return on investment associated with enhancing data connectivity across technology systems and applying analytics to those data sets. enhancing the data and analytics tools available to HHS staff managing critical system support decisions and actions (e.g., recommending office consolidation plans, managing emergency response activities, etc.). This would be accomplished by gathering and linking data that could help track and analyze the status of positions associated with office space throughout HHS lease portfolio. Once linked and organized the data could be used to take more immediate action when respond to an emergency (e.g., quickly identify and contact staff working in proximity to an individual that tests positive for COVID-19) or make more

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data driven cost savings recommendations related to space management. The second possible use case would advance HHS' capacity to readily monitor a client's interaction across two or three programmatic touchpoints within the HHS system and to use analytics to identify factors that may lead to more efficient realization of positive outcomes. This would automate the connection of these data sets and reduce the challenges in creating a more holistic view of a specific client set (i.e., IDD-BHS clients) and their unmet needs. This would enable the identification of individuals at risk of poor outcomes and provide the appropriate data to develop and implement targeted services .

Advancing HHS' performance management and analytics capabilities through these steps will allow HHS to:

1. Answer increasingly complex program policy questions by quickly and effectively connecting well managed data across HHS systems and programs.
2. Investigate business operations to identify and prioritize key indicator data that can measure, predict and positively influence client outcomes in multiple programs across the system.
3. Effectively manage program performance by automating tools used to monitor success indicators.

HHS seeks to develop and maintain an effective PMAS and EDG solution/structure that will:

- Fulfill SB 200, 84th Legislature, Regular session, 2015; and HB 1 Rider 175, 86th Legislature, 2019;
- Align with the data governance strategic project submitted on the 2009 CMS MITA Roadmap in the MITA 2.0 state self-assessment submission allowing HHSC to continue to receive enhanced funding from CMS for key MMIS projects;
- Align with the EDG initiative identified in the 2019 CMS MITA 3.0 State-Self Assessment as a key initiative helping to increase HHS' MITA maturity level;
- Fulfill response to Sunset Issue #7 for improved data management through the implementation and maintenance of a data asset inventory;
- Directly support the agency's strategic priorities;
- Provide a consolidated and integrated view of data interatively to enable data driven decisions to improve the health outcomes of their clients.

HHSC has four objectives for FY2022-23 for the EDG and PMAS projects. The additional funding requested will help support those objectives through the additional GR requested and the additional funds for new development:

- Enhance the performance management visualization system implemented in SFY20-21 to implement additional individual operational measures with expansion into other HHS program areas.
- Implement one or 2 narrowly focused use cases designed to evaluate the benefits and return on investment associated with enhancing data connectivity across technology systems and applying analytics to those data sets. Potential projects identified during the SFY2020-21 needs assessment include:
- Expand the effective control and use of HHS data assets through data stewardship activities within the EDG program. These data stewardship activities include the development and maintenance of additional HHS data profiles for stewarded data assets,
- On-going support and maintenance of the performance management visualization system; client and provider master data; data quality measurement processes, maintain data models, including associated metadata; and maintain repositories for metadata, data assets, and the business glossary.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

CURRENT

STATUS:

On-going.

HHS PMAS and EDG base projects:

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CODE	DESCRIPTION	Excp 2022	Excp 2023
	<p>1) is continuing their enterprise data governance (EDG) activities that include the development and implementation of a master data management solution, metadata repository, and data asset repository. All development work has been performed using an agile methodology to support the implementation of data updates and new functionality in a frequent release cycle;</p> <p>2) commenced an in-house needs assessment in January 2020 for performance management and data analytical needs;</p> <p>3) established development, test, and production infrastructure environments for the performance management data visualization system pilot in the Texas Department of Information Resources (DIR) data center, deployed the initial performance management pilot data visualizations into the production environment in December 2019, and is continuing the expansion and enhancement of the performance management pilot data visualizations; and</p> <p>4) obtained federal matching funds for the performance management data visualization system pilot development effort, the performance management and analytics solution needs assessment and procurement activities, and continued funding for the EDG activities.</p> <p>Ongoing in SFY 2020-21 activities Include:</p> <ul style="list-style-type: none"> • In-house needs assessment planning in progress with completion projected by the end of FY2020. • Performance management data visualization system proof of concept release initially deployed on 10/31/2019 followed by 2 subsequent releases on 11/30/2019 and 12/31/2019. • Lessons learned were gathered from the FY2019 Performance management data visualization system pilot implementation efforts to refine and improve the development process in FY20. Collection of feedback from the program areas utilizing the pilot is occurring in order to refine and improve visualizations to meet the program area needs. • Expansion and enhancements to the system is on-going in SFY20-21 with the acquisition of additional data sets, creation of new visualization objects, and the enhancement of published visualizations. • On-going support and maintenance of the performance management visualization system (pilot) through implemented change and issue management processes. • Publish, update and maintain a Master Data repository of member and reference data. • Assess and score maturity of all data models loaded in the centralized HHS Metadata repository. • Increase user onboarding within HHS analytic units to DAR and Metadata repository allowing increasingly efficient data discovery in the construction of ad hoc analytics . • Develop a data management strategy as a deliverable component of the Information Architecture self-assessment. • Enhance data stewardship framework, identify data stewards across the enterprise and train them using the developed framework and tools developed for data steward use. <p>Planned activities for FY2022-23 (base + EI funding) include:</p> <ul style="list-style-type: none"> • Continued support and maintenance of the performance management visualization system. • Profile source data for selected priority operational measures in order to correct issues and validate that the data being used for the selected priority operational measures calculations is valid • Enhance attribution for member and provider master data as needed and approved by the Data Governance and Performance Management (DGPM) Executive Steering Committee (ESC) and Council • Add business and technical metadata from non-Medicaid source systems to the DAR and Metadata repository • Continue enhancing and maintaining metadata that currently exists in the DAR and Metadata repository • Embed data stewardship tools and framework in HHS business processes • Advancing the maturity of the HHS data landscape, in support of the long-term goal of ensuring all HHS data is visible, accessible, understandable, trusted and governed 		

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- Development and maintenance of strategic roadmaps for HHS data sharing and analytics
- Implementation of one or two narrowly focused use cases designed to evaluate the benefits and return on investment associated with enhancing data connectivity across technology systems and applying analytics to those data sets.

OUTCOMES:

Providing the HHS system with the ability to connect data sources to track and measure cross-program outcomes throughout the continuum of care will ultimately have cost saving benefits. For example, improving outcomes and streamlining services for individuals in a community setting can result in decreased costs associated with repeated admissions to a state operated facility.

The PMAS project commenced in the SFY2018-19 biennium and has been operating as cost-based only.

The EDG project commenced in the SFY2014-2015 biennium, it is operating as a cost-based only.

Based upon the projected and estimated benefits with the SFY2022-23 PMAS development of one or two narrowly focused use cases and the creation of an operational MDM for Women, Infants and Children (WIC), potential benefits could be realized in SFY2022-23. Approval of this exception item funding request would support the following two development efforts projected to result in benefits for these 2 projects,

* Providing WIC with a daily feed of Medicaid pregnant women or new mothers who are not already enrolled in WIC, could be used by them daily for outreach and recruitment. This exceptional item could lead to increased enrollment into the WIC program of 3,000 clients annually. With the average food benefits valued at \$600 per client each year, these clients may increase sales in local Texas grocery stores by \$1.8 million. Additionally, federal research conducted by USDA has shown that participation in WIC during the prenatal period has the potential to result in savings to the Medicaid program.

* Facility Services use case for HHS System Support Services - With lease costs estimated around \$100 million per year (plus associated space support costs), having the ability to know and show precisely where space reductions are most feasible could lead to considerable dollar savings that could potentially pay for implementing this location-identifying capability.

It is assumed that as we assess the results of the Needs Assessment in SFY2021, additional use cases will be identified for both operational MDM scenarios and performance measures that can be leveraged and implemented for additional benefits in future biennia.

OUTPUTS:

Modernization of the HHS technology for data analytics will help with the challenges HHS has with multiple analytics hardware environments and program-specific data siloes. HHS leadership will have access to operational performance measures to aid them in making data-driven decisions and for better client health outcomes. User scenarios for the quantifiable benefits to be obtained from the implementation of advanced analytics are being developed. Anticipated benefits from cost avoidance and productivity efficiencies will result in a positive return on investment for this effort.

Given funding limitations in SFY2022-23 due to COVID-19 pandemic, implementation of the PMAS solution will be deferred to a future biennium. The additional funding requested in this exception item would enable the PMAS and EDG projects to continue to support and maintain the systems and processes developed to-date. In addition it would support the implementation of a few use cases and data stewardship advancement. Measuring the success of what this additional funding provides would be by project.

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PMAS Project:

- * Performance management visualization system enhance and modified. Validation that program areas are utilizing the system and realizing the anticipated benefits.
- * Implementation of new use cases would be assessed by the division they are implemented for as to the value add and cost savings or avoidances they realize or believe will be realized in a future biennium.
- * Data quality improvements, within source systems data acquired for performance measures, will be evident in the accuracy of the calculations contained in the performance measures visualization objects.

EDG Project

- * EDG's success measure is the number of systems and/or analytical units integrating with the MDM solution. The ability for systems and users to utilize the Master Client and Provider indices to improve the efficiency and accuracy of their data, data analytics, and reports is the main output measurement for this project. EDG outcomes result in data that is discoverable, accessible, understandable, trusted, and governed.
- * On the metadata side, the success measure is the number of Metadata Repository provisioned users across HHS. A Metadata Repository is crucial to Data Stewardship because of the ability to link the business data elements to its many physical implementations. This is crucial for Impact Analysis (a key deliverable from the Data Stewards). When changes are proposed, it is very important that the impact be assessed, and the proposed changes be propagated in all areas the data elements exist.
- * Data Quality Improvement: To assess the quality of data (and potentially improve it), the data must be profiled so that the current quality can be compared against the stated quality needed for business purposes. This process starts by identifying a business data element; however, profiling assesses the physical data in the database. Thus, it is necessary to establish a link from the business data element to the database element. This is accomplished using the tools in a metadata repository.

TYPE OF PROJECT

Data Management / Data Warehousing

ALTERNATIVE ANALYSIS

HHSC conducted several proofs of concepts for master data management -- 2009 POC with IBM's Master Data Management product and 2011 POC with Initiate's Master Data Service product. An assessment of existing analytical platforms (TIERS Data Mart, Vision21, and MFADS) conducted in 2011 determined that those environments were not viable options for an enterprise data analytics solution or master data management solution.

In 2014 HHSC decided to commence the implementation of the EMDM solution as a stand-alone enterprise application via the Enterprise Data Governance initiative.

Alternative solutions have been proposed to address the enterprise analytics needs for HHS in the past several years. HHS cancelled two competitive procurements conducted that resulted in an award for a comprehensive Enterprise Data Warehouse (EDW) solution prior to contract execution. HHS did not approve an alternative proposal to expand the existing analytics technologies and capabilities at TMHP proposed in 2017 due to procurement concerns as this would have expanded the analytics platform at TMHP beyond Medicaid to include Public and Behavioral health data.

This current proposal expands HHS owned performance management visualization system's and enterprise data governance's infrastructure analytics tools, technologies and capabilities on HHS owned infrastructure located within the DCS facilities. It is an incremental approach that leverages and grows from our current capabilities.

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Health and Human Services Commission

CODE	DESCRIPTION							Excp 2022	Excp 2023
ESTIMATED IT COST									
2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project		
\$0	\$0	\$4,094,472	\$4,716,090	\$4,094,472	\$4,716,090	\$4,094,472	\$21,715,596		
SCALABILITY									
2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project		
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
FTE									
2020	2021	2022	2023	2024	2025	2026			
0.0	0.0	2.0	2.0	2.0	2.0	2.0			

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

- *CADS and Office of Performance out-year costs for state staff to lead increased work activities and improve quality of and visibility of HHS data - \$676k each fiscal year
- *CADS out-year costs for Advanced Analytics for licenses and software - \$19k in FY2024, \$26k in FY2025, and \$19k in FY2026
- *CADS out-year costs for EDG for licenses and software - \$40.8k in FY2024, \$50.7k in FY2025, and \$40.8k in FY2026
- *IT out-year costs to support existing Enterprise Data Governance, Advanced Analytics and Performance Mgmt of PMAS efforts due to higher general revenue match requirement - \$2.8m in FY2024, \$3.4m in FY2025 and \$2.8m in FY2026
- *IT out-year costs to support Advanced Analytics contracting services, software and data center services - \$1m each fiscal year
- *IT out-year costs to support Enterprise Data Governance explanation of platform for data hub integration and analytics - \$237k each fiscal year

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2024	2025	2026
\$4,937,297	\$5,575,914	\$4,937,297

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 83.00%

CONTRACT DESCRIPTION :

*Goods and services would be obtained through the Department of Information Resource's Cooperative Purchasing program.

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*HHSC procures data center services from the Department of Information Resources Data Center Services through the established interagency contract. HHSC would procure these services through the already established contract and expand the costs of the already established contract.

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DATE: 10/26/2020
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Agency code: 529 Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Complete Construction and Expanded Operations in State Hospitals Item Priority: 11 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies:		
	07-02-01 Mental Health State Hospitals		
	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	1	1
5000	CAPITAL EXPENDITURES	2	1
TOTAL, OBJECT OF EXPENSE		\$3	\$2
METHOD OF FINANCING:			
1	General Revenue Fund	3	2
TOTAL, METHOD OF FINANCING		\$3	\$2

DESCRIPTION / JUSTIFICATION:

HHSC is actively engaged in major building projects that the 85th and 86th Legislatures committed to and which will require additional funding in 2021 to complete construction and operate beds in the expanded capacity. The state has already committed more than \$745 million toward these projects, which began with the 2017 plan to expand and replace the state psychiatric hospital system.

This item is a \$1 placeholder pending direction from the legislature. To aid in discussions, this item includes requests to finish out the work begun by the 85th and 86th legislatures and further the comprehensive plan established by HHSC. Funding options include:

- a. the operation of a minimum of 350 additional beds at Kerrville and San Antonio state hospitals and the new UTHealth Houston hospital. These facilities will be complete in the coming biennium. Failure to fund operations would mean these buildings sit vacant and unused.
- b. the second half of funding to completion of the construction to replace the aging Austin and San Antonio state hospitals. Approximately half of the construction cost was provided in the 86th. Extending construction time adds additional costs.
- c. pre-planning and planning of new hospitals in the Dallas area and the panhandle; and pre-planning and planning for the replacement of North Texas - Wichita Falls and Terrell state hospitals. These hospitals were named as needing total replacement by CannonDesign in 2014, and eventually, their buildings will begin failing if replacement is

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not addressed. If funded, these projects would add FTE(s) to the request.

EXTERNAL/INTERNAL FACTORS:

HHSC initiated construction at Austin and San Antonio state hospitals in FY2020, with partial funding appropriated for the 20-21 biennium. This partial funding will include build out to warm shell only. Final funding is needed to complete the rest of the hospital build out.

CannonDesign's analysis of the state hospital system in Texas showed that many of our physical buildings were well beyond the point of repair - it is costlier to repair many current structures than replace them. Replacement also would allow for construction that is more conducive to modern psychiatric care. The CannonDesign report also identified issues related to overall capacity. The report estimated that the state needed an additional 1100 beds in the coming years to keep up with the demand for inpatient psychiatric services.

Delaying the completion of construction projects will result in increased escalation costs, if the state chooses to begin or restart projects in future years.

The agency is currently engaged in litigation because of waiting lists and waiting times for state hospital beds.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Dependent on final projects pursued.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2024	2025	2026
	\$2	\$2	\$2

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 0.00%

CONTRACT DESCRIPTION :

Contracts depend on projects pursued. Contracts for the planning and construction projects may include IACs or contracts with construction managers-at-risk. IACs for pre-planning and planning could be \$10M+, while construction project contracts will be in the hundreds of millions.

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Ensure Critical Facility Infrastructure Efficiency and Safety		
	Item Priority: 12		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies:		
	07-02-01 Mental Health State Hospitals		
	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	382,313	382,313
2001	PROFESSIONAL FEES AND SERVICES	694,436	694,436
2005	TRAVEL	13,200	13,200
2009	OTHER OPERATING EXPENSE	939,970	909,427
5000	CAPITAL EXPENDITURES	103,657,518	0
TOTAL, OBJECT OF EXPENSE		\$105,687,437	\$1,999,376

METHOD OF FINANCING:

1	General Revenue Fund	58,770,428	1,999,376
8226	MLPP Revenue Bond Proceeds	46,917,009	0
TOTAL, METHOD OF FINANCING		\$105,687,437	\$1,999,376

FULL-TIME EQUIVALENT POSITIONS (FTE):

4.10	4.10
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DESCRIPTION / JUSTIFICATION:

Ensuring the safety of SSLC residents, state hospital patients, their visitors, and facility staff is one of HHSC's most important responsibilities. We are responsible for ensuring resident, patient and staff safety during transport and when occupying state-owned buildings. This exceptional item ensures state hospitals and state supported living centers (SSLC) can provide services in safe environments that promote the well-being of individuals served and meet certification and accreditation standards. These goals cannot be met without regular vehicle and equipment replacement, and the maintenance and repair of buildings through capital contracts.

The funds are necessary for effective and efficient agency operations. If equipment or infrastructure fails, HHSC must make costly emergency repairs or purchases to maintain operations.

EXTERNAL/INTERNAL FACTORS:

HHSC cannot meet safety standards set by regulatory/accrediting bodies without sufficient funds to replace vehicles replace major equipment and make building repairs to meet basic standards and continue safe operations. Failure to meet standards may result in injury, emergencies, reduction in capacity, relocation of people and inability to bill

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3rd party payors. Inadequate IT infrastructure further complicates the facilities' efforts to support modern healthcare practices and processes.

HHSC operates under Joint Commission Accreditation, the Centers for Medicaid and Medicare program for ICFs, a DOJ settlement agreement and HHSC-Regulatory Services Division. These bodies set standards for maintaining a safe and healthy environment (e.g. air/water temperature, fire hazards and ADA).

When there are insufficient resources in a given biennium, there are more critical system failure and dangerous conditions are left unaddressed. When facilities cannot achieve basic levels of safety, people must be moved or the census reduced.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Four project managers will continue through 2026 to manage the repair and renovation capital projects to completion and close-out. Additionally, the agency requests carry forward authority for the capital funds.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2024	2025	2026
\$446,040	\$446,040	\$446,040

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 79.00%

CONTRACT DESCRIPTION :

The majority of the funding will be expended on contracted goods and services for construction and general contractor services; skilled trades like plumbing; equipment like HVAC systems and boilers.

Contracts will be awarded for consulting, construction, other professional services, goods with varying durations based on the project using the Request for Proposal (RFP) method.

Certain architectural and engineering services will need to be procured in order to accomplish some projects since these cannot be performed in house with existing resources. HHSC procures technology goods and services through the Department of Information Resource's cooperative purchasing program.

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DATE: **10/26/2020**
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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Stabilize E-Discovery 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:

2001	PROFESSIONAL FEES AND SERVICES	5,500,000	1,650,000
TOTAL, OBJECT OF EXPENSE		\$5,500,000	\$1,650,000

METHOD OF FINANCING:

1	General Revenue Fund	2,104,206	631,261
555	Federal Funds		
10.557.001	SPECIAL SUPPL FOOD WIC	35,640	10,692
10.561.000	State Admin Match SNAP	488,785	146,636
93.767.000	CHIP	71,170	21,351
93.777.000	State Survey and Certific	29,411	8,823
93.778.000	XIX FMAP	93,170	27,951
93.778.003	XIX 50%	1,048,300	314,490
758	GR Match For Medicaid	1,067,273	320,182
8010	GR Match For Title XXI	13,420	4,026
8014	GR Match for Food Stamp Admin	488,785	146,636
8032	GR Certified As Match For Medicaid	59,840	17,952
TOTAL, METHOD OF FINANCING		\$5,500,000	\$1,650,000

DESCRIPTION / JUSTIFICATION:

The purpose of this Exceptional Item is to equip HHS Legal with the advantages of a hybrid technology model in support of the Agency 10 Year plan for the Business Enablement Platform using cloud computing to effectively and efficiently to address litigation, public information requests and investigations.

HHSC is party to lawsuits filed in state and federal courts. The discovery phase of litigation requires each party to collect, analyze, and produce all documents and information relevant, including electronically stored information (ESI). The electronic discovery (e-discovery) process requires collection and analysis of significant volumes of ESI across several different departments spanning across multiple years. Failure to meet e-discovery obligations could result in significant monetary penalties and sanctions. Therefore, HHSC has an urgent need for an e-discovery solution that provides a efficient and effective approach to all stages of the e-discovery process.

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An e-discovery solution is also required to properly perform investigations and respond to public information requests requiring voluminous amounts of ESI to be identified, reviewed, analyzed, and produced.

The Veritas Clearwell platform was purchased in 2011 with a yearly maintenance cost of \$547,000. The existing application fails to meet the evolving needs and lacks optimal configuration for distributive processing, functionalities, performance, and requires unnecessary process requirements, and downtimes. HHSC is constrained by the lack of efficiencies necessary to meet the e-discovery and ESI processing demands of large-scale or complex lawsuits, investigations, and requests for public information.

EXTERNAL/INTERNAL FACTORS:

Internal:

*Technical Advances - The Veritas Clearwell solution was obtained in August 2011 and was a leader in the marketplace. Now, it near the end of service life and Veritas Clearwell is no longer a market leader. OAG has moved to Relativity and will request information to be imported from Clearwell.

*Stakeholder Concerns - HHS System agencies collaborate with the OAG Electronic Discovery Services department for many litigation matters. As a result, the staff and technology needed to assure court compliance in all matters is required. In addition, many Public Information Requests and investigation requirements can only be satisfied using electronic discovery technology.

External:

*Mandates - HHS System of agencies must follow Federal and State electronic discovery and public information law. The existing electronic discovery technology at DSHS and HHSC is Veritas Clearwell. OAG also uses Veritas Clearwell on limited basis, creates production through Relativity.

*Court Orders - All litigation must follow Federal and/or Texas law about electronic discovery and evidence. Each HHS System agency has multiple cases needing electronic discovery. Currently, electronic discovery technology is used to satisfy business requirements for legal, investigation and public information requests.

PCLS TRACKING KEY:

PCLS_87R_529_591326

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

An effective digital records legal management system has never been more important as people work remotely at home and in separate offices across the state of Texas. In support of HHS' 10-year plan for the Business Enablement Platform, this Exceptional Item aims to equip HHS Legal Services with a digital management system with the advantages of a hybrid technology model. This hybrid technology will use both cloud computing to effectively and efficiently address litigation, public information requests, and investigations, and E-Discovery to support the following parts of the initiative:

- The platform must be compatible with Office 365, LOI and Modernized Tech Device Platform (Citrix).
- User data on any agency device or in any location must be easily identified and saved.
- The technology must follow data services/data governance via the Enterprise Content Management Tool.
- The technology must have better data classification that allows legal teams to rapidly retrieve accurate data.
- The technology must include reporting and analytics, data tagging, security, cataloging, support data loss prevention, and ensure that all data is retained according to HHS policies.

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As state and federal laws and courts adapt to the increasing complexity and volume of electronically stored information (ESI), the professional discipline of Electronic Discovery Services (EDS) and technology are improving. Private sector law firms are fully equipped with skills and resources to compete; however, HHS System legal teams are constrained by tools that are not as efficient and lack the environment scalability necessary to meet the demands of large cases. As a result, State legal departments have increased workloads to support legal, investigative, or public information requirements.

HHS agencies are parties to lawsuits filed in state and federal courts. Like all Texas agencies, the Office of the Attorney General (OAG) represents HHS agencies in litigation. Technical advances in the legal technology marketplace are maturing, and more effective and efficient solutions enable legal teams to manage and respond to litigation matters, investigations and public information requests that need evidence and information to be identified, culled, vetted, reviewed, analyzed, and produced. The existing technology for eDiscovery produces six million documents totaling eight hundred gigabytes of information and evidence on average every month for HHSC alone. When all agency eDiscovery and public information requests are combined, the average is over 10 million documents and one terabyte of information on average every month. It is not possible to be responsive without legal technology.

Therefore, for the HHS system to improve compliance and resource demands, a hybrid Electronic Discovery platform must be established to support and serve all HHS system agency legal, investigative and public information business needs.

This project will replace the current platform and upgrade to a hybrid technology model using cloud computing, allowing for scalability and effective utilization of resources.

Utilizing a hybrid cloud solution along with servers at Data Center Services (DCS) in San Angelo for centralized control and monitoring.

Creating security and disaster recovery (DR) plans. Conducting tabletop exercises to test DR of new and updated systems.

Subject Matter Experts (SMEs) collaborating with vendors to implement and configure the eDiscovery platform.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New request for consideration by 87th Legislature

OUTCOMES:

Upgrading the technology system will provide HHSC the ability to upload production files to OAG which are readable and provide collaboration with HHS Legal Services and OAG related to cases across Texas. The new system will provide the ability to do early case assessment to decrease the amount of data needed for the case and only pull the data related to the case.

OUTPUTS:

Upgrading to new technology that is compatible with OAG would reduce the staff time in fixing issues or resubmitting production files. It would also assist Legal in reviewing case information instead of going through two system Clearwell and Relativity.

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TYPE OF PROJECT

Other Administrative Functions

ALTERNATIVE ANALYSIS

As an alternative, HHSC could replace current eDiscovery platform (Veritas Clearwell) in hybrid solution over a longer period (4 years), migrating open matters. Another option could be to outsource entire eDiscovery process to eDiscovery managed services (projected to cost more so not included as scalability option).

ESTIMATED IT COST

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$5,500,000	\$1,650,000	\$1,815,000	\$1,996,500	\$2,196,150	\$13,157,650

SCALABILITY

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$1,000,000	\$500,000	\$500,000	\$500,000	\$500,000	\$3,000,000

FTE

2020	2021	2022	2023	2024	2025	2026
0.0	0.0	0.0	0.0	0.0	0.0	0.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Ongoing hosted services assuming a 10% growth and cost escalation per year - \$1.8m in FY2024, \$2.0m in FY2025, \$2.2m in FY2026

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2024	2025	2026
\$1,815,000	\$1,996,500	\$2,196,150

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 100.00%

CONTRACT DESCRIPTION :

*HHSC procures the DCS services from DIR through the established interagency contract. HHSC plans utilizing hybrid Cloud solution along with servers at Data Center Services (DCS) in San Angelo for centralized control and monitoring.

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CODE DESCRIPTION

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*Solution for a legal case management system would be obtained through the Department of Information Resource's Cooperative Purchasing program.

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: CAPPS Compliance and Stabilization 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	294,382	296,157
2001	PROFESSIONAL FEES AND SERVICES	10,371,300	11,620,598
2009	OTHER OPERATING EXPENSE	867,029	561,962
	TOTAL, OBJECT OF EXPENSE	\$11,532,711	\$12,478,717

METHOD OF FINANCING:

1	General Revenue Fund	5,065,809	5,331,639
555	Federal Funds		
10.557.001	SPECIAL SUPPL FOOD WIC	39,114	37,880
10.561.000	State Admin Match SNAP	491,720	530,974
93.767.000	CHIP	125,039	135,091
93.777.000	State Survey and Certific	52,503	56,315
93.778.000	XIX FMAP	1,429,351	1,643,335
93.778.003	XIX 50%	1,355,209	1,460,373
96.001.000	Social Security Disability Ins	167,886	192,403
758	GR Match For Medicaid	1,372,655	1,478,672
8010	GR Match For Title XXI	23,606	25,511
8014	GR Match for Food Stamp Admin	491,720	530,974
8032	GR Certified As Match For Medicaid	918,099	1,055,550
	TOTAL, METHOD OF FINANCING	\$11,532,711	\$12,478,717

FULL-TIME EQUIVALENT POSITIONS (FTE):

45.60 47.70

DESCRIPTION / JUSTIFICATION:

This exceptional item would support:

- a) the migration of the Accounts Receivable Tracking System (ARTS) to the Centralized Accounting and Payroll/Personnel System (CAPPS) Financials;
- b) the upgrade of CAPPS Human Capital Management (HCM) system to comply with the CPA CAPPS Statewide Baseline CACE approach established for Hub agencies.
- c) the upgrade of CAPPS Financials (FIN) system to comply with the CPA CAPPS Statewide Baseline Consolidated Application Control Environment (CACE) approach for

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Hub Agencies; and

a) ARTS - replace the current 25-year old Accounts Receivable Tracking System (ARTS) with a solution with functionality, reporting and support to be integrated with the existing PeopleSoft CAPPs Financials - web-based application by enabling and customizing the Accounts Receivable module within PeopleSoft product. The recovery portion of new system will require compliance with numerous federal, state laws, rules, regulations and agency policies for both client and provider claims, billing, collections (revenue) management, supports the federal Treasury Offset Program reporting.

b) HCM - In 2012, the Comptroller of Public Accounts (CPA) authorized the agency to install its own version of the Centralized Accounting and Payroll/Personnel System (CAPPs) PeopleSoft application--making HHSC a CAPPs Hub agency. The Hub software designation from CPA allows HHSC the ability to provide efficiency enhancements to the CPA baseline Human Capital Management (HCM) program code.

c) FIN - In 2012, the Comptroller of Public Accounts (CPA) approved some agencies to run their own installations of the Centralized Accounting and Payroll/Personnel System (CAPPs) PeopleSoft application. The HHSC CAPPs system became an official CPA Hub in March 2015.

Funding for (b) and (c) is requested to upgrade the CAPPs system to comply with the CPA CAPPs Statewide Baseline Consolidated Application Control Environment (CACE) approach established for Hub agencies.

EXTERNAL/INTERNAL FACTORS:

a) ARTS - is a critical system for HHS Finance and interfaces with many other HHS systems. Approximately \$3.5 billion in receivables flows through ARTS every year. ARTS has experienced a tremendous increase in volume and demand because of legislation passed in prior sessions.

Internal: Federal and State audit organizations that have major and minor findings related to the existing application. These range from changes in processing that cannot be done due to the age of the current system, security provisions that cannot be implemented due to the technical architecture and overall complexity of the existing system.

External: Current Internal security audit findings and audit recommendations exist. These range from changes that are too complex or cannot be done due to the fragility of the current system. In addition, there are security provisions that also cannot be implemented due to the fragility of the current system. Any change beyond a minor modification risks introducing multiple failures/errors in ARTS processing due to poor engineering.

b) CAPPs HCM - CPA CACE agreement mandates applying code changes from CPA.

c) CAPPs FIN - CPA CACE agreement mandates applying code changes from CPA.

PCLS TRACKING KEY:

PCLS_87R_529_591324

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

a) ARTS - the development costs are for integration and module customization, as well as for and functional testing as part of the replacement effort. There is an estimated amount of custom development work that is expected for reporting and data tracking. This will be People Soft development and/or Oracle resource tasks that will need skilled

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resources assigned. Contracted resources will be doing the work associated with the integration of the new accounting module into the CAPPs application - development, design, data conversion, testing, and documentation - and the environment will reside in the DIR data center. \$3.6m all funds for FY2022 / \$4.8m all funds for FY2023

b) HCM - Funding is requested for contracted resources to upgrade the CAPPs HCM system to comply with the CPA CAPPs Statewide Baseline Consolidated Application Control Environment (CACE) approach established for Hub agencies in early 2018. The CACE approach is a defined process for managing a single code line from CPA HCM CAPPs Central to integrate with the HHSC HCM code line and the environment will continue to reside in the DIR data center. The CACE agreement requires CAPPs Hub agencies to comply with CACE PeopleTools and Image code line upgrades within 15 months, and within three months of a monthly release package. Cost also include a request for additional state staff to maintain the upgraded version. \$3.8m all funds in FY2022 / \$4.1m all funds in FY2023

c) FIN - Funding is requested for contracted resources is requested to upgrade the CAPPs Financials (FIN) system to comply with the CPA CAPPs Statewide Baseline Consolidated Application Control Environment (CACE) approach for Hub Agencies along with the DIR data center services for infrastructure support. The CACE approach has a defined process for managing a single code line which would use the same code baseline created by CPA. The code baseline line adheres to the same state statewide statutes and fiscal business processes and policies. \$3.0m all funds in FY2022 / \$3.1m all funds in FY2023

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

STATUS:

New request for consideration by 87th Legislature

OUTCOMES:

a) ARTS - This request is the result of the analysis for cost, current technology options and agency roadmap as the best solution for this need. Since the CAPPs Financials system is the point of record for all HHSC financial data and financial operations, this integration is a path to consolidating financial system information to a central location.

b) HCM - The costs savings for design, programming and testing for FFCRA are estimated to be 480K for this change alone (8 resources at \$150 an hour for 400 hours each). If support is lost from CPA, this additional costs would be passed to HHSC. Also while hard to establish a cost, there are business timelines the agency must meet for payroll and a uniform custom calculation from CPA eliminates the needs for policy interpretation for federal changes. The payroll calculation is also now standardized with the CPA calculation. Mobile device support would assist employees not working in an office environment with administrative agency needs such as time and reporting.

c) FIN - CPA CAPPs FIN image #32 offers HHSC many software benefits once implemented. The image would contain all PeopleSoft fixes issued since image #0. and would reduce the number of help desk tickets for budget check errors on purchasing documents. The PeopleSoft technical architecture would be upgraded to support mobile technology and the overall Peoplesoft framework would receive new security enhancements. The CPA CAPPs FIN Accounts Receivable module enhancements would also be part of image #32 and will be available for HHSC to begin planning for a replacement of the ARTS system that will require revenue collection interfaces with Treasury and credit card solutions. There is also new PeopleSoft module functionality for Inventory and Mobile Inventory that would benefit the state supported living centers and state hospitals by using mobile inventory technology for supply services. The new consumer inventory tracking and will replace a 20+ year outdated system. Also the DocuSign integration that PCS has continually requested to eliminate paper signatures from the current business processes will be delivered. HHSC would also be brought into compliance with the CACE agreement.

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OUTPUTS:

a) ARTS - there are no baselines or established metrics that can be used as a benchmark. As a result, the primary expectation of this new solution would be that it would better support the users and business area, allow more accurate tracking of data, and allow a more robust support model to be put in place.

b) HCM - An upgraded current HCM HHSC system would be fully compliant with CPA CACE agreement and would be eligible for continued support assistance from CPA. Since mobile support would be added, there could be additional uses identified to deploy to mobile devices. Network and application security would be enhanced using more current improved technology.

c) FIN - All changes from CPA in image #32 would become a part of the HHSC CAPPs FIN baseline modernizing the CAPPs technical architecture. PCS could begin to utilize Docusign within CAPPs FIN procurement processes streamlining the procurement business process. For MIMS Inventory Modules this would save time on the interfaces between the old Lawson system to the PeopleSoft system. Would provide a more reliable platform with new software that can be upgrade in regular cycles. Workstations that are being held back from the Windows 10 upgrade because of the old system, would be allowed. Overall security and reliability of the system would improve.

TYPE OF PROJECT

Enterprise Resource Planning (ERP)

ALTERNATIVE ANALYSIS

1) ARTS - The project could be lengthened beyond the proposed biennium with a smaller staff. This would delay enhancements to the system. Scalability amounts reflect expending the project from 2 years to 4 years. The project could be descoped to upgrade servers and implement a disaster recovery environment within the Department of Information Resources Data Center Services environment (not upgrade the system). This could be a risk as not upgrading the software may result in the existing software not running on the upgraded hardware. This would not address the audit, fraud or data integrity issues. The core drivers for this request would not be addressed. Alternatives, such as custom development by third parties or off-shelf products, are considered to be cost prohibitive or lacking in the proper functionality to support the large amount of claims and stakeholders.

b) HCM - Since CACE is mandatory to HHSC per CPA, there are no additional technical alternatives.

c) FIN - HB3106 from the 80th Legislative Session in 2007 granted CPA authority over ERP projects and CAPPs is the required CPA solution for ERP in Texas. The only alternative is to remain non-compliant with CPA CACE agreement, risking the loss of CAPPs Governance and agency voting rights, as well as an official notification to state leadership including the LBB and the Governor's office of non-compliance. HHSC could also lose its CPA Hub Status. New baselines are released every 18-24 months, a scaled approach that extends beyond the biennium would leave the team out of compliance. An option to supplement some staff with FTEs would be possible with the assumption that there would be the ability to retrain after the project is done. Most likely targets are the PM and 2 Testers.

ESTIMATED IT COST

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$10,624,030	\$11,873,328	\$2,814,406	\$2,814,406	\$2,814,406	\$30,940,576

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SCALABILITY

2020	2021	2022	2023	2024	2025	2026	Total Over Life of Project
\$0	\$0	\$4,312,857	\$4,935,574	\$3,544,006	\$2,142,735	\$937,509	\$15,872,681

FTE

2020	2021	2022	2023	2024	2025	2026
0.0	0.0	45.0	47.0	3.0	3.0	3.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

- a) ARTS - Ongoing costs for support of the server and infrastructure, storage and memory within the Department of Information Resources data center consolidation program (\$1.6m per fiscal year)
- b) HCM - Ongoing costs for support of state staff to support the system along with the server (\$253k per fiscal year) and infrastructure, storage and memory within the Department of Information Resources data center consolidation program (\$732k per fiscal year)
- c) FIN - Ongoing costs for support of the server and infrastructure storage and memory within the Department of Information Resources data center consolidation program (\$367k per fiscal year)

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2024	2025	2026
\$2,851,895	\$2,851,895	\$2,851,895

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 92.00%

CONTRACT DESCRIPTION :

a) ARTS - HHSC procures managed application services from the Department of Information Resources Data Center Services through the established IAC number 529-13-0088-0001. HHSC would procure the services for system development and infrastructure support through the already established contract - expanding the costs of the already established contract.

b and C) HCM and FIN - HHSC procures staff augmentation contractors thru Department of Information Resources existing contracts. HHSC procures infrastructure support from the Department of Information Resources Data Center Services through the established interagency contract. HHSC would procure these services through the already established contract - expanding the costs of the already established contract.

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CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: Article II Assessment Costs Item Priority: 15 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: No Includes Funding for the Following Strategy or Strategies: 12-01-01 Enterprise Oversight and Policy		

OBJECTS OF EXPENSE:

2009	OTHER OPERATING EXPENSE	14,718,764	13,352,938
TOTAL, OBJECT OF EXPENSE		\$14,718,764	\$13,352,938

METHOD OF FINANCING:

1	General Revenue Fund	14,718,764	13,352,938
TOTAL, METHOD OF FINANCING		\$14,718,764	\$13,352,938

DESCRIPTION / JUSTIFICATION:

This exceptional funding request is to support the on-going cost of the Health and Human Services Commission (HHSC) providing administrative and support services to the Department of State Health Services (DSHS) and the Department of Family and Protective Services (DFPS).

To more effectively and efficiently provide HHS services, some Article II administrative and support functions are consolidated within HHSC. Costs incurred by HHSC which benefit other Article II agencies are identified and billed to benefiting agencies based on methodologies specified in HHSC's Public Assistance Cost Allocation Plan (PACAP). Inter-agency billings are based on actual costs and supported by documentation to justify the billed amount. The bases for the calculation of actual billed costs are addressed in each agency's PACAP or Indirect Cost Rate Proposals and will vary based on the type of service being provided. This methodology seeks to maximize federal revenue at each benefitting agency.

The consolidation of Article II agencies under S.B. 200, 84th Leg., R.S. and H.B. 5, 84th Leg., R.S. shifted the cost of administrative and support services performed in HHS Assessment bill between the HHS agencies. The abolishment of the Department of Assistive and Rehabilitative Services (DARS) and subsequent transfer of vocational rehabilitation services to the Texas Workforce Commission (TWC) did not reduce the administrative and support service being provided by HHSC. S.B. 208, 84th Leg. R.S. transferred general revenue to TWC which was once used by DARS to pay the agency's share of the HHS Assessment. This meant the cost associated to DARS' share of the HHS Assessment shifted to the remaining Article II agencies.

The general revenue requested in this exceptional item seeks to maintain the administrative and support functions provided by HHSC to DSHS and DFPS to prevent possible interruptions in critical services provided by these agencies.

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EXTERNAL/INTERNAL FACTORS:

The consolidation of Article II agencies under S.B. 200, 84th Leg., R.S. and H.B. 5, 84th Leg., R.S. shifted the cost of administrative and support services performed in HHS Assessment bill between the HHS agencies. The abolishment of the Department of Assistive and Rehabilitative Services (DARS) and subsequent transfer of vocational rehabilitation services to the Texas Workforce Commission (TWC) did not reduce the administrative and support service being provided by HHSC. S.B. 208, 84th Leg. R.S. transferred general revenue to TWC which was once used by DARS to pay the agency's share of the HHS Assessment. This meant the cost associated to DARS' share of the HHS Assessment shifted to the remaining Article II agencies.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year cost to maintain current level of service if item is adopted.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2024	2025	2026
	\$13,352,938	\$13,352,938	\$13,352,938

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Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: OIG - Restoring Cuts to Nurse Cost Allocation Item Priority: 16 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:

2009	OTHER OPERATING EXPENSE	2,440,987	2,440,987
TOTAL, OBJECT OF EXPENSE		\$2,440,987	\$2,440,987

METHOD OF FINANCING:

555	Federal Funds		
93.778.003	XIX 50%	732,296	732,296
93.778.004	XIX ADM @ 75%	732,296	732,296
758	GR Match For Medicaid	976,395	976,395
TOTAL, METHOD OF FINANCING		\$2,440,987	\$2,440,987

DESCRIPTION / JUSTIFICATION:

This exceptional item request will restore OIG clinical staff funding that was reduced by a recent change in federal funding match. OIG clinical staff have historically been funded at a 75:25 federal to state Medicaid match. CMS notified HHSC that effective July 2019, clinical staff could no longer be funded at this rate for administrative expenses, and that the rate would be adjusted down to 50:50 unless there is justification by HHSC for a higher rate. A time study was completed which showed the funding will be in the 60:40 range. This change in funding could reduce OIG nursing staff by 37 FTEs, reducing OIG recoveries by over \$11M.

EXTERNAL/INTERNAL FACTORS:

The OIG has completed a time study to justify a higher match rate than 50:50. The study revealed the match rate should be 60:40. The OIG will have to reduce clinical staff in order to stay within its current budget, and this will impact recoveries to the State.

PCLS TRACKING KEY:

4.A. Exceptional Item Request Schedule
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/26/2020**
TIME: **4:54:17PM**

Agency code: **529**

Agency name:

Health and Human Services Commission

CODE DESCRIPTION

Excp 2022

Excp 2023

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain service level base on current assumed cost allocation plan.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2024	2025	2026
	\$2,440,987	\$2,440,987	\$2,440,987

4.A. Exceptional Item Request Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
 TIME: 4:54:17PM

Agency code: 529 Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: OIG - Access to Work Number Item Priority: 17 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:

2009	OTHER OPERATING EXPENSE	250,000	250,000
TOTAL, OBJECT OF EXPENSE		\$250,000	\$250,000

METHOD OF FINANCING:

1	General Revenue Fund	1,729	1,729
555	Federal Funds		
10.561.000	State Admin Match SNAP	117,382	117,382
93.778.003	XIX 50%	6,753	6,753
758	GR Match For Medicaid	6,753	6,753
8014	GR Match for Food Stamp Admin	117,383	117,383
TOTAL, METHOD OF FINANCING		\$250,000	\$250,000

DESCRIPTION / JUSTIFICATION:

This exceptional item will restore the Health and Human Services OIG Beneficiary Program Integrity (BPI) team's access to Equifax's The Work Number (TWN), which is a critical source for employment verification and income information used in 85% of beneficiary investigations.

The Work Number is an employment verification service available to Social Service Agencies, such as the OIG, as a database of employment and income information. This service is a large repository of payroll information, and the OIG utilized this database to help determine eligibility for government assistance.

TWN provides an investigator information about whether an individual was employed or receiving income during the period under investigation. An investigator may also request employment verification from an employer. Major employers generally will not provide employment verification but will refer the investigator to TWN for employment verification.

EXTERNAL/INTERNAL FACTORS:

BPI previously had access to TWN through a contract held by Access and Eligibility Services at HHSC. When the subcontract was discontinued, BPI lost access and does not have sustainable funding to obtain its own contract.

4.A. Exceptional Item Request Schedule
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Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
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BPI may use administrative subpoenas to obtain employment verification, but companies headquartered out of Texas, such as large retailers, are not required to respond and generally will not provide the information.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Maintain service if exceptional item adopted.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2024	2025	2026
\$250,000	\$250,000	\$250,000

4.A. Exceptional Item Request Schedule
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DATE: 10/26/2020
 TIME: 4:54:17PM

Agency code: 529 Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: TCCO - Caseload Growth and Housing Rate Increase Item Priority: 18 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	291,908	840,627
2006	RENT - BUILDING	496,576	1,443,345
2009	OTHER OPERATING EXPENSE	21,573	61,803
TOTAL, OBJECT OF EXPENSE		\$810,057	\$2,345,775
METHOD OF FINANCING:			
1	General Revenue Fund	810,057	2,345,775
TOTAL, METHOD OF FINANCING		\$810,057	\$2,345,775

DESCRIPTION / JUSTIFICATION:

The passage of SB 746 during the 84th Legislative Session revamped the state's civil commitment program. It also provided for civil commitment cases to be tried in the client's court of last conviction for a qualifying sex offense. As a result, it is difficult to predict the number of sexually violent predators (SVPs) that will be committed each year by local courts. However, the number of civilly committed SVPs released from prison has continued to increase annually. TCCO under Government Code, Chapter 420 A and Health & Safety Code, Chapter 841 is solely responsible for providing the treatment and supervision of civilly committed SVPs who are civilly committed until the SVP's 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 court of commitment has released the SVP. The number of SVPs who are civilly committed and in TCCO's program is expected to be 475 in FY 2022 and 507 in FY 2023. The baseline funding does not provide for increase in the housing per diem rate. This exceptional item also provides for a 2% increase in per diem rate increase each year. For the FY 2022 and FY 2023 biennium, these expenses are expected to be \$3,130,415.

EXTERNAL/INTERNAL FACTORS:

TCCO has no control over the number of cases that are tried and the civil commitments that are ordered but is required by law to provide supervision and treatment to all Sexually Violent Predators (SVPs) who are civilly committed. The number of SVPs committed to the Texas Civil Commitment Program is dependent upon various factors including: separate decision-making processes for independent agencies involved in the commitment process including the Texas Department of Criminal Justice (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.

4.A. Exceptional Item Request Schedule
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DATE: 10/26/2020
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Agency code: 529

Agency name:

Health and Human Services Commission

<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2022</u>	<u>Excp 2023</u>
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PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 2022-23 biennium caseload growth into FY 2024, FY 2025, and FY 2026.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

<u>2024</u>	<u>2025</u>	<u>2026</u>
\$2,345,775	\$2,345,775	\$2,345,775

4.A. Exceptional Item Request Schedule
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DATE: **10/26/2020**
 TIME: **4:54:17PM**

Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: TCCO - Offsite Healthcare		
	Item Priority: 19		
	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	356,712	356,712
TOTAL, OBJECT OF EXPENSE		\$356,712	\$356,712

METHOD OF FINANCING:

1	General Revenue Fund	356,712	356,712
TOTAL, METHOD OF FINANCING		\$356,712	\$356,712

DESCRIPTION / JUSTIFICATION:

Sexually Violent Predators (SVPs) located at the Texas Civil Commitment Center (TCCC) in Littlefield, Texas require offsite healthcare. The current contract between TCCO and the TCCC operator requires that the contractor pays for the first \$25,000 in offsite medical costs for each SVP. The funds requested in this Exceptional Item would pay for the non-contracted SVP medical care cost for each SVP that exceed the \$25,000 threshold covered by the current contract. This would ensure that the catastrophic medical care needed by the SVP population, which averages 56 years of age, does not fall to the local indigent care system in a small county. For the FY 2022 and FY 2023 biennium, these expenses are expected to be \$713,424.

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 TDCJ. The average age of the SVPs at the TCCC is 56 years old and some individuals may develop serious medical conditions that require expensive medical care. Additionally, the vast majority of the SVPs are indigent. The number of SVPs at the TCCC is expected to reach 475 in FY 2022 and 507 in FY 2023. Without funding for offsite medical care, the costs of these services will fall on the taxpayers of the local community and could overwhelm their county indigent care system.

PCLS TRACKING KEY:

4.A. Exceptional Item Request Schedule
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DATE: **10/26/2020**
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Agency code: **529**

Agency name:
Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 2022-23 biennium offsite healthcare into FY 2024, FY 2025, and FY 2026

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2024	2025	2026
	\$356,712	\$356,712	\$356,712

4.A. Exceptional Item Request Schedule
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DATE: **10/26/2020**
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Agency code: **529** Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: TCCO - Case Manager Career Ladder		
	Item Priority: 20		
	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	22,896	45,792
TOTAL, OBJECT OF EXPENSE		\$22,896	\$45,792

METHOD OF FINANCING:

1	General Revenue Fund	22,896	45,792
TOTAL, METHOD OF FINANCING		\$22,896	\$45,792

DESCRIPTION / JUSTIFICATION:

Section 420A.009 of the Texas Government Code, as amended by SB 1576 during the 85th Legislative Session, requires 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 Board, the Case Manager Career Ladder provides for an annual salary adjustment equivalent to 3% of the established salary rate for Case Managers in good standing that meet all required employment standards. For the FY 2022 and FY 2023 biennium, the Case Manager Career Ladder increases are expected to total \$ 68,688.

EXTERNAL/INTERNAL FACTORS:

TCCO is required by statute to utilize a salary career ladder for its Case Managers based upon the Case Manager's classification and years of service with TCCO.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 2022-23 biennium case manager career ladder into FY 2024, FY 2025, and FY 2026.

4.A. Exceptional Item Request Schedule
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Agency code: 529

Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
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ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2024	2025	2026
\$45,792	\$45,792	\$45,792

4.A. Exceptional Item Request Schedule
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DATE: 10/26/2020
 TIME: 4:54:17PM

Agency code: 529 Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: TCCO - Contracted Professional Services		
	Item Priority: 21		
	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	25,000	25,000
TOTAL, OBJECT OF EXPENSE		\$25,000	\$25,000

METHOD OF FINANCING:

1	General Revenue Fund	25,000	25,000
TOTAL, METHOD OF FINANCING		\$25,000	\$25,000

DESCRIPTION / JUSTIFICATION:

Section 2102 of the Texas Government Code requires state agencies with an annual operating budget that exceeds \$10 million to implement an internal auditing program and appoint an internal auditor. As an agency with an operating budget greater than \$10 million, TCCO is required to have an internal auditor. Due to the limited number of hours of work required of the internal auditor for an agency as small as TCCO, the TCCO internal auditor position is a 0.25 FTE. TCCO has posted the part-time auditor position in the state and local newspapers in addition to posting on CAPPs, WorkinTexas, contacted Internal Audit professional groups, and job sites such as Indeed and Monster.com over the past 8 months. Accordingly, TCCO has been unable to hire a permanent internal auditor. When we hire one, they turn over quickly to take a fulltime job. As an alternative TCCO will procure the professional services of a private audit firm to perform the duties of internal auditor as defined in Section 2102.007 of the Texas Government Code. For the FY 2022 and FY 2023 biennium, the Contracted Professional Audit Services are expected to total \$ 50,000.

EXTERNAL/INTERNAL FACTORS:

TCCO is required by Section 2102.004(1) to implement an internal audit program, and appoint an internal auditor. There is a high demand in the market for qualified auditors.

PCLS TRACKING KEY:

4.A. Exceptional Item Request Schedule
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Agency code: **529**

Agency name:
Health and Human Services Commission

<u>CODE</u>	<u>DESCRIPTION</u>	<u>Excp 2022</u>	<u>Excp 2023</u>
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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 2022-23 biennium professional services into FY 2024, FY 2025, and FY 2026.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

<u>2024</u>	<u>2025</u>	<u>2026</u>
\$25,000	\$25,000	\$25,000

4.A. Exceptional Item Request Schedule
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DATE: 10/26/2020
 TIME: 4:54:17PM

Agency code: 529 Agency name:

Health and Human Services Commission

CODE	DESCRIPTION	Excp 2022	Excp 2023
	Item Name: TCCO - Additional FTE Request Item Priority: 22 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	107,265	108,278
TOTAL, OBJECT OF EXPENSE		\$107,265	\$108,278

METHOD OF FINANCING:

1	General Revenue Fund	107,265	108,278
TOTAL, METHOD OF FINANCING		\$107,265	\$108,278

DESCRIPTION / JUSTIFICATION:

The number of Sexually Violent Predators (SVPs) undergoing treatment and supervision at the Texas Civil Commitment Center has continued to grow steadily each biennium. Despite the significant growth in SVP population, TCCO has not increased the case manager FTEs since the 84th Legislative Session. It will be necessary to increase the number of case manager FTE's in order to maintain the highest level of public safety and keep the case manager to SVP ratio at the optimum level. The addition of FTEs will also expand case manager coverage to other areas of the state such as southwest Texas and the Valley. At the moment, TCCO can only place community based SVPS in Dallas/Fort Worth, Houston and Austin. For the FY 2022 and FY 2023 biennium, the cost of additional FTE's are expected to total \$ 215,543.

EXTERNAL/INTERNAL FACTORS:

Legal statutes, court orders. TCCO is not involved in the trial process to civilly commit a SVP but is required to provide supervision and treatment to all SVPs upon their release from the Texas Department of Criminal Justice. SVP's releasing from the Texas Department of Criminal Justice (TDCJ) are housed at the Texas Civil Commitment Center. Tier – 5 SVPs who live in the community must be supervised by TCCO staff.

PCLS TRACKING KEY:

4.A. Exceptional Item Request Schedule
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Agency code: **529**

Agency name:

Health and Human Services Commission

CODE DESCRIPTION

Excp 2022

Excp 2023

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs to maintain FY 2022-23 biennium salaries and longevity into FY 2024, FY 2025, and FY 2026. No changes in full-time equivalent positions are planned.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

<u>2024</u>	<u>2025</u>	<u>2026</u>
\$108,278	\$108,278	\$108,278

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-1-1 Aged and Medicare-related Eligibility Group			
STRATEGY IMPACT ON OUTCOME MEASURES:			
<u>3</u>	Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)	548.73	582.51
EFFICIENCY MEASURES:			
<u>1</u>	Average Aged and Medicare-Related Cost Per Recipient Month	1,253.51	1,307.37
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	271,796,598	564,357,560
TOTAL, OBJECT OF EXPENSE		\$271,796,598	\$564,357,560
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	169,267,052	351,314,150
555	Federal Funds		
93.778.005	XIX FMAP @ 90%	509	681
758	GR Match For Medicaid	102,529,037	213,042,729
TOTAL, METHOD OF FINANCING		\$271,796,598	\$564,357,560

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-1-2 Disability-Related Eligibility Group			
EFFICIENCY MEASURES:			
1	Average Disability-Related Cost Per Recipient Month	1,536.03	1,627.03
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	374,708,581	769,036,110
TOTAL, OBJECT OF EXPENSE		\$374,708,581	\$769,036,110
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	231,866,384	475,601,791
555	Federal Funds		
93.778.005	XIX FMAP @ 90%	2,551	3,408
758	GR Match For Medicaid	142,839,646	293,430,911
TOTAL, METHOD OF FINANCING		\$374,708,581	\$769,036,110

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-1-3 Pregnant Women Eligibility Group			
EFFICIENCY MEASURES:			
	<u>1</u> Average Pregnant Women Cost Per Recipient Month	713.25	716.81
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	12,620,977	26,381,328
TOTAL, OBJECT OF EXPENSE		\$12,620,977	\$26,381,328
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	6,742	14,042
555	Federal Funds		
	93.778.000 XIX FMAP	7,532,470	15,753,725
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	323,859	652,815
758	GR Match For Medicaid	4,757,906	9,960,746
TOTAL, METHOD OF FINANCING		\$12,620,977	\$26,381,328

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-1-4 Other Adults Eligibility Group			
EFFICIENCY MEASURES:			
	<u>1</u> Average Other Adult Cost Per Recipient Month	467.14	482.22
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	25,233,693	47,729,227
TOTAL, OBJECT OF EXPENSE		\$25,233,693	\$47,729,227
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	5,828,508	12,028,626
555	Federal Funds		
	93.778.000 XIX FMAP	10,493,679	18,991,196
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	166,827	315,780
758	GR Match For Medicaid	8,744,679	16,393,625
TOTAL, METHOD OF FINANCING		\$25,233,693	\$47,729,227

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-1-5 Children Eligibility Group			
EFFICIENCY MEASURES:			
<u>1</u>	Average Income-Eligible Children Cost Per Recipient Month	201.79	209.57
<u>2</u>	Average STAR Health Foster Care Children Cost Per Recipient Month	1,062.98	1,126.25
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	210,681,659	429,439,333
TOTAL, OBJECT OF EXPENSE		\$210,681,659	\$429,439,333
METHOD OF FINANCING:			
555	Federal Funds		
93.767.778	CHIP for Medicaid (EFMAP)	7,049,883	14,299,328
555	Federal Funds		
93.778.000	XIX FMAP	123,441,708	251,564,021
555	Federal Funds		
93.778.005	XIX FMAP @ 90%	227,404	439,471
758	GR Match For Medicaid	79,962,664	163,136,513
TOTAL, METHOD OF FINANCING		\$210,681,659	\$429,439,333

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-1-6 Medicaid Prescription Drugs			
EFFICIENCY MEASURES:			
	<u>1</u> Average Cost/Medicaid Recipient Month: Prescription Drugs	80.18	84.33
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	165,427,986	332,086,062
TOTAL, OBJECT OF EXPENSE		\$165,427,986	\$332,086,062
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	4,158,522	8,285,214
555	Federal Funds		
	93.778.000 XIX FMAP	97,957,266	196,614,742
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	362,320	702,516
758	GR Match For Medicaid	62,949,878	126,483,590
TOTAL, METHOD OF FINANCING		\$165,427,986	\$332,086,062

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-1-7 Health Steps (EPSDT) Dental			
EFFICIENCY MEASURES:			
1	Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month	31.88	32.83
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	33,641,947	68,621,799
TOTAL, OBJECT OF EXPENSE		\$33,641,947	\$68,621,799
METHOD OF FINANCING:			
555	Federal Funds		
93.767.778	CHIP for Medicaid (EFMAP)	2,353,891	4,785,819
555	Federal Funds		
93.778.000	XIX FMAP	18,701,727	38,140,537
758	GR Match For Medicaid	12,586,329	25,695,443
TOTAL, METHOD OF FINANCING		\$33,641,947	\$68,621,799

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-1-8 Medical Transportation			
EFFICIENCY MEASURES:			
	<u>1</u> Average Nonemergency Transportation (NEMT) Cost Per Recipient Month	4.03	4.23
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	9,146,551	18,284,357
TOTAL, OBJECT OF EXPENSE		\$9,146,551	\$18,284,357
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	150,893	298,351
555	Federal Funds		
	93.778.000 XIX FMAP	5,495,838	10,983,739
758	GR Match For Medicaid	3,499,820	7,002,267
TOTAL, METHOD OF FINANCING		\$9,146,551	\$18,284,357

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-2-1 Community Attendant Services			
EFFICIENCY MEASURES:			
1	Average Mthly Cost Per Individual Served: Community Attendant Services	1,152.98	1,172.14
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	3,574,621	7,409,318
TOTAL, OBJECT OF EXPENSE		\$3,574,621	\$7,409,318
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	2,197,677	4,553,026
758	GR Match For Medicaid	1,376,944	2,856,292
TOTAL, METHOD OF FINANCING		\$3,574,621	\$7,409,318

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-2-2 Primary Home Care			
EFFICIENCY MEASURES:			
	<u>1</u> Average Monthly Cost Per Individual Served: Primary Home Care	1,098.56	1,132.59
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	49,703	106,962
TOTAL, OBJECT OF EXPENSE		\$49,703	\$106,962
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	30,557	65,728
758	GR Match For Medicaid	19,146	41,234
TOTAL, METHOD OF FINANCING		\$49,703	\$106,962

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-2-3 Day Activity and Health Services (DAHS)			
EFFICIENCY MEASURES:			
1	Avg Mthly Cost Per Individual Served: Day Activity and Health Services	574.84	578.79
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	41,739	50,463
TOTAL, OBJECT OF EXPENSE		\$41,739	\$50,463
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	25,661	31,009
758	GR Match For Medicaid	16,078	19,454
TOTAL, METHOD OF FINANCING		\$41,739	\$50,463

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-2-4 Nursing Facility Payments			
EFFICIENCY MEASURES:			
	<u>1</u> Net Nursing Facility Cost Per Medicaid FFS Resident Per Month	3,996.69	4,051.17
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	4,443,375	9,122,961
TOTAL, OBJECT OF EXPENSE		\$4,443,375	\$9,122,961
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	2,731,787	5,606,060
758	GR Match For Medicaid	1,711,588	3,516,901
TOTAL, METHOD OF FINANCING		\$4,443,375	\$9,122,961

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-2-5 Medicare Skilled Nursing Facility			
EFFICIENCY MEASURES:			
1	Net Medicaid/Medicare Copay Per Individual Nursing Facility Svcs	2,628.17	2,734.49
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	1,652,249	3,710,280
TOTAL, OBJECT OF EXPENSE		\$1,652,249	\$3,710,280
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	1,015,803	2,279,967
758	GR Match For Medicaid	636,446	1,430,313
TOTAL, METHOD OF FINANCING		\$1,652,249	\$3,710,280

4.B. Exceptional Items Strategy Allocation Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
 TIME: 3:05:26PM

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-2-6 Hospice			
EFFICIENCY MEASURES:			
1	Average Net Payment Per Individual Per Month for Hospice	3,129.87	3,156.38
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	2,007,308	4,148,964
TOTAL, OBJECT OF EXPENSE		\$2,007,308	\$4,148,964
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	1,234,093	2,549,539
758	GR Match For Medicaid	773,215	1,599,425
TOTAL, METHOD OF FINANCING		\$2,007,308	\$4,148,964

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-2-7 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)			
EFFICIENCY MEASURES:			
	1 Monthly Cost Per ICF/IID Medicaid Eligible Individual	4,831.15	4,829.61
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	571,340	526,990
TOTAL, OBJECT OF EXPENSE		\$571,340	\$526,990
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	351,260	323,836
758	GR Match For Medicaid	220,080	203,154
TOTAL, METHOD OF FINANCING		\$571,340	\$526,990

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
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	3,827.47	3,863.35
<u>2</u>	Avg Mthly Cost Indiv Served: Home and Community-Based Svcs Residential	5,566.57	5,618.75
<u>3</u>	Avg Mthly Cost Indiv: Home & Community-Based Svcs Non Residential	2,945.10	2,972.71
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	10,454,289	22,749,113
TOTAL, OBJECT OF EXPENSE		\$10,454,289	\$22,749,113
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	6,472,146	14,076,924
758	GR Match For Medicaid	3,982,143	8,672,189
TOTAL, METHOD OF FINANCING		\$10,454,289	\$22,749,113

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-3-2 Community Living Assistance and Support Services (CLASS)			
EFFICIENCY MEASURES:			
	1 Average Monthly Cost Per Individual: CLASS Waiver	4,515.05	4,649.74
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	9,329,594	18,966,230
TOTAL, OBJECT OF EXPENSE		\$9,329,594	\$18,966,230
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	6,122,640	12,441,088
758	GR Match For Medicaid	3,206,954	6,525,142
TOTAL, METHOD OF FINANCING		\$9,329,594	\$18,966,230

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-3-3 Deaf-Blind Multiple Disabilities (DBMD)			
EFFICIENCY MEASURES:			
	<u>1</u> Average Monthly Cost Per Individual: Deaf-Blind Waiver	4,514.74	4,525.32
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	42,161	85,031
TOTAL, OBJECT OF EXPENSE		\$42,161	\$85,031
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	27,090	54,610
758	GR Match For Medicaid	15,071	30,421
TOTAL, METHOD OF FINANCING		\$42,161	\$85,031

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services 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	2,185.51	2,253.83
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	14,438,587	18,733,320
TOTAL, OBJECT OF EXPENSE		\$14,438,587	\$18,733,320
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	9,385,977	12,172,200
758	GR Match For Medicaid	5,052,610	6,561,120
TOTAL, METHOD OF FINANCING		\$14,438,587	\$18,733,320

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 1-4-1 Non-Full Benefit Payments			
EFFICIENCY MEASURES:			
1	Average Emergency Services for Non-citizens Cost Per Recipient Month	3,711.85	3,807.75
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	30,484,622	53,882,629
TOTAL, OBJECT OF EXPENSE		\$30,484,622	\$53,882,629
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	4,819,145	10,533,671
555	Federal Funds		
93.778.009	SHARS	22,646,064	36,739,804
758	GR Match For Medicaid	3,019,413	6,609,154
TOTAL, METHOD OF FINANCING		\$30,484,622	\$53,882,629

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services 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	158.06	166.68
OBJECTS OF EXPENSE:			
	3001 CLIENT SERVICES	115,538,292	209,095,808
TOTAL, OBJECT OF EXPENSE		\$115,538,292	\$209,095,808
METHOD OF FINANCING:			
	555 Federal Funds		
	93.778.000 XIX FMAP	45,585,325	94,830,585
	758 GR Match For Medicaid	28,561,267	59,491,799
	8092 Medicare Giveback Provision	41,391,700	54,773,424
TOTAL, METHOD OF FINANCING		\$115,538,292	\$209,095,808

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 3-1-1 Children's Health Insurance Program (CHIP)			
STRATEGY IMPACT ON OUTCOME MEASURES:			
	<u>2</u> Average CHIP Programs Benefit Cost with Prescription Benefit	207.43	213.76
EFFICIENCY MEASURES:			
	<u>1</u> Average CHIP Children Benefit Cost Per Recipient Month	152.56	159.08
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	22,956,063	47,777,221
TOTAL, OBJECT OF EXPENSE		\$22,956,063	\$47,777,221
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.000 CHIP	16,767,108	34,886,927
8025	Tobacco Receipts Match For Chip	6,188,955	12,890,294
TOTAL, METHOD OF FINANCING		\$22,956,063	\$47,777,221

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 3-1-2 CHIP Perinatal Services			
EFFICIENCY MEASURES:			
	<u>1</u> Average Perinatal Benefit Cost Per Recipient Month	424.61	435.16
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	2,519,144	5,909,941
TOTAL, OBJECT OF EXPENSE		\$2,519,144	\$5,909,941
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.000 CHIP	1,839,983	4,315,439
8025	Tobacco Receipts Match For Chip	679,161	1,594,502
TOTAL, METHOD OF FINANCING		\$2,519,144	\$5,909,941

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 3-1-3 CHIP Prescription Drugs			
EFFICIENCY MEASURES:			
	<u>1</u> Average Cost/CHIP Recipient Month: Pharmacy Benefit	33.33	34.09
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	4,085,629	7,810,094
TOTAL, OBJECT OF EXPENSE		\$4,085,629	\$7,810,094
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.000 CHIP	2,984,143	5,702,931
8025	Tobacco Receipts Match For Chip	1,101,486	2,107,163
TOTAL, METHOD OF FINANCING		\$4,085,629	\$7,810,094

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 3-1-4 CHIP Dental Services			
EFFICIENCY MEASURES:			
1	Average Monthly Cost of the Dental Benefit Per Chip Program Recipient	23.40	24.13
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	2,912,073	6,023,377
TOTAL, OBJECT OF EXPENSE		\$2,912,073	\$6,023,377
METHOD OF FINANCING:			
555	Federal Funds		
93.767.000	CHIP	2,126,978	4,398,270
8025	Tobacco Receipts Match For Chip	785,095	1,625,107
TOTAL, METHOD OF FINANCING		\$2,912,073	\$6,023,377

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Client Services Cost Growth			
Allocation to Strategy: 5-1-1 Temporary Assistance for Needy Families Grants			
EFFICIENCY MEASURES:			
<u>1</u>	Average Monthly Grant: TANF Basic Cash Assistance	82.02	83.29
<u>2</u>	Average Monthly Grant: State Two-Parent Cash Assistance Program	84.55	86.47
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	856,722	1,698,148
TOTAL, OBJECT OF EXPENSE		\$856,722	\$1,698,148
METHOD OF FINANCING:			
1	General Revenue Fund	856,722	1,698,148
TOTAL, METHOD OF FINANCING		\$856,722	\$1,698,148

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

Code	Description	Excp 2022	Excp 2023
Item Name: Foster Care Litigation			
Allocation to Strategy: 8-2-1 Child Care Regulation			
OUTPUT MEASURES:			
2	Number of Completed Non-Abuse/Neglect Investigations	17,034.00	17,034.00
EFFICIENCY MEASURES:			
2	Average Monthly Residential Caseload Per Monitoring Worker	21.03	21.06
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	7,714,984	7,726,003
2001	PROFESSIONAL FEES AND SERVICES	2,160,000	2,160,000
2004	UTILITIES	2,400	2,400
2005	TRAVEL	412,000	412,000
2007	RENT - MACHINE AND OTHER	105,900	105,900
2009	OTHER OPERATING EXPENSE	2,780,536	1,958,937
TOTAL, OBJECT OF EXPENSE		\$13,175,820	\$12,365,240
METHOD OF FINANCING:			
1	General Revenue Fund	13,175,820	12,365,240
TOTAL, METHOD OF FINANCING		\$13,175,820	\$12,365,240
FULL-TIME EQUIVALENT POSITIONS (FTE):		139.9	152.0

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

Code	Description	Excp 2022	Excp 2023
Item Name: Foster Care Litigation			
Allocation to Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	1,908,621	5,306,930
2009	OTHER OPERATING EXPENSE	0	911,848
TOTAL, OBJECT OF EXPENSE		\$1,908,621	\$6,218,778
METHOD OF FINANCING:			
1	General Revenue Fund	1,908,621	6,218,778
TOTAL, METHOD OF FINANCING		\$1,908,621	\$6,218,778

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

Code	Description	Excp 2022	Excp 2023
Item Name: DAA for Hepatitis C No Restrictions			
Allocation to Strategy: 1-1-6 Medicaid Prescription Drugs			
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	58,841,727	54,060,838
TOTAL, OBJECT OF EXPENSE		\$58,841,727	\$54,060,838
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	36,370,071	33,415,005
758	GR Match For Medicaid	22,471,656	20,645,833
TOTAL, METHOD OF FINANCING		\$58,841,727	\$54,060,838

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

Code	Description	Excp 2022	Excp 2023
Item Name: DAA for Hepatitis C No Restrictions			
Allocation to Strategy: 7-2-1 Mental Health State Hospitals			
OBJECTS OF EXPENSE:			
2009	OTHER OPERATING EXPENSE	1,924,774	929,140
TOTAL, OBJECT OF EXPENSE		\$1,924,774	\$929,140
METHOD OF FINANCING:			
1	General Revenue Fund	1,924,774	929,140
TOTAL, METHOD OF FINANCING		\$1,924,774	\$929,140

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers			
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	4,170,799.00	4,052,251.00
<u>3</u>	Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)	527.60	538.46
<u>5</u>	Avg # of Members Receiving Waiver Services through Managed Care	72,644.00	73,505.00
<u>6</u>	Avg # Members Receiving Nursing Facility Care through Managed Care	51,557.00	51,388.00
<u>7</u>	Avg Number Served per Month: Medically Dependent Children Program	5,794.00	5,904.00
OUTPUT MEASURES:			
<u>1</u>	Average Aged and Medicare-Related Recipient Months Per Month: Total	380,438.00	386,815.00
EFFICIENCY MEASURES:			
<u>1</u>	Average Aged and Medicare-Related Cost Per Recipient Month	1,192.75	1,183.15
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	-201,617	-599,733
TOTAL, OBJECT OF EXPENSE		-\$201,617	-\$599,733
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	180,882	538,556
758	GR Match For Medicaid	-382,499	-1,138,289
TOTAL, METHOD OF FINANCING		-\$201,617	-\$599,733

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

Code	Description	Excp 2022	Excp 2023
Item Name:		Ensure Access to Medicaid Long-term Services and Supports Waivers	
Allocation to Strategy:		1-1-2	Disability-Related Eligibility Group
OUTPUT MEASURES:			
<u>1</u>	Average Disability-Related Recipient Months Per Month: Total	430,855.00	427,844.00
EFFICIENCY MEASURES:			
<u>1</u>	Average Disability-Related Cost Per Recipient Month	1,464.40	1,480.95
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	10,853,954	32,449,911
TOTAL, OBJECT OF EXPENSE		\$10,853,954	\$32,449,911
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	6,590,918	19,687,678
758	GR Match For Medicaid	4,263,036	12,762,233
TOTAL, METHOD OF FINANCING		\$10,853,954	\$32,449,911

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

Code	Description	Excp 2022	Excp 2023
Item Name:		Ensure Access to Medicaid Long-term Services and Supports Waivers	
Allocation to Strategy:		1-1-6	Medicaid Prescription Drugs
EFFICIENCY MEASURES:			
	<u>1</u> Average Cost/Medicaid Recipient Month: Prescription Drugs	76.91	77.63
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	2,360,681	6,984,492
TOTAL, OBJECT OF EXPENSE		\$2,360,681	\$6,984,492
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.000 XIX FMAP	1,451,346	4,291,970
758	GR Match For Medicaid	909,335	2,692,522
TOTAL, METHOD OF FINANCING		\$2,360,681	\$6,984,492

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers			
Allocation to Strategy: 1-2-4 Nursing Facility Payments			
OUTPUT MEASURES:			
1	Avg. Number Receiving Medicaid-funded FFS Nursing Facility Services/Mo	7,146.00	7,121.00
EFFICIENCY MEASURES:			
1	Net Nursing Facility Cost Per Medicaid FFS Resident Per Month	3,940.08	3,933.76
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	-870,726	-2,594,527
TOTAL, OBJECT OF EXPENSE		-\$870,726	-\$2,594,527
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	-535,322	-1,594,336
758	GR Match For Medicaid	-335,404	-1,000,191
TOTAL, METHOD OF FINANCING		-\$870,726	-\$2,594,527

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers			
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)	29,226.00	30,254.00
EFFICIENCY MEASURES:			
<u>1</u>	Avg Mthly Cost Per Individual Served: Home & Community Based Services	3,804.21	3,820.24
<u>2</u>	Avg Mthly Cost Indiv Served: Home and Community-Based Svcs Residential	5,532.74	5,556.05
<u>3</u>	Avg Mthly Cost Indiv: Home & Community-Based Svcs Non Residential	2,927.20	2,939.54
EXPLANATORY/INPUT MEASURES:			
<u>1</u>	# Individuals Receiving Services at the End of the Fiscal Year: HCS	29,698.00	30,726.00
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	28,219,413	80,963,056
TOTAL, OBJECT OF EXPENSE		\$28,219,413	\$80,963,056
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	17,410,420	49,927,292
758	GR Match For Medicaid	10,808,993	31,035,764
TOTAL, METHOD OF FINANCING		\$28,219,413	\$80,963,056

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers			
Allocation to Strategy: 1-3-2 Community Living Assistance and Support Services (CLASS)			
OUTPUT MEASURES:			
1	Average Number of Individuals Served Per Month: CLASS Waiver	6,024.00	6,136.00
EFFICIENCY MEASURES:			
1	Average Monthly Cost Per Individual: CLASS Waiver	4,387.23	4,395.36
EXPLANATORY/INPUT MEASURES:			
1	# of Persons Receiving Svcs at the End of the Fiscal Year: CLASS	6,075.00	6,187.00
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	3,411,964	9,918,604
TOTAL, OBJECT OF EXPENSE		\$3,411,964	\$9,918,604
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	2,238,890	6,505,493
758	GR Match For Medicaid	1,173,074	3,413,111
TOTAL, METHOD OF FINANCING		\$3,411,964	\$9,918,604

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers			
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	341.00	348.00
EFFICIENCY MEASURES:			
<u>1</u>	Average Monthly Cost Per Individual: Deaf-Blind Waiver	4,504.18	4,504.18
EXPLANATORY/INPUT MEASURES:			
<u>1</u>	# of Persons Receiving Services at the End of the Fiscal Year: DBMD	344.00	351.00
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	196,959	560,576
TOTAL, OBJECT OF EXPENSE		\$196,959	\$560,576
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	126,529	359,952
758	GR Match For Medicaid	70,430	200,624
TOTAL, METHOD OF FINANCING		\$196,959	\$560,576

4.B. Exceptional Items Strategy Allocation Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
 TIME: 3:05:26PM

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers			
Allocation to Strategy: 1-3-4 Texas Home Living Waiver			
OUTPUT MEASURES:			
1	Avg Number of Individuals Served Per Month: Texas Home Living Waiver	4,598.00	4,691.00
EFFICIENCY MEASURES:			
1	Average Monthly Cost Per Individual Served: Texas Home Living Waiver	1,909.69	1,916.07
EXPLANATORY/INPUT MEASURES:			
1	# of Individuals Receiving Svcs at the End of the Fiscal Year: Tx HML	4,641.00	4,734.00
OBJECTS OF EXPENSE:			
3001	CLIENT SERVICES	1,284,707	3,768,541
TOTAL, OBJECT OF EXPENSE		\$1,284,707	\$3,768,541
METHOD OF FINANCING:			
555	Federal Funds		
93.778.000	XIX FMAP	834,985	2,448,202
758	GR Match For Medicaid	449,722	1,320,339
TOTAL, METHOD OF FINANCING		\$1,284,707	\$3,768,541

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers			
Allocation to Strategy: 2-1-1 Medicaid Contracts and Administration			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	0	279,210
TOTAL, OBJECT OF EXPENSE		\$0	\$279,210
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	0	139,605
758	GR Match For Medicaid	0	139,605
TOTAL, METHOD OF FINANCING		\$0	\$279,210
FULL-TIME EQUIVALENT POSITIONS (FTE):		0.0	5.0

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers			
Allocation to Strategy: 7-1-1 State Supported Living Centers			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	56,802	56,802
TOTAL, OBJECT OF EXPENSE		\$56,802	\$56,802
METHOD OF FINANCING:			
1	General Revenue Fund	56,802	56,802
TOTAL, METHOD OF FINANCING		\$56,802	\$56,802

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Access to Medicaid Long-term Services and Supports Waivers			
Allocation to Strategy: 8-1-1 Health Care Facilities & Community-based Regulation			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	886,200	892,448
2009	OTHER OPERATING EXPENSE	1,071,918	801,236
TOTAL, OBJECT OF EXPENSE		\$1,958,118	\$1,693,684
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	979,059	846,842
758	GR Match For Medicaid	979,059	846,842
TOTAL, METHOD OF FINANCING		\$1,958,118	\$1,693,684
FULL-TIME EQUIVALENT POSITIONS (FTE):		14.9	15.0

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

Code	Description	Excp 2022	Excp 2023
Item Name:		Ensure Access to Medicaid Long-term Services and Supports Waivers	
Allocation to Strategy:		9-2-1	Intake, Access, and Eligibility to Services and Supports
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	2,300,481	2,470,887
3001	CLIENT SERVICES	546,206	1,553,069
TOTAL, OBJECT OF EXPENSE		\$2,846,687	\$4,023,956
METHOD OF FINANCING:			
1	General Revenue Fund	57,731	86,087
555	Federal Funds		
	93.777.003 CLINICAL LAB AMEND PROC	1,121,375	1,192,400
555	Federal Funds		
	93.778.000 XIX FMAP	335,808	954,360
758	GR Match For Medicaid	1,331,773	1,791,109
TOTAL, METHOD OF FINANCING		\$2,846,687	\$4,023,956
FULL-TIME EQUIVALENT POSITIONS (FTE):		41.5	44.5

4.B. Exceptional Items Strategy Allocation Schedule
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2022	Excp 2023
Item Name: Electronic Visit Verification Expansion			
Allocation to Strategy: 2-1-1 Medicaid Contracts and Administration			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	1,500,000	1,515,000
5000	CAPITAL EXPENDITURES	5,000,000	0
TOTAL, OBJECT OF EXPENSE		\$6,500,000	\$1,515,000
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.004 XIX ADM @ 75%	1,125,000	1,136,250
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	4,500,000	0
758	GR Match For Medicaid	875,000	378,750
TOTAL, METHOD OF FINANCING		\$6,500,000	\$1,515,000
FULL-TIME EQUIVALENT POSITIONS (FTE):		0.0	0.0

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

Code	Description	Excp 2022	Excp 2023
Item Name:		IT Security Threat Reduction and System Stabilization	
Allocation to Strategy:		9-3-1 Texas Integrated Eligibility Redesign System & Supporting Tech	
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	750,000	750,000
TOTAL, OBJECT OF EXPENSE		\$750,000	\$750,000
METHOD OF FINANCING:			
1	General Revenue Fund	29,728	29,728
555	Federal Funds		
	10.561.000 State Admin Match SNAP	161,932	161,932
555	Federal Funds		
	93.767.000 CHIP	29,378	29,378
555	Federal Funds		
	93.778.003 XIX 50%	180,743	180,743
758	GR Match For Medicaid	180,743	180,743
8010	GR Match For Title XXI	5,543	5,543
8014	GR Match for Food Stamp Admin	161,933	161,933
TOTAL, METHOD OF FINANCING		\$750,000	\$750,000

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

Code	Description	Excp 2022	Excp 2023
Item Name: IT Security Threat Reduction and System Stabilization			
Allocation to Strategy: 12-1-1 Enterprise Oversight and Policy			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	187,546	187,546
TOTAL, OBJECT OF EXPENSE		\$187,546	\$187,546
METHOD OF FINANCING:			
1	General Revenue Fund	88,541	88,541
555	Federal Funds		
10.557.001	SPECIAL SUPPL FOOD WIC	1,418	1,418
555	Federal Funds		
10.561.000	State Admin Match SNAP	11,504	11,504
555	Federal Funds		
93.767.000	CHIP	2,916	2,916
555	Federal Funds		
93.777.000	State Survey and Certific	1,272	1,272
555	Federal Funds		
93.778.000	XIX FMAP	2,875	2,875
555	Federal Funds		
93.778.003	XIX 50%	32,102	32,102
555	Federal Funds		
96.001.000	Social Security Disability Ins	444	444
758	GR Match For Medicaid	32,573	32,573
8010	GR Match For Title XXI	550	550
8014	GR Match for Food Stamp Admin	11,504	11,504
8032	GR Certified As Match For Medicaid	1,847	1,847
TOTAL, METHOD OF FINANCING		\$187,546	\$187,546
FULL-TIME EQUIVALENT POSITIONS (FTE):		5.0	5.0

4.B. Exceptional Items Strategy Allocation Schedule
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DATE: **10/26/2020**
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Agency code: **529** Agency name: **Health and Human Services Commission**

Code	Description	Excp 2022	Excp 2023
Item Name:		IT Security Threat Reduction and System Stabilization	
Allocation to Strategy:		12-1-2	Information Technology Capital Projects Oversight & Program Support
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	194,027	194,027
2001	PROFESSIONAL FEES AND SERVICES	13,908,809	13,112,065
2003	CONSUMABLE SUPPLIES	5,250	5,250
2009	OTHER OPERATING EXPENSE	404,870	277,199
5000	CAPITAL EXPENDITURES	21,021,344	18,954,896
TOTAL, OBJECT OF EXPENSE		\$35,534,300	\$32,543,437
METHOD OF FINANCING:			
1	General Revenue Fund	14,828,375	13,789,115
555	Federal Funds		
10.557.001	SPECIAL SUPPL FOOD WIC	286,620	259,161
555	Federal Funds		
10.561.000	State Admin Match SNAP	2,325,518	2,102,724
555	Federal Funds		
93.767.000	CHIP	589,519	533,041
555	Federal Funds		
93.777.000	State Survey and Certific	257,039	232,415
555	Federal Funds		
93.778.000	XIX FMAP	1,002,846	926,289
555	Federal Funds		
93.778.003	XIX 50%	6,489,252	5,867,582
555	Federal Funds		
96.001.000	Social Security Disability Ins	89,839	81,232
758	GR Match For Medicaid	6,584,377	5,953,600
8010	GR Match For Title XXI	111,098	100,451
8014	GR Match for Food Stamp Admin	2,325,518	2,102,724
8032	GR Certified As Match For Medicaid	644,299	595,103
TOTAL, METHOD OF FINANCING		\$35,534,300	\$32,543,437
FULL-TIME EQUIVALENT POSITIONS (FTE):		12.1	12.1

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

Code	Description	Excp 2022	Excp 2023
Item Name: Phase 1: MMIS Modernization Procurement and Timeline			
Allocation to Strategy: 2-1-1 Medicaid Contracts and Administration			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	32,540,967	28,706,028
2009	OTHER OPERATING EXPENSE	25,407,914	183,178,231
TOTAL, OBJECT OF EXPENSE		\$57,948,881	\$211,884,259
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.004 XIX ADM @ 75%	15,229,201	12,359,975
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	33,878,952	175,863,863
758	GR Match For Medicaid	8,840,728	23,660,421
TOTAL, METHOD OF FINANCING		\$57,948,881	\$211,884,259
FULL-TIME EQUIVALENT POSITIONS (FTE):		0.0	0.0

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

Code	Description	Excp 2022	Excp 2023
Item Name: IDD System Redesign and Waiver			
Allocation to Strategy: 2-1-1 Medicaid Contracts and Administration			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	165,236	223,982
2001	PROFESSIONAL FEES AND SERVICES	24,529,925	24,127,325
2009	OTHER OPERATING EXPENSE	327,543	237,563
TOTAL, OBJECT OF EXPENSE		\$25,022,704	\$24,588,870
METHOD OF FINANCING:			
555	Federal Funds		
	93.767.000 CHIP	61,446	61,446
555	Federal Funds		
	93.778.003 XIX 50%	1,968,590	1,038,938
555	Federal Funds		
	93.778.004 XIX ADM @ 75%	475,200	475,200
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	18,340,990	19,623,913
758	GR Match For Medicaid	4,164,878	3,377,773
8010	GR Match For Title XXI	11,600	11,600
TOTAL, METHOD OF FINANCING		\$25,022,704	\$24,588,870
FULL-TIME EQUIVALENT POSITIONS (FTE):		16.7	17.7

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

Code	Description	Excp 2022	Excp 2023
Item Name:		IDD System Redesign and Waiver	
Allocation to Strategy:		8-1-1 Health Care Facilities & Community-based Regulation	
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	0	608,772
2009	OTHER OPERATING EXPENSE	0	193,120
TOTAL, OBJECT OF EXPENSE		\$0	\$801,892
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003 XIX 50%	0	400,946
758	GR Match For Medicaid	0	400,946
TOTAL, METHOD OF FINANCING		\$0	\$801,892
FULL-TIME EQUIVALENT POSITIONS (FTE):		0.0	10.2

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

Code	Description	Excp 2022	Excp 2023
Item Name: IDD System Redesign and Waiver			
Allocation to Strategy: 9-3-2 Texas Integrated Eligibility Redesign System Capital Projects			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	0	640,000
TOTAL, OBJECT OF EXPENSE		\$0	\$640,000
METHOD OF FINANCING:			
1	General Revenue Fund	0	357,612
555	Federal Funds		
	10.561.000 State Admin Match SNAP	0	39,437
555	Federal Funds		
	93.767.000 CHIP	0	92,269
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	0	5,696
758	GR Match For Medicaid	0	15,994
8010	GR Match For Title XXI	0	36,723
8014	GR Match for Food Stamp Admin	0	92,269
TOTAL, METHOD OF FINANCING		\$0	\$640,000

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

Code	Description	Excp 2022	Excp 2023
Item Name: IDD System Redesign and Waiver			
Allocation to Strategy: 12-1-1 Enterprise Oversight and Policy			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	36,995	101,811
2005	TRAVEL	500	500
2009	OTHER OPERATING EXPENSE	3,800	1,600
TOTAL, OBJECT OF EXPENSE		\$41,295	\$103,911
METHOD OF FINANCING:			
1	General Revenue Fund	19,496	40,093
555	Federal Funds		
10.557.001	SPECIAL SUPPL FOOD WIC	312	296
555	Federal Funds		
10.561.000	State Admin Match SNAP	2,533	8,959
555	Federal Funds		
93.767.000	CHIP	642	1,526
555	Federal Funds		
93.777.000	State Survey and Certific	280	265
555	Federal Funds		
93.778.000	XIX FMAP	633	599
555	Federal Funds		
93.778.003	XIX 50%	7,068	21,165
555	Federal Funds		
96.001.000	Social Security Disability Ins	98	113
758	GR Match For Medicaid	7,172	21,263
8010	GR Match For Title XXI	121	288
8014	GR Match for Food Stamp Admin	2,533	8,959
8032	GR Certified As Match For Medicaid	407	385
TOTAL, METHOD OF FINANCING		\$41,295	\$103,911
FULL-TIME EQUIVALENT POSITIONS (FTE):		0.5	1.5

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

Code	Description	Excp 2022	Excp 2023
Item Name: Comply with Federal Requirements for Community Integration for Individuals with Disabilities			
Allocation to Strategy: 1-1-1 Aged and Medicare-related Eligibility Group			
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

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Compliance with Federal Data Governance Requirements; Maintain Data Driven Decision Making			
Allocation to Strategy: 12-1-1 Enterprise Oversight and Policy			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	1,800	1,800
2009	OTHER OPERATING EXPENSE	8,100	8,100
TOTAL, OBJECT OF EXPENSE		\$9,900	\$9,900
METHOD OF FINANCING:			
1	General Revenue Fund	4,674	4,674
555	Federal Funds		
	10.557.000 Special Supplemental Nut	75	75
555	Federal Funds		
	10.561.000 State Admin Match SNAP	607	607
555	Federal Funds		
	93.767.000 CHIP	154	154
555	Federal Funds		
	93.777.000 State Survey and Certific	67	67
555	Federal Funds		
	93.778.000 XIX FMAP	152	152
555	Federal Funds		
	93.778.003 XIX 50%	1,695	1,695
555	Federal Funds		
	96.001.000 Social Security Disability Ins	23	23
758	GR Match For Medicaid	1,719	1,719
8010	GR Match For Title XXI	29	29
8014	GR Match for Food Stamp Admin	607	607
8032	GR Certified As Match For Medicaid	98	98
TOTAL, METHOD OF FINANCING		\$9,900	\$9,900

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

Code	Description	Excp 2022	Excp 2023
Item Name: Maintain Compliance with Federal Data Governance Requirements; Maintain Data Driven Decision Making			
Allocation to Strategy: 12-1-2		Information Technology Capital Projects Oversight & Program Support	
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	687,752	687,752
2001	PROFESSIONAL FEES AND SERVICES	750,000	750,000
2009	OTHER OPERATING EXPENSE	3,582,111	4,128,262
TOTAL, OBJECT OF EXPENSE		\$5,019,863	\$5,566,014
METHOD OF FINANCING:			
1	General Revenue Fund	3,733,369	4,334,639
555	Federal Funds		
10.557.001	SPECIAL SUPPL FOOD WIC	25,016	23,617
555	Federal Funds		
10.561.000	State Admin Match SNAP	172,673	166,816
555	Federal Funds		
93.767.000	CHIP	40,111	38,583
555	Federal Funds		
93.777.000	State Survey and Certific	195	195
555	Federal Funds		
93.778.000	XIX FMAP	2,142	2,142
555	Federal Funds		
93.778.005	XIX FMAP @ 90%	701,568	670,016
555	Federal Funds		
96.001.000	Social Security Disability Ins	49,338	46,395
758	GR Match For Medicaid	85,067	81,131
8010	GR Match For Title XXI	7,438	7,158
8014	GR Match for Food Stamp Admin	172,552	166,702
8032	GR Certified As Match For Medicaid	30,394	28,620
TOTAL, METHOD OF FINANCING		\$5,019,863	\$5,566,014
FULL-TIME EQUIVALENT POSITIONS (FTE):		12.2	12.2

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

Code	Description	Excp 2022	Excp 2023
Item Name: Complete Construction and Expanded Operations in State Hospitals			
Allocation to Strategy: 7-2-1 Mental Health State Hospitals			
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

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

Code	Description	Excp 2022	Excp 2023
Item Name: Complete Construction and Expanded Operations in State Hospitals			
Allocation to Strategy: 7-4-1 Facility Program Support			
OBJECTS OF EXPENSE:			
5000	CAPITAL EXPENDITURES	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 2022	Excp 2023
Item Name: Complete Construction and Expanded Operations in State Hospitals			
Allocation to Strategy: 7-4-2 Capital Repair and Renovation at SSLCs, State Hospitals, and Other			
OBJECTS OF EXPENSE:			
5000	CAPITAL EXPENDITURES	1	0
TOTAL, OBJECT OF EXPENSE		\$1	\$0
METHOD OF FINANCING:			
1	General Revenue Fund	1	0
TOTAL, METHOD OF FINANCING		\$1	\$0

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Critical Facility Infrastructure Efficiency and Safety			
Allocation to Strategy: 7-2-1 Mental Health State Hospitals			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	694,436	694,436
2009	OTHER OPERATING EXPENSE	858,900	858,900
TOTAL, OBJECT OF EXPENSE		\$1,553,336	\$1,553,336
METHOD OF FINANCING:			
1	General Revenue Fund	1,553,336	1,553,336
TOTAL, METHOD OF FINANCING		\$1,553,336	\$1,553,336

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Critical Facility Infrastructure Efficiency and Safety			
Allocation to Strategy: 7-4-1 Facility Program Support			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	382,313	382,313
2005	TRAVEL	13,200	13,200
2009	OTHER OPERATING EXPENSE	81,070	50,527
5000	CAPITAL EXPENDITURES	9,823,500	0
TOTAL, OBJECT OF EXPENSE		\$10,300,083	\$446,040
METHOD OF FINANCING:			
1 General Revenue Fund		10,300,083	446,040
TOTAL, METHOD OF FINANCING		\$10,300,083	\$446,040
FULL-TIME EQUIVALENT POSITIONS (FTE):		4.1	4.1

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

Code	Description	Excp 2022	Excp 2023
Item Name: Ensure Critical Facility Infrastructure Efficiency and Safety			
Allocation to Strategy: 7-4-2 Capital Repair and Renovation at SSLCs, State Hospitals, and Other			
OBJECTS OF EXPENSE:			
5000	CAPITAL EXPENDITURES	93,834,018	0
TOTAL, OBJECT OF EXPENSE		\$93,834,018	\$0
METHOD OF FINANCING:			
1	General Revenue Fund	46,917,009	0
8226	MLPP Revenue Bond Proceeds	46,917,009	0
TOTAL, METHOD OF FINANCING		\$93,834,018	\$0

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

Code	Description	Excp 2022	Excp 2023
Item Name: Stabilize E-Discovery			
Allocation to Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	5,500,000	1,650,000
TOTAL, OBJECT OF EXPENSE		\$5,500,000	\$1,650,000
METHOD OF FINANCING:			
1	General Revenue Fund	2,104,206	631,261
555	Federal Funds		
10.557.001	SPECIAL SUPPL FOOD WIC	35,640	10,692
555	Federal Funds		
10.561.000	State Admin Match SNAP	488,785	146,636
555	Federal Funds		
93.767.000	CHIP	71,170	21,351
555	Federal Funds		
93.777.000	State Survey and Certific	29,411	8,823
555	Federal Funds		
93.778.000	XIX FMAP	93,170	27,951
555	Federal Funds		
93.778.003	XIX 50%	1,048,300	314,490
758	GR Match For Medicaid	1,067,273	320,182
8010	GR Match For Title XXI	13,420	4,026
8014	GR Match for Food Stamp Admin	488,785	146,636
8032	GR Certified As Match For Medicaid	59,840	17,952
TOTAL, METHOD OF FINANCING		\$5,500,000	\$1,650,000

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

Code	Description	Excp 2022	Excp 2023
Item Name: CAPPS Compliance and Stabilization			
Allocation to Strategy: 12-1-2 Information Technology Capital Projects Oversight & Program Support			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	294,382	296,157
2001	PROFESSIONAL FEES AND SERVICES	10,371,300	11,620,598
2009	OTHER OPERATING EXPENSE	867,029	561,962
TOTAL, OBJECT OF EXPENSE		\$11,532,711	\$12,478,717
METHOD OF FINANCING:			
1	General Revenue Fund	5,065,809	5,331,639
555	Federal Funds		
10.557.001	SPECIAL SUPPL FOOD WIC	39,114	37,880
555	Federal Funds		
10.561.000	State Admin Match SNAP	491,720	530,974
555	Federal Funds		
93.767.000	CHIP	125,039	135,091
555	Federal Funds		
93.777.000	State Survey and Certific	52,503	56,315
555	Federal Funds		
93.778.000	XIX FMAP	1,429,351	1,643,335
555	Federal Funds		
93.778.003	XIX 50%	1,355,209	1,460,373
555	Federal Funds		
96.001.000	Social Security Disability Ins	167,886	192,403
758	GR Match For Medicaid	1,372,655	1,478,672
8010	GR Match For Title XXI	23,606	25,511
8014	GR Match for Food Stamp Admin	491,720	530,974
8032	GR Certified As Match For Medicaid	918,099	1,055,550
TOTAL, METHOD OF FINANCING		\$11,532,711	\$12,478,717
FULL-TIME EQUIVALENT POSITIONS (FTE):		45.6	47.7

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

Code	Description	Excp 2022	Excp 2023
Item Name: Article II Assessment Costs			
Allocation to Strategy: 12-1-1 Enterprise Oversight and Policy			
OBJECTS OF EXPENSE:			
2009	OTHER OPERATING EXPENSE	14,718,764	13,352,938
TOTAL, OBJECT OF EXPENSE		\$14,718,764	\$13,352,938
METHOD OF FINANCING:			
1	General Revenue Fund	14,718,764	13,352,938
TOTAL, METHOD OF FINANCING		\$14,718,764	\$13,352,938

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

Code	Description	Excp 2022	Excp 2023
Item Name:		OIG - Restoring Cuts to Nurse Cost Allocation	
Allocation to Strategy:		11-1-1	Office of Inspector General
OBJECTS OF EXPENSE:			
2009	OTHER OPERATING EXPENSE	2,440,987	2,440,987
TOTAL, OBJECT OF EXPENSE		\$2,440,987	\$2,440,987
METHOD OF FINANCING:			
555	Federal Funds		
	93.778.003	XIX 50%	
		732,296	732,296
555	Federal Funds		
	93.778.004	XIX ADM @ 75%	
		732,296	732,296
758	GR Match For Medicaid	976,395	976,395
TOTAL, METHOD OF FINANCING		\$2,440,987	\$2,440,987

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

Code	Description	Excp 2022	Excp 2023
Item Name: OIG - Access to Work Number			
Allocation to Strategy: 11-1-1 Office of Inspector General			
OBJECTS OF EXPENSE:			
2009	OTHER OPERATING EXPENSE	250,000	250,000
TOTAL, OBJECT OF EXPENSE		\$250,000	\$250,000
METHOD OF FINANCING:			
1	General Revenue Fund	1,729	1,729
555	Federal Funds		
10.561.000	State Admin Match SNAP	117,382	117,382
555	Federal Funds		
93.778.003	XIX 50%	6,753	6,753
758	GR Match For Medicaid	6,753	6,753
8014	GR Match for Food Stamp Admin	117,383	117,383
TOTAL, METHOD OF FINANCING		\$250,000	\$250,000

4.B. Exceptional Items Strategy Allocation Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
 TIME: 3:05:26PM

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

Code	Description	Excp 2022	Excp 2023
Item Name: TCCO - Caseload Growth and Housing Rate Increase			
Allocation to Strategy: 13-1-1 Texas Civil Commitment Office			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	291,908	840,627
2006	RENT - BUILDING	496,576	1,443,345
2009	OTHER OPERATING EXPENSE	21,573	61,803
TOTAL, OBJECT OF EXPENSE		\$810,057	\$2,345,775
METHOD OF FINANCING:			
1	General Revenue Fund	810,057	2,345,775
TOTAL, METHOD OF FINANCING		\$810,057	\$2,345,775

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

Code	Description	Excp 2022	Excp 2023
Item Name: TCCO - Offsite Healthcare			
Allocation to Strategy: 13-1-1 Texas Civil Commitment Office			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	356,712	356,712
TOTAL, OBJECT OF EXPENSE		\$356,712	\$356,712
METHOD OF FINANCING:			
1	General Revenue Fund	356,712	356,712
TOTAL, METHOD OF FINANCING		\$356,712	\$356,712

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

Code	Description	Excp 2022	Excp 2023
Item Name: TCCO - Case Manager Career Ladder			
Allocation to Strategy: 13-1-1 Texas Civil Commitment Office			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	22,896	45,792
TOTAL, OBJECT OF EXPENSE		\$22,896	\$45,792
METHOD OF FINANCING:			
1	General Revenue Fund	22,896	45,792
TOTAL, METHOD OF FINANCING		\$22,896	\$45,792

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

Code	Description	Excp 2022	Excp 2023
Item Name: TCCO - Contracted Professional Services			
Allocation to Strategy: 13-1-1 Texas Civil Commitment Office			
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	25,000	25,000
TOTAL, OBJECT OF EXPENSE		\$25,000	\$25,000
METHOD OF FINANCING:			
1	General Revenue Fund	25,000	25,000
TOTAL, METHOD OF FINANCING		\$25,000	\$25,000

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

Code	Description	Excp 2022	Excp 2023
Item Name: TCCO - Additional FTE Request			
Allocation to Strategy: 13-1-1 Texas Civil Commitment Office			
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	107,265	108,278
TOTAL, OBJECT OF EXPENSE		\$107,265	\$108,278
METHOD OF FINANCING:			
1	General Revenue Fund	107,265	108,278
TOTAL, METHOD OF FINANCING		\$107,265	\$108,278

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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STRATEGY IMPACT ON OUTCOME MEASURES:

<u>2</u>	Average Full Benefit Medicaid Recipient Months Per Month	4,170,799.00	4,052,250.00
<u>3</u>	Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)	527.60	538.46
<u>5</u>	Avg # of Members Receiving Waiver Services through Managed Care	72,643.00	73,504.00
<u>6</u>	Avg # Members Receiving Nursing Facility Care through Managed Care	51,556.00	51,387.00
<u>7</u>	Avg Number Served per Month: Medically Dependent Children Program	5,793.00	5,903.00

OUTPUT MEASURES:

<u>1</u>	Average Aged and Medicare-Related Recipient Months Per Month: Total	380,438.00	386,815.00
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EFFICIENCY MEASURES:

<u>1</u>	Average Aged and Medicare-Related Cost Per Recipient Month	1,192.75	1,183.15
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OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	1	1
3001	CLIENT SERVICES	271,594,981	563,757,827
Total, Objects of Expense		\$271,594,982	\$563,757,828

METHOD OF FINANCING:

1	General Revenue Fund	1	1
555	Federal Funds		
	93.778.000 XIX FMAP	169,447,934	351,852,706
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	509	681
758	GR Match For Medicaid	102,146,538	211,904,440
Total, Method of Finance		\$271,594,982	\$563,757,828

4.C. Exceptional Items Strategy Request
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022

Exp 2023

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

Ensure Access to Medicaid Long-term Services and Supports Waivers

Comply with Federal Requirements for Community Integration for Individuals with Disabilities

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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	Excp 2022	Excp 2023
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OUTPUT MEASURES:

1 Average Disability-Related Recipient Months Per Month: Total	430,855.00	427,844.00
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EFFICIENCY MEASURES:

1 Average Disability-Related Cost Per Recipient Month	1,464.40	1,480.95
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	385,562,535	801,486,021
Total, Objects of Expense	\$385,562,535	\$801,486,021

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	238,457,302	495,289,469
555 Federal Funds		
93.778.005 XIX FMAP @ 90%	2,551	3,408
758 GR Match For Medicaid	147,102,682	306,193,144
Total, Method of Finance	\$385,562,535	\$801,486,021

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

Ensure Access to Medicaid Long-term Services and Supports Waivers

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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	Exp 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Pregnant Women Cost Per Recipient Month	713.25	716.81
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	12,620,977	26,381,328
Total, Objects of Expense	\$12,620,977	\$26,381,328

METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	6,742	14,042
555 Federal Funds		
93.778.000 XIX FMAP	7,532,470	15,753,725
555 Federal Funds		
93.778.005 XIX FMAP @ 90%	323,859	652,815
758 GR Match For Medicaid	4,757,906	9,960,746
Total, Method of Finance	\$12,620,977	\$26,381,328

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Other Adult Cost Per Recipient Month	467.14	482.22
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	25,233,693	47,729,227
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Total, Objects of Expense	\$25,233,693	\$47,729,227
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METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	5,828,508	12,028,626

555 Federal Funds		
93.778.000 XIX FMAP	10,493,679	18,991,196

555 Federal Funds		
93.778.005 XIX FMAP @ 90%	166,827	315,780

758 GR Match For Medicaid	8,744,679	16,393,625
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Total, Method of Finance	\$25,233,693	\$47,729,227
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u>	Average Income-Eligible Children Cost Per Recipient Month	201.79	209.57
<u>2</u>	Average STAR Health Foster Care Children Cost Per Recipient Month	1,062.98	1,126.25

OBJECTS OF EXPENSE:

3001	CLIENT SERVICES	210,681,659	429,439,333
Total, Objects of Expense		\$210,681,659	\$429,439,333

METHOD OF FINANCING:

555	Federal Funds		
	93.767.778 CHIP for Medicaid (EFMAP)	7,049,883	14,299,328
555	Federal Funds		
	93.778.000 XIX FMAP	123,441,708	251,564,021
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	227,404	439,471
758	GR Match For Medicaid	79,962,664	163,136,513
Total, Method of Finance		\$210,681,659	\$429,439,333

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Cost/Medicaid Recipient Month: Prescription Drugs	76.91	77.63
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	226,630,394	393,131,392
Total, Objects of Expense	\$226,630,394	\$393,131,392

METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	4,158,522	8,285,214
555 Federal Funds		
93.778.000 XIX FMAP	135,778,683	234,321,717
555 Federal Funds		
93.778.005 XIX FMAP @ 90%	362,320	702,516
758 GR Match For Medicaid	86,330,869	149,821,945
Total, Method of Finance	\$226,630,394	\$393,131,392

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

DAA for Hepatitis C No Restrictions

Ensure Access to Medicaid Long-term Services and Supports Waivers

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

1 Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month	31.88	32.83
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	33,641,947	68,621,799
Total, Objects of Expense	\$33,641,947	\$68,621,799

METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	2,353,891	4,785,819
555 Federal Funds		
93.778.000 XIX FMAP	18,701,727	38,140,537
758 GR Match For Medicaid	12,586,329	25,695,443
Total, Method of Finance	\$33,641,947	\$68,621,799

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Nonemergency Transportation (NEMT) Cost Per Recipient Month	4.03	4.23
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	9,146,551	18,284,357
Total, Objects of Expense	\$9,146,551	\$18,284,357

METHOD OF FINANCING:

555 Federal Funds		
93.767.778 CHIP for Medicaid (EFMAP)	150,893	298,351
555 Federal Funds		
93.778.000 XIX FMAP	5,495,838	10,983,739
758 GR Match For Medicaid	3,499,820	7,002,267
Total, Method of Finance	\$9,146,551	\$18,284,357

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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

GOAL: 1 Medicaid

OBJECTIVE: 2 Community Services and Supports - Entitlement

STRATEGY: 1 Community Attendant Services

Service Categories:

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

CODE DESCRIPTION	Exp 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Mthly Cost Per Individual Served: Community Attendant Services	1,152.98	1,172.14
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	3,574,621	7,409,318
Total, Objects of Expense	\$3,574,621	\$7,409,318

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	2,197,677	4,553,026
758 GR Match For Medicaid	1,376,944	2,856,292
Total, Method of Finance	\$3,574,621	\$7,409,318

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Monthly Cost Per Individual Served: Primary Home Care	1,098.56	1,132.59
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	49,703	106,962
Total, Objects of Expense	\$49,703	\$106,962

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	30,557	65,728
758 GR Match For Medicaid	19,146	41,234
Total, Method of Finance	\$49,703	\$106,962

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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

GOAL: 1 Medicaid

OBJECTIVE: 2 Community Services and Supports - Entitlement

STRATEGY: 3 Day Activity and Health Services (DAHS)

Service Categories:

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

CODE DESCRIPTION	Exp 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Avg Mthly Cost Per Individual Served: Day Activity and Health Services	574.84	578.79
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	41,739	50,463
Total, Objects of Expense	\$41,739	\$50,463

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	25,661	31,009
758 GR Match For Medicaid	16,078	19,454
Total, Method of Finance	\$41,739	\$50,463

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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OUTPUT MEASURES:

1 Avg. Number Receiving Medicaid-funded FFS Nursing Facility Services/Mo	7,146.00	7,121.00
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EFFICIENCY MEASURES:

1 Net Nursing Facility Cost Per Medicaid FFS Resident Per Month	3,940.08	3,933.76
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	3,572,649	6,528,434
Total, Objects of Expense	\$3,572,649	\$6,528,434

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	2,196,465	4,011,724
758 GR Match For Medicaid	1,376,184	2,516,710
Total, Method of Finance	\$3,572,649	\$6,528,434

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

Ensure Access to Medicaid Long-term Services and Supports Waivers

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Net Medicaid/Medicare Copay Per Individual Nursing Facility Svcs	2,628.17	2,734.49
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	1,652,249	3,710,280
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Total, Objects of Expense	\$1,652,249	\$3,710,280
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METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	1,015,803	2,279,967

758 GR Match For Medicaid	636,446	1,430,313
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Total, Method of Finance	\$1,652,249	\$3,710,280
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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

GOAL: 1 Medicaid

OBJECTIVE: 2 Community Services and Supports - Entitlement

STRATEGY: 6 Hospice

Service Categories:

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

CODE DESCRIPTION	Exp 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Net Payment Per Individual Per Month for Hospice	3,129.87	3,156.38
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	2,007,308	4,148,964
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Total, Objects of Expense	\$2,007,308	\$4,148,964
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METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	1,234,093	2,549,539

758 GR Match For Medicaid	773,215	1,599,425
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Total, Method of Finance	\$2,007,308	\$4,148,964
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Monthly Cost Per ICF/IID Medicaid Eligible Individual	4,831.15	4,829.61
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	571,340	526,990
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Total, Objects of Expense	\$571,340	\$526,990
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METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	351,260	323,836

758 GR Match For Medicaid	220,080	203,154
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Total, Method of Finance	\$571,340	\$526,990
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

Agency Code: **529** Agency name: **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 2022	Exp 2023
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OUTPUT MEASURES:

<u>1</u> Avg # Individuals Served Per Mth: Home & Commity Based Services (HCS)	29,226.00	30,254.00
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EFFICIENCY MEASURES:

<u>1</u> Avg Mthly Cost Per Individual Served: Home & Community Based Services	3,804.21	3,820.24
<u>2</u> Avg Mthly Cost Indiv Served: Home and Community-Based Svcs Residential	5,532.74	5,556.05
<u>3</u> Avg Mthly Cost Indiv: Home & Community-Based Svcs Non Residential	2,927.20	2,939.54

EXPLANATORY/INPUT MEASURES:

<u>1</u> # Individuals Receiving Services at the End of the Fiscal Year: HCS	29,698.00	30,726.00
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	38,673,702	103,712,169
Total, Objects of Expense	\$38,673,702	\$103,712,169

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	23,882,566	64,004,216
758 GR Match For Medicaid	14,791,136	39,707,953
Total, Method of Finance	\$38,673,702	\$103,712,169

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

Ensure Access to Medicaid Long-term Services and Supports Waivers

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

Agency Code: **529** Agency name: **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 2022	Exp 2023
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OUTPUT MEASURES:

<u>1</u> Average Number of Individuals Served Per Month: CLASS Waiver	6,024.00	6,136.00
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EFFICIENCY MEASURES:

<u>1</u> Average Monthly Cost Per Individual: CLASS Waiver	4,387.23	4,395.36
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EXPLANATORY/INPUT MEASURES:

<u>1</u> # of Persons Receiving Svcs at the End of the Fiscal Year: CLASS	6,075.00	6,187.00
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	12,741,558	28,884,834
Total, Objects of Expense	\$12,741,558	\$28,884,834

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	8,361,530	18,946,581
758 GR Match For Medicaid	4,380,028	9,938,253
Total, Method of Finance	\$12,741,558	\$28,884,834

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

Ensure Access to Medicaid Long-term Services and Supports Waivers

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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OUTPUT MEASURES:

<u>1</u> Average Number of Individuals Served Per Month: Deaf-Blind Waiver	341.15	347.90
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EFFICIENCY MEASURES:

<u>1</u> Average Monthly Cost Per Individual: Deaf-Blind Waiver	4,504.18	4,504.18
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EXPLANATORY/INPUT MEASURES:

<u>1</u> # of Persons Receiving Services at the End of the Fiscal Year: DBMD	344.25	350.99
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	239,120	645,607
Total, Objects of Expense	\$239,120	\$645,607

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	153,619	414,562
758 GR Match For Medicaid	85,501	231,045
Total, Method of Finance	\$239,120	\$645,607

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

Ensure Access to Medicaid Long-term Services and Supports Waivers

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Excp 2023
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OUTPUT MEASURES:

<u>1</u> Avg Number of Individuals Served Per Month: Texas Home Living Waiver	4,598.48	4,691.19
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EFFICIENCY MEASURES:

<u>1</u> Average Monthly Cost Per Individual Served: Texas Home Living Waiver	1,909.69	1,916.07
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EXPLANATORY/INPUT MEASURES:

<u>1</u> # of Individuals Receiving Svcs at the End of the Fiscal Year: Tx HML	4,640.97	4,733.67
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	15,723,294	22,501,861
Total, Objects of Expense	\$15,723,294	\$22,501,861

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	10,220,962	14,620,402
758 GR Match For Medicaid	5,502,332	7,881,459
Total, Method of Finance	\$15,723,294	\$22,501,861

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

Ensure Access to Medicaid Long-term Services and Supports Waivers

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Emergency Services for Non-citizens Cost Per Recipient Month	3,711.85	3,807.75
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	30,484,622	53,882,629
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Total, Objects of Expense	\$30,484,622	\$53,882,629
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METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	4,819,145	10,533,671

555 Federal Funds		
93.778.009 SHARS	22,646,064	36,739,804

758 GR Match For Medicaid	3,019,413	6,609,154
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Total, Method of Finance	\$30,484,622	\$53,882,629
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Part B Premium Per Month	158.06	166.68
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	115,538,292	209,095,808
Total, Objects of Expense	\$115,538,292	\$209,095,808

METHOD OF FINANCING:

555 Federal Funds		
93.778.000 XIX FMAP	45,585,325	94,830,585
758 GR Match For Medicaid	28,561,267	59,491,799
8092 Medicare Giveback Provision	41,391,700	54,773,424
Total, Method of Finance	\$115,538,292	\$209,095,808

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	165,236	503,192
2001 PROFESSIONAL FEES AND SERVICES	58,570,892	54,348,353
2009 OTHER OPERATING EXPENSE	25,735,457	183,415,794
5000 CAPITAL EXPENDITURES	5,000,000	0
Total, Objects of Expense	\$89,471,585	\$238,267,339

METHOD OF FINANCING:

555 Federal Funds		
93.687.000 Maternal Opioid Misuse Model	61,446	61,446
555 Federal Funds		
93.778.003 XIX 50%	1,968,590	1,178,543
555 Federal Funds		
93.778.004 XIX ADM @ 75%	16,829,401	13,971,425
555 Federal Funds		
93.778.005 XIX FMAP @ 90%	56,719,942	195,487,776
758 GR Match For Medicaid	13,880,606	27,556,549
8010 GR Match For Title XXI	11,600	11,600
Total, Method of Finance	\$89,471,585	\$238,267,339

FULL-TIME EQUIVALENT POSITIONS (FTE):	16.7	22.7
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Ensure Access to Medicaid Long-term Services and Supports Waivers

Electronic Visit Verification Expansion

4.C. Exceptional Items Strategy Request
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022

Exp 2023

Phase 1: MMIS Modernization Procurement and Timeline

IDD System Redesign and Waiver

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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	Excp 2022	Excp 2023
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STRATEGY IMPACT ON OUTCOME MEASURES:

<u>2</u> Average CHIP Programs Benefit Cost with Prescription Benefit	207.43	213.76
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EFFICIENCY MEASURES:

<u>1</u> Average CHIP Children Benefit Cost Per Recipient Month	152.56	159.08
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	22,956,063	47,777,221
Total, Objects of Expense	\$22,956,063	\$47,777,221

METHOD OF FINANCING:

555 Federal Funds		
93.767.000 CHIP	16,767,108	34,886,927
8025 Tobacco Receipts Match For Chip	6,188,955	12,890,294
Total, Method of Finance	\$22,956,063	\$47,777,221

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Perinatal Benefit Cost Per Recipient Month	424.61	435.16
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	2,519,144	5,909,941
Total, Objects of Expense	\$2,519,144	\$5,909,941

METHOD OF FINANCING:

555 Federal Funds		
93.767.000 CHIP	1,839,983	4,315,439
8025 Tobacco Receipts Match For Chip	679,161	1,594,502
Total, Method of Finance	\$2,519,144	\$5,909,941

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Cost/CHIP Recipient Month: Pharmacy Benefit	33.33	34.09
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	4,085,629	7,810,094
Total, Objects of Expense	\$4,085,629	\$7,810,094

METHOD OF FINANCING:

555 Federal Funds		
93.767.000 CHIP	2,984,143	5,702,931
8025 Tobacco Receipts Match For Chip	1,101,486	2,107,163
Total, Method of Finance	\$4,085,629	\$7,810,094

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Monthly Cost of the Dental Benefit Per Chip Program Recipient	23.40	24.13
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OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	2,912,073	6,023,377
Total, Objects of Expense	\$2,912,073	\$6,023,377

METHOD OF FINANCING:

555 Federal Funds		
93.767.000 CHIP	2,126,978	4,398,270
8025 Tobacco Receipts Match For Chip	785,095	1,625,107
Total, Method of Finance	\$2,912,073	\$6,023,377

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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

GOAL: 5 Encourage Self-Sufficiency

OBJECTIVE: 1 Financial and Other Assistance

STRATEGY: 1 Temporary Assistance for Needy Families Grants

Service Categories:

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

CODE	DESCRIPTION	Exp 2022	Exp 2023
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EFFICIENCY MEASURES:

<u>1</u> Average Monthly Grant: TANF Basic Cash Assistance	82.02	83.29
<u>2</u> Average Monthly Grant: State Two-Parent Cash Assistance Program	84.55	86.47

OBJECTS OF EXPENSE:

3001 CLIENT SERVICES	856,722	1,698,148
Total, Objects of Expense	\$856,722	\$1,698,148

METHOD OF FINANCING:

1 General Revenue Fund	856,722	1,698,148
Total, Method of Finance	\$856,722	\$1,698,148

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Maintain Client Services Cost Growth

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	56,802	56,802
Total, Objects of Expense	\$56,802	\$56,802

METHOD OF FINANCING:

1 General Revenue Fund	56,802	56,802
Total, Method of Finance	\$56,802	\$56,802

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Ensure Access to Medicaid Long-term Services and Supports Waivers

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	1	1
2001 PROFESSIONAL FEES AND SERVICES	694,436	694,436
2009 OTHER OPERATING EXPENSE	2,783,674	1,788,040
Total, Objects of Expense	\$3,478,111	\$2,482,477

METHOD OF FINANCING:

1 General Revenue Fund	3,478,111	2,482,477
Total, Method of Finance	\$3,478,111	\$2,482,477

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

DAA for Hepatitis C No Restrictions

Complete Construction and Expanded Operations in State Hospitals

Ensure Critical Facility Infrastructure Efficiency and Safety

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	382,313	382,313
2005 TRAVEL	13,200	13,200
2009 OTHER OPERATING EXPENSE	81,070	50,527
5000 CAPITAL EXPENDITURES	9,823,501	1
Total, Objects of Expense	\$10,300,084	\$446,041

METHOD OF FINANCING:

1 General Revenue Fund	10,300,084	446,041
Total, Method of Finance	\$10,300,084	\$446,041

FULL-TIME EQUIVALENT POSITIONS (FTE):

	4.1	4.1
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Complete Construction and Expanded Operations in State Hospitals
 Ensure Critical Facility Infrastructure Efficiency and Safety

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Excp 2023
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OBJECTS OF EXPENSE:

5000 CAPITAL EXPENDITURES	93,834,019	0
Total, Objects of Expense	\$93,834,019	\$0

METHOD OF FINANCING:

1 General Revenue Fund	46,917,010	0
8226 MLPP Revenue Bond Proceeds	46,917,009	0
Total, Method of Finance	\$93,834,019	\$0

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Complete Construction and Expanded Operations in State Hospitals
 Ensure Critical Facility Infrastructure Efficiency and Safety

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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	Excp 2022	Excp 2023
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OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	886,200	1,501,220
2009	OTHER OPERATING EXPENSE	1,071,918	994,356
Total, Objects of Expense		\$1,958,118	\$2,495,576

METHOD OF FINANCING:

555	Federal Funds		
	93.778.003 XIX 50%	979,059	1,247,788
758	GR Match For Medicaid	979,059	1,247,788
Total, Method of Finance		\$1,958,118	\$2,495,576

FULL-TIME EQUIVALENT POSITIONS (FTE):	14.9	25.2
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Ensure Access to Medicaid Long-term Services and Supports Waivers

IDD System Redesign and Waiver

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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OUTPUT MEASURES:

<u>2</u> Number of Completed Non-Abuse/Neglect Investigations	17,034.00	17,034.00
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EFFICIENCY MEASURES:

<u>2</u> Average Monthly Residential Caseload Per Monitoring Worker	21.03	21.06
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	7,714,984	7,726,003
2001 PROFESSIONAL FEES AND SERVICES	2,160,000	2,160,000
2004 UTILITIES	2,400	2,400
2005 TRAVEL	412,000	412,000
2007 RENT - MACHINE AND OTHER	105,900	105,900
2009 OTHER OPERATING EXPENSE	2,780,536	1,958,937
Total, Objects of Expense	\$13,175,820	\$12,365,240

METHOD OF FINANCING:

1 General Revenue Fund	13,175,820	12,365,240
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Total, Method of Finance	\$13,175,820	\$12,365,240
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FULL-TIME EQUIVALENT POSITIONS (FTE):

	139.9	152.0
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Foster Care Litigation

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
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OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	2,300,481	2,470,887
3001	CLIENT SERVICES	546,206	1,553,069
Total, Objects of Expense		\$2,846,687	\$4,023,956

METHOD OF FINANCING:

1	General Revenue Fund	57,731	86,087
555	Federal Funds		
	93.778.003 XIX 50%	1,457,183	2,146,760
758	GR Match For Medicaid	1,331,773	1,791,109
Total, Method of Finance		\$2,846,687	\$4,023,956

FULL-TIME EQUIVALENT POSITIONS (FTE):

41.5	44.5
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EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Ensure Access to Medicaid Long-term Services and Supports Waivers

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

Agency Code: **529** Agency name: **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 2022	Exp 2023
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OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	750,000	750,000
Total, Objects of Expense		\$750,000	\$750,000

METHOD OF FINANCING:

1	General Revenue Fund	29,728	29,728
555	Federal Funds		
10.561.000	State Admin Match SNAP	161,933	161,933
555	Federal Funds		
93.767.000	CHIP	29,378	29,378
555	Federal Funds		
93.778.003	XIX 50%	180,742	180,742
758	GR Match For Medicaid	180,743	180,743
8010	GR Match For Title XXI	5,543	5,543
8014	GR Match for Food Stamp Admin	161,933	161,933
Total, Method of Finance		\$750,000	\$750,000

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

IT Security Threat Reduction and System Stabilization

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

Agency Code: **529** Agency name: **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 2022	Exp 2023
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OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	0	640,000
	Total, Objects of Expense	\$0	\$640,000

METHOD OF FINANCING:

1	General Revenue Fund	0	357,612
555	Federal Funds		
	10.561.000 State Admin Match SNAP	0	39,437
555	Federal Funds		
	93.767.000 CHIP	0	92,269
555	Federal Funds		
	93.778.005 XIX FMAP @ 90%	0	5,696
758	GR Match For Medicaid	0	15,994
8010	GR Match For Title XXI	0	36,723
8014	GR Match for Food Stamp Admin	0	92,269
	Total, Method of Finance	\$0	\$640,000

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

IDD System Redesign and Waiver

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
-------------------------	-----------------	-----------------

OBJECTS OF EXPENSE:

2009 OTHER OPERATING EXPENSE	2,690,987	2,690,987
Total, Objects of Expense	\$2,690,987	\$2,690,987

METHOD OF FINANCING:

1 General Revenue Fund	1,729	1,729
555 Federal Funds		
93.778.003 XIX 50%	1,588,727	1,588,727
758 GR Match For Medicaid	983,148	983,148
8014 GR Match for Food Stamp Admin	117,383	117,383
Total, Method of Finance	\$2,690,987	\$2,690,987

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

OIG - Restoring Cuts to Nurse Cost Allocation

OIG - Access to Work Number

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Exp 2023
-------------------------	-----------------	-----------------

OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	224,541	289,357
2001 PROFESSIONAL FEES AND SERVICES	1,800	1,800
2005 TRAVEL	500	500
2009 OTHER OPERATING EXPENSE	14,730,664	13,362,638
Total, Objects of Expense	\$14,957,505	\$13,654,295

METHOD OF FINANCING:

1 General Revenue Fund	14,831,475	13,486,246
555 Federal Funds		
93.778.003 XIX 50%	66,870	88,227
758 GR Match For Medicaid	41,464	55,555
8010 GR Match For Title XXI	700	867
8014 GR Match for Food Stamp Admin	14,644	21,070
8032 GR Certified As Match For Medicaid	2,352	2,330
Total, Method of Finance	\$14,957,505	\$13,654,295

FULL-TIME EQUIVALENT POSITIONS (FTE):

	5.5	6.5
--	-----	-----

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

IT Security Threat Reduction and System Stabilization

IDD System Redesign and Waiver

Maintain Compliance with Federal Data Governance Requirements; Maintain Data Driven Decision Making

Article II Assessment Costs

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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	Exp 2022	Exp 2023
OBJECTS OF EXPENSE:		
1001 SALARIES AND WAGES	1,176,161	1,177,936
2001 PROFESSIONAL FEES AND SERVICES	32,438,730	32,439,593
2003 CONSUMABLE SUPPLIES	5,250	5,250
2009 OTHER OPERATING EXPENSE	4,854,010	5,879,271
5000 CAPITAL EXPENDITURES	21,021,344	18,954,896
Total, Objects of Expense	\$59,495,495	\$58,456,946

METHOD OF FINANCING:

1 General Revenue Fund	27,640,380	30,305,432
555 Federal Funds		
10.557.001 SPECIAL SUPPL FOOD WIC	386,390	331,350
555 Federal Funds		
10.561.000 State Admin Match SNAP	3,478,696	2,947,149
555 Federal Funds		
93.767.000 CHIP	825,838	728,066
555 Federal Funds		
93.777.000 State Survey and Certific	339,148	297,748
555 Federal Funds		
93.778.000 XIX FMAP	2,527,509	2,599,717
555 Federal Funds		
93.778.003 XIX 50%	8,892,763	7,642,446
555 Federal Funds		
93.778.005 XIX FMAP @ 90%	701,568	670,016
555 Federal Funds		

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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 2022	Excp 2023
96.001.000	Social Security Disability Ins	307,062	320,030
758	GR Match For Medicaid	9,109,372	7,833,585
8010	GR Match For Title XXI	155,562	137,146
8014	GR Match for Food Stamp Admin	3,478,575	2,947,036
8032	GR Certified As Match For Medicaid	1,652,632	1,697,225
Total, Method of Finance		\$59,495,495	\$58,456,946
FULL-TIME EQUIVALENT POSITIONS (FTE):		69.9	72.0

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

Foster Care Litigation

IT Security Threat Reduction and System Stabilization

Maintain Compliance with Federal Data Governance Requirements; Maintain Data Driven Decision Making

Stabilize E-Discovery

CAPPS Compliance and Stabilization

4.C. Exceptional Items Strategy Request
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:06:08PM

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	Exp 2022	Exp 2023
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OBJECTS OF EXPENSE:

1001 SALARIES AND WAGES	130,161	154,070
2001 PROFESSIONAL FEES AND SERVICES	673,620	1,222,339
2006 RENT - BUILDING	496,576	1,443,345
2009 OTHER OPERATING EXPENSE	21,573	61,803
Total, Objects of Expense	\$1,321,930	\$2,881,557

METHOD OF FINANCING:

1 General Revenue Fund	1,321,930	2,881,557
Total, Method of Finance	\$1,321,930	\$2,881,557

EXCEPTIONAL ITEM(S) INCLUDED IN STRATEGY:

- TCCO - Caseload Growth and Housing Rate Increase
- TCCO - Offsite Healthcare
- TCCO - Case Manager Career Ladder
- TCCO - Contracted Professional Services
- TCCO - Additional FTE Request

**Legislative Appropriations Request
Fiscal Year 2022-2023
Volume III**

**Submitted to the Governor's Office Budget Division
and the Legislative Budget Board
by the Health and Human Services Commission
October 9, 2020**



TEXAS

**Health and Human
Services**

**Health and Human Services Commission
Legislative Appropriations Request
Fiscal Years 2022-23
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- 1.B. Organizational Chart
- 1.C. Certification of Dual Submission
- 1.D. Budget Overview
- 2. Summaries of Request (2A - 2G)
- 3.A. Strategy Requests (Goal A - Goal M)

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- 3.A.1 Program Level Request
- 3.B. Rider Revisions and Additions Request
- 3.D. & 3.E. Sub-strategy Summaries and Requests
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- 4.B. Exceptional Item Strategy Allocation Schedule
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- 6. **Supporting Schedules (6A - 6L)**
- 7.B. **Direct Administrative and Support Costs**
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5.A. Capital Budget Project Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/26/2020**
 TIME : **3:24:06PM**

Agency code: **529**

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

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2020

Bud 2021

BL 2022

BL 2023

5002 Construction of Buildings and Facilities

*41/41 New Construction of SHs & Other Inpatient
 MH Facilities*

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES	\$1,358,009	\$0	\$0	\$0
General	2005	TRAVEL	\$35,784	\$0	\$0	\$0
General	2009	OTHER OPERATING EXPENSE	\$25,944	\$0	\$0	\$0
General	5000	CAPITAL EXPENDITURES	\$219,581,561	\$0	\$0	\$0

Capital Subtotal OOE, Project	41		\$221,001,298	\$0	\$0	\$0
Subtotal OOE, Project	41		\$221,001,298	\$0	\$0	\$0

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$0	\$0	\$0	\$0
General	CA	599	Economic Stabilization Fund	\$221,001,298	\$0	\$0	\$0

Capital Subtotal TOF, Project	41		\$221,001,298	\$0	\$0	\$0
Subtotal TOF, Project	41		\$221,001,298	\$0	\$0	\$0

Capital Subtotal, Category	5002		\$221,001,298	\$0	\$0	\$0
Informational Subtotal, Category	5002					
Total, Category	5002		\$221,001,298	\$0	\$0	\$0

5003 Repair or Rehabilitation of Buildings and Facilities

*1/1 Facilities Repair and Renovations - State
 Supported Living Centers and State Hospitals*

5.A. Capital Budget Project Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/26/2020**
 TIME : **3:24:06PM**

Agency code: **529**

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

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE	Est 2020	Bud 2021	BL 2022	BL 2023
OBJECTS OF EXPENSE				
<u>Capital</u>				
General 2001 PROFESSIONAL FEES AND SERVICES	\$22,676,178	\$0	\$0	\$0
General 2004 UTILITIES	\$6,283	\$0	\$0	\$0
General 2005 TRAVEL	\$2,000	\$2,000	\$0	\$0
General 2007 RENT - MACHINE AND OTHER	\$200,000	\$0	\$0	\$0
General 2009 OTHER OPERATING EXPENSE	\$1,631,751	\$150,186	\$112,186	\$112,186
General 5000 CAPITAL EXPENDITURES	\$114,584,600	\$200,000	\$240,000	\$240,000
Capital Subtotal OOE, Project 1	\$139,100,812	\$352,186	\$352,186	\$352,186
Subtotal OOE, Project 1	\$139,100,812	\$352,186	\$352,186	\$352,186

TYPE OF FINANCING

Capital

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	\$135,809,681	\$0	\$0	\$0
General CA 780 Bond Proceed-Gen Obligat	\$2,938,945	\$0	\$0	\$0
Capital Subtotal TOF, Project 1	\$139,100,812	\$352,186	\$352,186	\$352,186
Subtotal TOF, Project 1	\$139,100,812	\$352,186	\$352,186	\$352,186

*2/2 Deferred Maintenance at State Hospitals and
 State Supported Living Centers*

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES	\$1,493,835	\$0	\$50,115,907	\$0
General 2009 OTHER OPERATING EXPENSE	\$0	\$0	\$38,631,011	\$0

5.A. Capital Budget Project Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/26/2020**
 TIME : **3:24:06PM**

Agency code: **529**

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

Category Code / Category Name

Project Sequence/Project Id/ Name

		Est 2020	Bud 2021	BL 2022	BL 2023
OOE / TOF / MOF CODE					
General	5000 CAPITAL EXPENDITURES	\$207,322,442	\$0	\$120,069,359	\$0
	Capital Subtotal OOE, Project 2	\$208,816,277	\$0	\$208,816,277	\$0
	Subtotal OOE, Project 2	\$208,816,277	\$0	\$208,816,277	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$0	\$0	\$0	\$0
General	CA 8226 MLPP Revenue Bond Proceeds	\$208,816,277	\$0	\$208,816,277	\$0
	Capital Subtotal TOF, Project 2	\$208,816,277	\$0	\$208,816,277	\$0
	Subtotal TOF, Project 2	\$208,816,277	\$0	\$208,816,277	\$0
<i>42/42 Facilities Repairs and Renovations - WacoCenter for Youth</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2009 OTHER OPERATING EXPENSE	\$430	\$0	\$0	\$0
General	5000 CAPITAL EXPENDITURES	\$1,124,004	\$0	\$0	\$0
	Capital Subtotal OOE, Project 42	\$1,124,434	\$0	\$0	\$0
	Subtotal OOE, Project 42	\$1,124,434	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 599 Economic Stabilization Fund	\$1,124,434	\$0	\$0	\$0
	Capital Subtotal TOF, Project 42	\$1,124,434	\$0	\$0	\$0
	Subtotal TOF, Project 42	\$1,124,434	\$0	\$0	\$0

5.A. Capital Budget Project Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/26/2020**
 TIME : **3:24:06PM**

Agency code: **529**

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

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2020

Bud 2021

BL 2022

BL 2023

Capital Subtotal, Category	5003	\$349,041,523	\$352,186	\$209,168,463	\$352,186
Informational Subtotal, Category	5003				
Total, Category	5003	\$349,041,523	\$352,186	\$209,168,463	\$352,186

5005 Acquisition of Information Resource Technologies

3/3 Seat Management Services (PCs, Laptops, & Servers)

OBJECTS OF EXPENSE

Capital

General	2007	RENT - MACHINE AND OTHER	\$16,791,195	\$13,273,833	\$16,410,125	\$16,410,125
General	2009	OTHER OPERATING EXPENSE	\$6,159,305	\$3,630,322	\$3,528,000	\$3,528,000
Capital Subtotal OOE, Project	3		\$22,950,500	\$16,904,155	\$19,938,125	\$19,938,125
Subtotal OOE, Project	3		\$22,950,500	\$16,904,155	\$19,938,125	\$19,938,125

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$3,731,537	\$2,743,988	\$3,291,178	\$3,291,178
General	CA	555	Federal Funds	\$9,948,473	\$7,326,959	\$8,643,565	\$8,643,565
General	CA	758	GR Match For Medicaid	\$5,633,235	\$4,147,467	\$4,973,186	\$4,973,186
General	CA	777	Interagency Contracts	\$1,107,178	\$819,674	\$907,583	\$907,583
General	CA	8010	GR Match For Title XXI	\$95,913	\$70,699	\$83,940	\$83,940
General	CA	8014	GR Match for Food Stamp Admin	\$2,116,586	\$1,561,895	\$1,756,549	\$1,756,549
General	CA	8032	GR Certified As Match For Medicaid	\$317,578	\$233,473	\$282,124	\$282,124
Capital Subtotal TOF, Project	3			\$22,950,500	\$16,904,155	\$19,938,125	\$19,938,125
Subtotal TOF, Project	3			\$22,950,500	\$16,904,155	\$19,938,125	\$19,938,125

5.A. Capital Budget Project Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/26/2020**
 TIME : **3:24:06PM**

Agency code: **529**

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

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2020	Bud 2021	BL 2022	BL 2023
<i>4/4 Texas Integrated Eligibility Redesign System</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$15,604,631	\$16,809,511	\$12,836,141	\$13,442,842
General	2009 OTHER OPERATING EXPENSE	\$36,080,616	\$35,289,793	\$38,992,279	\$40,087,956
General	5000 CAPITAL EXPENDITURES	\$2,343,408	\$1,995,000	\$2,044,750	\$2,096,988
	Capital Subtotal OOE, Project 4	\$54,028,655	\$54,094,304	\$53,873,170	\$55,627,786
<u>Informational</u>					
General	1001 SALARIES AND WAGES	\$21,005,521	\$22,935,590	\$22,935,590	\$22,935,590
General	1002 OTHER PERSONNEL COSTS	\$393,038	\$416,523	\$416,523	\$416,523
General	2001 PROFESSIONAL FEES AND SERVICES	\$77,281,313	\$76,755,897	\$77,005,896	\$77,005,896
General	2002 FUELS AND LUBRICANTS	\$792	\$760	\$760	\$760
General	2003 CONSUMABLE SUPPLIES	\$82,914	\$142,069	\$130,569	\$130,569
General	2004 UTILITIES	\$5,653,603	\$5,370,819	\$5,370,819	\$5,370,819
General	2005 TRAVEL	\$32,947	\$28,116	\$28,116	\$28,116
General	2006 RENT - BUILDING	\$303,421	\$322,270	\$322,270	\$322,270
General	2007 RENT - MACHINE AND OTHER	\$59,340	\$56,353	\$56,353	\$56,353
General	2009 OTHER OPERATING EXPENSE	\$5,736,982	\$5,671,275	\$5,800,069	\$5,800,069
	Informational Subtotal OOE, Project 4	\$110,549,871	\$111,699,672	\$112,066,965	\$112,066,965
	Subtotal OOE, Project 4	\$164,578,526	\$165,793,976	\$165,940,135	\$167,694,751
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$2,394,463	\$3,260,929	\$1,729,216	\$1,722,818
General	CA 555 Federal Funds	\$34,135,394	\$33,619,301	\$34,484,536	\$35,648,154

5.A. Capital Budget Project Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/26/2020**
 TIME : **3:24:06PM**

Agency code: **529**

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

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2020	Bud 2021	BL 2022	BL 2023
General	CA	758	GR Match For Medicaid	\$5,871,261	\$5,732,005	\$5,882,123	\$6,088,508
General	CA	8010	GR Match For Title XXI	\$390,311	\$381,198	\$403,558	\$417,342
General	CA	8014	GR Match for Food Stamp Admin	\$11,237,226	\$11,100,871	\$11,373,737	\$11,750,964
Capital Subtotal TOF, Project				\$54,028,655	\$54,094,304	\$53,873,170	\$55,627,786
<u>Informational</u>							
General	CA	1	General Revenue Fund	\$5,520,904	\$5,529,876	\$5,094,603	\$5,094,786
General	CA	555	Federal Funds	\$69,258,415	\$69,940,509	\$71,137,497	\$71,137,314
General	CA	758	GR Match For Medicaid	\$13,745,782	\$13,972,171	\$14,796,059	\$14,796,059
General	CA	777	Interagency Contracts	\$460,608	\$515,960	\$512,174	\$512,174
General	CA	8010	GR Match For Title XXI	\$907,402	\$790,857	\$760,819	\$760,819
General	CA	8014	GR Match for Food Stamp Admin	\$20,515,534	\$20,797,941	\$19,625,432	\$19,625,432
General	CA	8032	GR Certified As Match For Medicaid	\$132,535	\$143,667	\$140,381	\$140,381
General	CA	8095	ID Collect-Pat Supp & Maint	\$8,328	\$8,328	\$0	\$0
General	CA	8096	ID Appropriated Receipts	\$363	\$363	\$0	\$0
Informational Subtotal TOF, Project				\$110,549,871	\$111,699,672	\$112,066,965	\$112,066,965
Subtotal TOF, Project				\$164,578,526	\$165,793,976	\$165,940,135	\$167,694,751

5/5 Network, Performance and Capacity

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES		\$1,365,719	\$1,403,999	\$1,403,999	\$1,403,999
General	2009	OTHER OPERATING EXPENSE		\$149,802	\$154,001	\$154,001	\$154,001
General	5000	CAPITAL EXPENDITURES		\$42,479	\$0	\$0	\$0

5.A. Capital Budget Project Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/26/2020**
 TIME : **3:24:06PM**

Agency code: **529**

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

Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2020

Bud 2021

BL 2022

BL 2023

Capital Subtotal OOE, Project	5	\$1,558,000	\$1,558,000	\$1,558,000	\$1,558,000
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Subtotal OOE, Project	5	\$1,558,000	\$1,558,000	\$1,558,000	\$1,558,000
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TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$179,435	\$179,435	\$177,347	\$177,347
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General	CA	555	Federal Funds	\$476,218	\$476,218	\$471,996	\$471,996
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General	CA	758	GR Match For Medicaid	\$269,908	\$269,908	\$270,594	\$270,594
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General	CA	777	Interagency Contracts	\$511,866	\$511,865	\$522,584	\$522,584
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General	CA	8010	GR Match For Title XXI	\$4,580	\$4,581	\$4,565	\$4,565
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General	CA	8014	GR Match for Food Stamp Admin	\$100,725	\$100,725	\$95,568	\$95,568
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General	CA	8032	GR Certified As Match For Medicaid	\$15,268	\$15,268	\$15,346	\$15,346
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Capital Subtotal TOF, Project	5	\$1,558,000	\$1,558,000	\$1,558,000	\$1,558,000
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Subtotal TOF, Project	5	\$1,558,000	\$1,558,000	\$1,558,000	\$1,558,000
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6/6 MMIS - Medicaid Management Information System

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES	\$26,227,365	\$49,892,164	\$40,392,799	\$38,988,526
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General	2009	OTHER OPERATING EXPENSE	\$1,713,261	\$2,614,959	\$2,614,959	\$2,614,959
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General	5000	CAPITAL EXPENDITURES	\$684,485	\$1,740,419	\$11,888,979	\$12,440,678
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Capital Subtotal OOE, Project	6	\$28,625,111	\$54,247,542	\$54,896,737	\$54,044,163
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Subtotal OOE, Project	6	\$28,625,111	\$54,247,542	\$54,896,737	\$54,044,163
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TYPE OF FINANCING

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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 2020	Bud 2021	BL 2022	BL 2023	
<u>Capital</u>								
General	CA	1	General Revenue Fund	\$140,558	\$1,298,369	\$153,787	\$1,078,608	
General	CA	555	Federal Funds	\$22,246,622	\$42,804,229	\$41,476,544	\$40,031,103	
General	CA	758	GR Match For Medicaid	\$6,182,446	\$9,746,786	\$13,189,933	\$12,856,450	
General	CA	8010	GR Match For Title XXI	\$55,485	\$398,158	\$76,473	\$78,002	
Capital Subtotal TOF, Project				6	\$28,625,111	\$54,247,542	\$54,896,737	\$54,044,163
Subtotal TOF, Project				6	\$28,625,111	\$54,247,542	\$54,896,737	\$54,044,163

8/8 Enterprise Data Governance

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES		\$4,330,746	\$5,255,037	\$1,316,000	\$1,316,000	
General	2004	UTILITIES		\$38,084	\$74,535	\$0	\$0	
General	2009	OTHER OPERATING EXPENSE		\$293,178	\$128,703	\$0	\$0	
Capital Subtotal OOE, Project				8	\$4,662,008	\$5,458,275	\$1,316,000	\$1,316,000
Subtotal OOE, Project				8	\$4,662,008	\$5,458,275	\$1,316,000	\$1,316,000

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$0	\$0	\$0	\$0
General	CA	555	Federal Funds	\$3,949,729	\$4,666,706	\$658,000	\$658,000
General	CA	758	GR Match For Medicaid	\$712,279	\$791,569	\$658,000	\$658,000
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
General	CA	8032	GR Certified As Match For Medicaid	\$0	\$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 2020

Bud 2021

BL 2022

BL 2023

Capital Subtotal TOF, Project	8	\$4,662,008	\$5,458,275	\$1,316,000	\$1,316,000
Subtotal TOF, Project	8	\$4,662,008	\$5,458,275	\$1,316,000	\$1,316,000

*9/9 Infrastructure Maintenance at SSLCs to support
 Electronic Health Records*

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$150,000	\$150,000
General	2004	UTILITIES	\$220,477	\$274,650	\$0	\$0
General	2009	OTHER OPERATING EXPENSE	\$225,350	\$225,350	\$350,000	\$350,000
General	5000	CAPITAL EXPENDITURES	\$54,173	\$0	\$0	\$0

Capital Subtotal OOE, Project	9	\$500,000	\$500,000	\$500,000	\$500,000
Subtotal OOE, Project	9	\$500,000	\$500,000	\$500,000	\$500,000

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$3,810	\$3,810	\$19,565	\$19,565
General	CA	555	Federal Funds	\$289,840	\$289,840	\$292,535	\$292,535
General	CA	8032	GR Certified As Match For Medicaid	\$187,890	\$187,890	\$187,900	\$187,900
General	CA	8095	ID Collect-Pat Supp & Maint	\$18,110	\$18,110	\$0	\$0
General	CA	8096	ID Appropriated Receipts	\$350	\$350	\$0	\$0

Capital Subtotal TOF, Project	9	\$500,000	\$500,000	\$500,000	\$500,000
Subtotal TOF, Project	9	\$500,000	\$500,000	\$500,000	\$500,000

*10/10 Regulatory Services System Automation
 Modernization*

OBJECTS OF EXPENSE

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Agency code: **529**

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

Category Code / Category Name

Project Sequence/Project Id/ Name

		Est 2020	Bud 2021	BL 2022	BL 2023
OOE / TOF / MOF CODE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$1,649,666	\$691,091	\$1,711,177	\$368,542
General	2009 OTHER OPERATING EXPENSE	\$6,803	\$2,909	\$129,823	\$127,548
Capital Subtotal OOE, Project 10		\$1,656,469	\$694,000	\$1,841,000	\$496,090
Subtotal OOE, Project 10		\$1,656,469	\$694,000	\$1,841,000	\$496,090
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$846,638	\$354,710	\$1,207,559	\$325,398
General	CA 555 Federal Funds	\$535,487	\$224,349	\$395,183	\$106,489
General	CA 758 GR Match For Medicaid	\$274,344	\$114,941	\$238,258	\$64,203
Capital Subtotal TOF, Project 10		\$1,656,469	\$694,000	\$1,841,000	\$496,090
Subtotal TOF, Project 10		\$1,656,469	\$694,000	\$1,841,000	\$496,090
<i>11/11 WIC Stateside and WIC Field Hardware/Software Refresh</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2009 OTHER OPERATING EXPENSE	\$775,000	\$575,000	\$675,000	\$675,000
Capital Subtotal OOE, Project 11		\$775,000	\$575,000	\$675,000	\$675,000
Subtotal OOE, Project 11		\$775,000	\$575,000	\$675,000	\$675,000
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$775,000	\$575,000	\$675,000	\$675,000

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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 2020

Bud 2021

BL 2022

BL 2023

Capital Subtotal TOF, Project 11

\$775,000

\$575,000

\$675,000

\$675,000

Subtotal TOF, Project 11

\$775,000

\$575,000

\$675,000

\$675,000

12/12 Information Technology - Mental Health

OBJECTS OF EXPENSE

Capital

General 2009 OTHER OPERATING EXPENSE

\$869,249

\$869,248

\$869,249

\$869,248

Capital Subtotal OOE, Project 12

\$869,249

\$869,248

\$869,249

\$869,248

Subtotal OOE, Project 12

\$869,249

\$869,248

\$869,249

\$869,248

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$869,249

\$869,248

\$869,249

\$869,248

Capital Subtotal TOF, Project 12

\$869,249

\$869,248

\$869,249

\$869,248

Subtotal TOF, Project 12

\$869,249

\$869,248

\$869,249

\$869,248

13/13 Business Process Redesign

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$820,076

\$835,202

\$857,174

\$872,985

General 2009 OTHER OPERATING EXPENSE

\$219,123

\$237,783

\$200,000

\$200,000

Capital Subtotal OOE, Project 13

\$1,039,199

\$1,072,985

\$1,057,174

\$1,072,985

Subtotal OOE, Project 13

\$1,039,199

\$1,072,985

\$1,057,174

\$1,072,985

TYPE OF FINANCING

Capital

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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 2020	Bud 2021	BL 2022	BL 2023
General	CA	1	General Revenue Fund	\$294	\$303	\$299	\$303
General	CA	555	Federal Funds	\$728,123	\$750,938	\$739,734	\$751,003
General	CA	758	GR Match For Medicaid	\$63,375	\$66,321	\$66,169	\$66,929
General	CA	8010	GR Match For Title XXI	\$7,821	\$8,076	\$8,327	\$8,453
General	CA	8014	GR Match for Food Stamp Admin	\$239,586	\$247,347	\$242,645	\$246,297
Capital Subtotal TOF, Project 13				\$1,039,199	\$1,072,985	\$1,057,174	\$1,072,985
Subtotal TOF, Project 13				\$1,039,199	\$1,072,985	\$1,057,174	\$1,072,985
<i>14/14 Medicaid Fraud Detection System</i>							
OBJECTS OF EXPENSE							
<u>Capital</u>							
General	2001	PROFESSIONAL FEES AND SERVICES		\$2,193,881	\$2,500,000	\$2,500,000	\$2,500,000
Capital Subtotal OOE, Project 14				\$2,193,881	\$2,500,000	\$2,500,000	\$2,500,000
Subtotal OOE, Project 14				\$2,193,881	\$2,500,000	\$2,500,000	\$2,500,000
TYPE OF FINANCING							
<u>Capital</u>							
General	CA	555	Federal Funds	\$1,941,853	\$1,875,000	\$1,875,000	\$1,875,000
General	CA	758	GR Match For Medicaid	\$252,028	\$625,000	\$625,000	\$625,000
Capital Subtotal TOF, Project 14				\$2,193,881	\$2,500,000	\$2,500,000	\$2,500,000
Subtotal TOF, Project 14				\$2,193,881	\$2,500,000	\$2,500,000	\$2,500,000

15/15 Performance Management and Analytics System

OBJECTS OF EXPENSE

Capital

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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 2020	Bud 2021	BL 2022	BL 2023
General	2001	PROFESSIONAL FEES AND SERVICES	\$4,187,304	\$3,949,180	\$3,675,614	\$3,675,614
General	2009	OTHER OPERATING EXPENSE	\$292,305	\$174,500	\$217,023	\$217,023
Capital Subtotal OOE, Project 15			\$4,479,609	\$4,123,680	\$3,892,637	\$3,892,637
Subtotal OOE, Project 15			\$4,479,609	\$4,123,680	\$3,892,637	\$3,892,637

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$832,982	\$505,515	\$782,148	\$782,148
General	CA	555	Federal Funds	\$2,502,597	\$2,527,499	\$1,927,167	\$1,927,167
General	CA	666	Appropriated Receipts	\$32	\$28	\$0	\$0
General	CA	758	GR Match For Medicaid	\$292,849	\$246,957	\$165,709	\$165,709
General	CA	777	Interagency Contracts	\$495,166	\$447,218	\$684,870	\$684,870
General	CA	8010	GR Match For Title XXI	\$17,534	\$18,195	\$11,795	\$11,795
General	CA	8014	GR Match for Food Stamp Admin	\$279,524	\$325,046	\$246,287	\$246,287
General	CA	8032	GR Certified As Match For Medicaid	\$55,228	\$49,880	\$74,661	\$74,661
General	CA	8095	ID Collect-Pat Supp & Maint	\$3,526	\$3,187	\$0	\$0
General	CA	8096	ID Appropriated Receipts	\$171	\$155	\$0	\$0
Capital Subtotal TOF, Project 15			\$4,479,609	\$4,123,680	\$3,892,637	\$3,892,637	
Subtotal TOF, Project 15			\$4,479,609	\$4,123,680	\$3,892,637	\$3,892,637	

17/17 System-Wide Business Enablement Platform

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES	\$2,450,487	\$2,634,377	\$580,000	\$580,000
General	2009	OTHER OPERATING EXPENSE	\$0	\$369,970	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

		Est 2020	Bud 2021	BL 2022	BL 2023
OOE / TOF / MOF CODE					
General	5000 CAPITAL EXPENDITURES	\$0	\$0	\$0	\$0
	Capital Subtotal OOE, Project 17	\$2,450,487	\$3,004,347	\$580,000	\$580,000
	Subtotal OOE, Project 17	\$2,450,487	\$3,004,347	\$580,000	\$580,000
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$2,099,759	\$345,921	\$108,694	\$108,694
General	CA 555 Federal Funds	\$173,957	\$1,314,552	\$209,100	\$209,100
General	CA 666 Appropriated Receipts	\$12	\$90	\$0	\$0
General	CA 758 GR Match For Medicaid	\$76,304	\$578,367	\$112,549	\$112,549
General	CA 777 Interagency Contracts	\$60,584	\$459,214	\$90,387	\$90,387
General	CA 8010 GR Match For Title XXI	\$900	\$11,657	\$1,415	\$1,415
General	CA 8014 GR Match for Food Stamp Admin	\$34,413	\$260,838	\$51,545	\$51,545
General	CA 8032 GR Certified As Match For Medicaid	\$4,237	\$31,275	\$6,310	\$6,310
General	CA 8095 ID Collect-Pat Supp & Maint	\$309	\$2,343	\$0	\$0
General	CA 8096 ID Appropriated Receipts	\$12	\$90	\$0	\$0
	Capital Subtotal TOF, Project 17	\$2,450,487	\$3,004,347	\$580,000	\$580,000
	Subtotal TOF, Project 17	\$2,450,487	\$3,004,347	\$580,000	\$580,000
<i>18/18 HHS Telecom Technology Upgrade</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$3,654,483	\$1,799,487	\$0	\$0
General	2009 OTHER OPERATING EXPENSE	\$856,676	\$20,947	\$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 2020	Bud 2021	BL 2022	BL 2023
Capital Subtotal OOE, Project	18		\$4,511,159	\$1,820,434	\$0	\$0
Subtotal OOE, Project	18		\$4,511,159	\$1,820,434	\$0	\$0
TYPE OF FINANCING						
<u>Capital</u>						
General CA 1	General Revenue Fund		\$757,782	\$373,298	\$0	\$0
General CA 555	Federal Funds		\$1,414,922	\$494,048	\$0	\$0
General CA 758	GR Match For Medicaid		\$701,939	\$146,909	\$0	\$0
General CA 777	Interagency Contracts		\$1,192,105	\$587,254	\$0	\$0
General CA 8010	GR Match For Title XXI		\$4,952	\$2,439	\$0	\$0
General CA 8014	GR Match for Food Stamp Admin		\$109,828	\$54,103	\$0	\$0
General CA 8032	GR Certified As Match For Medicaid		\$329,631	\$162,383	\$0	\$0
Capital Subtotal TOF, Project	18		\$4,511,159	\$1,820,434	\$0	\$0
Subtotal TOF, Project	18		\$4,511,159	\$1,820,434	\$0	\$0
<i>19/19 Enhanced Criminal Background Checks for Regulatory Service Programs</i>						
OBJECTS OF EXPENSE						
<u>Capital</u>						
General 2001	PROFESSIONAL FEES AND SERVICES		\$878,329	\$0	\$0	\$0
Capital Subtotal OOE, Project	19		\$878,329	\$0	\$0	\$0
Subtotal OOE, Project	19		\$878,329	\$0	\$0	\$0
TYPE OF FINANCING						
<u>Capital</u>						
General CA 1	General Revenue Fund		\$878,329	\$0	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2020	Bud 2021	BL 2022	BL 2023
Capital Subtotal TOF, Project	19	\$878,329	\$0	\$0	\$0
Subtotal TOF, Project	19	\$878,329	\$0	\$0	\$0
<i>20/20 Health & Specialty Care System Technology Enhancements</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$6,000,000	\$1,000,000	\$0	\$0
General	2004 UTILITIES	\$3,471,174	\$0	\$0	\$0
General	2009 OTHER OPERATING EXPENSE	\$1,556,826	\$0	\$0	\$0
Capital Subtotal OOE, Project	20	\$11,028,000	\$1,000,000	\$0	\$0
Subtotal OOE, Project	20	\$11,028,000	\$1,000,000	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$11,028,000	\$1,000,000	\$0	\$0
Capital Subtotal TOF, Project	20	\$11,028,000	\$1,000,000	\$0	\$0
Subtotal TOF, Project	20	\$11,028,000	\$1,000,000	\$0	\$0
<i>21/21 Database of Hospital Financial and Payment Information (Rate Analysis Database)</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$300,000	\$0	\$0	\$0
General	5000 CAPITAL EXPENDITURES	\$100,000	\$0	\$0	\$0
Capital Subtotal OOE, Project	21	\$400,000	\$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 2020	Bud 2021	BL 2022	BL 2023
Subtotal OOE, Project 21		\$400,000	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$200,000	\$0	\$0	\$0
General	CA 758 GR Match For Medicaid	\$200,000	\$0	\$0	\$0
Capital Subtotal TOF, Project 21		\$400,000	\$0	\$0	\$0
Subtotal TOF, Project 21		\$400,000	\$0	\$0	\$0
<i>22/22 WIC Chatbot Messenger</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$282,741	\$450,000	\$1,025,000	\$775,000
Capital Subtotal OOE, Project 22		\$282,741	\$450,000	\$1,025,000	\$775,000
Subtotal OOE, Project 22		\$282,741	\$450,000	\$1,025,000	\$775,000
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$282,741	\$450,000	\$1,025,000	\$775,000
Capital Subtotal TOF, Project 22		\$282,741	\$450,000	\$1,025,000	\$775,000
Subtotal TOF, Project 22		\$282,741	\$450,000	\$1,025,000	\$775,000
<i>23/23 WIC Mosaic</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$934,430	\$22,671,422	\$10,770,000	\$6,620,000
General	2009 OTHER OPERATING EXPENSE	\$250,000	\$8,430,583	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2020

Bud 2021

BL 2022

BL 2023

Capital Subtotal OOE, Project 23

\$1,184,430

\$31,102,005

\$10,770,000

\$6,620,000

Subtotal OOE, Project 23

\$1,184,430

\$31,102,005

\$10,770,000

\$6,620,000

TYPE OF FINANCING

Capital

General CA 555 Federal Funds

\$1,184,430

\$31,102,005

\$10,770,000

\$6,620,000

Capital Subtotal TOF, Project 23

\$1,184,430

\$31,102,005

\$10,770,000

\$6,620,000

Subtotal TOF, Project 23

\$1,184,430

\$31,102,005

\$10,770,000

\$6,620,000

24/24 Child Care Licensing Automated Support System (CLASS)

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$1,746,785

\$1,422,342

\$1,317,216

\$1,317,216

General 2009 OTHER OPERATING EXPENSE

\$0

\$0

\$0

\$0

Capital Subtotal OOE, Project 24

\$1,746,785

\$1,422,342

\$1,317,216

\$1,317,216

Subtotal OOE, Project 24

\$1,746,785

\$1,422,342

\$1,317,216

\$1,317,216

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$1,746,785

\$1,422,342

\$1,317,216

\$1,317,216

Capital Subtotal TOF, Project 24

\$1,746,785

\$1,422,342

\$1,317,216

\$1,317,216

Subtotal TOF, Project 24

\$1,746,785

\$1,422,342

\$1,317,216

\$1,317,216

25/25 Fair Hearings Decisions Accessibility

OBJECTS OF EXPENSE

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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 2020	Bud 2021	BL 2022	BL 2023
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$101,744	\$0	\$0	\$0
	Capital Subtotal OOE, Project 25	\$101,744	\$0	\$0	\$0
	Subtotal OOE, Project 25	\$101,744	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$1,060	\$0	\$0	\$0
General	CA 555 Federal Funds	\$51,894	\$0	\$0	\$0
General	CA 758 GR Match For Medicaid	\$28,550	\$0	\$0	\$0
General	CA 8014 GR Match for Food Stamp Admin	\$20,240	\$0	\$0	\$0
	Capital Subtotal TOF, Project 25	\$101,744	\$0	\$0	\$0
	Subtotal TOF, Project 25	\$101,744	\$0	\$0	\$0
<i>43/43 GPRA Opioid Service Assessment</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$1,469,500	\$0	\$0	\$0
	Capital Subtotal OOE, Project 43	\$1,469,500	\$0	\$0	\$0
	Subtotal OOE, Project 43	\$1,469,500	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$1,469,500	\$0	\$0	\$0
	Capital Subtotal TOF, Project 43	\$1,469,500	\$0	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2020	Bud 2021	BL 2022	BL 2023
Subtotal TOF, Project 43		\$1,469,500	\$0	\$0	\$0
<i>44/44 Statewide Virtual Interviewing Center Consolidation</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$347,245	\$0	\$0	\$0
General	2009 OTHER OPERATING EXPENSE	\$170,403	\$0	\$0	\$0
General	5000 CAPITAL EXPENDITURES	\$192,351	\$0	\$0	\$0
Capital Subtotal OOE, Project 44		\$709,999	\$0	\$0	\$0
Subtotal OOE, Project 44		\$709,999	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$22,493	\$0	\$0	\$0
General	CA 555 Federal Funds	\$466,036	\$0	\$0	\$0
General	CA 758 GR Match For Medicaid	\$108,587	\$0	\$0	\$0
General	CA 8010 GR Match For Title XXI	\$5,041	\$0	\$0	\$0
General	CA 8014 GR Match for Food Stamp Admin	\$107,842	\$0	\$0	\$0
Capital Subtotal TOF, Project 44		\$709,999	\$0	\$0	\$0
Subtotal TOF, Project 44		\$709,999	\$0	\$0	\$0
<i>45/45 Office of Mental Health Coordination's MentalHealthTx.org Website</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$808,000	\$0	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE			Est 2020	Bud 2021	BL 2022	BL 2023
Capital Subtotal OOE, Project	45		\$808,000	\$0	\$0	\$0
Subtotal OOE, Project	45		\$808,000	\$0	\$0	\$0
TYPE OF FINANCING						
<u>Capital</u>						
General CA 555 Federal Funds			\$808,000	\$0	\$0	\$0
Capital Subtotal TOF, Project	45		\$808,000	\$0	\$0	\$0
Subtotal TOF, Project	45		\$808,000	\$0	\$0	\$0
<i>46/46 Kinship Navigator Program</i>						
OBJECTS OF EXPENSE						
<u>Capital</u>						
General 2001 PROFESSIONAL FEES AND SERVICES			\$63,576	\$0	\$0	\$0
General 2009 OTHER OPERATING EXPENSE			\$166,480	\$0	\$0	\$0
General 5000 CAPITAL EXPENDITURES			\$195,263	\$0	\$0	\$0
Capital Subtotal OOE, Project	46		\$425,319	\$0	\$0	\$0
Subtotal OOE, Project	46		\$425,319	\$0	\$0	\$0
TYPE OF FINANCING						
<u>Capital</u>						
General CA 777 Interagency Contracts			\$425,319	\$0	\$0	\$0
Capital Subtotal TOF, Project	46		\$425,319	\$0	\$0	\$0
Subtotal TOF, Project	46		\$425,319	\$0	\$0	\$0
<i>47/47 Home and Community Based Services-Adult Mental Health (HCBS-AMH) Automation</i>						

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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 2020	Bud 2021	BL 2022	BL 2023
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$1,001,105	\$0	\$0	\$0
	Capital Subtotal OOE, Project 47	\$1,001,105	\$0	\$0	\$0
	Subtotal OOE, Project 47	\$1,001,105	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$858,087	\$0	\$0	\$0
General	CA 555 Federal Funds	\$71,509	\$0	\$0	\$0
General	CA 758 GR Match For Medicaid	\$71,509	\$0	\$0	\$0
	Capital Subtotal TOF, Project 47	\$1,001,105	\$0	\$0	\$0
	Subtotal TOF, Project 47	\$1,001,105	\$0	\$0	\$0
<i>48/48 Substance Use Disorder (SUD) Data Warehouse</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$431,344	\$0	\$0	\$0
	Capital Subtotal OOE, Project 48	\$431,344	\$0	\$0	\$0
	Subtotal OOE, Project 48	\$431,344	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$431,344	\$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 2020	Bud 2021	BL 2022	BL 2023
Capital Subtotal TOF, Project	48	\$431,344	\$0	\$0	\$0
Subtotal TOF, Project	48	\$431,344	\$0	\$0	\$0
<i>49/49 Behavioral Health Services Management System (BHSMS)</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2001 PROFESSIONAL FEES AND SERVICES	\$566,468	\$0	\$0	\$0
Capital Subtotal OOE, Project	49	\$566,468	\$0	\$0	\$0
Subtotal OOE, Project	49	\$566,468	\$0	\$0	\$0
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 555 Federal Funds	\$566,468	\$0	\$0	\$0
Capital Subtotal TOF, Project	49	\$566,468	\$0	\$0	\$0
Subtotal TOF, Project	49	\$566,468	\$0	\$0	\$0
<i>50/50 COVID Related Network Upgrades & Expansion</i>					
OBJECTS OF EXPENSE					
<u>Capital</u>					
General	2009 OTHER OPERATING EXPENSE	\$600,000	\$0	\$0	\$0
General	5000 CAPITAL EXPENDITURES	\$400,000	\$0	\$0	\$0
Capital Subtotal OOE, Project	50	\$1,000,000	\$0	\$0	\$0
Subtotal OOE, Project	50	\$1,000,000	\$0	\$0	\$0
TYPE OF FINANCING					

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE	Est 2020	Bud 2021	BL 2022	BL 2023
<u>Capital</u>				
General CA 1 General Revenue Fund	\$163,330	\$0	\$0	\$0
General CA 555 Federal Funds	\$433,570	\$0	\$0	\$0
General CA 758 GR Match For Medicaid	\$245,730	\$0	\$0	\$0
General CA 777 Interagency Contracts	\$47,550	\$0	\$0	\$0
General CA 8010 GR Match For Title XXI	\$4,170	\$0	\$0	\$0
General CA 8014 GR Match for Food Stamp Admin	\$91,740	\$0	\$0	\$0
General CA 8032 GR Certified As Match For Medicaid	\$13,910	\$0	\$0	\$0
Capital Subtotal TOF, Project 50	\$1,000,000	\$0	\$0	\$0
Subtotal TOF, Project 50	\$1,000,000	\$0	\$0	\$0
Capital Subtotal, Category 5005	\$152,333,091	\$181,396,317	\$156,609,308	\$151,782,250
Informational Subtotal, Category 5005	\$110,549,871	\$111,699,672	\$112,066,965	\$112,066,965
Total, Category 5005	\$262,882,962	\$293,095,989	\$268,676,273	\$263,849,215

5006 Transportation Items

26/26 Facility Support Services - Fleet Operations

OBJECTS OF EXPENSE

Capital

General 5000 CAPITAL EXPENDITURES	\$8,071,864	\$0	\$0	\$0
Capital Subtotal OOE, Project 26	\$8,071,864	\$0	\$0	\$0
Subtotal OOE, Project 26	\$8,071,864	\$0	\$0	\$0

TYPE OF FINANCING

Capital

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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 2020	Bud 2021	BL 2022	BL 2023
General	CA	1	General Revenue Fund	\$8,071,864	\$0	\$0	\$0
			Capital Subtotal TOF, Project	26	\$8,071,864	\$0	\$0
			Subtotal TOF, Project	26	\$8,071,864	\$0	\$0
			Capital Subtotal, Category	5006	\$8,071,864	\$0	\$0
			Informational Subtotal, Category	5006			
			Total, Category	5006	\$8,071,864	\$0	\$0

5007 Acquisition of Capital Equipment and Items

*27/27 Improve Security Infrastructure for Regional
 HHS Client Delivery Facilities*

OBJECTS OF EXPENSE

Capital

General	2009	OTHER OPERATING EXPENSE		\$1,600,000	\$0	\$1,600,000	\$0
General	5000	CAPITAL EXPENDITURES		\$367,896	\$0	\$367,896	\$0
		Capital Subtotal OOE, Project	27	\$1,967,896	\$0	\$1,967,896	\$0
		Subtotal OOE, Project	27	\$1,967,896	\$0	\$1,967,896	\$0

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$67,558	\$0	\$113,557	\$0
General	CA	555	Federal Funds	\$464,896	\$0	\$422,704	\$0
General	CA	758	GR Match For Medicaid	\$263,974	\$0	\$260,206	\$0
General	CA	777	Interagency Contracts	\$1,070,378	\$0	\$1,070,102	\$0
General	CA	8010	GR Match For Title XXI	\$4,920	\$0	\$5,175	\$0
General	CA	8014	GR Match for Food Stamp Admin	\$95,776	\$0	\$95,758	\$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 2020	Bud 2021	BL 2022	BL 2023
General	CA	8032	GR Certified As Match For Medicaid	\$394	\$0	\$394	\$0

Capital Subtotal TOF, Project 27

\$1,967,896 \$0 \$1,967,896 \$0

Subtotal TOF, Project 27

\$1,967,896 \$0 \$1,967,896 \$0

28/28 Facility Equipment Purchases - SSLCs and State Hospitals

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES		\$2,500	\$0	\$0	\$0
General	2004	UTILITIES		\$7,059	\$0	\$0	\$0
General	2009	OTHER OPERATING EXPENSE		\$2,448,516	\$1,437,785	\$1,738,316	\$1,437,785
General	5000	CAPITAL EXPENDITURES		\$2,648,925	\$3,669,215	\$3,368,684	\$3,669,215

Capital Subtotal OOE, Project 28

\$5,107,000 \$5,107,000 \$5,107,000 \$5,107,000

Subtotal OOE, Project 28

\$5,107,000 \$5,107,000 \$5,107,000 \$5,107,000

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$5,107,000	\$5,107,000	\$5,107,000	\$5,107,000
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Capital Subtotal TOF, Project 28

\$5,107,000 \$5,107,000 \$5,107,000 \$5,107,000

Subtotal TOF, Project 28

\$5,107,000 \$5,107,000 \$5,107,000 \$5,107,000

29/29 Regional Laundry Equipment

OBJECTS OF EXPENSE

Capital

General	2009	OTHER OPERATING EXPENSE		\$100,000	\$0	\$0	\$0
General	5000	CAPITAL EXPENDITURES		\$1,873,500	\$0	\$0	\$0

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE

Est 2020

Bud 2021

BL 2022

BL 2023

Capital Subtotal OOE, Project 29

\$1,973,500

\$0

\$0

\$0

Subtotal OOE, Project 29

\$1,973,500

\$0

\$0

\$0

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$1,973,500

\$0

\$0

\$0

Capital Subtotal TOF, Project 29

\$1,973,500

\$0

\$0

\$0

Subtotal TOF, Project 29

\$1,973,500

\$0

\$0

\$0

30/30 Equipments for State Hospitals

OBJECTS OF EXPENSE

Capital

General 5000 CAPITAL EXPENDITURES

\$1,840,000

\$0

\$0

\$0

Capital Subtotal OOE, Project 30

\$1,840,000

\$0

\$0

\$0

Subtotal OOE, Project 30

\$1,840,000

\$0

\$0

\$0

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$1,840,000

\$0

\$0

\$0

Capital Subtotal TOF, Project 30

\$1,840,000

\$0

\$0

\$0

Subtotal TOF, Project 30

\$1,840,000

\$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 2020	Bud 2021	BL 2022	BL 2023
Capital Subtotal, Category 5007	\$10,888,396	\$5,107,000	\$7,074,896	\$5,107,000
Informational Subtotal, Category 5007				
Total, Category 5007	\$10,888,396	\$5,107,000	\$7,074,896	\$5,107,000

5008 Other Lease Payments to the Master Lease Purchase Program (MLPP)

31/31 MLPP Payment - Energy Conservation

OBJECTS OF EXPENSE

Capital

General 5000 CAPITAL EXPENDITURES	\$3,304,022	\$3,275,525	\$2,147,155	\$753,756
Capital Subtotal OOE, Project 31	\$3,304,022	\$3,275,525	\$2,147,155	\$753,756
Subtotal OOE, Project 31	\$3,304,022	\$3,275,525	\$2,147,155	\$753,756

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund	\$3,304,022	\$3,275,525	\$2,147,155	\$753,756
Capital Subtotal TOF, Project 31	\$3,304,022	\$3,275,525	\$2,147,155	\$753,756
Subtotal TOF, Project 31	\$3,304,022	\$3,275,525	\$2,147,155	\$753,756

32/32 Lease Payments to MLPP - Deferred Maintenance

OBJECTS OF EXPENSE

Capital

General 5000 CAPITAL EXPENDITURES	\$1,744,551	\$13,061,029	\$11,199,242	\$11,199,242
Capital Subtotal OOE, Project 32	\$1,744,551	\$13,061,029	\$11,199,242	\$11,199,242
Subtotal OOE, Project 32	\$1,744,551	\$13,061,029	\$11,199,242	\$11,199,242

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE		Est 2020	Bud 2021	BL 2022	BL 2023
TYPE OF FINANCING					
<u>Capital</u>					
General	CA 1 General Revenue Fund	\$1,744,551	\$13,061,029	\$11,199,242	\$11,199,242
	Capital Subtotal TOF, Project 32	\$1,744,551	\$13,061,029	\$11,199,242	\$11,199,242
	Subtotal TOF, Project 32	\$1,744,551	\$13,061,029	\$11,199,242	\$11,199,242
	Capital Subtotal, Category 5008	\$5,048,573	\$16,336,554	\$13,346,397	\$11,952,998
	Informational Subtotal, Category 5008				
	Total, Category 5008	\$5,048,573	\$16,336,554	\$13,346,397	\$11,952,998

7000 Data Center Consolidation

33/33 Data Center Consolidation

OBJECTS OF EXPENSE

Capital

General	2001 PROFESSIONAL FEES AND SERVICES	\$61,488,186	\$66,474,514	\$51,806,017	\$51,454,273
	Capital Subtotal OOE, Project 33	\$61,488,186	\$66,474,514	\$51,806,017	\$51,454,273
	Subtotal OOE, Project 33	\$61,488,186	\$66,474,514	\$51,806,017	\$51,454,273

TYPE OF FINANCING

Capital

General	CA 1 General Revenue Fund	\$9,907,815	\$10,723,302	\$8,507,270	\$8,440,266
General	CA 555 Federal Funds	\$26,231,907	\$28,396,670	\$21,797,377	\$21,658,213
General	CA 758 GR Match For Medicaid	\$15,098,421	\$16,325,321	\$11,817,866	\$11,745,513
General	CA 777 Interagency Contracts	\$3,901,351	\$4,132,210	\$3,849,493	\$3,809,395
General	CA 8010 GR Match For Title XXI	\$221,477	\$242,297	\$176,462	\$182,312

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2020	Bud 2021	BL 2022	BL 2023
General	CA	8014	GR Match for Food Stamp Admin	\$4,789,503	\$5,247,551	\$4,556,176	\$4,528,300
General	CA	8032	GR Certified As Match For Medicaid	\$1,337,712	\$1,407,163	\$1,101,373	\$1,090,274
Capital Subtotal TOF, Project							
			33	\$61,488,186	\$66,474,514	\$51,806,017	\$51,454,273
Subtotal TOF, Project							
			33	\$61,488,186	\$66,474,514	\$51,806,017	\$51,454,273
Capital Subtotal, Category							
			7000	\$61,488,186	\$66,474,514	\$51,806,017	\$51,454,273
Informational Subtotal, Category							
			7000				
Total, Category							
			7000	\$61,488,186	\$66,474,514	\$51,806,017	\$51,454,273

8000 Centralized Accounting and Payroll/Personnel System (CAPPS)

34/34 CAPPS Financials Ongoing Operations

OBJECTS OF EXPENSE

Capital

General	1001	SALARIES AND WAGES		\$1,272,053	\$1,334,669	\$1,314,132	\$1,314,132
General	1002	OTHER PERSONNEL COSTS		\$38,757	\$35,040	\$37,300	\$37,300
General	2001	PROFESSIONAL FEES AND SERVICES		\$867,705	\$632,517	\$871,754	\$871,754
General	2004	UTILITIES		\$1,054	\$650	\$720	\$720
General	2009	OTHER OPERATING EXPENSE		\$521,234	\$387,278	\$387,365	\$387,365
General	5000	CAPITAL EXPENDITURES		\$50,000	\$0	\$0	\$0
Capital Subtotal OOE, Project							
			34	\$2,750,803	\$2,390,154	\$2,611,271	\$2,611,271
Subtotal OOE, Project							
			34	\$2,750,803	\$2,390,154	\$2,611,271	\$2,611,271

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$801,997	\$266,072	\$297,241	\$297,241
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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2020	Bud 2021	BL 2022	BL 2023
General	CA	555	Federal Funds	\$890,572	\$781,891	\$791,085	\$791,085
General	CA	758	GR Match For Medicaid	\$6,162	\$400,207	\$453,526	\$453,526
General	CA	777	Interagency Contracts	\$873,490	\$758,970	\$875,872	\$875,872
General	CA	8010	GR Match For Title XXI	\$171,898	\$11,616	\$7,651	\$7,651
General	CA	8014	GR Match for Food Stamp Admin	\$4,539	\$149,361	\$160,175	\$160,175
General	CA	8032	GR Certified As Match For Medicaid	\$2,145	\$22,037	\$25,721	\$25,721
Capital Subtotal TOF, Project 34				\$2,750,803	\$2,390,154	\$2,611,271	\$2,611,271
Subtotal TOF, Project 34				\$2,750,803	\$2,390,154	\$2,611,271	\$2,611,271

35/35 Enterprise Resource Planning

OBJECTS OF EXPENSE

Capital

General	1001	SALARIES AND WAGES		\$233,348	\$282,954	\$288,409	\$288,409
General	1002	OTHER PERSONNEL COSTS		\$7,142	\$8,918	\$8,653	\$8,653
General	2001	PROFESSIONAL FEES AND SERVICES		\$17,963	\$146,829	\$22,363	\$22,363
General	2009	OTHER OPERATING EXPENSE		\$4,581,446	\$4,751,537	\$4,592,853	\$4,592,853
General	5000	CAPITAL EXPENDITURES		\$200,000	\$0	\$0	\$0
Capital Subtotal OOE, Project 35				\$5,039,899	\$5,190,238	\$4,912,278	\$4,912,278
Subtotal OOE, Project 35				\$5,039,899	\$5,190,238	\$4,912,278	\$4,912,278

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$1,017,808	\$1,048,169	\$993,166	\$993,166
General	CA	555	Federal Funds	\$1,425,183	\$1,467,696	\$1,389,586	\$1,389,586
General	CA	758	GR Match For Medicaid	\$399,361	\$411,274	\$402,608	\$402,608

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Category Code / Category Name

Project Sequence/Project Id/ Name

OOE / TOF / MOF CODE				Est 2020	Bud 2021	BL 2022	BL 2023
General	CA	777	Interagency Contracts	\$1,600,369	\$1,648,108	\$1,558,027	\$1,558,027
General	CA	8010	GR Match For Title XXI	\$6,653	\$6,851	\$6,828	\$6,828
General	CA	8014	GR Match for Food Stamp Admin	\$147,921	\$152,333	\$142,702	\$142,702
General	CA	8032	GR Certified As Match For Medicaid	\$442,604	\$455,807	\$419,361	\$419,361
Capital Subtotal TOF, Project 35				\$5,039,899	\$5,190,238	\$4,912,278	\$4,912,278
Subtotal TOF, Project 35				\$5,039,899	\$5,190,238	\$4,912,278	\$4,912,278

36/36 CAPPs PeopleSoft Licenses

OBJECTS OF EXPENSE

Capital

General	2009	OTHER OPERATING EXPENSE		\$1,397,682	\$1,397,682	\$1,482,801	\$1,527,285
Capital Subtotal OOE, Project 36				\$1,397,682	\$1,397,682	\$1,482,801	\$1,527,285
Subtotal OOE, Project 36				\$1,397,682	\$1,397,682	\$1,482,801	\$1,527,285

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$282,262	\$282,262	\$299,793	\$308,787
General	CA	555	Federal Funds	\$395,237	\$395,237	\$419,455	\$432,039
General	CA	758	GR Match For Medicaid	\$110,752	\$110,752	\$121,530	\$125,175
General	CA	777	Interagency Contracts	\$443,820	\$443,820	\$470,300	\$484,409
General	CA	8010	GR Match For Title XXI	\$1,845	\$1,845	\$2,061	\$2,123
General	CA	8014	GR Match for Food Stamp Admin	\$41,022	\$41,022	\$43,075	\$44,368
General	CA	8032	GR Certified As Match For Medicaid	\$122,744	\$122,744	\$126,587	\$130,384
Capital Subtotal TOF, Project 36				\$1,397,682	\$1,397,682	\$1,482,801	\$1,527,285

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 2020

Bud 2021

BL 2022

BL 2023

Subtotal TOF, Project 36

\$1,397,682

\$1,397,682

\$1,482,801

\$1,527,285

37/37 CAPPS Upgrades and Inventory

OBJECTS OF EXPENSE

Capital

General 2001 PROFESSIONAL FEES AND SERVICES

\$2,281,582

\$2,500,000

\$0

\$0

General 2009 OTHER OPERATING EXPENSE

\$29,582

\$0

\$0

\$0

Capital Subtotal OOE, Project 37

\$2,311,164

\$2,500,000

\$0

\$0

Subtotal OOE, Project 37

\$2,311,164

\$2,500,000

\$0

\$0

TYPE OF FINANCING

Capital

General CA 1 General Revenue Fund

\$673,820

\$278,300

\$0

\$0

General CA 555 Federal Funds

\$748,239

\$817,825

\$0

\$0

General CA 758 GR Match For Medicaid

\$5,177

\$418,600

\$0

\$0

General CA 777 Interagency Contracts

\$733,887

\$793,850

\$0

\$0

General CA 8010 GR Match For Title XXI

\$144,425

\$12,150

\$0

\$0

General CA 8014 GR Match for Food Stamp Admin

\$3,813

\$156,225

\$0

\$0

General CA 8032 GR Certified As Match For Medicaid

\$1,803

\$23,050

\$0

\$0

Capital Subtotal TOF, Project 37

\$2,311,164

\$2,500,000

\$0

\$0

Subtotal TOF, Project 37

\$2,311,164

\$2,500,000

\$0

\$0

Capital Subtotal, Category 8000

\$11,499,548

\$11,478,074

\$9,006,350

\$9,050,834

Informational Subtotal, Category 8000

Total, Category 8000

\$11,499,548

\$11,478,074

\$9,006,350

\$9,050,834

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 2020

Bud 2021

BL 2022

BL 2023

9000 Cybersecurity

*38/38 Cybersecurity Advancement for HHS
 Enterprise*

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0
General	2009	OTHER OPERATING EXPENSE	\$223,816	\$232,513	\$232,513	\$232,513
General	5000	CAPITAL EXPENDITURES	\$398,422	\$398,422	\$398,422	\$398,422
Capital Subtotal OOE, Project			38	\$622,238	\$630,935	\$630,935
Subtotal OOE, Project			38	\$622,238	\$630,935	\$630,935

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$71,663	\$72,665	\$71,819	\$71,819
General	CA	555	Federal Funds	\$190,193	\$192,852	\$191,142	\$191,142
General	CA	758	GR Match For Medicaid	\$107,797	\$109,303	\$109,581	\$109,581
General	CA	777	Interagency Contracts	\$204,430	\$207,287	\$211,628	\$211,628
General	CA	8010	GR Match For Title XXI	\$1,829	\$1,855	\$1,849	\$1,849
General	CA	8014	GR Match for Food Stamp Admin	\$40,228	\$40,790	\$38,701	\$38,701
General	CA	8032	GR Certified As Match For Medicaid	\$6,098	\$6,183	\$6,215	\$6,215
Capital Subtotal TOF, Project			38	\$622,238	\$630,935	\$630,935	\$630,935
Subtotal TOF, Project			38	\$622,238	\$630,935	\$630,935	\$630,935

39/39 IT Security Posture Improvement

OBJECTS OF EXPENSE

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

		Est 2020	Bud 2021	BL 2022	BL 2023
OOE / TOF / MOF CODE					
General	2001 PROFESSIONAL FEES AND SERVICES	\$1,100,730	\$1,100,730	\$0	\$0
	Capital Subtotal OOE, Project 39	\$1,100,730	\$1,100,730	\$0	\$0
	Subtotal OOE, Project 39	\$1,100,730	\$1,100,730	\$0	\$0

TYPE OF FINANCING

Capital

General	CA 1 General Revenue Fund	\$171,505	\$171,505	\$0	\$0
General	CA 555 Federal Funds	\$455,031	\$455,031	\$0	\$0
General	CA 758 GR Match For Medicaid	\$257,912	\$257,912	\$0	\$0
General	CA 777 Interagency Contracts	\$101,047	\$101,047	\$0	\$0
General	CA 8010 GR Match For Title XXI	\$4,381	\$4,381	\$0	\$0
General	CA 8014 GR Match for Food Stamp Admin	\$96,248	\$96,248	\$0	\$0
General	CA 8032 GR Certified As Match For Medicaid	\$14,606	\$14,606	\$0	\$0
	Capital Subtotal TOF, Project 39	\$1,100,730	\$1,100,730	\$0	\$0
	Subtotal TOF, Project 39	\$1,100,730	\$1,100,730	\$0	\$0

*40/40 Office for Civil Rights (OCR) Corrective
 Action Plan (CAP) Response*

OBJECTS OF EXPENSE

Capital

General	2001 PROFESSIONAL FEES AND SERVICES	\$15,450,641	\$5,938,069	\$1,463,440	\$0
	Capital Subtotal OOE, Project 40	\$15,450,641	\$5,938,069	\$1,463,440	\$0
	Subtotal OOE, Project 40	\$15,450,641	\$5,938,069	\$1,463,440	\$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

		Est 2020	Bud 2021	BL 2022	BL 2023
OOE / TOF / MOF CODE					
General	CA 1 General Revenue Fund	\$4,906,726	\$924,379	\$231,444	\$0
General	CA 555 Federal Funds	\$5,745,936	\$2,732,224	\$669,377	\$0
General	CA 758 GR Match For Medicaid	\$2,924,917	\$1,390,815	\$349,557	\$0
General	CA 777 Interagency Contracts	\$565,952	\$269,113	\$63,806	\$0
General	CA 8010 GR Match For Title XXI	\$49,577	\$23,574	\$5,912	\$0
General	CA 8014 GR Match for Food Stamp Admin	\$1,091,943	\$519,225	\$123,500	\$0
General	CA 8032 GR Certified As Match For Medicaid	\$165,590	\$78,739	\$19,844	\$0
Capital Subtotal TOF, Project 40		\$15,450,641	\$5,938,069	\$1,463,440	\$0
Subtotal TOF, Project 40		\$15,450,641	\$5,938,069	\$1,463,440	\$0
Capital Subtotal, Category 9000		\$17,173,609	\$7,669,734	\$2,094,375	\$630,935
Informational Subtotal, Category 9000					
Total, Category 9000		\$17,173,609	\$7,669,734	\$2,094,375	\$630,935

9500 Legacy Modernization

7/7 Application Remediation for Data Center Consolidation

OBJECTS OF EXPENSE

Capital

General	2001 PROFESSIONAL FEES AND SERVICES	\$182,615	\$300,000	\$300,000	\$300,000
Capital Subtotal OOE, Project 7		\$182,615	\$300,000	\$300,000	\$300,000
Subtotal OOE, Project 7		\$182,615	\$300,000	\$300,000	\$300,000

TYPE OF FINANCING

Capital

5.A. Capital Budget Project Schedule
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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 2020	Bud 2021	BL 2022	BL 2023
General	CA	555	Federal Funds	\$91,308	\$150,000	\$150,000	\$150,000
General	CA	758	GR Match For Medicaid	\$91,307	\$150,000	\$150,000	\$150,000
Capital Subtotal TOF, Project				7	\$182,615	\$300,000	\$300,000
Subtotal TOF, Project				7	\$182,615	\$300,000	\$300,000

16/16 System Changes to Support IDD Carve-In

OBJECTS OF EXPENSE

Capital

General	2001	PROFESSIONAL FEES AND SERVICES		\$0	\$6,769,271	\$0	\$0
Capital Subtotal OOE, Project				16	\$0	\$6,769,271	\$0
Subtotal OOE, Project				16	\$0	\$6,769,271	\$0

TYPE OF FINANCING

Capital

General	CA	1	General Revenue Fund	\$0	\$0	\$0	\$0
General	CA	555	Federal Funds	\$0	\$3,384,636	\$0	\$0
General	CA	758	GR Match For Medicaid	\$0	\$3,384,635	\$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				16	\$0	\$6,769,271	\$0
Subtotal TOF, Project				16	\$0	\$6,769,271	\$0

51/51 Stabilize E-Discovery

OBJECTS OF EXPENSE

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

		Est 2020	Bud 2021	BL 2022	BL 2023
OOE / TOF / MOF CODE					
General	2001 PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0
	Capital Subtotal OOE, Project 51	\$0	\$0	\$0	\$0
	Subtotal OOE, Project 51	\$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 8010 GR Match For Title XXI	\$0	\$0	\$0	\$0
General	CA 8014 GR Match for Food Stamp Admin	\$0	\$0	\$0	\$0
General	CA 8032 GR Certified As Match For Medicaid	\$0	\$0	\$0	\$0
	Capital Subtotal TOF, Project 51	\$0	\$0	\$0	\$0
	Subtotal TOF, Project 51	\$0	\$0	\$0	\$0
	Capital Subtotal, Category 9500	\$182,615	\$7,069,271	\$300,000	\$300,000
	Informational Subtotal, Category 9500				
	Total, Category 9500	\$182,615	\$7,069,271	\$300,000	\$300,000
AGENCY TOTAL -CAPITAL		\$836,728,703	\$295,883,650	\$449,405,806	\$230,630,476
AGENCY TOTAL -INFORMATIONAL		\$110,549,871	\$111,699,672	\$112,066,965	\$112,066,965
AGENCY TOTAL		\$947,278,574	\$407,583,322	\$561,472,771	\$342,697,441

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 2020

Bud 2021

BL 2022

BL 2023

METHOD OF FINANCING:

Capital

General	1	General Revenue Fund	\$66,559,066	\$47,630,460	\$38,686,329	\$36,926,184
General	543	Texas Capital Trust Acct	\$289,802	\$289,802	\$289,802	\$289,802
General	555	Federal Funds	\$121,722,209	\$167,270,706	\$129,474,086	\$123,296,177
General	599	Economic Stabilization Fund	\$357,935,413	\$0	\$0	\$0
General	666	Appropriated Receipts	\$44	\$118	\$0	\$0
General	758	GR Match For Medicaid	\$40,250,124	\$45,425,049	\$39,846,395	\$38,867,531
General	777	Interagency Contracts	\$13,334,492	\$11,179,630	\$10,304,652	\$9,144,755
General	780	Bond Proceed-Gen Obligat	\$2,938,945	\$0	\$0	\$0
General	8010	GR Match For Title XXI	\$1,193,712	\$1,199,572	\$796,011	\$806,275
General	8014	GR Match for Food Stamp Admin	\$20,648,703	\$20,053,580	\$18,926,418	\$19,061,456
General	8032	GR Certified As Match For Medicaid	\$3,017,438	\$2,810,498	\$2,265,836	\$2,238,296
General	8095	ID Collect-Pat Supp & Maint	\$21,945	\$23,640	\$0	\$0
General	8096	ID Appropriated Receipts	\$533	\$595	\$0	\$0
General	8226	MLPP Revenue Bond Proceeds	\$208,816,277	\$0	\$208,816,277	\$0

Total, Method of Financing-Capital

\$836,728,703

\$295,883,650

\$449,405,806

\$230,630,476

Informational

General	1	General Revenue Fund	\$5,520,904	\$5,529,876	\$5,094,603	\$5,094,786
General	555	Federal Funds	\$69,258,415	\$69,940,509	\$71,137,497	\$71,137,314
General	758	GR Match For Medicaid	\$13,745,782	\$13,972,171	\$14,796,059	\$14,796,059
General	777	Interagency Contracts	\$460,608	\$515,960	\$512,174	\$512,174
General	8010	GR Match For Title XXI	\$907,402	\$790,857	\$760,819	\$760,819
General	8014	GR Match for Food Stamp Admin	\$20,515,534	\$20,797,941	\$19,625,432	\$19,625,432
General	8032	GR Certified As Match For Medicaid	\$132,535	\$143,667	\$140,381	\$140,381

5.A. Capital Budget Project Schedule
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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 2020	Bud 2021	BL 2022	BL 2023
General	8095 ID Collect-Pat Supp & Maint	\$8,328	\$8,328	\$0	\$0
General	8096 ID Appropriated Receipts	\$363	\$363	\$0	\$0
Total, Method of Financing-Informational		\$110,549,871	\$111,699,672	\$112,066,965	\$112,066,965
Total, Method of Financing		\$947,278,574	\$407,583,322	\$561,472,771	\$342,697,441
TYPE OF FINANCING:					
<u>Capital</u>					
General	CA CURRENT APPROPRIATIONS	\$836,728,703	\$295,883,650	\$449,405,806	\$230,630,476
Total, Type of Financing-Capital		\$836,728,703	\$295,883,650	\$449,405,806	\$230,630,476
<u>Informational</u>					
General	CA CURRENT APPROPRIATIONS	\$110,549,871	\$111,699,672	\$112,066,965	\$112,066,965
Total, Type of Financing-Informational		\$110,549,871	\$111,699,672	\$112,066,965	\$112,066,965
Total, Type of Financing		\$947,278,574	\$407,583,322	\$561,472,771	\$342,697,441

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i> OOE / TOF / MOF CODE	Excp 2022	Excp 2023
5002 Construction of Buildings and Facilities		
<u>41 New Construction of MH Facilities</u>		
Objects of Expense		
5000 CAPITAL EXPENDITURES	1	0
Subtotal OOE, Project 41	1	0
Type of Financing		
CA 1 General Revenue Fund	1	0
Subtotal TOF, Project 41	1	0
Subtotal Category 5002	1	0
5003 Repair or Rehabilitation of Buildings and Facilities		
<u>2 Deferred Maint at St Hosp and SSLCs</u>		
Objects of Expense		
5000 CAPITAL EXPENDITURES	93,834,018	0
Subtotal OOE, Project 2	93,834,018	0
Type of Financing		
CA 1 General Revenue Fund	46,917,009	0
CA 8226 MLPP Revenue Bond Proceeds	46,917,009	0
Subtotal TOF, Project 2	93,834,018	0
Subtotal Category 5003	93,834,018	0
5005 Acquisition of Information Resource Technologies		
<u>5 Network, Performance and Capacity</u>		
Objects of Expense		
2001 PROFESSIONAL FEES AND SERVICES	6,004,000	6,004,000
2009 OTHER OPERATING EXPENSE	75,000	75,000

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>		Excp 2022	Excp 2023
OOE / TOF / MOF CODE			
5000 CAPITAL EXPENDITURES		18,380,000	18,380,000
Subtotal OOE, Project	5	24,459,000	24,459,000
Type of Financing			
CA	1 General Revenue Fund	11,547,094	11,547,094
CA	555 Federal Funds	6,850,966	6,850,966
CA	758 GR Match For Medicaid	4,248,039	4,248,039
CA	8010 GR Match For Title XXI	71,665	71,665
CA	8014 GR Match for Food Stamp Admin	1,500,315	1,500,315
CA	8032 GR Certified As Match For Medica	240,921	240,921
Subtotal TOF, Project	5	24,459,000	24,459,000
<u>6 MMIS - Medicaid Mgmt Info Sys</u>			
Objects of Expense			
2001 PROFESSIONAL FEES AND SERVICES		28,470,735	26,670,912
2009 OTHER OPERATING EXPENSE		25,407,914	183,178,231
5000 CAPITAL EXPENDITURES		5,000,000	0
Subtotal OOE, Project	6	58,878,649	209,849,143
Type of Financing			
CA	555 Federal Funds	50,555,479	186,697,501
CA	758 GR Match For Medicaid	8,323,170	23,151,642
Subtotal TOF, Project	6	58,878,649	209,849,143
<u>8 Enterprise Data Governance</u>			
Objects of Expense			
2009 OTHER OPERATING EXPENSE		236,500	236,500
Subtotal OOE, Project	8	236,500	236,500

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>	Excp 2022	Excp 2023
OOE / TOF / MOF CODE		
Type of Financing		
CA 1 General Revenue Fund	95,522	95,522
CA 555 Federal Funds	110,694	110,694
CA 758 GR Match For Medicaid	10,068	10,068
CA 8010 GR Match For Title XXI	717	717
CA 8014 GR Match for Food Stamp Admin	14,963	14,963
CA 8032 GR Certified As Match For Medica	4,536	4,536
Subtotal TOF, Project 8	236,500	236,500
<u>15 Performance Management & Analytics</u>		
Objects of Expense		
2001 PROFESSIONAL FEES AND SERVICES	750,000	750,000
2009 OTHER OPERATING EXPENSE	250,300	250,300
Subtotal OOE, Project 15	1,000,300	1,000,300
Type of Financing		
CA 1 General Revenue Fund	404,021	404,021
CA 555 Federal Funds	468,190	468,190
CA 758 GR Match For Medicaid	42,583	42,583
CA 8010 GR Match For Title XXI	3,031	3,031
CA 8014 GR Match for Food Stamp Admin	63,289	63,289
CA 8032 GR Certified As Match For Medica	19,186	19,186
Subtotal TOF, Project 15	1,000,300	1,000,300
<u>17 System-Wide Bus Enablement Platform</u>		
Objects of Expense		
2001 PROFESSIONAL FEES AND SERVICES	3,614,218	3,594,873
5000 CAPITAL EXPENDITURES	581,344	574,896

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>		Excp 2022	Excp 2023
OOE / TOF / MOF CODE			
Subtotal OOE, Project	17	4,195,562	4,169,769
Type of Financing			
CA	1 General Revenue Fund	1,235,379	1,228,399
CA	555 Federal Funds	1,570,648	1,560,666
CA	758 GR Match For Medicaid	973,880	967,690
CA	8010 GR Match For Title XXI	16,436	16,332
CA	8014 GR Match for Food Stamp Admin	343,974	341,788
CA	8032 GR Certified As Match For Medica	55,245	54,894
Subtotal TOF, Project	17	4,195,562	4,169,769
<u>24 CLASS</u>			
Objects of Expense			
	2001 PROFESSIONAL FEES AND SERVICES	1,908,621	5,306,930
	2009 OTHER OPERATING EXPENSE	0	911,848
Subtotal OOE, Project	24	1,908,621	6,218,778
Type of Financing			
CA	1 General Revenue Fund	1,908,621	6,218,778
Subtotal TOF, Project	24	1,908,621	6,218,778
Subtotal Category	5005	90,678,632	245,933,490
5006	Transportation Items		
<u>26 Facility Supp Services - Fleet Ops</u>			
Objects of Expense			
	5000 CAPITAL EXPENDITURES	7,850,000	0
Subtotal OOE, Project	26	7,850,000	0

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>	OOE / TOF / MOF CODE	Excp 2022	Excp 2023
Type of Financing			
CA	1 General Revenue Fund	7,850,000	0
Subtotal TOF, Project		7,850,000	0
Subtotal Category		7,850,000	0
5007 Acquisition of Capital Equipment and Items			
<u>29 Regional Laundry Equipment</u>			
Objects of Expense			
	5000 CAPITAL EXPENDITURES	1,973,500	0
Subtotal OOE, Project		1,973,500	0
Type of Financing			
CA	1 General Revenue Fund	1,973,500	0
Subtotal TOF, Project		1,973,500	0
Subtotal Category		1,973,500	0
7000 Data Center Consolidation			
<u>33 Data Center Consolidation</u>			
Objects of Expense			
	2001 PROFESSIONAL FEES AND SERVICES	2,801,276	2,604,877
Subtotal OOE, Project		2,801,276	2,604,877
Type of Financing			
CA	1 General Revenue Fund	658,833	608,721
CA	555 Federal Funds	1,190,987	1,110,684
CA	758 GR Match For Medicaid	477,022	440,172
CA	8010 GR Match For Title XXI	8,052	7,431

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>	OOE / TOF / MOF CODE	Excp 2022	Excp 2023
CA 8014 GR Match for Food Stamp Admin		168,488	155,472
CA 8032 GR Certified As Match For Medica		297,894	282,397
Subtotal TOF, Project	33	2,801,276	2,604,877
Subtotal Category	7000	2,801,276	2,604,877
8000 Centralized Accounting and Payroll/Personnel System (CAPPS)			
<u>34 CAPPS Financials</u>			
Objects of Expense			
2001 PROFESSIONAL FEES AND SERVICES		6,815,433	8,076,474
Subtotal OOE, Project	34	6,815,433	8,076,474
Type of Financing			
CA 1 General Revenue Fund		2,651,415	3,060,540
CA 555 Federal Funds		2,332,832	2,825,451
CA 758 GR Match For Medicaid		952,871	1,095,966
CA 8010 GR Match For Title XXI		16,460	19,000
CA 8014 GR Match for Food Stamp Admin		342,502	395,003
CA 8032 GR Certified As Match For Medica		519,353	680,514
Subtotal TOF, Project	34	6,815,433	8,076,474
<u>35 Enterprise Resource Planning</u>			
Objects of Expense			
1001 SALARIES AND WAGES		252,730	252,730
2001 PROFESSIONAL FEES AND SERVICES		3,555,867	3,544,124
Subtotal OOE, Project	35	3,808,597	3,796,854
Type of Financing			
CA 1 General Revenue Fund		2,017,198	2,010,979

529 Health and Human Services Commission

Category Code / Category Name		Excp 2022	Excp 2023
<i>Project Number / Name</i>			
OOE / TOF / MOF CODE			
CA	555 Federal Funds	1,038,174	1,034,973
CA	758 GR Match For Medicaid	312,151	311,188
CA	8010 GR Match For Title XXI	5,294	5,278
CA	8014 GR Match for Food Stamp Admin	110,640	110,299
CA	8032 GR Certified As Match For Medica	325,140	324,137
Subtotal TOF, Project 35		3,808,597	3,796,854
Subtotal Category 8000		10,624,030	11,873,328
9000 Cybersecurity			
<u>38 Cybersecurity Advancement</u>			
Objects of Expense			
	2001 PROFESSIONAL FEES AND SERVICES	1,473,565	892,565
	5000 CAPITAL EXPENDITURES	2,060,000	0
Subtotal OOE, Project 38		3,533,565	892,565
Type of Financing			
CA	1 General Revenue Fund	1,222,001	282,851
CA	555 Federal Funds	1,226,498	323,510
CA	758 GR Match For Medicaid	760,475	200,587
CA	8010 GR Match For Title XXI	12,836	3,386
CA	8014 GR Match for Food Stamp Admin	268,605	70,849
CA	8032 GR Certified As Match For Medica	43,150	11,382
Subtotal TOF, Project 38		3,533,565	892,565
Subtotal Category 9000		3,533,565	892,565

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i>		Excp 2022	Excp 2023
OOE / TOF / MOF CODE			
9500 Legacy Modernization			
<u>16 System Changes for IDD Carve-In</u>			
Objects of Expense			
2001 PROFESSIONAL FEES AND SERVICES		20,053,325	22,233,325
Subtotal OOE, Project	16	20,053,325	22,233,325
Type of Financing			
CA 1 General Revenue Fund		0	357,612
CA 555 Federal Funds		18,047,993	19,571,395
CA 758 GR Match For Medicaid		2,005,332	2,175,326
CA 8010 GR Match For Title XXI		0	36,723
CA 8014 GR Match for Food Stamp Admin		0	92,269
Subtotal TOF, Project	16	20,053,325	22,233,325
<u>51 Stabilize E-Discovery</u>			
Objects of Expense			
2001 PROFESSIONAL FEES AND SERVICES		5,500,000	1,650,000
Subtotal OOE, Project	51	5,500,000	1,650,000
Type of Financing			
CA 1 General Revenue Fund		2,104,206	631,262
CA 555 Federal Funds		1,766,476	529,943
CA 758 GR Match For Medicaid		1,067,273	320,182
CA 8010 GR Match For Title XXI		13,420	4,026
CA 8014 GR Match for Food Stamp Admin		488,785	146,635
CA 8032 GR Certified As Match For Medica		59,840	17,952
Subtotal TOF, Project	51	5,500,000	1,650,000

529 Health and Human Services Commission

Category Code / Category Name <i>Project Number / Name</i> OOE / TOF / MOF CODE	Excp 2022	Excp 2023
Subtotal Category 9500	25,553,325	23,883,325
AGENCY TOTAL	236,848,347	285,187,585
METHOD OF FINANCING:		
1 General Revenue Fund	80,584,800	26,445,779
555 Federal Funds	85,158,937	221,083,973
758 GR Match For Medicaid	19,172,864	32,963,443
8010 GR Match For Title XXI	147,911	167,589
8014 GR Match for Food Stamp Admin	3,301,561	2,890,882
8032 GR Certified As Match For Medicaid	1,565,265	1,635,919
8226 MLPP Revenue Bond Proceeds	46,917,009	0
Total, Method of Financing	236,848,347	285,187,585
TYPE OF FINANCING:		
CA CURRENT APPROPRIATIONS	236,848,347	285,187,585
Total, Type of Financing	236,848,347	285,187,585

5.B. Capital Budget Project Information
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5003	Category Name:	REPAIR OR REHABILITATION
Project number:	1	Project Name:	Facilities Repair and Renovations

PROJECT DESCRIPTION

General Information

This project increases 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 yields 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.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	352,186	352,186
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	\$460,541,345	
Estimated/Actual Project Cost	\$140,157,370	
Length of Financing/ Lease Period	35 years	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	Total over project life
	21,673,133	22,835,473	22,753,743	22,667,876	436,610,850

REVENUE GENERATION / COST SAVINGS

<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Funding used to support and enhance both new and ongoing initiatives.

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
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5003	Category Name:	REPAIR OR REHABILITATION
Project number:	2	Project Name:	Deferred Maint at St Hosp and SSLCs

PROJECT DESCRIPTION

General Information

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 Heating, Ventilation, and Air Conditioning (HVAC) systems, water and wastewater lines, electrical, plumbing, etc.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2025

Additional Capital Expenditure Amounts Required	2024	2025
	208,816,277	0
Type of Financing	RB REVENUE BONDS	
Projected Useful Life	30 years	
Estimated/Actual Project Cost	\$511,466,572	
Length of Financing/ Lease Period	09/01/2023 - 08/31/2053	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	Total over project life
	25,057,953	25,057,953	37,586,930	37,586,930	1,115,078,919

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: Yields 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.

Project Location: Statewide

Beneficiaries: State Hospitals and SSLCs

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: 10/26/2020
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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:	3	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. This project covers 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. The planned refreshes improve 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

2024	2025
19,938,125	19,938,125

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$79,730,905	
Length of Financing/ Lease Period	N/A	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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: 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
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DATE: 10/26/2020
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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:	4	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	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	53,151,347	53,151,347
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$211,745,920	
Length of Financing/ Lease Period	N/A	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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 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
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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:	5	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 Texas Health and Human Services (HHS) 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 enables HHS to equip all sites with technology that optimizes email, Texas Integrated Eligibility Redesign System (TIERS), and other mission critical applications that serve the citizens of Texas. The Secure Mobile and Enterprise Data Communications facilitates the design and implementation of the HHS system network backbone, Wide Area Network and network perimeter security zone. Furthermore, it enables HHS to contract for managed network services to support the 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 utilize these applications to better serve citizens. This project enables HHS to request additional bandwidth from Department of Information Resources (DIR) and upgrade remote routers as needed, so that HHS remotes sites can effectively and efficiently use modern applications.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	8,226,850	8,226,850

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	10 years
Estimated/Actual Project Cost	\$55,150,000
Length of Financing/ Lease Period	N/A

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2022	2023	2024	2025	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: Additional network capacity and performance assists application performance and allows the use of cloud technologies that reduce costs and increase flexibility and mobility. Efforts to expand mobility and teleworking benefit as well.

Project Location: Statewide

5.B. Capital Budget Project Information
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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
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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:	6	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. The project covers design, development, installation, and enhancement to the claims processing system and includes planned refresh cycles for hardware assets and software licenses to improve systems reliability through the provision of current technology. The MMIS achieves economies of scale and reduces maintenance costs on equipment past end-of-life.

PLCS Tracking Key PCLS_87R_529_591323

Number of Units / Average Unit Cost N/A

Estimated Completion Date Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	54,896,737	54,044,163

Type of Financing CA CURRENT APPROPRIATIONS

Projected Useful Life 10 years

Estimated/Actual Project Cost \$460,541,345

Length of Financing/ Lease Period N/A

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 vital for the administration of the Texas Medicaid Management Information System (TMMIS) in direct relation to meeting the objectives of Health and Human Services Commission (HHSC) strategy 2.1.1 Medicaid Contracts and Administration and providing 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
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	9500	Category Name:	Legacy Modernization
Project number:	7	Project Name:	Application Remediation for DCS

PROJECT DESCRIPTION

General Information

This project is for mission critical applications and databases that must be remediated before being transformed to new servers in the data center. These systems that provide support for Health and Human Services Commission (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 Department of Information Resources (DIR) data center. These systems do not run efficiently on upgraded/ new hardware technologies without significant remediation and testing.

These legacy applications are currently hosted on WebSphere Application Server (WAS) 6.0 servers, which are no longer supported by IBM.

The remediation includes moving these legacy systems to the latest WAS version 9.0 servers to bring the agency into compliance with the interagency contract (IAC), National Institute of Standards and Technology (NIST) and Americans with Disabilities Act (ADA) requirements. This migration effort also aligns the applications with Enterprise technology and security standards and allows for standardized support from the vendor.

PLCS Tracking Key	PCLS_87R_529_591314						
Number of Units / Average Unit Cost	N/A						
Estimated Completion Date	Ongoing						
Additional Capital Expenditure Amounts Required	<table border="0"> <tr> <td></td> <td align="center">2024</td> <td align="center">2025</td> </tr> <tr> <td></td> <td align="center">300,000</td> <td align="center">300,000</td> </tr> </table>		2024	2025		300,000	300,000
	2024	2025					
	300,000	300,000					
Type of Financing	CA CURRENT APPROPRIATIONS						
Projected Useful Life	Ongoing						
Estimated/Actual Project Cost	\$1,082,615						
Length of Financing/ Lease Period	N/A						

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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. The upgrade of these systems results in a more effective use of staff time and access to required applications needed to support Texas Health and Human Services (HHS) ongoing operations that serve vulnerable populations in the state of Texas.

Project Location: Austin

5.B. Capital Budget Project Information
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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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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	8	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	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2023

Additional Capital Expenditure Amounts Required	2024	2025
	1,552,700	1,552,700

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$13,225,283	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 Enterprise Data Governance (EDG) project is a foundational component of Texas Health and Human Services (HHS) data management strategy. This project manages compliance with Sunset Issue 7 recommendations and Centers for Medicare and Medicaid Services (CMS) standard conditions for interoperability within Medicaid Information Technology Architecture (MITA).

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
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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:	9	Project Name:	Infrastructure Maintenance at SSLCs

PROJECT DESCRIPTION

General Information

To improve services to people living at State Supported Living Centers (SSLCs), Infrastructure improvements required to support the Electronic Health Records/Electronic Laboratory Reporting (EHR/ELR) system for each of the SSLCs include 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 existing switches, creation of Virtual Local Area Networks (VLANs), bandwidth upgrades to provide increased capacity and to improve access, reliability, performance and security for all SSLC staffs. Improvements also include 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	N/A
Number of Units / Average Unit Cost	Varies
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	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	N/A	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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: The EHR/ELR infrastructure maintenance project improves 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 teleconferencing and the use of mobile computing. The project facilitates communication and information sharing with community providers regarding individuals who are referred for and are considering community placement.

Project Location: SSLCs Statewide

5.B. Capital Budget Project Information
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Beneficiaries: Clients, care-givers, and the general public.

Frequency of Use and External Factors Affecting Use:

Daily Use

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:	10	Project Name:	Regulatory Svc Sys Auto Modernizatr

PROJECT DESCRIPTION

General Information

The Regulatory Services System Automation Modernization (RSSM) project is in the fourth and final phase of a multi-phase project. During this time 19 legacy regulatory services applications have already been modernized and a new public and provider facing portal, TULIP, has also been deployed. This project provides the ability for Texas Health and Human Services (HHS) to consolidate multiple applications that are currently on end-of-life platforms, thus reducing the maintenance costs for supporting numerous individual applications. The result is a unified portal that is responsive to evolving business and constituent needs, providing the following:

- The ability for LTC, Health Care Quality (HCQ) and substance abuse providers to report incidents online;
- The ability for public to report complaints to HHS online;
- Allowing Nurse Aides, Med Aides and Nursing Facility Administrators to apply or renew their licenses online;
- The ability for providers to submit death reports, and provider investigation reports online;
- Providing users with automated field level validation which will assist providers and the public in submitting complaints, incidents, fire reports and plan reviews without any missing data;
- Consolidating various regulatory service systems into a single platform will minimize the level of effort required by the public and providers when reporting information to HHS;
- Minimal integration required because of the use of a single Salesforce platform;
- Improve current business processes;
- Improving information sharing with partner agencies;
- Improving the security response, ensuring full compliance with current federal and state security requirements; and
- Complying with accessibility standards.

PLCS Tracking Key	PCLS_87R_529_591313
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2023

Additional Capital Expenditure Amounts Required	2024	2025
	1,841,000	496,090

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	10 years
Estimated/Actual Project Cost	\$4,687,559
Length of Financing/ Lease Period	N/A

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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: Regulatory Services 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 Regulatory Services systems 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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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	11	Project Name:	WIC Stateside and HW/SW Refresh

PROJECT DESCRIPTION

General Information

The Women, Infants and Children (WIC) Supplemental Nutrition Program provides technical support including deployment of Information Technology (IT) resources to clinics throughout the State of Texas. To maintain a high degree of reliability and minimize service disruption, WIC has 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 related equipment are purchased based on compatibility with the current WIC food delivery system and to take advantage of current and evolving technology.

PLCS Tracking Key N/A
Number of Units / Average Unit Cost N/A
Estimated Completion Date Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	675,000	675,000

Type of Financing CA CURRENT APPROPRIATIONS
Projected Useful Life Ongoing based on regular hardware refresh
Estimated/Actual Project Cost \$2,700,000
Length of Financing/ Lease Period N/A

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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: Women, Infants and Children (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

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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:	12	Project Name:	Hospital IT Infrastructure

PROJECT DESCRIPTION

General Information

The Health and Human Services Commission (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 hour a day, seven days a week 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	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	869,249	869,249

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	Varies depending on equipment type
Estimated/Actual Project Cost	\$3,476,994
Length of Financing/ Lease Period	N/A

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 ensures the acquisition and implementation supporting the continued lifecycle refresh of end of life network infrastructure devices, optimization and expansion of services such as Wi-Fi and telemedicine solutions. Failure to maintain, replace, and upgrade existing IT infrastructure will result in increased frequency of system failures and repairs and potential loss of access to critical IT systems.

Project Location: Statewide

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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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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	13	Project Name:	Business Process Redesign

PROJECT DESCRIPTION

General Information

Access and Eligibility Services (AES) Business Process Redesign Technology Support project is a continuation of ongoing telephony integration and maintenance, licenses and support 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	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2023

Additional Capital Expenditure Amounts Required	2024	2025
	1,057,174	1,072,985

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	10	years
Estimated/Actual Project Cost	\$4,242,343	
Length of Financing/ Lease Period	N/A	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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: Project elements scale the telecommunications platform’s capabilities to support teleworkers, enable support of the six (6) consolidated Virtual Interviewing Centers (VIC) and will enable further expansion and support of the Proactive Outreach Manager (POM) outbound dialer capability. The goal is to reduce the average time clients wait to complete an interview.

Project Location: Statewide

Beneficiaries: AES 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:	14	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 continues the development of MFADS functionality to meet the changing business needs of the Office of the Inspector General (OIG). The project supports procuring professional and technology services, analytical and data visualization tools, and the development of more complex analytical and reporting functionality.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	0	0

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$9,693,881	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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: OIG activities require data above and beyond provider-focused activity. OIG 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 identifying 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.

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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:	15	Project Name:	Performance Management & Analytics

PROJECT DESCRIPTION

General Information

The Performance Management and data Analytics System (PMAS) serves as the basis for a single source of reliable information across the operational systems to support business-reporting requirements. These measures and observations are used to optimize operations for improved future performance. This allows for effective performance management which consists of a defined set of metrics and analytic processes, supported by technology that enables Texas Health and Human Services (HHS) to define strategic outcomes and goals and then measure and manage performance against those goals.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2023

Additional Capital Expenditure Amounts Required	2024	2025
	4,892,737	4,892,737

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	Varies by technology
Estimated/Actual Project Cost	\$18,389,163
Length of Financing/ Lease Period	N/A

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 goal is to improve outcomes for the delivery of services by HHS agencies and implement solutions that integrates diverse program data and provides performance management and analytical tools to provide leadership with performance measure data that can assist them in making data driven decisions that impact the quality of the services provided to the citizens of Texas.

Project Location: Statewide

Beneficiaries: HHS staff, clients and consumers

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:	9500	Category Name:	Legacy Modernization
Project number:	16	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 improves 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	PCLS_87R_529_591321
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2022

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$49,055,921	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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:	17	Project Name:	System-Wide Bus Enablement Platform

PROJECT DESCRIPTION

General Information

Multiple agencies have been combined through Texas Health and Human Services (HHS) Transformation. As a result, HHS utilizes over 400 production information technology (IT) applications. The common HHS system development platform provides a foundation to consolidate and simplify the current complex system landscape, lowering risks, costs, and time required to implement system changes.

The integrated case management framework allows all HHS agency programs to deliver leveraged, client context-aware services.

The Digital Fabric initiative implements standards and best practices with standardized platforms and tools, functions and services, and a consistent delivery approach.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2023

Additional Capital Expenditure Amounts Required	2024	2025
	2,308,780	2,308,780

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	Varies by technology type
Estimated/Actual Project Cost	\$14,980,165
Length of Financing/ Lease Period	N/A

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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

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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:	18	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.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	5 years	
Estimated/Actual Project Cost	\$6,331,593	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 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.

Project Location: Statewide

Beneficiaries: HHS staff and clients

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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:	19	Project Name:	Criminal Background Checks

PROJECT DESCRIPTION

General Information

This project provides funding to enhance criminal background checks for State Hospitals, SSLCs and Child Care Licensing (CCL). The project ensures greater protection for individuals served by certified nurse aides, medication aides, and occupational professional licensees, and enhance the safety of children in regulated care. Fingerprint-based criminal background checks allow the state and providers to receive ongoing notifications of any criminal history of the certified/licensed individual that occurs anywhere in the nation. The service allows HHSC to take necessary licensing or certification suspension/revocation action against an individual who is convicted of an offense that is a bar to employment or the requirements of a license.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$878,329	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 ensures greater protection for individuals served by certified nurse aides (CNAs), medication aides, and occupational professional licensees. The project provides compliance with the background check requirements of the Child Care Development Block Grant (CCDBG) Act of 2014.

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:	20	Project Name:	Health & Specialty Care System Tech

PROJECT DESCRIPTION

General Information

The State Supported Living Centers (SSLCs) and State Hospital infrastructure and system upgrades are critical to the delivery of modern care. IT upgrades 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.

Previous audit findings indicated 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.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Varies by technology type	
Estimated/Actual Project Cost	\$12,028,000	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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: Health & Safety Code §555.025 requires SSLCs to install and operate video surveillance equipment at the facilities for detecting and preventing the abuse, neglect, or exploitation of residents. This project standardizes 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

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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:	RAD Database

PROJECT DESCRIPTION

General Information

Replace existing Rate Analysis data repositories with a centralized database that improves data accuracy and reduces the amount of time staff is required to sort and report using the data extracts. The database manages the organization, storage, access, security and integrity of data. The project includes enhanced security as well as improved tracking, and reporting.

PLCS Tracking Key N/A
Number of Units / Average Unit Cost N/A
Estimated Completion Date 8/31/2021

Additional Capital Expenditure Amounts Required		2024	2025
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	10 years		
Estimated/Actual Project Cost	\$400,000		
Length of Financing/ Lease Period	N/A		

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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 Rate Analysis team currently utilizes excel spreadsheets to analyze important and critical data. There is variety of hospitals, nursing facilities, etc. that change and use the same coding structure or system. The rate analysis division needs an efficient way to centralize this data through more secured methods.

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:	22	Project Name:	WIC Chatbot Messenger

PROJECT DESCRIPTION

General Information

Expand functionality of the Women, Infants, and Children (WIC) Chatbot interactive service within the program's public facing website, www.texaswic.org to include mobile applications. This allows greater accessibility to WIC participants and Texas citizens. These features and functionality will further enhance the program.

The project utilizes the Microsoft Chatbot product to allow for strategic Short Message Service (SMS) and multimedia content delivery within the chat streams of the Chatbot functionality (both web and mobile). This enhances the user experience of the interaction and allows for an expandable / extendable AI solution that can grow with the needs of the program as new benefits are added. The application includes development tools such as Question and Answer (QnA) Maker, and Language Understanding Intelligence System (LUIS), which is utilized by developers and Program staff to "train" the bot.

WIC coordinates with Data Center Services (DCS) to facilitate hosting infrastructure and provide a Microsoft Azure Bot Service. The solution includes an automated Chatbot application that maintains high levels of interactive communication with WIC clients or non-WIC clients, leveraging an "intelligent chat" session on WIC public websites.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	9/30/2023

Additional Capital Expenditure Amounts Required	2024	2025
	1,025,000	775,000
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$2,532,741	
Length of Financing/ Lease Period	N/A	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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: WIC's core demographic, pregnant and post-partum women, and children ages 0 to 59 months, commonly use mobile technologies and applications to communicate. The project allows greater accessibility to WIC participants and Texas citizens.

Project Location: Statewide

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Beneficiaries: WIC 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:	23	Project Name:	WIC Mosaic

PROJECT DESCRIPTION

General Information

Enhancements to existing Texas Integrated Network (TXIN) system and additional deployments to Independent Tribal Organizations (ITO) to provide Women, Infants, and Children (WIC) benefits as mandated by USDA (United States Department of Agriculture). This Mosaic project adds functionality to the TXIN service delivery system including a web-based participant and vendor self-service application that seamlessly integrates with the Management Information System (MIS) and Electronic Benefits Transfer (EBT) portions of TXIN.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2023

Additional Capital Expenditure Amounts Required	2024	2025
	7,000,000	3,000,000

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	5 years	
Estimated/Actual Project Cost	\$49,676,435	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 enhancements include both functionality that could not be included in Phase 1 of the project due to timeline constraints, as well as enhancements identified during the use of TXIN by agency staff, clinics, and grocers. This project aligns with FNS federal quality improvement standards to continuously improve staff procedures and the nutrition services participants receive.

Project Location: Statewide

Beneficiaries: WIC 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:	24	Project Name:	CLASS

PROJECT DESCRIPTION

General Information

The Childcare Licensing Automated Support System (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 Health and Human Services Commission (HHSC)/Department of Family and Protective Services (DFPS) Inspectors and Investigators 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 are implemented based on prioritized intake requests and the funding available.

PLCS Tracking Key	PCLS_87R_529_591317
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2023

Additional Capital Expenditure Amounts Required	2024	2025
	4,856,229	3,283,409
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$13,930,958	
Length of Financing/ Lease Period	N/A	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2022	2023	2024	2025	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: 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 Data Center Services 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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 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	25	Project Name:	Fair Hearings Decisions Access

PROJECT DESCRIPTION

General Information

This project implements a public website that permits the general public to search for and view redacted Fair Hearings Decisions documents. Fair Hearings Decisions documents beginning 09/01/2017 are available for search and view through this website. The website provides capability to perform free text search of the posted documents.

This project also enables the agency the capability for all decisions going forward to be posted online in a format that allows them to be searched. The public can search this hearings database via a website link as well as a link on the agency's external website. This is especially helpful for advocates, Legal Aid groups, and the media who have an interest in trends more so than individual fair hearing decisions.

This project is expected to be implemented in multiple phases.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	12/31/2020

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$101,744	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 required by federal law, fair hearing decisions are accessible to the public. Due to cost restraints, however, this has historically been done by the agency on a case by case basis. A searchable site allowing public access to hearing decisions is of considerable use to the public and allows more decisions to be publicly accessible more quickly. Not posting fair hearing decisions online makes it harder for entities requesting large numbers of hearing decisions.

Project Location: Statewide

Beneficiaries: HHSC staff and general public

Frequency of Use and External Factors Affecting Use:

Available for daily use

5.B. Capital Budget Project Information
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DATE: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5006	Category Name:	TRANSPORTATION ITEMS
Project number:	26	Project Name:	Facility Supp Services - Fleet Ops

PROJECT DESCRIPTION

General Information

This project allows Health and Human Services Commission (HHSC) to replace old inefficient vehicles and address fleet maintenance. Many HHSC 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	N/A
Number of Units / Average Unit Cost	39,754
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Varies on the type of vehicle purchase	
Estimated/Actual Project Cost	\$15,921,864	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over
2022	2023	2024	2025	2026	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 addresses the need for fleet maintenance and replacement and addresses building, fleet and equipment issues to ensure the safety of individuals served at State Supported Living Centers (SSLCs) and state hospitals, their visitors, and facility staff. This includes ensuring safety whether these individuals are on campus or traveling in state agency vehicles.

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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DATE: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5007	Category Name:	ACQUISITN CAPEQUIP ITEMS
Project number:	27	Project Name:	Regional Security Infrastructure

PROJECT DESCRIPTION

General Information

Security enhancements include installation of keyless entry access systems, video surveillance systems, security alarm monitoring systems, public address systems, and routers for remote surveillance to improve safety of both clients and staff at regional Health and Human Services (HHS) client delivery offices.

PLCS Tracking Key N/A
Number of Units / Average Unit Cost N/A
Estimated Completion Date Ongoing

Additional Capital Expenditure Amounts Required		2024	2025
		1,967,896	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	10 years		
Estimated/Actual Project Cost	\$3,935,792		
Length of Financing/ Lease Period	N/A		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 and 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.

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 CAPEQUIP ITEMS
Project number:	28	Project Name:	Facility Equipment Purchases

PROJECT DESCRIPTION

General Information

The project is 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	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	5,107,000	5,107,000

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing
Estimated/Actual Project Cost	\$20,428,000
Length of Financing/ Lease Period	N/A

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 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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DATE: 10/26/2020
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5007	Category Name:	ACQUISITN CAPEQUIP ITEMS
Project number:	29	Project Name:	Regional Laundry Equipment

PROJECT DESCRIPTION

General Information

This project maintains the replacement schedule for regional laundry facility equipment and related trailers to support the State Supported Living Centers (SSLCs) and the State Mental Health (MH) Hospitals to ensure the 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	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	08/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	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	N/A	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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: 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

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 CAPEQUIP ITEMS
Project number:	30	Project Name:	Equipment for State Hospitals

PROJECT DESCRIPTION

General Information

This project funds vehicle and equipment needs for expanded operations of 110 additional beds at newly renovated units at San Antonio State Hospital and Kerrville State Hospital for AY 2020/2021.

PLCS Tracking Key N/A
Number of Units / Average Unit Cost N/A
Estimated Completion Date 8/31/2021

Additional Capital Expenditure Amounts Required		2024	2025
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing		
Estimated/Actual Project Cost	\$1,840,000		
Length of Financing/ Lease Period	N/A		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 critical to comply with facility regulations which require 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: 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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DATE: 10/26/2020
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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:	31	Project Name:	MLPP Payment - Energy Conservation

PROJECT DESCRIPTION

General Information

This project provides for the debt service payments related to energy conservation projects at the State Supported Living Centers (SSLCs) and State Hospitals. Health and Human Services Commission (HHSC) 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.

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.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2024

Additional Capital Expenditure Amounts Required		2024	2025
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	25 years		
Estimated/Actual Project Cost	\$9,480,458		
Length of Financing/ Lease Period	15 years		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 is for Debt Services Payments to Texas Public Finance Authority (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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DATE: 10/26/2020
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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:	32	Project Name:	MLPP Payment Deferred Maintenance

PROJECT DESCRIPTION

General Information

This project provides for the debt service payments to the Texas Public Finance Authority for bond debt related to Master Lease Purchase Program Revenue funded facility repairs and renovations at the State Supported Living Centers (SSLCs) and State Hospitals.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required		2024		2025
		0		0
Type of Financing	CA	CURRENT APPROPRIATIONS		
Projected Useful Life	25 years			
Estimated/Actual Project Cost	\$37,204,064			
Length of Financing/ Lease Period	15 years			

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					
	2022	2023	2024	2025	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: Facility repairs and renovations at the State Supported Living Centers (SSLCs) and State Hospitals.

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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DATE: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	7000	Category Name:	Data Center Consolidation
Project number:	33	Project Name:	Data Center Consolidation

PROJECT DESCRIPTION

General Information

The statewide Data Center Services (DCS) contract, administered by the Department of Information Resources (DIR) for data center services, established operating budgets for each participating agency which were approved by the Legislative Budget Board (LBB). As a result of 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, Centralized Accounting and Payroll/Personnel System (CAPPS), Medicaid Fraud and Abuse Detection System (MFADS), Office of Inspector General (OIG) Administration consolidation, and CAPPS Financials. These programs have expanded to meet legislative mandates, state security standards, as well as expand on statewide human resource initiatives. 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	PCLS_87R_529_591325
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	54,410,894	54,059,150
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$236,629,143	
Length of Financing/ Lease Period	N/A	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2022	2023	2024	2025	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 Data Center Services (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

Beneficiaries: Several state agencies are involved in the project.

5.B. Capital Budget Project Information
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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.

5.B. Capital Budget Project Information
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 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	8000	Category Name:	CAPPS Statewide ERP System
Project number:	34	Project Name:	CAPPS Financials

PROJECT DESCRIPTION

General Information

This project provides ongoing maintenance and support for the Centralized Accounting Payroll/Personnel System (CAPPS) Financials 9.2. CAPPS Financials includes the main modules for purchasing, the general ledger, commitment control, asset management, and accounts payable. As a CAPPS Historically Underutilized Business (HUB) agency, Health and Human Services (HHS) receives its own copy and regular updates of the CAPPS baseline applications from the Comptroller of Public Accounts (CPA) to implement on its own infrastructure. HHS' HUB status allows for agency customizations or retrofitting of specific functionality to support agency business needs. Each modification must be reviewed with business partners to determine whether it should be brought forward. This process takes an extensive amount of time and may require additional new development to continue functionality. This project allows HHS to remain in compliance with the CAPPS Hub agreement and continue to provide support to serve clients, including the State Supported Living Centers (SSLCs) and State Hospitals. The systems are critical for HHS, and the agency's ability to maintain them is paramount to the success of the organization.

PLCS Tracking Key PCLS_87R_529_591324

Number of Units / Average Unit Cost N/A

Estimated Completion Date Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	2,977,900	2,977,900

Type of Financing CA CURRENT APPROPRIATIONS

Projected Useful Life Ongoing

Estimated/Actual Project Cost \$25,255,406

Length of Financing/ Lease Period N/A

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2022	2023	2024	2025	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 allows HHS to provide ongoing support for the CAPPS Financials system. The CAPPS Financials system supports many critical HHS activities, such as purchasing, accounting, budgeting, and agency financial reporting. The system is critical to HHS, and the ability to maintain it is paramount to the success of the organization.

Project Location: Statewide

Beneficiaries: All those who rely on financial information regarding Texas HHS agencies' business.

5.B. Capital Budget Project Information
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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:	35	Project Name:	Enterprise Resource Planning

PROJECT DESCRIPTION

General Information

This project funds ongoing costs related to the transition, deployment, ongoing maintenance and support for Centralized Accounting and Payroll/Personnel System (CAPPS) Human Capital Management (HCM) 9.2. CAPPS HCM includes a robust system of self-service functionality across all functional modules for employees and managers, as well as a strong system for front-line administrators. Enhancements are determined by the business partners and legislative requirements.

This system includes functionality, such as the ability for employees to record their hours worked and leave taken and associate the time with appropriate funding sources, effectively and accurately paying employees in accordance with the Comptroller's guidelines. In addition, CAPPS provides reporting on required training for essential staff at State Supported Living Centers (SSLCs) and State Hospitals. Other essential functionality includes maintaining a performance management system to support legislative performance measures and a comprehensive Human Resource Information System to accurately track employee data for federal reporting requirements and employee-related actions, such as promotions, demotions, salary actions, hiring, and terminations.

Maintenance is required every year to ensure the system is up to date with all federal tax and Affordable Care Act (ACA) requirements.

PLCS Tracking Key	PCLS_87R_529_591324
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing
Additional Capital Expenditure Amounts Required	
	2024
	5,644,057
	2025
	5,644,057
Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing
Estimated/Actual Project Cost	\$27,660,144
Length of Financing/ Lease Period	N/A

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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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5.B. Capital Budget Project Information
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Explanation: The requirement for state agencies to use the CAPPs system was legislatively mandated by House Bill 3106, 80th Legislature, and was codified in Government Code, Chapter 2101, which created the Enterprise Resource Planning initiative for greater transparency in state government. This project provides for ongoing maintenance and support for CAPPs HCM which would include addressing legislative requirements and enhancements requested by agency business partners.

Project Location: Statewide

Beneficiaries: HHS System

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:	8000	Category Name:	CAPPS Statewide ERP System
Project number:	36	Project Name:	CAPPS PeopleSoft Licenses

PROJECT DESCRIPTION

General Information

Health and Human Services Commission (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. Software licenses are required to run Centralized Accounting and Payroll/Personnel System (CAPPS) Human Capital Management (HCM) and CAPPS Financials (FIN) on HHSC Infrastructure.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing

Additional Capital Expenditure Amounts Required	2024	2025
	1,482,801	1,527,285

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$5,805,450	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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.

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:	37	Project Name:	CAPPS Upgrades and Inventory

PROJECT DESCRIPTION

General Information

The Comptroller of Public Accounts (CPA) requires Centralized Accounting and Payroll/Personnel System (CAPPS) Historically Underutilized Business (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. Health and Human Services (HHS) operates versions of CAPPS Human Capital Management (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.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	0

Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	Ongoing
Estimated/Actual Project Cost	\$4,811,164
Length of Financing/ Lease Period	N/A

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 Financials are critical to HHS human resource and financial operations. The current systems, are critical 24/7/365 applications that are essential to the agency's operations. To keep the systems functioning and to comply with the CPA's upgrade timelines, significant resources and efforts are required.

Project Location: Statewide

Beneficiaries: HHS System staff, and State Hospital staff and patients.

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	9000	Category Name:	Cybersecurity
Project number:	38	Project Name:	Cybersecurity Advancement

PROJECT DESCRIPTION

General Information

The security threat to confidential information continues to grow and represents one of the most serious challenges that the Health and Human Services (HHS) agencies must confront. Security of our information depends on our ability to protect the agencies' critical systems and infrastructure in the face of such threats. Building and maintaining a strong security posture provides us the ability to monitor, analyze, and respond to security events across technologies as quickly as possible. Cybersecurity advancement provides HHS with the technology needed to reduce the number of events and thus, the costs related to them.

This project continues to address security risks which include:

- Automate routine risk assessments by using a customizable intelligent repository to track findings, allow system risk response coordination, and report compliance resulting in improved efficiencies and effectiveness
- Protect data against hackers, 3rd party security vulnerabilities, and malicious traffic that could compromise agency information
- Automate manual processes to initiate, capture, record and manage network user identities and their related access permissions
- Secure contracted resources to enhance the current security infrastructure, enable secure transmission and access of data, and ensure state and federal privacy requirements are met

PLCS Tracking Key	PCLS_87R_529_590518
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Ongoing
Additional Capital Expenditure Amounts Required	
	2024
	5,857,157
	2025
	5,857,157
Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	10 years
Estimated/Actual Project Cost	\$6,941,173
Length of Financing/ Lease Period	N/A

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	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 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 and 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: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	9000	Category Name:	Cybersecurity
Project number:	39	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 Health Insurance Portability and Accountability Act (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 secures 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.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$2,201,460	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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: 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 hundreds of 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

5.B. Capital Budget Project Information
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DATE: 10/26/2020
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	9000	Category Name:	Cybersecurity
Project number:	40	Project Name:	OCR CAP Response

PROJECT DESCRIPTION

General Information

This project includes all activities necessary to support the successful completion of all deliverables required within the Office for Civil Rights (OCR) Corrective Action Plan (CAP). This includes the following:

- Take inventory and conduct a risk analysis of electronic protected health information (ePHI).
- Develop a complete inventory of all electronic equipment, data systems, and applications that contain or store ePHI.
- Conduct a comprehensive risk analysis of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of its ePHI.
- Develop and implement a Risk Management Plan which identifies how security measures will be implemented to sufficiently reduce security risks and vulnerabilities to a reasonable and appropriate level. The Risk Management Plan shall include a process and timeline for Health and Human Services Commission (HHSC) implementation, evaluation, and revision of its risk remediation activities.
- Review, revise, and implement policies and procedures related to information access to comply with the Health Insurance Portability and Accountability Act (HIPAA) standards regarding access to ePHI. HHSC will distribute the policies and procedures to all members of the workforce who access, use, or disclose personal health information (PHI) or who service information systems that maintain, access, use, or disclose PHI.
- Implement policies and procedures to improve compliance with the access controls standard.
- Implement policies and procedures to improve compliance with evaluation standard.
- HHSC will develop a process to evaluate any environmental or operational changes that affect the security of HHSC's ePHI.
- Adoption of a written plan to internally monitor the organization's compliance all of which requires ongoing review and update to reflect any changes in applicable requirements.

PLCS Tracking Key	PCLS_87R_529_591316
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2022

Additional Capital Expenditure Amounts Required	2024	2025
	0	0

5.B. Capital Budget Project Information
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Type of Financing CA CURRENT APPROPRIATIONS
 Projected Useful Life 10 years
 Estimated/Actual Project Cost \$22,852,150
 Length of Financing/ Lease Period N/a

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 penalties until HHSC is fully compliant.

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: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5002	Category Name:	CONST OF BLDGS/FACILITIES
Project number:	41	Project Name:	New Construction of MH Facilities

PROJECT DESCRIPTION

General Information

This project provides construction costs for State Hospitals and other inpatient Mental Health Facilities. This project allows Human Services Commission (HHSC) to continue with the next phase of state hospital improvements. 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, including:

- The construction of a 100-bed civil/non-MSU building at Rusk State Hospital and the replacement of the Austin and San Antonio State Hospitals.
- Planning and construction of new hospitals in the Dallas area and panhandle region; and
- Planning to replace North Texas – Wichita Falls and Terrell State Hospitals as recommended in the Canon Report.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	Dependent on Legislative direction

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	Ongoing	
Estimated/Actual Project Cost	\$221,001,300	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 10/26/2020
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Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5003	Category Name:	REPAIR OR REHABILITATION
Project number:	42	Project Name:	Facilities Repairs and Renov - WCF

PROJECT DESCRIPTION

General Information

Facilities repairs and renovations at Waco Center for Youth

PLCS Tracking Key N/A

Number of Units / Average Unit Cost N/A

Estimated Completion Date 8/31/2023

Additional Capital Expenditure Amounts Required	2024	2025
	0	0

Type of Financing CA CURRENT APPROPRIATIONS

Projected Useful Life 60 years

Estimated/Actual Project Cost \$1,124,434

Length of Financing/ Lease Period N/A

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

2022	2023	2024	2025	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: Facilities repairs and renovations at Waco Center for Youth

Project Location: Waco Center for Youth

Beneficiaries: Waco Center for Youth Patients and staff

Frequency of Use and External Factors Affecting Use:

Daily

5.B. Capital Budget Project Information
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DATE: 10/26/2020
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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:	43	Project Name:	GPRA Opioid Service Assessment

PROJECT DESCRIPTION

General Information

Enhancements to the Clinical Management for Behavioral Health Services (CMBHS) system to provide client-level assessment reporting related to the Texas Targeted Opioid Response (TTOR) grant, as required by the Government Performance and Results Modernization Act (GPRA) benefiting Behavioral Health Services.

PLCS Tracking Key N/A
Number of Units / Average Unit Cost N/A
Estimated Completion Date 8/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$1,469,500	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>				Total over
2022	2023	2024	2025	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: Implement a new assessment type that allows for the collection and reporting of additional data elements required by the GPRA revisions. This is to maintain funding for the Texas Targeted Opioid Response (TTOR) grant by facilitating transmissions to a Federal Portal to ensure the continuance of Federal funding.

Project Location: Statewide

Beneficiaries: CMBHS System

Frequency of Use and External Factors Affecting Use:
 Daily

5.B. Capital Budget Project Information
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DATE: 10/26/2020
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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:	44	Project Name:	VIC Consolidation

PROJECT DESCRIPTION

General Information

Implement a centralized, virtual interviewing center (VIC) solution for statewide inbound interview calls. Consolidate down from ten (10) regions to four (4) regions and forty-seven (47) sites to six (6) VIC sites. This provides telecommunications equipment to help expand call capacity and reduce the time families wait to complete telephony interviews. As a result, on site team members can focus solely on eligibility determination tasks and supports the Access and Eligibility Services (AES) goal of reducing the average time clients wait to complete an interview from 26 minutes to 16 minutes.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	0

Type of Financing	CA	CURRENT APPROPRIATIONS
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$709,999	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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: Most eligibility offices have a virtual interviewing function, but it is often facilitated by the same team members helping people who apply in person. The combined responsibility for virtual and in person interviews often causes delays and increased wait times. As a result of this project, on site team members can focus solely on eligibility determination tasks.

Project Location: Statewide

Beneficiaries: Telephony interview clients and staff

Frequency of Use and External Factors Affecting Use:
 Daily

5.B. Capital Budget Project Information
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DATE: 10/26/2020
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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:	MentalHealthTx.org Website

PROJECT DESCRIPTION

General Information

The MentalHealthTx.org website project facilitates both an update and an enhancement to the current site. The website serves as a one-stop resource for behavioral health services across the state. It is an easily navigable interface for the end-user of mental health content. The website reflects the work of the Office of Mental Health Coordination and aligns with the strategic goals of the Statewide Behavioral Health Coordinating Council.

The website has an interactive portal with real-time information for behavioral health needs, resources, treatment, and wellness strategies. End users will be able to improve their own health as well as the health of family and friends from the available resources on the website page.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2021

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$808,000	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 benefit from this project is to the consumers of behavioral health services information from the ease of access to this mental health information. Navigation of the website is simpler because of the consolidation of all the mental health data and resources. Additional benefits are derived by the state agencies providing services to clients because of the features that facilitate the easy uploading and maintenance of the website's content.

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: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	46	Project Name:	Kinship Navigator Program

PROJECT DESCRIPTION

General Information

This project funds enhanced system improvements and training for the 2-1-1 Texas system to better serve Kin in the state of Texas. Providing these services provides a foundation for a Kinship Navigator program in Texas. The goal of the Texas Kinship Navigator Program and the enhanced services from HHSC 2-1-1 is to strengthen, streamline, and expand the network of services and supports that are available to Texas's kinship caregivers and their families. The program provides information and referrals, phone support, and access to basic needs, medical information, transportation, childcare, respite, and financial assistance to all kinship families in Texas.

PLCS Tracking Key N/A
Number of Units / Average Unit Cost N/A
Estimated Completion Date 1/31/2020

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$425,319	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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: Strengthens the 2-1-1 Texas system infrastructure (equipment and security) which allows for continued service to kinship related calls. Also enhances call specialists' cultural competency and their ability to handle kinship related calls more efficiently and effectively.

Project Location: Statewide

Beneficiaries: 2-1-1 Texas system staff and citizens

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: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	5005	Category Name:	ACQUISITN INFO RES TECH.
Project number:	47	Project Name:	HCBS – AMH Automation

PROJECT DESCRIPTION

General Information

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 treatment providers in a single system. The HCBS-AMH program is one of two programs currently operating under the Special Projects purview. The HCBS-AMH program proposes HHSC automate program business processes and requirements for client data collection and service delivery, integrating it with other Mental Health (MH) client data in CMBHS.

PLCS Tracking Key N/A
Number of Units / Average Unit Cost N/A
Estimated Completion Date 11/30/2020

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$1,001,105	
Length of Financing/ Lease Period	N/A	

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 allows Local Mental Health Authority/Local Behavioral Health Authority (LMHA/LBHA) and State Hospital (SH) staff to enter required client and treatment information for the Home and Community Based Services (HCBS) program to facilitate the delivery of mental health services for clients who qualify. CMBHS is the current system used by Health and Human Services (HHSC) to support client delivery of mental health and substance use services and is the targeted system for this project.

Project Location: Statewide

Beneficiaries: CMBHS System

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:	SUD Data Warehouse

PROJECT DESCRIPTION

General Information

New data warehouse for the Clinical Management for Behavioral Health Services (CMBHS) system including a data dictionary which currently does not exist. This allows for quicker and more reliable access to accurate, consistent and efficient service-related information that facilitates data analysis and data reporting for the Intellectual and Developmental Disabilities (IDD) group and Behavioral Health Services (BHS) Office of Decision Support (ODS).

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	3/31/2022

Additional Capital Expenditure Amounts Required		2024	2025
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	10 years		
Estimated/Actual Project Cost	\$431,344		
Length of Financing/ Lease Period	N/A		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
	2022	2023	2024	2025	
	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: Needed to complete goals of the Statewide Behavioral Health Strategic Plan. Efficiency, accuracy, and consistency of reporting will be improved, analysts currently are required to attempt to produce reports on data for which there is no data dictionary. Additionally, the data warehouse responsiveness and productivity are beneficial, which avoids the effort required to spend time manipulating data manually to produce needed outputs.

Project Location: Statewide

Beneficiaries: CMBHS System

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:	49	Project Name:	Behavioral Health Service Mgmt Sys

PROJECT DESCRIPTION

General Information

This project supports functionality to meet contract requirements for Behavioral Health Services including but not limited to processing of claims and invoices using the Grant Exception process. The modifications allow for administrative efficiencies that includes a reduction in the number of contracts required to be processed by combining existing contracts as well as several other contract management administrative efficiencies.

PLCS Tracking Key N/A
Number of Units / Average Unit Cost N/A
Estimated Completion Date 8/31/2021

Additional Capital Expenditure Amounts Required		2024	2025
		0	0
Type of Financing	CA	CURRENT APPROPRIATIONS	
Projected Useful Life	10 years		
Estimated/Actual Project Cost	\$566,468		
Length of Financing/ Lease Period	N/A		

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
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 comply with Rider 64 of the 86th Legislative Session to reduce the substance abuse treatment waitlist for pregnant women and women with dependent children.

Project Location: Statewide

Beneficiaries: HHSC staff and providers

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:	50	Project Name:	COVID Network Upgrades

PROJECT DESCRIPTION

General Information

The onset of COVID-19 in early 2020 resulted in numerous required expedited changes to the HHSC network environment to support a substantial increase of remote teleworkers that included HHS staff as well as for contracted vendors and service providers. COVID-19 resulted in a substantial increase of external bad actor attempts to breach HHSC cyber security protections. These increased attempts required deploying additional security equipment, increasing processing capabilities and deploying new security services and features to fight off the daily attempts to breach security measures and access confidential agency and client data. Network services had to work with Department of Information Resources (DIR) and AT&T to increase Internet access and Microsoft O365 Azure bandwidth.

The project components include:

- Additional Virtual Private Network (VPN) firewalls and modules for capacity expansion and redundant site capabilities to ensure business continuity for teleworkers performing critical agency program functions.
- New 5260 Next Generation Firewalls (NGFW), Intrusion Protection Service systems (IPS), and M600 management system solutions.
- New perimeter security 9332 and ACI bundle switches from Cisco to improve processing capabilities and support for up to 50,000 VPN users.

PLCS Tracking Key	N/A
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	9/30/2020

Additional Capital Expenditure Amounts Required	2024	2025
	0	0
Type of Financing	CA CURRENT APPROPRIATIONS	
Projected Useful Life	10 years	
Estimated/Actual Project Cost	\$1,000,000	
Length of Financing/ Lease Period	N/A	

ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS

	2022	2023	2024	2025	Total over project life
	0	0	0	0	0

5.B. Capital Budget Project Information
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:25:08PM

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

Explanation: The project was undertaken on an emergency basis in response to the COVID-19 pandemic under the direction and approval of HHS executive management. This resulted in numerous required changes to support a substantial increase of remote teleworkers that included HHS staff as well as for contracted vendors and service providers. Network Services was directed to architect and expand VPN capabilities.

Project Location: Statewide

Beneficiaries: HHS staff and providers

Frequency of Use and External Factors Affecting Use:
Daily

5.B. Capital Budget Project Information
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
 TIME: 3:25:08PM

Agency Code:	529	Agency name:	Health and Human Services Commission
Category Number:	9500	Category Name:	Legacy Modernization
Project number:	51	Project Name:	Stabilize E-Discovery

PROJECT DESCRIPTION

General Information

Proposed 2022-2023 Biennium Exceptional Item to implement a Health and Human Services (HHS) e-discovery solution that provides a unified and efficient approach to all stages of the e-discovery process. The Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) are parties to lawsuits filed in state and federal courts. During the discovery phase of such litigation, each party has an obligation to identify, preserve, collect, analyze, and produce all documents and information that may be relevant, including electronically stored information (ESI). HHS Legal Services and E-Discovery Services (EDS) teams collaborate closely with the Office of the Attorney General (OAG) to ensure the HHS Agencies' compliance with such obligations. The electronic discovery (e-discovery) process often requires the collection and analysis of significant volumes of ESI created by a multitude of agency employees/contractors across many different departments and spanning multiple years.

The project provides HHS with a digital management system with the advantages of a hybrid technology model for the handling and processing of ESI. This hybrid technology model will use both cloud computing to effectively and efficiently address ESI requirements for the purposes of litigation, public information requests, and investigations, and e-discovery. The project allows HHS to properly perform investigations and respond to public information requests that collectively require voluminous amounts of ESI to be identified, culled, vetted, reviewed, analyzed, and produced. As data volumes and complexity continue to increase, a higher performing e-discovery solution with expanded functionalities is required for HHS to efficiently and effectively fulfill their statutory responsibilities.

PLCS Tracking Key	PCLS_87R_529_591326
Number of Units / Average Unit Cost	N/A
Estimated Completion Date	8/31/2023
Additional Capital Expenditure Amounts Required	
	2024
	1,815,000
	2025
	1,996,500
Type of Financing	CA CURRENT APPROPRIATIONS
Projected Useful Life	10 years
Estimated/Actual Project Cost	\$7,150,000
Length of Financing/ Lease Period	N/A

<u>ESTIMATED/ACTUAL DEBT OBLIGATION PAYMENTS</u>					Total over project life
2022	2023	2024	2025		
0	0	0	0		0

<u>REVENUE GENERATION / COST SAVINGS</u>		
<u>REVENUE COST FLAG</u>	<u>MOF CODE</u>	<u>AVERAGE AMOUNT</u>

5.B. Capital Budget Project Information
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/26/2020
TIME: 3:25:08PM

Explanation: Currently, HHS Legal Services and EDS staff are constrained by tools that lack the optimal efficiencies and environment scalability necessary to meet the e-discovery and ESI processing demands of large-scale or complex lawsuits or investigations or voluminous requests for public information. Incomplete or missing data from a case can cost the state sanctions and/or court case losses. Some cases impact citizens based on how we abide by the case outcomes.

Project Location: Statewide

Beneficiaries: HHS staff

Frequency of Use and External Factors Affecting Use:

Daily

6.A. Historically Underutilized Business Supporting Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Date: **10/2/2020**
 Time: **8:38:30AM**

Agency Code: **529** Agency: **Health and Human Services Commission**

COMPARISON TO STATEWIDE HUB PROCUREMENT GOALS

A. Fiscal Year - HUB Expenditure Information

Statewide HUB Goals	Procurement Category	% Goal	HUB Expenditures FY 2018			Total Expenditures FY 2018		HUB Expenditures FY 2019			Total Expenditures FY 2019
			% Actual	Diff	Actual \$	% Goal	% Actual	Diff	Actual \$	FY 2019	
11.2%	Heavy Construction	11.2 %	10.5%	-0.7%	\$56,969	\$542,637	11.2 %	19.1%	7.9%	\$133,136	\$695,747
21.1%	Building Construction	21.1 %	0.0%	-21.1%	\$14	\$58,398	21.1 %	0.0%	-21.1%	\$0	\$788,506
32.9%	Special Trade	32.9 %	28.3%	-4.6%	\$9,631,809	\$33,975,809	32.9 %	22.7%	-10.2%	\$3,840,436	\$16,943,848
23.7%	Professional Services	23.7 %	3.6%	-20.1%	\$1,585,686	\$43,523,362	23.7 %	4.5%	-19.2%	\$2,606,066	\$57,768,269
26.0%	Other Services	26.0 %	16.5%	-9.5%	\$143,609,751	\$868,415,065	26.0 %	12.7%	-13.3%	\$102,857,337	\$812,645,830
21.1%	Commodities	21.1 %	15.1%	-6.0%	\$24,256,930	\$161,065,635	21.1 %	14.2%	-6.9%	\$23,768,474	\$167,821,783
	Total Expenditures		16.2%		\$179,141,159	\$1,107,580,906		12.6%		\$133,205,449	\$1,056,663,983

B. Assessment of Fiscal Year - Efforts to Meet HUB Procurement Goals

Attainment:

1. The agency did not attain or exceed any of the six (6) applicable procurement category agency HUB goals in Fiscal Year 2018.
2. The agency did attain or exceed one (1) of the six (6) applicable procurement category agency HUB goals in Fiscal Year 2019.
3. During the fiscal year 2018 and 2019 the Health and Human Services Commission (HHSC) spent \$179,141,159 (or 16.17%) and \$133,205,49 (or 12.61%) of its total expenditures, respectively with HUBs.

Applicability:

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 overall goals in any of the six (6) categories in FY 2018 and only attained the overall HUB goal for the "Heavy Construction" category in FY 2019. However, the agency achieved success in FY 2018 and FY 2019 in meeting or exceeding the HUB goals in certain sub categories. Some of the factors attributing to HUB goal non-attainment is the direct contracting with non-profit organizations for medical related services in the "Professional and Other Services" categories. The low number of certified HUBs that provide these type of services is also a contributing factor.

In addition, the agency's spend for pharmaceuticals, which are purchased directly from the manufacturers also greatly impacts the agency's HUB utilization percentages. For both FY 2018 and FY 2019 medical supplies spend was approximately 33% of all expenditures in the "Commodities" category.

However, the agency achieved success in FY 2018 and FY 2019 in meeting or exceeding the HUB goals in certain sub categories.

"Good-Faith" Efforts:

6.A. Historically Underutilized Business Supporting Schedule
87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: **10/2/2020**
Time: **8:38:30AM**

Agency Code: **529** Agency: **Health and Human Services Commission**

In addition to adopting and administering the Texas Comptroller's of Public Accounts Texas Administrative Code Rules, HHS developed a HUB Reform Plan as well as a Business Plan that outlines strategies for increasing HUB utilization. The plan addresses reinforcing HUB Subcontracting Plan (HSP) compliance and reporting, implementing an aggressive training program to both staff and vendors, as well as developing target marketing strategies for promoting awareness of procurement opportunities available to HUB businesses in a direct and indirect capacity.

**6.B. Current Biennium Onetime Expenditure Schedule
Summary of Onetime Expenditures**

Agency Code:	Agency Name:	Prepared By:	Date:
529	Health and Human Services Commission	Justin Pickens	10/09/2020

Projects	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
Deferred Maintenance at State Hospitals and State Supported Living Centers	\$ 208,816,277	\$ -	\$ 208,816,277	\$ -
Fleet Operations	\$ 8,070,000	\$ -	\$ -	\$ -
HHS Telecom Technology Upgrade	\$ 4,511,159	\$ 1,820,434	\$ -	\$ -
Criminal Background Checks	\$ 878,329	\$ -	\$ 87,833	\$ 87,833
Fair Hearings Decision Accessibility	\$ 101,744	\$ -	\$ -	\$ -
Regional Laundry Equipment	\$ 1,973,500	\$ -	\$ -	\$ -
Equipment for State Hospitals	\$ 1,840,000	\$ -	\$ -	\$ -
Database of Hospital Financial and Payment Information	\$ 400,000	\$ -	\$ -	\$ -
SBHCC Behavioral Health Data Share	\$ 435,265	\$ -	\$ -	\$ -
Mobile Stroke Units	\$ 500,000	\$ 500,000	\$ -	\$ -
BEST Program - HHSC Rider 126	\$ 100,000	\$ -	\$ -	\$ -
Total, All Projects	\$ 227,526,274	\$ 2,320,434	\$ 208,904,110	\$ 87,833

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: Deferred Maintenance at State Hospitals and State Supported Living Centers ALLOCATION TO STRATEGY: G.4.2	2022-23 PROJECT: Deferred Maintenance at State Hospitals and State Supported Living Centers ALLOCATION TO STRATEGY: G.4.2
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
Object of Expense:						
G.4.2	2001	Professional Fees and Services	\$100,231,813	\$0	\$50,115,907	\$0
G.4.2	2009	Other Operating Expenses	\$77,262,022	\$0	\$38,631,011	
G.4.2	5000	Capital Expenditures	\$31,322,442	\$0	\$120,069,359	
Total, Object of Expense			\$208,816,277	\$0	\$208,816,277	\$0
Method of Financing:						
G.4.2	8226	MLPP Revenue Bond Proceeds	\$208,816,277	\$0	\$208,816,277	\$0
Total, Method of Financing			\$208,816,277	\$0	\$208,816,277	\$0

Project Description for the 2020-21 Biennium: The Health and Human Services Commission received \$208,816,277 in the 2020-21 biennium for Deferred Maintenance at State Hospitals and State Supported Living Centers.
Project Description and Allocation Purpose for the 2022-23 Biennium: The Health and Human Services Commission allocated \$208,816,277 for the Deferred Maintenance at State Hospitals and State Supported Living Centers in 2022-23.

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: Fleet Operations ALLOCATION TO STRATEGY: G.4.1 & L.2.1	2022-23 PROJECT: Fleet Operations ALLOCATION TO STRATEGY: G.4.1
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
Object of Expense:						
G.4.1	5000	Capital Expenditures	\$7,850,000	\$0	\$0	\$0
L.2.1	5000	Capital Expenditures	\$220,000			
Total, Object of Expense			\$8,070,000	\$0	\$0	\$0
Method of Financing:						
G.4.1	0001	General Revenue Fund	\$7,850,000	\$0	\$0	\$0
L.2.1	0001	General Revenue Fund	\$220,000			
Total, Method of Financing			\$8,070,000	\$0	\$0	\$0

Project Description for the 2020-21 Biennium:
The Health and Human Services Commission received \$8,070,000 in the 2020-21 biennium for Fleet Operations.

Project Description and Allocation Purpose for the 2022-23 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: HHS Telecom Technology Upgrade ALLOCATION TO STRATEGY: L.1.2	2022-23 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
Object of Expense:						
L.1.2	2001	Professional Fees and Services	\$4,511,159	\$1,799,487	\$0	\$0
L.1.2	2009	Other Operating Expenses	\$0	\$20,947	\$0	\$0
Total, Object of Expense			\$4,511,159	\$1,820,434	\$0	\$0
Method of Financing:						
L.1.2	0555	Federal Funds - CFDA 10.557.001	\$15,879	\$7,937	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 10.561.000	\$134,072	\$54,103	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.044.000	\$992	\$400	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.045.000	\$1,083	\$437	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.052.000	\$226	\$91	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.558.000	\$5,910	\$2,385	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.658.050	\$2,481	\$0	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.667.000	\$18,451	\$7,446	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.767.000	\$34,014	\$13,726	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.777.000	\$15,112	\$6,098	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.777.005	\$3,383	\$1,365	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.778.000	\$620,690	\$250,474	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.778.003	\$360,712	\$145,562	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.788.000	\$1,308	\$0	\$0	\$0
L.1.2	0555	Federal Funds - CFDA 93.796.000	\$9,970	\$4,023	\$0	\$0
L.1.2	0001	General Revenue Fund	\$925,058	\$373,298	\$0	\$0
L.1.2	0758	GR Match for Medicaid	\$364,051	\$146,909	\$0	\$0
L.1.2	8010	GR Match for Title XXI (CHIP)	\$6,045	\$2,440	\$0	\$0
L.1.2	8014	GR Match for Food Stamp Administration	\$134,072	\$54,103	\$0	\$0
L.1.2	8032	GR Certified as Match for Medicaid	\$402,395	\$162,383	\$0	\$0
L.1.2	0777	Interagency Contracts	\$1,455,255	\$587,254	\$0	\$0
Total, Method of Financing			\$4,511,159	\$1,820,434	\$0	\$0

Project Description for the 2020-21 Biennium:
The Health and Human Services Commission received \$6,331,593 in the 2020-21 biennium for HHS Telecom Technology Upgrade.

Project Description and Allocation Purpose for the 2022-23 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: Criminal Background Checks ALLOCATION TO STRATEGY: L.1.2	2022-23 PROJECT: Ongoing IT Operating Expenses to support Criminal Background Checks ALLOCATION TO STRATEGY: L.1.2
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
L.1.2	2001	Object of Expense: Professional Fees and Services	\$878,329	\$0	\$87,833	\$87,833
		Total, Object of Expense	\$878,329	\$0	\$87,833	\$87,833
		Method of Financing:				
L.1.2	0001	General Revenue Fund	\$878,329	\$0	\$87,833	\$87,833
		Total, Method of Financing	\$878,329	\$0	\$87,833	\$87,833

Project Description for the 2020-21 Biennium:
The Health and Human Services Commission received \$878,329 in the 2020-21 biennium for Criminal Background Checks.

Project Description and Allocation Purpose for the 2022-23 Biennium:
The Health and Human Services Commission allocated \$175,666 for ongoing Information Technology Operating Expenses to support Criminal Background Checks in 2022-23.

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: Fair Hearings Decision Accessibility ALLOCATION TO STRATEGY: I.3.1	2022-23 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
I.3.1	2001	Object of Expense: Professional Fees and Services	\$101,744	\$0	\$0	\$0
		Total, Object of Expense	\$101,744	\$0	\$0	\$0
		Method of Financing:				
I.3.1	0555	Federal Funds - CFDA 10.561.000	\$20,241	\$0	\$0	\$0
I.3.1	0555	Federal Funds - CFDA 93.558.000	\$2,991	\$0	\$0	\$0
I.3.1	0555	Federal Funds - CFDA 93.667.000	\$112	\$0	\$0	\$0
I.3.1	0555	Federal Funds - CFDA 93.778.003	\$28,550	\$0	\$0	\$0
I.3.1	0001	General Revenue Fund	\$1,060	\$0	\$0	\$0
I.3.1	0758	GR Match for Medicaid	\$28,550	\$0	\$0	\$0
I.3.1	8014	GR Match for Food Stamp Administration	\$20,240	\$0	\$0	\$0
		Total, Method of Financing	\$101,744	\$0	\$0	\$0

Project Description for the 2020-21 Biennium:
The Health and Human Services Commission received \$101,744 in the 2020-21 biennium for Fair Hearings Decision Accessibility.

Project Description and Allocation Purpose for the 2022-23 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: Regional Laundry Equipment ALLOCATION TO STRATEGY: G.4.1	2022-23 PROJECT: Regional Laundry Equipment ALLOCATION TO STRATEGY: G.4.1
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
G.4.1	5000	Object of Expense: Capital Expenditures	\$1,973,500	\$0	\$0	\$0
		Total, Object of Expense	\$1,973,500	\$0	\$0	\$0
		Method of Financing:				
G.4.1	0001	General Revenue Fund	\$1,973,500	\$0	\$0	\$0
		Total, Method of Financing	\$1,973,500	\$0	\$0	\$0

Project Description for the 2020-21 Biennium:
The Health and Human Services Commission received \$1,973,500 in the 2020-21 biennium for Regional Laundry Equipment.

Project Description and Allocation Purpose for the 2022-23 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: Equipment for State Hospitals ALLOCATION TO STRATEGY: G.2.1	2022-23 PROJECT: State Hospitals Operating Expenses ALLOCATION TO STRATEGY: G.2.1
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
Object of Expense:						
G.2.1	2009	Other Operating Expenses	\$0	\$0	\$0	\$0
G.2.1	5000	Capital Expenditures	\$1,840,000	\$0	\$0	\$0
Total, Object of Expense			\$1,840,000	\$0	\$0	\$0
Method of Financing:						
G.2.1	0001	General Revenue Fund	\$1,840,000	\$0	\$0	\$0
Total, Method of Financing			\$1,840,000	\$0	\$0	\$0

Project Description for the 2020-21 Biennium:
The Health and Human Services Commission received \$1,840,000 in the 2020-21 biennium for Equipment for State Hospitals.

Project Description and Allocation Purpose for the 2022-23 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: Database of Hospital Financial and Payment Information ALLOCATION TO STRATEGY: B.1.1	2022-23 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
Object of Expense:						
B.1.1	2001	Professional Fees and Services	\$400,000	\$0	\$0	\$0
Total, Object of Expense			\$400,000	\$0	\$0	\$0
Method of Financing:						
B.1.1	8062	Appropriated Receipts - Match for Medicaid	\$200,000	\$0	\$0	\$0
B.1.1	0555	Federal Funds	\$200,000	\$0	\$0	\$0
Total, Method of Financing			\$400,000	\$0	\$0	\$0

Project Description for the 2020-21 Biennium:
The Health and Human Services Commission received \$400,000 in the 2020-21 biennium for Database of Hospital Financial and Payment Information.

Project Description and Allocation Purpose for the 2022-23 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: SBHCC Behavioral Health Data Share ALLOCATION TO STRATEGY: L.1.2	2022-23 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
L.1.2	2001	Object of Expense: Professional Fees and Services	\$435,265	\$0	\$0	\$0
		Total, Object of Expense	\$435,265	\$0	\$0	\$0
		Method of Financing:				
L.1.2	0001	General Revenue Fund	\$435,265	\$0	\$0	\$0
		Total, Method of Financing	\$435,265	\$0	\$0	\$0

Project Description for the 2020-21 Biennium:
The Health and Human Services Commission received \$435,265 in the 2020-21 biennium for SBHCC Behavioral Health Data Share.

Project Description and Allocation Purpose for the 2022-23 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: Mobile Stroke Units ALLOCATION TO STRATEGY: D.1.10	2022-23 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
D.1.10	3001	Object of Expense: Client Services	\$500,000	\$500,000	\$0	\$0
		Total, Object of Expense	\$500,000	\$500,000	\$0	\$0
		Method of Financing:				
D.1.10	0001	General Revenue Fund	\$500,000	\$500,000	\$0	\$0
		Total, Method of Financing	\$500,000	\$500,000	\$0	\$0

Project Description for the 2020-21 Biennium:
The Health and Human Services Commission received \$1,000,000 in the 2020-21 biennium for Mobile Stroke Units.

Project Description and Allocation Purpose for the 2022-23 Biennium:

**6.B. Current Biennium Onetime Expenditure Schedule
Strategy Allocation from 2020-21 Biennium to 2022-23 Biennium**

Agency Code: 529	Agency Name: Health and Human Services Commission	Prepared By: Justin Pickens	Date: 10/09/2020
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2020-21 PROJECT: BEST Program - HHSC Rider 126 ALLOCATION TO STRATEGY: F.2.2	2022-23 PROJECT: ALLOCATION TO STRATEGY:
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Strategy Code	OOE/MOF Code	Strategy Allocation	Estimated 2020	Budgeted 2021	Requested 2022	Requested 2023
F.2.2	3001	Object of Expense: Client Services	\$100,000		\$0	\$0
		Total, Object of Expense	\$100,000	\$0	\$0	\$0
		Method of Financing:				
F.2.2	0001	General Revenue Fund	\$100,000	\$0	\$0	\$0
		Total, Method of Financing	\$100,000	\$0	\$0	\$0

Project Description for the 2020-21 Biennium:
Pursuant to HHSC Rider 126 (86th GAA) the Health and Human Services Commission carried forward \$100,000 from AY2019 to AY2020 for the BEST Program.

Project Description and Allocation Purpose for the 2022-23 Biennium:

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
10.535.000	SNAP Recipient Integrity Education					
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	0	331,409	200,000	314,920	314,920
TOTAL, ALL STRATEGIES		\$0	\$331,409	\$200,000	\$314,920	\$314,920
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$0	\$331,409	\$200,000	\$314,920	\$314,920
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
10.545.000	SNAP Farmers' Markets Program					
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	0	75,000	0	0	0
TOTAL, ALL STRATEGIES		\$0	\$75,000	\$0	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$0	\$75,000	\$0	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
10.557.001	SPECIAL SUPPL FOOD WIC					
5 - 1 - 2	PROVIDE WIC SERVICES	400,500,149	552,849,385	552,850,877	552,850,877	552,850,877
7 - 4 - 1	FACILITY PROGRAM SUPPORT	0	1,459	1,565	1,505	1,505
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	0	18,982	19,877	19,877	19,877
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	18,258	4,999	4,940	19,569	19,386
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	54,541	29,093	33,148	28,843	28,843
11 - 1 - 2	OIG ADMINISTRATIVE SUPPORT	29,546	59,927	65,097	61,493	61,493
12 - 1 - 1	HHS SYSTEM SUPPORTS	454,340	427,220	464,091	653,343	653,343
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	1,616,783	2,035,911	1,965,692	1,952,595	1,925,203
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	276,665	335,019	348,710	304,415	304,415
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	304	347	331	335	296

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$402,950,586	\$555,762,342	\$555,754,328	\$555,892,852	\$555,865,238
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$402,950,586	\$555,762,342	\$555,754,328	\$555,892,852	\$555,865,238
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
10.557.013	Breastfeeding Peer Counseling					
5 - 1 - 2	PROVIDE WIC SERVICES	8,274,742	10,220,102	10,220,102	10,220,102	10,220,102
	TOTAL, ALL STRATEGIES	\$8,274,742	\$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	\$8,274,742	\$10,220,102	\$10,220,102	\$10,220,102	\$10,220,102
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
10.559.000	Summer Food Service Prog					
5 - 1 - 2	PROVIDE WIC SERVICES	47,292	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	0	150	0	0	0
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	1	0	0	0	0
	TOTAL, ALL STRATEGIES	\$47,293	\$150	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$47,293	\$150	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
10.561.000	State Admin Match SNAP					
7 - 4 - 1	FACILITY PROGRAM SUPPORT	0	12,311	13,209	12,693	12,693
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	126,284,240	129,751,887	129,689,703	119,450,387	119,454,039
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	18,485,577	20,535,775	20,797,941	19,625,432	19,625,432
9 - 3 - 2	TIERS CAPITAL PROJECTS	9,329,148	11,237,228	11,100,870	11,373,737	11,750,964
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	3,792,693	3,777,975	3,963,313	3,614,139	3,614,139
11 - 1 - 2	OIG ADMINISTRATIVE SUPPORT	814,121	1,144,354	1,193,215	1,181,525	1,181,525
12 - 1 - 1	HHS SYSTEM SUPPORTS	5,268,887	5,411,620	5,817,865	7,244,622	7,239,673

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	21,512,330	14,974,599	14,732,014	13,443,455	13,303,129
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	2,398,863	2,927,291	3,050,309	2,583,832	2,583,832
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	818,952	925,082	890,345	936,789	841,031
	TOTAL, ALL STRATEGIES	\$188,704,811	\$190,698,122	\$191,248,784	\$179,466,611	\$179,606,457
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$188,704,811	\$190,698,122	\$191,248,784	\$179,466,611	\$179,606,457
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
10.578.000	WGS: Elec Benefits Trnsfr -Stimulus					
5 - 1 - 2	PROVIDE WIC SERVICES	40,051	456,593	0	0	0
	TOTAL, ALL STRATEGIES	\$40,051	\$456,593	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$40,051	\$456,593	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
16.575.000	Crime Victims Assistance					
5 - 1 - 3	DISASTER ASSISTANCE	316,833	1,703,162	580,550	0	0
	TOTAL, ALL STRATEGIES	\$316,833	\$1,703,162	\$580,550	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$316,833	\$1,703,162	\$580,550	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
84.027.000	Special Education_Grants					
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

6.C. Federal Funds Supporting Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
84.126.000	Rehabilitation Services_V					
12 - 1 - 1	HHS SYSTEM SUPPORTS	27,909	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	1,412	69	0	0	0
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	2	0	0	0	0
TOTAL, ALL STRATEGIES		\$29,323	\$69	\$0	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$29,323	\$69	\$0	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
84.181.000	Special Education Grants					
4 - 1 - 3	ECI SERVICES	43,283,518	48,323,990	52,690,005	51,854,395	52,690,004
4 - 1 - 4	ECI RESPITE & QUALITY ASSURANCE	1,445,666	2,109,827	2,030,966	2,030,966	2,030,966
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	0	964	973	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	95,615	2,845	2,845	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	147,242	26,057	0	0	0
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	93	133,583	133,583	0	0
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	0	7	7	0	0
TOTAL, ALL STRATEGIES		\$44,972,134	\$50,597,273	\$54,858,379	\$53,885,361	\$54,720,970
ADDL FED FNDS FOR EMPL BENEFITS		386,797	502,943	502,943	502,943	502,943
TOTAL, FEDERAL FUNDS		\$45,358,931	\$51,100,216	\$55,361,322	\$54,388,304	\$55,223,913
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.041.000	Prevention of Elder Abuse					
6 - 1 - 2	NON-MEDICAID SERVICES	19,483	20,726	20,726	21,032	21,032
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	230,731	253,249	273,775	253,249	253,249

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$250,214	\$273,975	\$294,501	\$274,281	\$274,281
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$250,214	\$273,975	\$294,501	\$274,281	\$274,281
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.042.000	Long Term Care Ombudsman					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	1,127,941	1,128,970	1,011,210	1,128,970	1,128,970
	TOTAL, ALL STRATEGIES	\$1,127,941	\$1,128,970	\$1,011,210	\$1,128,970	\$1,128,970
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,127,941	\$1,128,970	\$1,011,210	\$1,128,970	\$1,128,970
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.042.119	COVID19 Aging/Title VII/ LTC Omb Svs					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	0	500,000	500,000	0	0
	TOTAL, ALL STRATEGIES	\$0	\$500,000	\$500,000	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$500,000	\$500,000	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.043.000	Disease Prevention and Health Promo					
6 - 1 - 2	NON-MEDICAID SERVICES	1,647,836	1,653,691	1,653,691	1,653,691	1,653,691
	TOTAL, ALL STRATEGIES	\$1,647,836	\$1,653,691	\$1,653,691	\$1,653,691	\$1,653,691
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,647,836	\$1,653,691	\$1,653,691	\$1,653,691	\$1,653,691
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.044.000	Grants for Supportive Services					
6 - 1 - 2	NON-MEDICAID SERVICES	13,069,385	12,472,299	12,472,299	12,472,299	12,472,299
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	16,241,977	16,098,013	16,046,782	16,046,557	16,046,557

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	578	160	160	1,309	1,309
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	30,678	139,994	40,487	40,487
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	11,125	42,904	42,572	99,388	99,060
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	101,994	114,444	114,444	537,484	537,484
TOTAL, ALL STRATEGIES		\$29,425,059	\$28,758,498	\$28,816,251	\$29,197,524	\$29,197,196
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$29,425,059	\$28,758,498	\$28,816,251	\$29,197,524	\$29,197,196
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.044.119	COV19 Aging/Title III B/Grants Prgm					
6 - 1 - 2	NON-MEDICAID SERVICES	0	3,403,217	5,104,826	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	0	1,249,197	3,747,590	0	0
TOTAL, ALL STRATEGIES		\$0	\$4,652,414	\$8,852,416	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$0	\$4,652,414	\$8,852,416	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.045.000	Nutrition Services					
6 - 1 - 2	NON-MEDICAID SERVICES	36,233,379	35,733,208	35,733,208	35,455,208	35,455,208
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	7,074,865	8,497,360	8,693,542	8,971,107	8,971,107
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	731	203	203	1,255	1,255
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	28,050	17,735	39,835	39,835
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	17,137	54,636	54,211	95,752	95,432
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	203,250	226,262	226,262	88,221	88,221

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$43,529,362	\$44,539,719	\$44,725,161	\$44,651,378	\$44,651,058
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$43,529,362	\$44,539,719	\$44,725,161	\$44,651,378	\$44,651,058
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.045.119	COV19 Special Prgms Aging Title III					
6 - 1 - 2	NON-MEDICAID SERVICES	0	21,391,651	23,984,579	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	0	810,289	2,430,870	0	0
	TOTAL, ALL STRATEGIES	\$0	\$22,201,940	\$26,415,449	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$22,201,940	\$26,415,449	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.048.000	Discretionary Projects					
6 - 1 - 2	NON-MEDICAID SERVICES	0	100,000	100,000	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	0	224,889	215,395	215,395	215,395
	TOTAL, ALL STRATEGIES	\$0	\$324,889	\$315,395	\$215,395	\$215,395
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$324,889	\$315,395	\$215,395	\$215,395
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.048.119	COV19 Special Prgms Aging IV & II					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	0	1,500,000	1,500,000	0	0
	TOTAL, ALL STRATEGIES	\$0	\$1,500,000	\$1,500,000	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$1,500,000	\$1,500,000	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.051.000	Alzheimer's Disease Demo Grants Pgm					

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	312,459	0	0	0	0
TOTAL, ALL STRATEGIES		\$312,459	\$0	\$0	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$312,459	\$0	\$0	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM					
6 - 1 - 2	NON-MEDICAID SERVICES	7,488,051	6,616,063	6,616,062	6,616,062	6,616,062
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	4,267,001	4,695,170	4,738,416	4,738,326	4,738,326
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	153	44	44	270	270
12 - 1 - 1	HHS SYSTEM SUPPORTS	3	9,194	3,922	8,392	8,392
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	4,423	11,898	11,804	20,280	20,231
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	44,666	49,095	49,095	17,544	17,544
TOTAL, ALL STRATEGIES		\$11,804,297	\$11,381,464	\$11,419,343	\$11,400,874	\$11,400,825
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$11,804,297	\$11,381,464	\$11,419,343	\$11,400,874	\$11,400,825
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.052.119	COV19 Nat Fam Caregiver Supp III E					
6 - 1 - 2	NON-MEDICAID SERVICES	0	1,013,105	1,519,656	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	0	974,911	2,924,736	0	0
TOTAL, ALL STRATEGIES		\$0	\$1,988,016	\$4,444,392	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$0	\$1,988,016	\$4,444,392	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.053.000	Nutrition Services Incentive Pgm					
6 - 1 - 2	NON-MEDICAID SERVICES	11,183,533	11,565,487	11,565,487	11,565,487	11,565,487

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$11,183,533	\$11,565,487	\$11,565,487	\$11,565,487	\$11,565,487
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$11,183,533	\$11,565,487	\$11,565,487	\$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	336,333	362,429	362,429	362,429	362,429
	TOTAL, ALL STRATEGIES	\$336,333	\$362,429	\$362,429	\$362,429	\$362,429
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$336,333	\$362,429	\$362,429	\$362,429	\$362,429
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.071.001	MIPPA Priority Area 3 ADRs					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	318,629	818,730	823,861	820,857	820,857
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	119	29	29	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	70	0	0	0	0
	TOTAL, ALL STRATEGIES	\$318,818	\$818,759	\$823,890	\$820,857	\$820,857
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$318,818	\$818,759	\$823,890	\$820,857	\$820,857
	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	489,883	456,771	456,771	456,771	456,771
	TOTAL, ALL STRATEGIES	\$489,883	\$456,771	\$456,771	\$456,771	\$456,771
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$489,883	\$456,771	\$456,771	\$456,771	\$456,771
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.104.000	Comprehensive Community M					

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
12	- 1 - 1 HHS SYSTEM SUPPORTS	1,921,349	3,294,371	3,299,122	2,316,233	2,316,233
	TOTAL, ALL STRATEGIES	\$1,921,349	\$3,294,371	\$3,299,122	\$2,316,233	\$2,316,233
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,921,349	\$3,294,371	\$3,299,122	\$2,316,233	\$2,316,233
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.150.000	Projects for Assistance					
4	- 2 - 1 COMMUNITY MENTAL HEALTH SVCS-ADI	4,458,633	4,991,603	4,991,125	4,991,125	4,991,125
9	- 3 - 1 TIERS & ELIGIBILITY SUPPORT TECH	85	0	0	0	0
12	- 1 - 2 IT OVERSIGHT & PROGRAM SUPPORT	54	0	0	0	0
	TOTAL, ALL STRATEGIES	\$4,458,772	\$4,991,603	\$4,991,125	\$4,991,125	\$4,991,125
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$4,458,772	\$4,991,603	\$4,991,125	\$4,991,125	\$4,991,125
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.235.000	ABSTINENCE EDUCATION					
4	- 1 - 12 ABSTINENCE EDUCATION	3,872,972	6,906,881	6,918,948	6,918,948	6,918,948
9	- 3 - 1 TIERS & ELIGIBILITY SUPPORT TECH	459	0	0	0	0
12	- 1 - 1 HHS SYSTEM SUPPORTS	0	0	0	6,817	6,817
12	- 1 - 2 IT OVERSIGHT & PROGRAM SUPPORT	204	0	0	0	0
	TOTAL, ALL STRATEGIES	\$3,873,635	\$6,906,881	\$6,918,948	\$6,925,765	\$6,925,765
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$3,873,635	\$6,906,881	\$6,918,948	\$6,925,765	\$6,925,765
	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	0	736,000	778,208	778,822	778,822
4	- 2 - 3 COMMUNITY MENTAL HEALTH CRISIS SV	0	1,402,561	1,567,277	1,567,277	1,567,277
4	- 2 - 4 SUBSTANCE ABUSE SERVICES	2,837,130	1,931,594	2,071,746	1,931,590	1,931,590

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	289	0	0	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	1,971,719	2,040,476	2,044,841	1,912,482	1,912,482
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	183	0	0	0	0
	TOTAL, ALL STRATEGIES	\$4,809,321	\$6,110,631	\$6,462,072	\$6,190,171	\$6,190,171
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$4,809,321	\$6,110,631	\$6,462,072	\$6,190,171	\$6,190,171
	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	163,346	166,221	166,221	166,221	166,221
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	102	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	64	0	0	0	0
	TOTAL, ALL STRATEGIES	\$163,512	\$166,221	\$166,221	\$166,221	\$166,221
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$163,512	\$166,221	\$166,221	\$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	2,655,255	1,924,867	2,165,146	1,897,034	1,897,034
	TOTAL, ALL STRATEGIES	\$2,655,255	\$1,924,867	\$2,165,146	\$1,897,034	\$1,897,034
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$2,655,255	\$1,924,867	\$2,165,146	\$1,897,034	\$1,897,034
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.369.000	Independent Living_State					
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	45,477	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$45,477	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$45,477	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.369.001	Independent Living_State_Rehab					
6 - 2 - 1	INDEPENDENT LIVING SERVICES	1,550,001	1,550,001	1,550,001	1,550,001	1,550,001
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	106,317	0	0	0	0
	TOTAL, ALL STRATEGIES	\$1,656,318	\$1,550,001	\$1,550,001	\$1,550,001	\$1,550,001
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,656,318	\$1,550,001	\$1,550,001	\$1,550,001	\$1,550,001
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.434.000	ESSA Preschool Development Grants					
4 - 1 - 3	ECI SERVICES	16,074	199,973	0	0	0
	TOTAL, ALL STRATEGIES	\$16,074	\$199,973	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$16,074	\$199,973	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.498.119	COVID19 Provider Relief Fund					
7 - 1 - 1	STATE SUPPORTED LIVING CENTERS	0	0	8,141,816	0	0
7 - 2 - 1	MENTAL HEALTH STATE HOSPITALS	0	11,373,567	0	0	0
	TOTAL, ALL STRATEGIES	\$0	\$11,373,567	\$8,141,816	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$11,373,567	\$8,141,816	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.558.000	Temp AssistNeedy Families					

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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	14,366,449	13,781,686	15,000,000	15,000,000	15,000,000
5	- 1 - 1 TANF (CASH ASSISTANCE) GRANTS	6,603,641	4,848,655	4,993,727	3,271,903	3,296,122
6	- 3 - 3 ADDITIONAL ADVOCACY PROGRAMS	239,542	239,542	239,542	239,542	239,542
9	- 1 - 1 INTEGRATED ELIGIBILITY & ENROLLMEN	6,267,637	5,380,612	5,528,390	5,334,569	5,334,530
9	- 3 - 1 TIERS & ELIGIBILITY SUPPORT TECH	1,636,312	1,153,532	1,150,476	1,153,532	1,153,532
9	- 3 - 2 TIERS CAPITAL PROJECTS	322,511	358,760	359,196	310,306	320,884
11	- 1 - 1 OFFICE OF INSPECTOR GENERAL	436,845	182,055	181,536	62,758	62,758
11	- 1 - 2 OIG ADMINISTRATIVE SUPPORT	0	0	0	53,888	53,888
12	- 1 - 1 HHS SYSTEM SUPPORTS	396,499	413,435	407,860	413,435	407,860
12	- 1 - 2 IT OVERSIGHT & PROGRAM SUPPORT	564,630	721,275	674,621	721,275	674,621
12	- 2 - 1 CENTRAL PROGRAM SUPPORT	147,778	148,495	148,411	148,495	148,411
12	- 2 - 2 REGIONAL PROGRAM SUPPORT	166,095	47,030	42,031	42,153	37,076
TOTAL, ALL STRATEGIES		\$34,147,939	\$30,275,077	\$31,725,790	\$29,751,856	\$29,729,224
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$34,147,939	\$30,275,077	\$31,725,790	\$29,751,856	\$29,729,224
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.558.667	TANF to Title XX					
4	- 1 - 1 WOMEN'S HEALTH PROGRAMS	3,192,336	3,481,050	3,481,050	3,481,050	3,481,050
4	- 2 - 1 COMMUNITY MENTAL HEALTH SVCS-ADI	4,365,721	4,558,479	4,558,478	4,558,478	4,558,478
4	- 2 - 2 COMMUNITY MENTAL HLTH SVCS-CHILD	8,737,396	8,892,844	8,892,844	8,892,844	8,892,844
6	- 3 - 1 FAMILY VIOLENCE SERVICES	11,002,361	11,002,361	11,002,361	11,002,360	11,002,360
7	- 2 - 1 MENTAL HEALTH STATE HOSPITALS	3,574,220	3,574,220	3,574,220	3,574,220	3,574,220
9	- 1 - 1 INTEGRATED ELIGIBILITY & ENROLLMEN	0	146,551	146,551	146,551	146,551
12	- 1 - 1 HHS SYSTEM SUPPORTS	0	1,505	1,409	1,505	1,409
12	- 1 - 2 IT OVERSIGHT & PROGRAM SUPPORT	403	11,587	6,689	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	0	109	102	0	0
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	520	0	0	0	0
	TOTAL, ALL STRATEGIES	\$30,872,957	\$31,668,706	\$31,663,704	\$31,657,008	\$31,656,912
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$30,872,957	\$31,668,706	\$31,663,704	\$31,657,008	\$31,656,912
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.575.000	ChildCareDevFnd Blk Grant					
8 - 2 - 1	CHILD CARE REGULATION	14,937,266	23,012,646	23,018,274	23,018,274	23,018,274
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	6,827	32,452	26,853	0	0
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	0	316	287	0	0
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	238,959	1,866,642	1,866,642	340,307	340,307
	TOTAL, ALL STRATEGIES	\$15,183,052	\$24,912,056	\$24,912,056	\$23,358,581	\$23,358,581
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$15,183,052	\$24,912,056	\$24,912,056	\$23,358,581	\$23,358,581
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.658.050	Foster Care Title IV-E Admin @ 50%					
7 - 4 - 1	FACILITY PROGRAM SUPPORT	0	227	0	0	0
8 - 2 - 1	CHILD CARE REGULATION	2,242,410	2,003,253	1,983,070	1,458,330	1,458,330
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	3,026	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	1,857	258,070	0	0	0
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	12,235	18,921	817	4,587	4,587
	TOTAL, ALL STRATEGIES	\$2,259,528	\$2,280,471	\$1,983,887	\$1,462,917	\$1,462,917
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$2,259,528	\$2,280,471	\$1,983,887	\$1,462,917	\$1,462,917
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants					

6.C. Federal Funds Supporting Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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	3,266,042	3,266,042	3,266,042	3,266,042	3,266,042
4 - 2 - 3	COMMUNITY MENTAL HEALTH CRISIS SV	1,637,636	1,637,636	1,637,636	1,637,636	1,637,636
6 - 1 - 1	GUARDIANSHIP	7,223,952	7,223,953	7,223,952	7,223,953	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	1,055,289	1,055,289	1,055,289	1,055,289
7 - 4 - 1	FACILITY PROGRAM SUPPORT	6,779	6,779	6,779	6,779	6,779
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	3,424,363	3,424,363	3,424,363	3,424,363	3,424,363
8 - 2 - 1	CHILD CARE REGULATION	971,645	971,086	971,086	971,086	971,086
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	55	0	0	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	5,459,567	4,839,456	4,861,401	4,861,401	4,861,401
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	53,057	4,752	4,752	4,752	4,752
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	22	0	0	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	236,998	478,620	478,620	478,620	478,620
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	827,611	1,390,305	1,372,819	1,390,305	1,372,819
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	568,061	357,840	357,802	357,840	357,802
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	88,228	111,852	99,986	115,615	103,795
TOTAL, ALL STRATEGIES		\$95,261,693	\$95,211,649	\$95,204,203	\$95,237,357	\$95,208,012
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$95,261,693	\$95,211,649	\$95,204,203	\$95,237,357	\$95,208,012
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.671.000	Family Violence Preventio					
6 - 3 - 1	FAMILY VIOLENCE SERVICES	6,514,941	6,706,736	6,706,736	6,706,736	6,706,736

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$6,514,941	\$6,706,736	\$6,706,736	\$6,706,736	\$6,706,736
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$6,514,941	\$6,706,736	\$6,706,736	\$6,706,736	\$6,706,736
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.671.119	COV19 Fam Violence Prev & Srvs/Dom					
6 - 3 - 1	FAMILY VIOLENCE SERVICES	0	745,981	2,268,803	0	0
	TOTAL, ALL STRATEGIES	\$0	\$745,981	\$2,268,803	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$745,981	\$2,268,803	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.687.000	Maternal Opioid Misuse Model					
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	0	0	749,999	996,612	872,308
	TOTAL, ALL STRATEGIES	\$0	\$0	\$749,999	\$996,612	\$872,308
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$0	\$749,999	\$996,612	\$872,308
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.752.001	Texas Cancer Prevention and Control					
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	0	16	0	0	0
	TOTAL, ALL STRATEGIES	\$0	\$16	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$0	\$16	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.767.000	CHIP					
2 - 1 - 2	CHIP CONTRACTS & ADMINISTRATION	8,769,248	14,203,752	15,843,794	11,527,267	13,099,274
3 - 1 - 1	CHIP	467,128,212	550,003,098	430,439,193	378,028,464	382,382,056

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
3	- 1 - 2 CHIP PERINATAL SERVICES	163,852,484	157,636,949	114,044,638	98,790,780	98,319,714
3	- 1 - 3 CHIP PRESCRIPTION DRUGS	153,974,820	178,776,036	142,100,317	105,364,166	107,021,648
3	- 1 - 4 CHIP DENTAL SERVICES	105,228,791	115,984,911	96,062,890	68,504,324	69,745,563
4	- 1 - 10 ADDITIONAL SPECIALTY CARE	6,730	117,980	71,091	71,091	71,091
7	- 4 - 1 FACILITY PROGRAM SUPPORT	0	3,137	3,394	4,490	4,490
9	- 1 - 1 INTEGRATED ELIGIBILITY & ENROLLMEN	25,845,997	21,451,247	21,656,005	19,364,399	19,365,063
9	- 3 - 1 TIERS & ELIGIBILITY SUPPORT TECH	4,467,440	4,216,577	3,989,252	4,007,845	4,007,845
9	- 3 - 2 TIERS CAPITAL PROJECTS	1,739,997	2,088,425	2,040,602	2,204,472	2,279,779
11	- 1 - 1 OFFICE OF INSPECTOR GENERAL	406,192	330,493	381,875	366,479	366,479
11	- 1 - 2 OIG ADMINISTRATIVE SUPPORT	84,072	138,016	132,579	150,519	150,519
12	- 1 - 1 HHS SYSTEM SUPPORTS	1,524,771	1,606,024	1,459,567	1,731,865	1,731,173
12	- 1 - 2 IT OVERSIGHT & PROGRAM SUPPORT	3,410,065	3,876,278	3,746,070	3,278,687	3,243,686
12	- 2 - 1 CENTRAL PROGRAM SUPPORT	673,767	740,326	766,229	642,428	642,428
12	- 2 - 2 REGIONAL PROGRAM SUPPORT	218,792	227,384	188,756	225,693	198,280
TOTAL, ALL STRATEGIES		\$937,331,378	\$1,051,400,633	\$832,926,252	\$694,262,969	\$702,629,088
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$937,331,378	\$1,051,400,633	\$832,926,252	\$694,262,969	\$702,629,088
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.767.778	CHIP for Medicaid (EFMAP)					
1	- 1 - 3 PREGNANT WOMEN	1,275,252	718,842	617,566	651,363	654,207
1	- 1 - 4 OTHER ADULTS	184,093	107,401,325	112,679,625	112,497,463	113,117,581
1	- 1 - 5 CHILDREN	306,825,656	315,774,394	292,829,123	316,403,001	306,428,273
1	- 1 - 6 MEDICAID PRESCRIPTION DRUGS	107,517,016	100,468,052	92,561,226	120,567,075	117,719,912
1	- 1 - 7 HEALTH STEPS (EPSDT) DENTAL	108,038,143	97,501,813	87,611,198	83,250,588	80,298,283
1	- 1 - 8 MEDICAL TRANSPORTATION	74	3,367,860	3,089,946	3,017,866	2,910,746
1	- 4 - 1 NON-FULL BENEFIT PAYMENTS	13,036,335	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$536,876,569	\$625,232,286	\$589,388,684	\$636,387,356	\$621,129,002
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$536,876,569	\$625,232,286	\$589,388,684	\$636,387,356	\$621,129,002
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.777.000	State Survey and Certific					
7 - 4 - 1	FACILITY PROGRAM SUPPORT	1,479	0	0	0	0
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	19,233,501	21,932,272	23,666,306	23,416,062	23,416,062
8 - 3 - 1	HEALTH CARE PROFESSIONALS & OTHER	242,630	239,082	272,575	165,687	165,687
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	0	54,836	61,378	62,139	62,139
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	36,247	0	18,415	17,541	17,541
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	47,751	26,659	30,184	25,901	25,901
11 - 1 - 2	OIG ADMINISTRATIVE SUPPORT	0	53,558	58,277	55,258	55,258
12 - 1 - 1	HHS SYSTEM SUPPORTS	634,765	441,448	483,490	591,230	591,230
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	1,300,336	1,599,555	1,548,864	1,328,893	1,324,842
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	302,390	392,640	417,835	360,986	360,986
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	77,002	97,596	78,570	86,536	73,959
	TOTAL, ALL STRATEGIES	\$21,876,101	\$24,837,646	\$26,635,894	\$26,110,233	\$26,093,605
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$21,876,101	\$24,837,646	\$26,635,894	\$26,110,233	\$26,093,605
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.777.002	SURVEY & CERT @ 75%					
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	500,659	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$500,659	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$500,659	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.777.003	CLINICAL LAB AMEND PROGRAM					
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	1,050,674	1,431,201	1,535,864	1,567,182	1,567,182
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	0	87	87	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	146	1,722	1,742	0	0
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	545	1,149	333	0	0
	TOTAL, ALL STRATEGIES	\$1,051,365	\$1,434,159	\$1,538,026	\$1,567,182	\$1,567,182
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,051,365	\$1,434,159	\$1,538,026	\$1,567,182	\$1,567,182
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.777.005	HEALTH INSURANCE BENEFITS					
7 - 4 - 1	FACILITY PROGRAM SUPPORT	0	305	0	4,082	4,082
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	4,535,518	4,952,469	5,338,621	5,389,718	5,389,718
8 - 3 - 1	HEALTH CARE PROFESSIONALS & OTHER	10,188	9,907	165,687	0	0
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	0	16,274	18,215	19,139	19,139
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	7,850	6,671	4,009	0	0
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	10,436	5,734	6,493	0	0
11 - 1 - 2	OIG ADMINISTRATIVE SUPPORT	0	11,663	12,690	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	149,545	83,680	91,165	157,054	157,054
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	281,379	347,354	335,542	381,050	375,207
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	68,220	90,301	96,714	0	0
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	11,168	12,399	12,316	21,469	19,915

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$5,074,304	\$5,536,757	\$6,081,452	\$5,972,512	\$5,965,115
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$5,074,304	\$5,536,757	\$6,081,452	\$5,972,512	\$5,965,115
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.778.000	XIX FMAP					
1 - 1 - 1	AGED AND MEDICARE-RELATED	2,999,602,088	3,833,832,795	3,882,907,141	3,382,159,138	3,410,007,244
1 - 1 - 2	DISABILITY-RELATED	3,725,302,036	4,588,438,942	4,995,319,421	4,677,126,180	4,674,972,523
1 - 1 - 3	PREGNANT WOMEN	593,780,810	800,328,700	841,070,874	723,693,297	717,267,060
1 - 1 - 4	OTHER ADULTS	402,374,097	356,761,996	380,381,778	373,440,600	354,337,331
1 - 1 - 5	CHILDREN	3,345,647,425	4,116,269,431	4,459,439,598	4,420,603,212	4,303,159,213
1 - 1 - 6	MEDICAID PRESCRIPTION DRUGS	2,142,631,526	2,505,697,102	2,680,421,973	2,253,568,754	2,206,350,905
1 - 1 - 7	HEALTH STEPS (EPSDT) DENTAL	632,365,476	719,062,868	760,419,880	670,546,884	644,505,369
1 - 1 - 8	MEDICAL TRANSPORTATION	93,497,684	112,985,309	120,019,719	112,555,734	109,311,762
1 - 2 - 1	COMMUNITY ATTENDANT SERVICES	475,095,745	554,694,562	541,020,761	578,246,251	597,231,814
1 - 2 - 2	PRIMARY HOME CARE	6,394,060	9,508,108	9,000,314	8,619,877	8,712,182
1 - 2 - 3	DAY ACTIVITY & HEALTH SERVICES	4,496,123	5,468,415	5,329,111	5,259,328	5,341,442
1 - 2 - 4	NURSING FACILITY PAYMENTS	182,792,385	221,788,494	217,797,651	223,696,165	223,582,437
1 - 2 - 5	MEDICARE SKILLED NURSING FACILITY	24,163,288	32,932,547	33,984,198	30,664,238	30,644,521
1 - 2 - 6	HOSPICE	161,097,339	189,677,061	187,838,128	184,018,342	187,913,089
1 - 2 - 7	INTERMEDIATE CARE FACILITIES - IID	138,242,519	171,156,444	171,554,587	168,231,338	168,149,417
1 - 3 - 1	HOME AND COMMUNITY-BASED SERVICE	648,093,112	863,485,752	798,125,193	802,253,622	802,332,332
1 - 3 - 2	COMMUNITY LIVING ASSISTANCE (CLAS)	180,260,600	223,053,237	202,273,528	205,866,987	205,788,390
1 - 3 - 3	DEAF-BLIND MULTIPLE DISABILITIES	9,233,340	11,987,011	11,797,656	11,720,953	11,715,724
1 - 3 - 4	TEXAS HOME LIVING WAIVER	71,269,471	81,708,935	76,676,707	67,681,987	67,637,246
1 - 3 - 5	ALL-INCLUSIVE CARE - ELDERLY (PACE)	24,379,545	29,080,314	27,374,639	27,376,761	27,364,442
1 - 4 - 1	NON-FULL BENEFIT PAYMENTS	374,601,471	269,429,387	340,019,580	302,512,658	302,733,373

6.C. Federal Funds Supporting Schedule

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		529 Health and Human Services Commission					
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023	
1	- 4 - 2	MEDICARE PAYMENTS	742,916,490	996,549,258	952,541,064	945,956,598	961,719,985
1	- 4 - 3	TRANSFORMATION PAYMENTS	70,663,304	20,994,731	21,311,945	21,310,101	21,308,945
4	- 1 - 1	WOMEN'S HEALTH PROGRAMS	0	11,474,076	18,270,771	24,432,380	24,863,330
4	- 2 - 5	BEHAVIORAL HLTH WAIVER & AMENDME	9,783,512	28,038,680	28,038,678	28,038,678	28,038,678
7	- 1 - 1	STATE SUPPORTED LIVING CENTERS	381,240,231	392,691,473	409,056,817	401,284,387	398,342,655
7	- 2 - 1	MENTAL HEALTH STATE HOSPITALS	929,911	1,462,740	1,462,740	1,462,740	1,462,740
7	- 3 - 1	OTHER FACILITIES	1,825,571	1,063,507	1,065,824	1,001,183	1,001,183
7	- 4 - 1	FACILITY PROGRAM SUPPORT	2,816,427	5,352,862	4,840,288	5,168,345	5,168,345
9	- 2 - 1	LONG-TERM CARE INTAKE & ACCESS	42,237,209	50,050,440	51,186,535	50,718,659	50,718,659
9	- 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	241,310	204,438	221,611	218,554	218,554
11	- 1 - 1	OFFICE OF INSPECTOR GENERAL	715,961	709,805	771,125	801,172	801,172
11	- 1 - 2	OIG ADMINISTRATIVE SUPPORT	54,708	76,800	123,607	124,924	124,924
12	- 1 - 1	HHS SYSTEM SUPPORTS	3,028,740	4,817,205	4,729,755	5,649,568	5,654,257
12	- 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	10,528,634	18,703,079	16,869,261	15,796,780	15,781,646
12	- 2 - 1	CENTRAL PROGRAM SUPPORT	577,437	691,122	722,838	621,867	621,867
12	- 2 - 2	REGIONAL PROGRAM SUPPORT	5,737	6,861	6,752	7,885	7,275
TOTAL, ALL STRATEGIES		\$17,502,885,322	\$21,230,234,487	\$22,253,992,048	\$20,732,436,127	\$20,574,892,031	
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0	
TOTAL, FEDERAL FUNDS		\$17,502,885,322	\$21,230,234,487	\$22,253,992,048	\$20,732,436,127	\$20,574,892,031	
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0	
93.778.002	MEDICAID REIMBURSE ADMIN						
9	- 2 - 1	LONG-TERM CARE INTAKE & ACCESS	247,243	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, ALL STRATEGIES		\$247,243	\$0	\$0	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$247,243	\$0	\$0	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.778.003	XIX 50%					
1 - 1 - 8	MEDICAL TRANSPORTATION	129,327	164,500	164,500	156,379	151,978
1 - 2 - 4	NURSING FACILITY PAYMENTS	36,988	67,956	67,956	45,000	45,000
1 - 4 - 3	TRANSFORMATION PAYMENTS	0	46,981	46,981	46,981	46,981
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	115,201,804	121,726,823	124,030,987	113,822,736	113,786,586
4 - 1 - 1	WOMEN'S HEALTH PROGRAMS	0	567,354	1,189,467	1,270,718	1,271,609
4 - 1 - 3	ECI SERVICES	5,394,426	4,900,939	5,097,744	4,647,317	4,706,610
4 - 1 - 4	ECI RESPITE & QUALITY ASSURANCE	550,000	550,000	550,000	550,000	550,000
4 - 1 - 5	CHILDREN'S BLINDNESS SERVICES	1,081,427	1,006,539	1,006,538	1,006,538	1,006,538
4 - 1 - 10	ADDITIONAL SPECIALTY CARE	35,955	1,337,777	1,361,296	1,022,665	1,022,667
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	385,851	576,864	664,899	664,899	664,899
4 - 2 - 2	COMMUNITY MENTAL HLTH SVCS-CHILD	646,187	741,032	745,063	745,063	745,063
4 - 2 - 5	BEHAVIORAL HLTH WAIVER & AMENDME	1,289,985	1,448,520	1,495,912	1,495,912	1,495,912
4 - 3 - 2	COUNTY INDIGENT HEALTH CARE SVCS	24,196	47,732	47,732	47,732	47,732
7 - 4 - 1	FACILITY PROGRAM SUPPORT	36,050	34,745	37,362	45,064	45,064
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	7,297,150	8,113,220	8,585,752	8,146,840	8,146,840
8 - 1 - 2	LTC QUALITY OUTREACH	1,178,691	1,396,087	1,405,398	1,166,734	1,166,734
8 - 3 - 1	HEALTH CARE PROFESSIONALS & OTHER	131,502	134,140	120,996	120,996	120,996
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	32,716,624	30,451,750	29,815,431	27,718,996	27,718,995
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	26,004,809	28,058,064	29,517,890	27,303,730	27,303,730
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	1,077,851	620,524	689,091	700,292	700,292
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	8,888,082	10,260,724	10,758,461	9,119,716	9,119,716

6.C. Federal Funds Supporting Schedule

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Automated Budget and Evaluation System of Texas (ABEST)

		529 Health and Human Services Commission					
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023	
11	- 1 - 2	OIG ADMINISTRATIVE SUPPORT	2,132,583	3,306,824	1,300,907	3,405,198	3,405,198
12	- 1 - 1	HHS SYSTEM SUPPORTS	19,003,289	21,718,713	23,870,074	20,779,414	20,768,502
12	- 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	34,096,804	41,208,595	39,535,733	39,656,135	39,425,668
12	- 2 - 1	CENTRAL PROGRAM SUPPORT	5,216,652	7,523,759	7,810,689	8,344,257	8,344,257
12	- 2 - 2	REGIONAL PROGRAM SUPPORT	1,959,518	2,247,537	2,130,116	2,372,963	2,116,565
TOTAL, ALL STRATEGIES		\$264,515,751	\$288,257,699	\$292,046,975	\$274,402,275	\$273,924,132	
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0	
TOTAL, FEDERAL FUNDS		\$264,515,751	\$288,257,699	\$292,046,975	\$274,402,275	\$273,924,132	
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0	
93.778.004	XIX ADM @ 75%						
2	- 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	107,296,491	137,616,739	141,306,093	140,768,192	140,133,347
8	- 1 - 2	LTC QUALITY OUTREACH	1,832,834	1,586,480	1,587,198	1,584,654	1,584,654
9	- 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	200,597,456	182,075,763	193,523,624	180,614,207	180,614,207
9	- 2 - 1	LONG-TERM CARE INTAKE & ACCESS	5,991,321	5,357,345	6,082,249	6,817,336	6,817,336
9	- 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	29,566,808	37,929,919	38,255,395	40,712,056	40,712,056
9	- 3 - 2	TIERS CAPITAL PROJECTS	13,561,800	16,195,179	15,734,711	16,171,010	16,749,471
11	- 1 - 1	OFFICE OF INSPECTOR GENERAL	4,518,038	884,702	1,887,807	784,081	784,081
11	- 1 - 2	OIG ADMINISTRATIVE SUPPORT	136	3,045,587	4,846,210	4,842,214	4,842,214
12	- 1 - 1	HHS SYSTEM SUPPORTS	204,006	647,312	719,909	0	0
12	- 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	2,367,780	3,792,204	3,579,756	1,667,953	1,667,953
TOTAL, ALL STRATEGIES		\$365,936,670	\$389,131,230	\$407,522,952	\$393,961,703	\$393,905,319	
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0	
TOTAL, FEDERAL FUNDS		\$365,936,670	\$389,131,230	\$407,522,952	\$393,961,703	\$393,905,319	
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0	
93.778.005	XIX FMAP @ 90%						
1	- 1 - 1	AGED AND MEDICARE-RELATED	45,335	9,720	9,351	8,282	8,404

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
1 - 1 - 2	DISABILITY-RELATED	56,600	48,667	46,816	41,467	42,079
1 - 1 - 3	PREGNANT WOMEN	19,405,237	17,843,046	17,766,701	14,874,794	14,921,846
1 - 1 - 4	OTHER ADULTS	6,526,314	6,816,062	7,289,316	7,466,421	7,114,458
1 - 1 - 5	CHILDREN	7,168,783	8,285,443	9,161,250	10,082,317	9,588,919
1 - 1 - 6	MEDICAID PRESCRIPTION DRUGS	8,441,256	14,220,787	15,360,384	14,795,387	14,422,119
1 - 4 - 1	NON-FULL BENEFIT PAYMENTS	5,484	0	0	0	0
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	17,507,685	25,800,180	38,621,493	29,986,238	29,206,758
4 - 1 - 1	WOMEN'S HEALTH PROGRAMS	0	17,948,223	34,812,614	42,353,601	43,421,026
9 - 1 - 1	INTEGRATED ELIGIBILITY & ENROLLMEN	243,009	556,825	886,433	879,587	886,433
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	6,276,556	4,628,443	4,799,948	4,650,053	4,650,053
9 - 3 - 2	TIERS CAPITAL PROJECTS	2,935,947	4,255,802	4,383,922	4,425,011	4,547,056
11 - 1 - 2	OIG ADMINISTRATIVE SUPPORT	812,887	1,778,652	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	3,076,568	4,808,933	5,996,074	2,547,658	2,047,361
TOTAL, ALL STRATEGIES		\$72,501,661	\$107,000,783	\$139,134,302	\$132,110,816	\$130,856,512
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$72,501,661	\$107,000,783	\$139,134,302	\$132,110,816	\$130,856,512
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.778.007	XIX ADM @ 100					
1 - 4 - 2	MEDICARE PAYMENTS	61,974,347	70,609,265	76,383,879	84,059,608	90,457,213
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	66,518,775	60,450,000	75,450,000	75,450,000	75,450,000
TOTAL, ALL STRATEGIES		\$128,493,122	\$131,059,265	\$151,833,879	\$159,509,608	\$165,907,213
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$128,493,122	\$131,059,265	\$151,833,879	\$159,509,608	\$165,907,213
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.778.009	SHARS					
1 - 4 - 1	NON-FULL BENEFIT PAYMENTS	1,119,725,098	734,654,886	303,086,853	715,289,732	715,289,732

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,119,725,098	\$734,654,886	\$303,086,853	\$715,289,732	\$715,289,732
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.778.013	XIX FMAP TCM					
4 - 1 - 3	ECI SERVICES	7,536,406	8,644,689	8,801,403	8,131,266	8,230,990
	TOTAL, ALL STRATEGIES	\$7,536,406	\$8,644,689	\$8,801,403	\$8,131,266	\$8,230,990
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$7,536,406	\$8,644,689	\$8,801,403	\$8,131,266	\$8,230,990
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.778.014	Medicaid - Stimulus					
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	10,092,904	51,549,686	51,284,946	46,592,579	46,592,579
	TOTAL, ALL STRATEGIES	\$10,092,904	\$51,549,686	\$51,284,946	\$46,592,579	\$46,592,579
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$10,092,904	\$51,549,686	\$51,284,946	\$46,592,579	\$46,592,579
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.778.018	XIX Medicaid - SST					
4 - 1 - 3	ECI SERVICES	20,724,548	23,336,599	23,375,074	21,976,242	22,245,766
	TOTAL, ALL STRATEGIES	\$20,724,548	\$23,336,599	\$23,375,074	\$21,976,242	\$22,245,766
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$20,724,548	\$23,336,599	\$23,375,074	\$21,976,242	\$22,245,766
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.779.000	Health Care Financing Res					
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	8,555	0	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$8,555	\$0	\$0	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$8,555	\$0	\$0	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.788.000	Opioid STR					
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	13,289	0	0	0	0
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	565,321	2,093,145	4,058,793	2,068,168	2,068,168
4 - 2 - 3	COMMUNITY MENTAL HEALTH CRISIS SV	120,478	325,000	325,000	325,000	325,000
4 - 2 - 4	SUBSTANCE ABUSE SERVICES	32,414,068	67,967,510	52,171,902	49,800,845	49,800,845
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	578	0	0	0	0
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	3,810	0	0	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	113,329	1,607,971	0	0	0
	TOTAL, ALL STRATEGIES	\$33,230,873	\$71,993,626	\$56,555,695	\$52,194,013	\$52,194,013
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$33,230,873	\$71,993,626	\$56,555,695	\$52,194,013	\$52,194,013
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.791.000	Money Follows Person Reblncng Demo					
1 - 1 - 1	AGED AND MEDICARE-RELATED	12,335,855	0	0	8,763,300	8,639,180
1 - 1 - 2	DISABILITY-RELATED	4,085,907	0	0	2,211,300	2,179,980
1 - 3 - 1	HOME AND COMMUNITY-BASED SERVICE	5,127,753	5,787,765	5,787,765	5,787,765	5,787,765
4 - 2 - 1	COMMUNITY MENTAL HEALTH SVCS-ADI	1,474,150	5,095,910	5,178,001	5,178,001	5,178,001
7 - 1 - 1	STATE SUPPORTED LIVING CENTERS	527,697	639,333	0	872,352	872,352
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	3,956,494	14,600,992	14,058,933	14,058,933	14,058,933
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	0	3,057	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	0	3,079	3,778	0	0
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	3,133	140	143	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$27,510,989	\$26,127,219	\$25,031,677	\$36,871,651	\$36,716,211
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$27,510,989	\$26,127,219	\$25,031,677	\$36,871,651	\$36,716,211
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.796.000	Survey & Certification TitleXIX 75%					
2 - 1 - 1	MEDICAID CONTRACTS & ADMINISTRATI	0	0	0	0	0
7 - 4 - 1	FACILITY PROGRAM SUPPORT	0	0	0	2,927	2,927
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	18,119,055	19,653,017	21,358,287	21,132,867	21,132,867
8 - 3 - 1	HEALTH CARE PROFESSIONALS & OTHER	40,972	39,565	48,085	48,085	48,085
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	63,147	68,447	76,613	77,611	77,611
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	35,115	4,040	4,040	25,037	25,037
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	48,612	27,076	30,657	28,728	28,728
11 - 1 - 2	OIG ADMINISTRATIVE SUPPORT	0	54,622	59,434	61,290	61,290
12 - 1 - 1	HHS SYSTEM SUPPORTS	1,296,562	1,222,987	1,802,388	1,980,613	1,980,613
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	1,596,151	1,999,442	1,748,390	1,818,832	1,622,631
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	324,212	423,828	451,946	420,622	420,622
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	14,463	107,960	91,397	108,792	97,333
	TOTAL, ALL STRATEGIES	\$21,538,289	\$23,600,984	\$25,671,237	\$25,705,404	\$25,497,744
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$21,538,289	\$23,600,984	\$25,671,237	\$25,705,404	\$25,497,744
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.898.000	Cancer Prevention & Control Program					
4 - 1 - 1	WOMEN'S HEALTH PROGRAMS	5,209,847	6,004,457	6,004,457	6,004,457	6,004,457
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	0	5,397	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, ALL STRATEGIES		\$5,209,847	\$6,009,854	\$6,004,457	\$6,004,457	\$6,004,457
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$5,209,847	\$6,009,854	\$6,004,457	\$6,004,457	\$6,004,457
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	27,876,302	51,605,210	50,601,696	44,105,422	44,105,422
4 - 2 - 2	COMMUNITY MENTAL HLTH SVCS-CHILD	2,300,990	16,000,324	22,721,661	13,456,833	13,456,833
4 - 2 - 4	SUBSTANCE ABUSE SERVICES	334,220	954,166	954,166	954,166	954,166
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	459	116	116	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	0	1,204	10,740	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	280	130,354	130,081	6,001	4,766
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	0	13,262	13,262	0	0
TOTAL, ALL STRATEGIES		\$30,512,251	\$68,704,636	\$74,431,722	\$58,522,422	\$58,521,187
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$30,512,251	\$68,704,636	\$74,431,722	\$58,522,422	\$58,521,187
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
93.959.000	Block Grants for Prevent					
4 - 2 - 4	SUBSTANCE ABUSE SERVICES	144,814,336	145,431,498	144,736,685	144,142,286	144,142,286
8 - 1 - 1	FACILITY/COMMUNITY-BASED REGULAT	526,971	533,126	574,205	562,388	562,388
8 - 3 - 1	HEALTH CARE PROFESSIONALS & OTHER	165,797	195,913	0	0	0
9 - 3 - 1	TIERS & ELIGIBILITY SUPPORT TECH	7,548	0	0	0	0
12 - 1 - 1	HHS SYSTEM SUPPORTS	6,224	20,374	5,318	0	0
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	4,082	15,500	15,514	61,319	48,699
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	8	43	43	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
	TOTAL, ALL STRATEGIES	\$145,524,966	\$146,196,454	\$145,331,765	\$144,765,993	\$144,753,373
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$145,524,966	\$146,196,454	\$145,331,765	\$144,765,993	\$144,753,373
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.982.000	Mental Health Disaster A					
5 - 1 - 3	DISASTER ASSISTANCE	1,623,874	1,124,208	224,992	0	0
	TOTAL, ALL STRATEGIES	\$1,623,874	\$1,124,208	\$224,992	\$0	\$0
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,623,874	\$1,124,208	\$224,992	\$0	\$0
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
93.994.000	Maternal and Child Healt					
4 - 1 - 7	CHILDREN WITH SPECIAL NEEDS	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000
4 - 1 - 8	TITLE V DNTL & HLTH SVCS	5,952,589	7,152,458	7,152,458	7,152,458	7,152,458
	TOTAL, ALL STRATEGIES	\$11,952,589	\$13,152,458	\$13,152,458	\$13,152,458	\$13,152,458
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$11,952,589	\$13,152,458	\$13,152,458	\$13,152,458	\$13,152,458
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
94.011.000	Foster Grandparent Progra					
9 - 2 - 1	LONG-TERM CARE INTAKE & ACCESS	1,755,446	1,974,367	1,932,072	1,932,072	1,932,072
	TOTAL, ALL STRATEGIES	\$1,755,446	\$1,974,367	\$1,932,072	\$1,932,072	\$1,932,072
	ADDL FED FNDS FOR EMPL BENEFITS	0	0	0	0	0
	TOTAL, FEDERAL FUNDS	\$1,755,446	\$1,974,367	\$1,932,072	\$1,932,072	\$1,932,072
	ADDL GR FOR EMPL BENEFITS	\$0	\$0	\$0	\$0	\$0
96.001.000	Social Security Disability Ins					
10 - 1 - 1	DISABILITY DETERMINATION SVCS (DDS)	100,925,320	105,693,691	105,689,732	105,873,182	105,873,182

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
11 - 1 - 1	OFFICE OF INSPECTOR GENERAL	229,556	127,142	143,956	9,054	9,054
11 - 1 - 2	OIG ADMINISTRATIVE SUPPORT	133,688	256,236	278,801	51,342	51,342
12 - 1 - 1	HHS SYSTEM SUPPORTS	1,780,227	1,415,728	1,548,046	289,656	289,640
12 - 1 - 2	IT OVERSIGHT & PROGRAM SUPPORT	926,006	1,396,455	1,473,892	1,471,872	1,363,943
12 - 2 - 1	CENTRAL PROGRAM SUPPORT	1,374,988	1,797,102	1,662,134	1,243,005	1,243,005
12 - 2 - 2	REGIONAL PROGRAM SUPPORT	12,057	12,222	13,198	12,857	12,857
TOTAL, ALL STRATEGIES		\$105,381,842	\$110,698,576	\$110,809,759	\$108,950,968	\$108,843,023
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$105,381,842	\$110,698,576	\$110,809,759	\$108,950,968	\$108,843,023
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
97.032.000	Crisis Counseling					
5 - 1 - 3	DISASTER ASSISTANCE	3,875,760	1,449,245	0	0	0
TOTAL, ALL STRATEGIES		\$3,875,760	\$1,449,245	\$0	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$3,875,760	\$1,449,245	\$0	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
97.032.119	COV19 Crisis Counseling					
5 - 1 - 3	DISASTER ASSISTANCE	0	133,820	5,728,709	0	0
TOTAL, ALL STRATEGIES		\$0	\$133,820	\$5,728,709	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$0	\$133,820	\$5,728,709	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
97.050.000	Indvdl. & Househld Other Needs					
5 - 1 - 3	DISASTER ASSISTANCE	1,590,867	10,360,484	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, ALL STRATEGIES		\$1,590,867	\$10,360,484	\$0	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$1,590,867	\$10,360,484	\$0	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0
97.088.000	Case Management Pilot					
5 - 1 - 3	DISASTER ASSISTANCE	19,542,979	21,919,148	0	0	0
TOTAL, ALL STRATEGIES		\$19,542,979	\$21,919,148	\$0	\$0	\$0
ADDL FED FNDS FOR EMPL BENEFITS		0	0	0	0	0
TOTAL, FEDERAL FUNDS		\$19,542,979	\$21,919,148	\$0	\$0	\$0
ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
<u>SUMMARY LISTING OF FEDERAL PROGRAM AMOUNTS</u>						
10.535.000	SNAP Recipient Integrity Education	0	331,409	200,000	314,920	314,920
10.545.000	SNAP Farmers' Markets Program	0	75,000	0	0	0
10.557.001	SPECIAL SUPPL FOOD WIC	402,950,586	555,762,342	555,754,328	555,892,852	555,865,238
10.557.013	Breastfeeding Peer Counseling	8,274,742	10,220,102	10,220,102	10,220,102	10,220,102
10.559.000	Summer Food Service Prog	47,293	150	0	0	0
10.561.000	State Admin Match SNAP	188,704,811	190,698,122	191,248,784	179,466,611	179,606,457
10.578.000	WGS: Elec Benefits Trnsfr -Stimulus	40,051	456,593	0	0	0
16.575.000	Crime Victims Assistance	316,833	1,703,162	580,550	0	0
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	29,323	69	0	0	0
84.181.000	Special Education Grants	44,972,134	50,597,273	54,858,379	53,885,361	54,720,970
93.041.000	Prevention of Elder Abuse	250,214	273,975	294,501	274,281	274,281
93.042.000	Long Term Care Ombudsman	1,127,941	1,128,970	1,011,210	1,128,970	1,128,970
93.042.119	COV19 Aging/Title VII/ LTC Omb Svs	0	500,000	500,000	0	0
93.043.000	Disease Prevention and Health Promo	1,647,836	1,653,691	1,653,691	1,653,691	1,653,691
93.044.000	Grants for Supportive Services	29,425,059	28,758,498	28,816,251	29,197,524	29,197,196
93.044.119	COV19 Aging/Title III B/Grants Prgm	0	4,652,414	8,852,416	0	0

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		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.045.000	Nutrition Services	43,529,362	44,539,719	44,725,161	44,651,378	44,651,058
93.045.119	COV19 Special Prgms Aging Title III	0	22,201,940	26,415,449	0	0
93.048.000	Discretionary Projects	0	324,889	315,395	215,395	215,395
93.048.119	COV19 Special Prgms Aging IV & II	0	1,500,000	1,500,000	0	0
93.051.000	Alzheimer's Disease Demo Grants Pgm	312,459	0	0	0	0
93.052.000	NATL FAMILY CAREGIVER SUPPORT PGM	11,804,297	11,381,464	11,419,343	11,400,874	11,400,825
93.052.119	COV19 Nat Fam Caregiver Supp III E	0	1,988,016	4,444,392	0	0
93.053.000	Nutrition Services Incentive Pgm	11,183,533	11,565,487	11,565,487	11,565,487	11,565,487
93.071.000	MIPPA Priority Area 2 AAA	336,333	362,429	362,429	362,429	362,429
93.071.001	MIPPA Priority Area 3 ADRs	318,818	818,759	823,890	820,857	820,857
93.071.002	MIPPA Priority One SHIP	489,883	456,771	456,771	456,771	456,771
93.104.000	Comprehensive Community M	1,921,349	3,294,371	3,299,122	2,316,233	2,316,233
93.150.000	Projects for Assistance	4,458,772	4,991,603	4,991,125	4,991,125	4,991,125
93.235.000	ABSTINENCE EDUCATION	3,873,635	6,906,881	6,918,948	6,925,765	6,925,765
93.243.000	Project Reg. & Natl Significance	4,809,321	6,110,631	6,462,072	6,190,171	6,190,171
93.296.000	St Grant to Improve Minority Health	163,512	166,221	166,221	166,221	166,221
93.324.000	State Health Insurance Assis. Prog.	2,655,255	1,924,867	2,165,146	1,897,034	1,897,034
93.369.000	Independent Living_State	45,477	0	0	0	0
93.369.001	Independent Living_State_Rehab	1,656,318	1,550,001	1,550,001	1,550,001	1,550,001
93.434.000	ESSA Preschool Development Grants	16,074	199,973	0	0	0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
93.498.119	COV19 Provider Relief Fund	0	11,373,567	8,141,816	0	0
93.558.000	Temp AssistNeedy Families	34,147,939	30,275,077	31,725,790	29,751,856	29,729,224
93.558.667	TANF to Title XX	30,872,957	31,668,706	31,663,704	31,657,008	31,656,912
93.575.000	ChildCareDevFnd Blk Grant	15,183,052	24,912,056	24,912,056	23,358,581	23,358,581
93.658.050	Foster Care Title IV-E Admin @ 50%	2,259,528	2,280,471	1,983,887	1,462,917	1,462,917
93.667.000	Social Svcs Block Grants	95,261,693	95,211,649	95,204,203	95,237,357	95,208,012
93.671.000	Family Violence Preventio	6,514,941	6,706,736	6,706,736	6,706,736	6,706,736
93.671.119	COV19 Fam Violence Prev & Srvs/Dom	0	745,981	2,268,803	0	0
93.687.000	Maternal Opioid Misuse Model	0	0	749,999	996,612	872,308
93.752.001	Texas Cancer Prevention and Control	0	16	0	0	0
93.767.000	CHIP	937,331,378	1,051,400,633	832,926,252	694,262,969	702,629,088
93.767.778	CHIP for Medicaid (EFMAP)	536,876,569	625,232,286	589,388,684	636,387,356	621,129,002
93.777.000	State Survey and Certific	21,876,101	24,837,646	26,635,894	26,110,233	26,093,605
93.777.002	SURVEY & CERT @ 75%	500,659	0	0	0	0
93.777.003	CLINICAL LAB AMEND PROGRM	1,051,365	1,434,159	1,538,026	1,567,182	1,567,182
93.777.005	HEALTH INSURANCE BENEFITS	5,074,304	5,536,757	6,081,452	5,972,512	5,965,115
93.778.000	XIX FMAP	17,502,885,322	21,230,234,487	22,253,992,048	20,732,436,127	20,574,892,031
93.778.002	MEDICAID REIMBURSE ADMIN	247,243	0	0	0	0
93.778.003	XIX 50%	264,515,751	288,257,699	292,046,975	274,402,275	273,924,132
93.778.004	XIX ADM @ 75%	365,936,670	389,131,230	407,522,952	393,961,703	393,905,319

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93.778.005	XIX FMAP @ 90%	72,501,661	107,000,783	139,134,302	132,110,816	130,856,512
93.778.007	XIX ADM @ 100	128,493,122	131,059,265	151,833,879	159,509,608	165,907,213
93.778.009	SHARS	1,119,725,098	734,654,886	303,086,853	715,289,732	715,289,732
93.778.013	XIX FMAP TCM	7,536,406	8,644,689	8,801,403	8,131,266	8,230,990
93.778.014	Medicaid - Stimulus	10,092,904	51,549,686	51,284,946	46,592,579	46,592,579
93.778.018	XIX Medicaid - SST	20,724,548	23,336,599	23,375,074	21,976,242	22,245,766
93.779.000	Health Care Financing Res	8,555	0	0	0	0
93.788.000	Opioid STR	33,230,873	71,993,626	56,555,695	52,194,013	52,194,013
93.791.000	Money Follows Person Reblncng Demo	27,510,989	26,127,219	25,031,677	36,871,651	36,716,211
93.796.000	Survey & Certification TitleXIX 75%	21,538,289	23,600,984	25,671,237	25,705,404	25,497,744
93.898.000	Cancer Prevention & Control Program	5,209,847	6,009,854	6,004,457	6,004,457	6,004,457
93.958.000	Block Grants for Communi	30,512,251	68,704,636	74,431,722	58,522,422	58,521,187
93.959.000	Block Grants for Prevent	145,524,966	146,196,454	145,331,765	144,765,993	144,753,373
93.982.000	Mental Health Disaster A	1,623,874	1,124,208	224,992	0	0
93.994.000	Maternal and Child Healt	11,952,589	13,152,458	13,152,458	13,152,458	13,152,458
94.011.000	Foster Grandparent Progra	1,755,446	1,974,367	1,932,072	1,932,072	1,932,072
96.001.000	Social Security Disability Ins	105,381,842	110,698,576	110,809,759	108,950,968	108,843,023
97.032.000	Crisis Counseling	3,875,760	1,449,245	0	0	0
97.032.119	COV19 Crisis Counseling	0	133,820	5,728,709	0	0
97.050.000	Indvdl. & Househld Other Needs	1,590,867	10,360,484	0	0	0

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97.088.000	Case Management Pilot	19,542,979	21,919,148	0	0	0
TOTAL, ALL STRATEGIES		\$22,359,360,684	\$26,351,157,060	\$26,742,582,566	\$25,416,656,283	\$25,257,459,816
TOTAL , ADDL FED FUNDS FOR EMPL BENEFITS		386,797	502,943	502,943	502,943	502,943
TOTAL, FEDERAL FUNDS		<u>\$22,359,747,481</u>	<u>\$26,351,660,003</u>	<u>\$26,743,085,509</u>	<u>\$25,417,159,226</u>	<u>\$25,257,962,759</u>
TOTAL, ADDL GR FOR EMPL BENEFITS		\$0	\$0	\$0	\$0	\$0

		529 Health and Human Services Commission				
CFDA NUMBER/ STRATEGY		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
<u>SUMMARY OF SPECIAL CONCERNS/ISSUES</u>						
705	Medicaid Program Income	\$14,799,562	\$8,249,861	\$3,520,840	\$18,000,000	\$18,000,000
706	Vendor Drug Rebates-Medicaid	\$766,668,167	\$698,420,452	\$734,790,836	\$691,915,502	\$695,526,588
758	GR Match For Medicaid	\$8,826,091,505	\$10,377,353,578	\$10,220,922,807	\$12,048,399,639	\$11,956,501,165
759	GR MOE for TANF	\$39,414,511	\$0	\$0	\$0	\$0
8001	GR For MH Block Grant	\$302,026,026	\$301,140,263	\$301,139,882	\$301,140,072	\$301,140,072
8002	GR For Subst Abuse Prev	\$46,210,746	\$46,719,088	\$46,719,088	\$46,719,088	\$46,719,088
8003	GR For Mat & Child Health	\$17,112,064	\$20,806,646	\$20,806,646	\$20,806,645	\$20,806,645
8004	GR For Fed Funds (Older Am Act)	\$4,343,012	\$4,256,020	\$4,256,020	\$4,256,020	\$4,256,020
8010	GR Match For Title XXI	\$3,738,945	\$10,752,552	\$11,153,785	\$10,574,504	\$11,071,011
8014	GR Match for Food Stamp Admin	\$159,304,346	\$157,138,138	\$163,172,560	\$151,598,956	\$151,932,512
8024	Tobacco Receipts Match For Medicaid	\$430,000,000	\$274,000,000	\$148,000,000	\$148,000,000	\$148,000,000
8025	Tobacco Receipts Match For Chip	\$58,660,657	\$142,557,038	\$259,705,147	\$233,784,548	\$235,530,930
8032	GR Certified As Match For Medicaid	\$291,437,571	\$286,943,092	\$277,457,029	\$280,556,236	\$278,765,143

529 Health and Human Services Commission

CFDA NUMBER/ STRATEGY	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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
 87th Regular Session, Agency Submission, Version 1
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DATE: **10/26/2020**
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Agency code: **529**

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

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
<u>CFDA 10.557.001 SPECIAL SUPPL FOOD WIC</u>										
2018	\$432,585,161	\$0	\$390,019,803	\$42,565,358	\$0	\$0	\$0	\$0	\$432,585,161	\$0
2019	\$478,168,090	\$0	\$0	\$364,063,342	\$114,104,748	\$0	\$0	\$0	\$478,168,090	\$0
2020	\$552,049,385	\$0	\$0	\$0	\$445,684,433	\$106,364,952	\$0	\$0	\$552,049,385	\$0
2021	\$552,850,877	\$0	\$0	\$0	\$0	\$454,016,651	\$98,834,226	\$0	\$552,850,877	\$0
2022	\$552,850,877	\$0	\$0	\$0	\$0	\$0	\$462,074,425	\$90,776,452	\$552,850,877	\$0
2023	\$552,850,877	\$0	\$0	\$0	\$0	\$0	\$0	\$470,104,856	\$470,104,856	\$82,746,021
Total	\$3,121,355,267	\$0	\$390,019,803	\$406,628,700	\$559,789,181	\$560,381,603	\$560,908,651	\$560,881,308	\$3,038,609,246	\$82,746,021
<hr/>										
Empl. Benefit Payment		\$0	\$3,091,870	\$3,722,167	\$4,042,532	\$4,651,897	\$5,015,799	\$5,016,070	\$25,540,335	

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Agency code: 529

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

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 84.027.000 Special Education Grants										
2017	\$5,131,125	\$5,131,125	\$0	\$0	\$0	\$0	\$0	\$0	\$5,131,125	\$0
2018	\$5,131,125	\$0	\$5,131,125	\$0	\$0	\$0	\$0	\$0	\$5,131,125	\$0
2019	\$5,131,125	\$0	\$0	\$5,131,125	\$0	\$0	\$0	\$0	\$5,131,125	\$0
2020	\$5,131,125	\$0	\$0	\$0	\$5,131,125	\$0	\$0	\$0	\$5,131,125	\$0
2021	\$5,131,125	\$0	\$0	\$0	\$0	\$5,131,125	\$0	\$0	\$5,131,125	\$0
2022	\$5,131,125	\$0	\$0	\$0	\$0	\$0	\$5,131,125	\$0	\$5,131,125	\$0
2023	\$5,131,125	\$0	\$0	\$0	\$0	\$0	\$0	\$5,131,125	\$5,131,125	\$0
Total	\$35,917,875	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125	\$5,131,125	\$35,917,875	\$0
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Empl. Benefit Payment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

TRACKING NOTES
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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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 84.181.000 Special Education Grants										
2017	\$43,378,362	\$0	\$34,313,454	\$9,064,908	\$0	\$0	\$0	\$0	\$43,378,362	\$0
2018	\$45,361,197	\$0	\$0	\$36,293,930	\$9,067,267	\$0	\$0	\$0	\$45,361,197	\$0
2019	\$45,467,398	\$0	\$0	\$0	\$42,032,947	\$3,434,451	\$0	\$0	\$45,467,398	\$0
2020	\$45,957,813	\$0	\$0	\$0	\$0	\$45,957,813	\$0	\$0	\$45,957,813	\$0
2021	\$45,957,813	\$0	\$0	\$0	\$0	\$5,969,058	\$39,988,755	\$0	\$45,957,813	\$0
2022	\$45,957,813	\$0	\$0	\$0	\$0	\$0	\$14,400,522	\$31,557,291	\$45,957,813	\$0
2023	\$45,957,813	\$0	\$0	\$0	\$0	\$0	\$0	\$23,667,595	\$23,667,595	\$22,290,218
Total	\$318,038,209	\$0	\$34,313,454	\$45,358,838	\$51,100,214	\$55,361,322	\$54,389,277	\$55,224,886	\$295,747,991	\$22,290,218
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Empl. Benefit Payment		\$0	\$415,172	\$386,797	\$502,943	\$502,943	\$502,943	\$502,943	\$2,813,741	

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

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.044.000 Grants for Supportive Services										
2017	\$25,517,591	\$18,234,933	\$7,282,658	\$0	\$0	\$0	\$0	\$0	\$25,517,591	\$0
2018	\$29,615,674	\$0	\$16,649,041	\$12,966,633	\$0	\$0	\$0	\$0	\$29,615,674	\$0
2019	\$29,615,674	\$0	\$0	\$16,724,841	\$12,890,833	\$0	\$0	\$0	\$29,615,674	\$0
2020	\$30,470,811	\$0	\$0	\$0	\$16,296,919	\$14,173,892	\$0	\$0	\$30,470,811	\$0
2021	\$30,470,811	\$0	\$0	\$0	\$0	\$14,938,566	\$15,532,245	\$0	\$30,470,811	\$0
2022	\$30,470,811	\$0	\$0	\$0	\$0	\$0	\$13,958,081	\$16,512,730	\$30,470,811	\$0
2023	\$30,470,811	\$0	\$0	\$0	\$0	\$0	\$0	\$12,977,314	\$12,977,314	\$17,493,497
Total	\$206,632,183	\$18,234,933	\$23,931,699	\$29,691,474	\$29,187,752	\$29,112,458	\$29,490,326	\$29,490,044	\$189,138,686	\$17,493,497
Empl. Benefit Payment										
		\$93,978	\$207,528	\$266,415	\$319,938	\$296,198	\$292,802	\$292,848	\$1,769,707	

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Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.045.000 Nutrition Services										
2017	\$39,318,677	\$31,086,172	\$8,232,505	\$0	\$0	\$0	\$0	\$0	\$39,318,677	\$0
2018	\$44,047,630	\$0	\$31,761,844	\$12,285,786	\$0	\$0	\$0	\$0	\$44,047,630	\$0
2019	\$44,047,630	\$0	\$0	\$31,497,364	\$12,550,266	\$0	\$0	\$0	\$44,047,630	\$0
2020	\$46,718,144	\$0	\$0	\$0	\$32,204,150	\$14,513,994	\$0	\$0	\$46,718,144	\$0
2021	\$46,718,144	\$0	\$0	\$0	\$0	\$30,514,897	\$16,203,247	\$0	\$46,718,144	\$0
2022	\$46,718,144	\$0	\$0	\$0	\$0	\$0	\$28,739,307	\$17,978,837	\$46,718,144	\$0
2023	\$46,718,144	\$0	\$0	\$0	\$0	\$0	\$0	\$26,963,432	\$26,963,432	\$19,754,712
Total	\$314,286,513	\$31,086,172	\$39,994,349	\$43,783,150	\$44,754,416	\$45,028,891	\$44,942,554	\$44,942,269	\$294,531,801	\$19,754,712
<hr/>										
Empl. Benefit Payment		\$189,955	\$202,696	\$253,788	\$225,012	\$303,719	\$291,176	\$291,211	\$1,757,557	

6.D. Federal Funds Tracking Schedule

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Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.052.000 NATL FAMILY CAREGIVER SUPPORT PGM										
2017	\$9,437,277	\$6,965,547	\$2,471,730	\$0	\$0	\$0	\$0	\$0	\$9,437,277	\$0
2018	\$11,415,095	\$0	\$6,100,634	\$5,314,461	\$0	\$0	\$0	\$0	\$11,415,095	\$0
2019	\$11,415,095	\$0	\$0	\$6,544,970	\$4,870,125	\$0	\$0	\$0	\$11,415,095	\$0
2020	\$11,441,668	\$0	\$0	\$0	\$6,554,989	\$4,886,679	\$0	\$0	\$11,441,668	\$0
2021	\$11,441,668	\$0	\$0	\$0	\$0	\$6,598,635	\$4,843,033	\$0	\$11,441,668	\$0
2022	\$11,441,668	\$0	\$0	\$0	\$0	\$0	\$6,620,748	\$4,820,920	\$11,441,668	\$0
2023	\$11,441,668	\$0	\$0	\$0	\$0	\$0	\$0	\$6,642,820	\$6,642,820	\$4,798,848
Total	\$78,034,139	\$6,965,547	\$8,572,364	\$11,859,431	\$11,425,114	\$11,485,314	\$11,463,781	\$11,463,740	\$73,235,291	\$4,798,848
Empl. Benefit Payment										
		\$41,322	\$44,102	\$55,134	\$48,922	\$65,972	\$62,907	\$62,915	\$381,274	

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Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.235.000 ABSTINENCE EDUCATION										
2017	\$7,448,450	\$0	\$344,176	\$0	\$0	\$0	\$0	\$0	\$344,176	\$7,104,274
2018	\$6,537,312	\$0	\$3,729,455	\$2,807,857	\$0	\$0	\$0	\$0	\$6,537,312	\$0
2019	\$6,959,247	\$0	\$0	\$1,117,333	\$5,841,914	\$0	\$0	\$0	\$6,959,247	\$0
2020	\$6,919,479	\$0	\$0	\$0	\$1,126,739	\$5,792,740	\$0	\$0	\$6,919,479	\$0
2021	\$6,919,479	\$0	\$0	\$0	\$0	\$1,182,634	\$5,736,845	\$0	\$6,919,479	\$0
2022	\$6,919,479	\$0	\$0	\$0	\$0	\$0	\$1,248,874	\$5,670,605	\$6,919,479	\$0
2023	\$6,919,479	\$0	\$0	\$0	\$0	\$0	\$0	\$1,315,125	\$1,315,125	\$5,604,354
Total	\$48,622,925	\$0	\$4,073,631	\$3,925,190	\$6,968,653	\$6,975,374	\$6,985,719	\$6,985,730	\$35,914,297	\$12,708,628
<hr/>										
Empl. Benefit Payment		\$0	\$43,307	\$51,557	\$61,773	\$56,426	\$59,954	\$59,965	\$332,982	

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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.369.000 Independent Living State										
2017	\$1,120,471	\$277,978	\$0	\$0	\$0	\$0	\$0	\$0	\$277,978	\$842,493
2018	\$1,008,948	\$231,785	\$0	\$0	\$0	\$0	\$0	\$0	\$231,785	\$777,163
Total	\$2,129,419	\$509,763	\$0	\$0	\$0	\$0	\$0	\$0	\$509,763	\$1,619,656
Empl. Benefit Payment										
		\$0	\$267,853	\$0	\$0	\$0	\$0	\$0	\$267,853	

TRACKING NOTES

84.169.001 was Legacy DARS CFDA for the IL Part B and was awarded from The Department of Education. The CFDA changed to 93.369.000 in FY17 and is now awarded from Administration for Community Living (ACL).

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

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.558.000 Temp AssistNeedy Families										
2017	\$58,445,467	\$58,445,467	\$0	\$0	\$0	\$0	\$0	\$0	\$58,445,467	\$0
2018	\$36,977,309	\$0	\$36,977,309	\$0	\$0	\$0	\$0	\$0	\$36,977,309	\$0
2019	\$65,020,896	\$0	\$0	\$65,020,896	\$0	\$0	\$0	\$0	\$65,020,896	\$0
2020	\$61,943,783	\$0	\$0	\$0	\$61,943,783	\$0	\$0	\$0	\$61,943,783	\$0
2021	\$63,389,549	\$0	\$0	\$0	\$0	\$63,389,549	\$0	\$0	\$63,389,549	\$0
2022	\$60,588,686	\$0	\$0	\$0	\$0	\$0	\$60,588,686	\$0	\$60,588,686	\$0
2023	\$60,570,793	\$0	\$0	\$0	\$0	\$0	\$0	\$60,570,793	\$60,570,793	\$0
Total	\$406,936,483	\$58,445,467	\$36,977,309	\$65,020,896	\$61,943,783	\$63,389,549	\$60,588,686	\$60,570,793	\$406,936,483	\$0
<hr/>										
Empl. Benefit Payment		\$1,103,708	\$1,939,597	\$1,298,660	\$2,537,519	\$2,635,020	\$2,459,425	\$2,459,416	\$14,433,345	

TRACKING NOTES

This schedule only reflects the expenditures for HHSC since federal TANF funds are appropriated to several state agencies. In addition, the schedule reflects a combination of TANF (93.558.000) and TANF to Title XX (93.558.667).

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Agency code: 529

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

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93,575,000 ChildCareDevFnd Blk Grant										
2018	\$18,884,130	\$0	\$18,623,506	\$260,624	\$0	\$0	\$0	\$0	\$18,884,130	\$0
2019	\$19,822,829	\$0	\$0	\$19,749,027	\$73,802	\$0	\$0	\$0	\$19,822,829	\$0
2020	\$26,872,355	\$0	\$0	\$0	\$29,343,513	\$0	\$0	\$0	\$29,343,513	\$-2,471,158
2021	\$26,872,355	\$0	\$0	\$0	\$0	\$29,548,368	\$0	\$0	\$29,548,368	\$-2,676,013
2022	\$26,872,355	\$0	\$0	\$0	\$0	\$0	\$27,600,499	\$0	\$27,600,499	\$-728,144
2023	\$26,872,355	\$0	\$0	\$0	\$0	\$0	\$0	\$27,600,499	\$27,600,499	\$-728,144
Total	\$146,196,379	\$0	\$18,623,506	\$20,009,651	\$29,417,315	\$29,548,368	\$27,600,499	\$27,600,499	\$152,799,838	\$-6,603,459
<hr/>										
Empl. Benefit Payment		\$0	\$2,039,880	\$4,826,599	\$4,505,259	\$4,636,312	\$4,241,918	\$4,241,918	\$24,491,886	

TRACKING NOTES

This grant was transitioned to HHSC FY18 HB 5 of the 85th Legislature and was formerly a DFPS grant.

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Agency code: 529

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

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.658.050 Foster Care Title IV-E Admin @ 50%										
2018	\$2,251,634	\$0	\$2,251,634	\$0	\$0	\$0	\$0	\$0	\$2,251,634	\$0
2019	\$2,679,288	\$0	\$0	\$2,679,288	\$0	\$0	\$0	\$0	\$2,679,288	\$0
2020	\$2,716,315	\$0	\$0	\$0	\$2,716,315	\$0	\$0	\$0	\$2,716,315	\$0
2021	\$2,452,412	\$0	\$0	\$0	\$0	\$2,452,412	\$0	\$0	\$2,452,412	\$0
2022	\$1,902,098	\$0	\$0	\$0	\$0	\$0	\$1,902,098	\$0	\$1,902,098	\$0
2023	\$1,902,098	\$0	\$0	\$0	\$0	\$0	\$0	\$1,902,098	\$1,902,098	\$0
Total	\$13,903,845	\$0	\$2,251,634	\$2,679,288	\$2,716,315	\$2,452,412	\$1,902,098	\$1,902,098	\$13,903,845	\$0
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Empl. Benefit Payment		\$0	\$411,147	\$419,760	\$435,844	\$468,502	\$439,181	\$439,181	\$2,613,615	

TRACKING NOTES

This grant was transitioned to HHSC FY18 HB 5 of the 85th Legislature and was formerly a DFPS grant.

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

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.667.000 Social Svcs Block Grants										
2017	\$94,841,181	\$78,627,122	\$16,214,059	\$0	\$0	\$0	\$0	\$0	\$94,841,181	\$0
2018	\$99,059,715	\$0	\$82,263,138	\$16,796,577	\$0	\$0	\$0	\$0	\$99,059,715	\$0
2019	\$99,059,715	\$0	\$0	\$82,385,112	\$16,674,603	\$0	\$0	\$0	\$99,059,715	\$0
2020	\$99,088,312	\$0	\$0	\$0	\$82,457,041	\$16,631,271	\$0	\$0	\$99,088,312	\$0
2021	\$99,088,312	\$0	\$0	\$0	\$0	\$82,492,928	\$16,595,384	\$0	\$99,088,312	\$0
2022	\$99,088,312	\$0	\$0	\$0	\$0	\$0	\$83,268,398	\$15,819,914	\$99,088,312	\$0
2023	\$99,088,312	\$0	\$0	\$0	\$0	\$0	\$0	\$84,014,524	\$84,014,524	\$15,073,788
Total	\$689,313,859	\$78,627,122	\$98,477,197	\$99,181,689	\$99,131,644	\$99,124,199	\$99,863,782	\$99,834,438	\$674,240,071	\$15,073,788
Empl. Benefit Payment										
		\$3,603,904	\$3,603,904	\$3,919,996	\$3,919,996	\$3,919,996	\$3,919,996	\$3,919,996	\$26,807,788	

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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
<u>CFDA 93.767.000 CHIP</u>										
2017	\$1,097,211,122	\$527,393,677	\$569,817,445	\$0	\$0	\$0	\$0	\$0	\$1,097,211,122	\$0
2018	\$1,476,320,282	\$0	\$855,542,267	\$620,778,015	\$0	\$0	\$0	\$0	\$1,476,320,282	\$0
2019	\$1,510,171,867	\$0	\$0	\$860,775,420	\$649,396,447	\$0	\$0	\$0	\$1,510,171,867	\$0
2020	\$1,601,525,266	\$0	\$0	\$0	\$1,034,311,897	\$567,213,369	\$0	\$0	\$1,601,525,266	\$0
2021	\$1,601,525,266	\$0	\$0	\$0	\$0	\$862,371,955	\$739,153,311	\$0	\$1,601,525,266	\$0
2022	\$1,601,525,266	\$0	\$0	\$0	\$0	\$0	\$599,571,078	\$1,001,954,188	\$1,601,525,266	\$0
2023	\$1,601,525,266	\$0	\$0	\$0	\$0	\$0	\$0	\$329,686,039	\$329,686,039	\$1,271,839,227
Total	\$10,489,804,335	\$527,393,677	\$1,425,359,712	\$1,481,553,435	\$1,683,708,344	\$1,429,585,324	\$1,338,724,389	\$1,331,640,227	\$9,217,965,108	\$1,271,839,227
Empl. Benefit Payment										
		\$7,333,942	\$6,218,270	\$7,450,557	\$7,186,937	\$7,325,882	\$6,597,912	\$6,599,898	\$48,713,398	

TRACKING NOTES

The Children's Health Insurance Program (CHIP) expenditures include the basic CHIP program, Perinatal, Dental and administrative costs. H.R.1892 - Bipartisan Budget Act of 2018 authorizes CHIP funding through fiscal year 2027. Expenditures include CFDA's 93.767.000 and 93.767.778

6.D. Federal Funds Tracking Schedule
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DATE: **10/26/2020**
 TIME : **3:37:17PM**

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

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.777.000 State Survey and Certific										
2017	\$36,353,970	\$28,020,890	\$8,333,080	\$0	\$0	\$0	\$0	\$0	\$36,353,970	\$0
2018	\$38,243,018	\$0	\$27,259,186	\$10,983,832	\$0	\$0	\$0	\$0	\$38,243,018	\$0
2019	\$34,347,630	\$0	\$0	\$27,890,957	\$6,456,673	\$0	\$0	\$0	\$34,347,630	\$0
2020	\$34,294,791	\$0	\$0	\$0	\$31,314,540	\$2,980,251	\$0	\$0	\$34,294,791	\$0
2021	\$29,804,472	\$0	\$0	\$0	\$0	\$29,804,472	\$0	\$0	\$29,804,472	\$0
2022	\$29,804,472	\$0	\$0	\$0	\$0	\$0	\$29,804,472	\$0	\$29,804,472	\$0
2023	\$29,804,472	\$0	\$0	\$0	\$0	\$0	\$0	\$29,804,472	\$29,804,472	\$0
Total	\$232,652,825	\$28,020,890	\$35,592,266	\$38,874,789	\$37,771,213	\$32,784,723	\$29,804,472	\$29,804,472	\$232,652,825	\$0
<hr/>										
Empl. Benefit Payment		\$4,764,637	\$5,641,182	\$6,014,857	\$6,476,894	\$7,125,354	\$7,003,799	\$7,003,775	\$44,030,498	

TRACKING NOTES

This grant was transitioned to HHSC FY18 HB 5 of the 85th Legislature and was formerly DFPS grant.

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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.777.003 CLINICAL LAB AMEND PROGRM										
2017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2018	\$1,717,297	\$0	\$1,373,520	\$343,777	\$0	\$0	\$0	\$0	\$1,717,297	\$0
2019	\$1,698,423	\$0	\$0	\$1,323,205	\$375,218	\$0	\$0	\$0	\$1,698,423	\$0
2020	\$1,662,116	\$0	\$0	\$0	\$1,662,116	\$0	\$0	\$0	\$1,662,116	\$0
2021	\$1,662,116	\$0	\$0	\$0	\$0	\$1,662,116	\$0	\$0	\$1,662,116	\$0
2022	\$1,662,116	\$0	\$0	\$0	\$0	\$0	\$1,662,116	\$0	\$1,662,116	\$0
2023	\$1,662,116	\$0	\$0	\$0	\$0	\$0	\$0	\$1,662,116	\$1,662,116	\$0
Total	\$10,064,184	\$0	\$1,373,520	\$1,666,982	\$2,037,334	\$1,662,116	\$1,662,116	\$1,662,116	\$10,064,184	\$0
<hr/>										
Empl. Benefit Payment		\$0	\$284,296	\$271,840	\$290,809	\$332,200	\$338,868	\$338,868	\$1,856,881	

TRACKING NOTES

This grant was transitioned to HHSC FY18 HB 5 of the 85th Legislature and was formerly DSHS CLIA grant.

6.D. Federal Funds Tracking Schedule
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Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.777.005 HEALTH INSURANCE BENEFITS										
2017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2018	\$6,292,483	\$0	\$6,292,483	\$0	\$0	\$0	\$0	\$0	\$6,292,483	\$0
2019	\$6,530,923	\$0	\$0	\$6,530,923	\$0	\$0	\$0	\$0	\$6,530,923	\$0
2020	\$7,068,922	\$0	\$0	\$0	\$7,068,922	\$0	\$0	\$0	\$7,068,922	\$0
2021	\$7,756,335	\$0	\$0	\$0	\$0	\$7,756,335	\$0	\$0	\$7,756,335	\$0
2022	\$7,676,880	\$0	\$0	\$0	\$0	\$0	\$7,676,880	\$0	\$7,676,880	\$0
2023	\$7,669,477	\$0	\$0	\$0	\$0	\$0	\$0	\$7,669,477	\$7,669,477	\$0
Total	\$42,995,020	\$0	\$6,292,483	\$6,530,923	\$7,068,922	\$7,756,335	\$7,676,880	\$7,669,477	\$42,995,020	\$0
<hr/>										
Empl. Benefit Payment		\$0	\$1,356,141	\$1,456,619	\$1,532,165	\$1,674,883	\$1,704,368	\$1,704,362	\$9,428,538	

TRACKING NOTES

This grant is part of the Texas Title XVIII Grant and was formerly DSHS HIB. Transition to HHSC FY18 HB5.

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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.778.014 Medicaid - Stimulus										
2017	\$43,004,744	\$43,004,744	\$0	\$0	\$0	\$0	\$0	\$0	\$43,004,744	\$0
2018	\$25,779,358	\$0	\$25,779,358	\$0	\$0	\$0	\$0	\$0	\$25,779,358	\$0
2019	\$10,145,745	\$0	\$0	\$10,145,745	\$0	\$0	\$0	\$0	\$10,145,745	\$0
2020	\$32,173,117	\$0	\$0	\$0	\$32,173,117	\$0	\$0	\$0	\$32,173,117	\$0
2021	\$51,370,188	\$0	\$0	\$0	\$0	\$51,370,188	\$0	\$0	\$51,370,188	\$0
2022	\$46,674,089	\$0	\$0	\$0	\$0	\$0	\$46,674,089	\$0	\$46,674,089	\$0
2023	\$46,674,089	\$0	\$0	\$0	\$0	\$0	\$0	\$46,674,089	\$46,674,089	\$0
Total	\$255,821,330	\$43,004,744	\$25,779,358	\$10,145,745	\$32,173,117	\$51,370,188	\$46,674,089	\$46,674,089	\$255,821,330	\$0
Empl. Benefit Payment										
		\$74,560	\$60,857	\$52,644	\$91,216	\$84,452	\$81,510	\$81,510	\$526,749	

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.

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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.788.000 Opioid STR										
2017	\$207,765	\$207,765	\$0	\$0	\$0	\$0	\$0	\$0	\$207,765	\$0
2018	\$27,694,280	\$0	\$27,694,280	\$0	\$0	\$0	\$0	\$0	\$27,694,280	\$0
2019	\$33,879,371	\$0	\$0	\$33,879,371	\$0	\$0	\$0	\$0	\$33,879,371	\$0
2020	\$74,374,570	\$0	\$0	\$0	\$74,374,570	\$0	\$0	\$0	\$74,374,570	\$0
2021	\$54,837,741	\$0	\$0	\$0	\$0	\$54,837,741	\$0	\$0	\$54,837,741	\$0
2022	\$52,414,993	\$0	\$0	\$0	\$0	\$0	\$52,414,993	\$0	\$52,414,993	\$0
2023	\$52,414,584	\$0	\$0	\$0	\$0	\$0	\$0	\$52,414,584	\$52,414,584	\$0
Total	\$295,823,304	\$207,765	\$27,694,280	\$33,879,371	\$74,374,570	\$54,837,741	\$52,414,993	\$52,414,584	\$295,823,304	\$0
<hr/>										
Empl. Benefit Payment		\$0	\$331,923	\$482,390	\$2,061,915	\$3,028,582	\$2,879,986	\$2,879,991	\$11,664,787	

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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.796.000 Survey & Certification TitleXIX 75%										
2017	\$31,011,499	\$31,011,499	\$0	\$0	\$0	\$0	\$0	\$0	\$31,011,499	\$0
2018	\$29,036,137	\$0	\$26,678,943	\$2,357,194	\$0	\$0	\$0	\$0	\$29,036,137	\$0
2019	\$34,755,055	\$0	\$0	\$23,977,260	\$10,777,795	\$0	\$0	\$0	\$34,755,055	\$0
2020	\$18,750,000	\$0	\$0	\$0	\$18,421,559	\$328,441	\$0	\$0	\$18,750,000	\$0
2021	\$31,667,602	\$0	\$0	\$0	\$0	\$31,339,161	\$328,441	\$0	\$31,667,602	\$0
2022	\$31,102,934	\$0	\$0	\$0	\$0	\$0	\$30,774,493	\$328,441	\$31,102,934	\$0
2023	\$31,061,851	\$0	\$0	\$0	\$0	\$0	\$0	\$30,733,410	\$30,733,410	\$328,441
Total	\$207,385,078	\$31,011,499	\$26,678,943	\$26,334,454	\$29,199,354	\$31,667,602	\$31,102,934	\$31,061,851	\$207,056,637	\$328,441
<hr/>										
Empl. Benefit Payment		\$6,101,490	\$5,724,244	\$4,720,227	\$5,523,946	\$5,924,587	\$5,325,749	\$5,492,324	\$38,812,567	

6.D. Federal Funds Tracking Schedule
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Agency name: **Health and Human Services Commission**

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.898.000 Cancer Prevention & Control Program										
2018	\$5,700,000	\$0	\$4,623,608	\$1,076,392	\$0	\$0	\$0	\$0	\$5,700,000	\$0
2019	\$6,004,457	\$0	\$0	\$4,270,876	\$1,733,581	\$0	\$0	\$0	\$6,004,457	\$0
2020	\$6,004,457	\$0	\$0	\$0	\$4,467,252	\$1,537,205	\$0	\$0	\$6,004,457	\$0
2021	\$6,004,457	\$0	\$0	\$0	\$0	\$4,633,001	\$1,371,456	\$0	\$6,004,457	\$0
2022	\$6,004,457	\$0	\$0	\$0	\$0	\$0	\$4,798,466	\$1,205,991	\$6,004,457	\$0
2023	\$6,004,457	\$0	\$0	\$0	\$0	\$0	\$0	\$4,963,931	\$4,963,931	\$1,040,526
Total	\$35,722,285	\$0	\$4,623,608	\$5,347,268	\$6,200,833	\$6,170,206	\$6,169,922	\$6,169,922	\$34,681,759	\$1,040,526
Empl. Benefit Payment										
		\$0	\$99,732	\$137,421	\$190,979	\$165,749	\$165,465	\$165,465	\$924,811	

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.

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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.958.000 Block Grants for Communi										
2017	\$45,092,502	\$30,973,120	\$14,119,382	\$0	\$0	\$0	\$0	\$0	\$45,092,502	\$0
2018	\$41,967,897	\$0	\$27,848,515	\$14,119,382	\$0	\$0	\$0	\$0	\$41,967,897	\$0
2019	\$30,683,255	\$0	\$0	\$16,563,873	\$14,119,382	\$0	\$0	\$0	\$30,683,255	\$0
2020	\$75,705,643	\$0	\$0	\$0	\$61,586,261	\$14,119,382	\$0	\$0	\$75,705,643	\$0
2021	\$59,244,412	\$0	\$0	\$0	\$0	\$45,125,030	\$14,119,382	\$0	\$59,244,412	\$0
2022	\$58,522,469	\$0	\$0	\$0	\$0	\$0	\$44,403,087	\$14,119,382	\$58,522,469	\$0
2023	\$58,521,234	\$0	\$0	\$0	\$0	\$0	\$0	\$44,401,852	\$44,401,852	\$14,119,382
Total	\$369,737,412	\$30,973,120	\$41,967,897	\$30,683,255	\$75,705,643	\$59,244,412	\$58,522,469	\$58,521,234	\$355,618,030	\$14,119,382
<hr/>										
Empl. Benefit Payment		\$400,956	\$126,866	\$117,582	\$182,700	\$169,425	\$159,331	\$159,331	\$1,316,191	

6.D. Federal Funds Tracking Schedule

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Agency name: Health and Human Services Commission

Federal FY	Award Amount	Expended SFY 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.959.000 Block Grants for Prevent										
2017	\$116,666,203	\$68,722,138	\$47,944,065	\$0	\$0	\$0	\$0	\$0	\$116,666,203	\$0
2018	\$145,444,533	\$0	\$97,500,468	\$47,944,065	\$0	\$0	\$0	\$0	\$145,444,533	\$0
2019	\$152,748,306	\$0	\$0	\$104,804,241	\$47,944,065	\$0	\$0	\$0	\$152,748,306	\$0
2020	\$145,389,640	\$0	\$0	\$0	\$97,445,575	\$47,944,065	\$0	\$0	\$145,389,640	\$0
2021	\$145,388,541	\$0	\$0	\$0	\$0	\$97,444,476	\$47,944,065	\$0	\$145,388,541	\$0
2022	\$144,833,592	\$0	\$0	\$0	\$0	\$0	\$96,889,527	\$47,944,065	\$144,833,592	\$0
2023	\$144,820,972	\$0	\$0	\$0	\$0	\$0	\$0	\$96,876,907	\$96,876,907	\$47,944,065
Total	\$995,291,787	\$68,722,138	\$145,444,533	\$152,748,306	\$145,389,640	\$145,388,541	\$144,833,592	\$144,820,972	\$947,347,722	\$47,944,065
<hr/>										
Empl. Benefit Payment		\$1,218,488	\$1,927,576	\$1,668,229	\$1,854,816	\$2,223,579	\$2,123,135	\$2,123,135	\$13,138,958	

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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 93.994.000 Maternal and Child Health										
2017	\$13,152,458	\$12,727,858	\$424,600	\$0	\$0	\$0	\$0	\$0	\$13,152,458	\$0
2018	\$13,152,458	\$0	\$11,565,252	\$459,999	\$0	\$0	\$0	\$0	\$12,025,251	\$1,127,207
2019	\$13,152,458	\$0	\$0	\$11,508,086	\$571,487	\$0	\$0	\$0	\$12,079,573	\$1,072,885
2020	\$13,152,458	\$0	\$0	\$0	\$12,617,031	\$535,427	\$0	\$0	\$13,152,458	\$0
2021	\$13,152,458	\$0	\$0	\$0	\$0	\$12,655,185	\$497,273	\$0	\$13,152,458	\$0
2022	\$13,152,458	\$0	\$0	\$0	\$0	\$0	\$12,693,339	\$459,119	\$13,152,458	\$0
2023	\$13,152,458	\$0	\$0	\$0	\$0	\$0	\$0	\$12,731,493	\$12,731,493	\$420,965
Total	\$92,067,206	\$12,727,858	\$11,989,852	\$11,968,085	\$13,188,518	\$13,190,612	\$13,190,612	\$13,190,612	\$89,446,149	\$2,621,057
<hr/>										
Empl. Benefit Payment		\$10,285	\$9,542	\$15,496	\$36,060	\$38,154	\$38,154	\$38,154	\$185,845	

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 2017	Expended SFY 2018	Expended SFY 2019	Estimated SFY 2020	Budgeted SFY 2021	Requested SFY 2022	Requested SFY 2023	Total	Difference from Award
CFDA 96.001.000 Social Security Disability Ins										
2017	\$113,896,374	\$110,051,008	\$3,845,366	\$0	\$0	\$0	\$0	\$0	\$113,896,374	\$0
2018	\$112,984,857	\$0	\$109,510,345	\$3,474,512	\$0	\$0	\$0	\$0	\$112,984,857	\$0
2019	\$115,786,052	\$0	\$0	\$117,642,054	\$0	\$0	\$0	\$0	\$117,642,054	\$-1,856,002
2020	\$104,391,427	\$0	\$0	\$0	\$127,063,516	\$0	\$0	\$0	\$127,063,516	\$-22,672,089
2021	\$104,391,427	\$0	\$0	\$0	\$0	\$129,629,160	\$0	\$0	\$129,629,160	\$-25,237,733
2022	\$104,391,427	\$0	\$0	\$0	\$0	\$0	\$126,852,911	\$0	\$126,852,911	\$-22,461,484
2023	\$104,391,427	\$0	\$0	\$0	\$0	\$0	\$0	\$126,744,885	\$126,744,885	\$-22,353,458
Total	\$760,232,991	\$110,051,008	\$113,355,711	\$121,116,566	\$127,063,516	\$129,629,160	\$126,852,911	\$126,744,885	\$854,813,757	\$-94,580,766
<hr/>										
Empl. Benefit Payment		\$13,698,462	\$13,178,503	\$15,734,724	\$16,364,940	\$18,819,401	\$17,901,943	\$17,901,862	\$113,599,835	

6.E. Estimated Revenue Collections Supporting Schedule
87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>1</u> General Revenue Fund					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3180 Health Regulation Fees	33,989	28,293	28,293	28,293	28,293
3702 Fed Receipts-Earned Federal Funds	929,941	929,941	929,941	929,941	929,941
3717 Civil Penalties	8,008	15,185	15,185	15,185	15,185
3719 Fees/Copies or Filing of Records	55,467	44,334	44,334	44,334	44,334
3722 Conf, Semin, & Train Regis Fees	8,227	483	483	483	483
3740 Grants/Donations	365,564	365,564	365,564	365,564	365,564
3754 Other Surplus/Salvage Property	2,993	0	0	0	0
3765 Supplies/Equipment/Services	15,102,751	5,719	5,719	5,719	5,719
3766 Supplies/Equip/Servs-Local Funds	742	0	0	0	0
3770 Administrative Penalties	0	6,928,010	0	0	0
3795 Other Misc Government Revenue	0	1,439	1,439	1,439	1,439
3802 Reimbursements-Third Party	398,629	97,405	97,405	97,405	97,405
3852 Interest on Local Deposits-St Agy	42,336	58,195	58,195	58,195	58,195
Subtotal: Actual/Estimated Revenue	16,948,647	8,474,568	1,546,558	1,546,558	1,546,558
Total Available	\$16,948,647	\$8,474,568	\$1,546,558	\$1,546,558	\$1,546,558
DEDUCTIONS:					
Sale of Supplies, services, mis	(15,170,180)	(50,536)	(50,536)	(50,536)	(50,536)
Federal Receipts -- Earned Credits	(929,941)	(929,941)	(929,941)	(929,941)	(929,941)
Civil Penalties	(8,008)	(15,185)	(15,185)	(15,185)	(15,185)
Reimbursements -- Third Party	(398,629)	(97,405)	(97,405)	(97,405)	(97,405)
Gifts/Grants/Donations	(365,564)	(365,564)	(365,564)	(365,564)	(365,564)
Other Miscellaneous Governmental Revenue	0	(1,439)	(1,439)	(1,439)	(1,439)
Interest on Local Deposits -- State Agencies	(42,336)	(58,195)	(58,195)	(58,195)	(58,195)
Health Regulation Fees	(33,989)	(28,293)	(28,293)	(28,293)	(28,293)
Administrative Penalties	0	(6,928,010)	0	0	0
Total, Deductions	\$(16,948,647)	\$(8,474,568)	\$(1,546,558)	\$(1,546,558)	\$(1,546,558)

6.E. Estimated Revenue Collections Supporting Schedule
87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

These are unappropriated Revenues to be swept to the treasury by the Comptroller of Public Accounts.

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>107</u> Comprehensive Rehab Acct					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3704 Court Costs	67,105	26,597	0	0	0
Subtotal: Actual/Estimated Revenue	67,105	26,597	0	0	0
Total Available	\$67,105	\$26,597	\$0	\$0	\$0
DEDUCTIONS:					
Expended	(67,105)	(26,597)	0	0	0
Total, Deductions	\$(67,105)	\$(26,597)	\$0	\$0	\$0
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>129</u> Hospital Licensing Acct					
Beginning Balance (Unencumbered):	\$0	\$2,738,305	\$2,416,037	\$2,093,769	\$1,771,501
Estimated Revenue:					
3557 Health Care Facilities Fees	2,822,932	2,393,096	2,393,096	2,393,096	2,393,096
Subtotal: Actual/Estimated Revenue	2,822,932	2,393,096	2,393,096	2,393,096	2,393,096
Total Available	\$2,822,932	\$5,131,401	\$4,809,133	\$4,486,865	\$4,164,597
DEDUCTIONS:					
Expended/Budgeted/Requested	(84,627)	(2,715,364)	(2,715,364)	(2,715,364)	(2,715,364)
Total, Deductions	\$(84,627)	\$(2,715,364)	\$(2,715,364)	\$(2,715,364)	\$(2,715,364)
Ending Fund/Account Balance	\$2,738,305	\$2,416,037	\$2,093,769	\$1,771,501	\$1,449,233

REVENUE ASSUMPTIONS:

The estimated Revenue in AY 2021 , AY 2022 and AY 2023 are based on the average of AY 2020 monthly collections. HHSC is currently researching the limits of our authority to expand the scope of our expenditures of this fund.

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
543 Texas Capital Trust Acct					
Beginning Balance (Unencumbered):	\$0	\$633,378	\$1,255,079	\$1,876,780	\$2,498,481
Estimated Revenue:					
3315 Oil and Gas Lease Bonus	42,158	0	0	0	0
3321 Oil Royal-Other State Lands	288,651	644,732	644,732	644,732	644,732
3326 Gas Royal-Other State Lands	170,479	210,640	210,640	210,640	210,640
3746 Rental of Lands	381,892	56,131	56,131	56,131	56,131
3747 Rental - Other	40,000	0	0	0	0
Subtotal: Actual/Estimated Revenue	923,180	911,503	911,503	911,503	911,503
Total Available	\$923,180	\$1,544,881	\$2,166,582	\$2,788,283	\$3,409,984
DEDUCTIONS:					
Expended/Budgeted/Requested	(289,802)	(289,802)	(289,802)	(289,802)	(289,802)
Total, Deductions	\$(289,802)	\$(289,802)	\$(289,802)	\$(289,802)	\$(289,802)
Ending Fund/Account Balance	\$633,378	\$1,255,079	\$1,876,780	\$2,498,481	\$3,120,182

REVENUE ASSUMPTIONS:

Estimated Revenue for fund 0543 is based on existing contracts for gas royalties, rental of lands, building rental and land easements. Estimates for 2020-2023 are annualized amounts based on the first 10 months of collections in 2020. Types of revenue varies each year due to market fluctuations in the petroleum industry.

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
87th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2019	Exp 2020	Est 2021	Est 2022	Est 2023
666 Appropriated Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3557 Health Care Facilities Fees	0	96,329	48,164	73,337	73,337
3595 Medical Assist Cost Recovery	25,417,133	24,149,925	24,149,925	24,149,925	24,149,925
3606 Suport/Maintenance Patients	0	2,699,147	2,699,147	2,699,147	2,699,147
3628 Dormitory, Cafeteria, Mdse Sales	37,267	40,740	40,740	40,740	40,740
3717 Civil Penalties	47,297	49,642	49,642	49,642	49,642
3719 Fees/Copies or Filing of Records	1,750	1,991	1,991	1,991	1,991
3722 Conf, Semin, & Train Regis Fees	99,986	21,930	21,930	21,930	21,930
3740 Grants/Donations	0	0	835,123	0	0
3766 Supplies/Equip/Servs-Local Funds	4,624,995	4,548,873	5,760,894	4,548,873	4,548,873
3802 Reimbursements-Third Party	1,027,962	1,691,986	1,696,986	1,695,275	1,695,275
Subtotal: Actual/Estimated Revenue	31,256,390	33,300,563	35,304,542	33,280,860	33,280,860
Total Available	\$31,256,390	\$33,300,563	\$35,304,542	\$33,280,860	\$33,280,860
DEDUCTIONS:					
Expended/Budgeted/Requested	(31,141,011)	(33,202,859)	(35,206,838)	(33,183,156)	(33,183,156)
Conference, Seminars, and Training Registration Fees	(99,986)	(21,930)	(21,930)	(21,930)	(21,930)
Reimbursements -- Third Party	(15,393)	(75,774)	(75,774)	(75,774)	(75,774)
Total, Deductions	\$(31,256,390)	\$(33,300,563)	\$(35,304,542)	\$(33,280,860)	\$(33,280,860)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>705</u> Medicaid Program Income					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3639 Premium Credits - Medicaid Program	7,557,012	8,249,861	3,520,840	18,000,000	18,000,000
3714 Judgments	302,754	0	0	0	0
3769 Forfeitures	1,059,156	0	0	0	0
3773 Insurance and Damages	3,815,135	0	0	0	0
3854 Interest - Other	2,065,505	0	0	0	0
Subtotal: Actual/Estimated Revenue	14,799,562	8,249,861	3,520,840	18,000,000	18,000,000
Total Available	\$14,799,562	\$8,249,861	\$3,520,840	\$18,000,000	\$18,000,000
DEDUCTIONS:					
Expended/Budgeted/Requested	(766,668,167)	(698,420,452)	(734,790,836)	(690,794,095)	(69,404,308)
Total, Deductions	\$(766,668,167)	\$(698,420,452)	\$(734,790,836)	\$(690,794,095)	\$(69,404,308)
Ending Fund/Account Balance	\$(751,868,605)	\$(690,170,591)	\$(731,269,996)	\$(672,794,095)	\$(51,404,308)

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>706</u> Vendor Drug Rebates-Medicaid					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3638 Vendor Drug Rebates-Medicaid Pgm	766,561,142	698,420,452	734,790,836	690,794,095	694,404,308
3714 Judgments	25	0	0	0	0
3769 Forfeitures	107,000	0	0	0	0
Subtotal: Actual/Estimated Revenue	766,668,167	698,420,452	734,790,836	690,794,095	694,404,308
Total Available	\$766,668,167	\$698,420,452	\$734,790,836	\$690,794,095	\$694,404,308
DEDUCTIONS:					
Expended/Budgeted/Requested	(766,668,167)	(698,420,452)	(734,790,836)	(690,794,095)	(694,404,308)
Total, Deductions	\$(766,668,167)	\$(698,420,452)	\$(734,790,836)	\$(690,794,095)	\$(694,404,308)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>709</u> Pub Hlth Medicd Reimb					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3973 Other-Within Fund/Account, Btw Agys	0	0	6,388,422	6,388,422	6,388,422
Subtotal: Actual/Estimated Revenue	0	0	6,388,422	6,388,422	6,388,422
Total Available	\$0	\$0	\$6,388,422	\$6,388,422	\$6,388,422
DEDUCTIONS:					
Expended/Budgeted/Requested	0	0	(6,388,422)	(6,388,422)	(6,388,422)
Total, Deductions	\$0	\$0	\$(6,388,422)	\$(6,388,422)	\$(6,388,422)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>777</u> Interagency Contracts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3591 Used Oil Registration Fees	51,599,818	13,532,018	13,214,804	13,213,648	13,213,648
3765 Supplies/Equipment/Services	101,386,020	103,371,474	103,871,474	103,565,351	103,565,351
Subtotal: Actual/Estimated Revenue	152,985,838	116,903,492	117,086,278	116,778,999	116,778,999
Total Available	\$152,985,838	\$116,903,492	\$117,086,278	\$116,778,999	\$116,778,999
DEDUCTIONS:					
Expended/Budgeted/Requested	(152,985,838)	(116,903,492)	(117,086,278)	(116,778,999)	(116,778,999)
Total, Deductions	\$(152,985,838)	\$(116,903,492)	\$(117,086,278)	\$(116,778,999)	\$(116,778,999)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
802 Lic Plate Trust Fund No. 0802, est					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3014 Mtr Vehicle Registration Fees	1,725	3,000	3,000	3,000	3,000
Subtotal: Actual/Estimated Revenue	1,725	3,000	3,000	3,000	3,000
Total Available	\$1,725	\$3,000	\$3,000	\$3,000	\$3,000
DEDUCTIONS:					
Expended/Budgeted/Requested	(1,725)	(3,000)	(3,000)	(3,000)	(3,000)
Total, Deductions	\$(1,725)	\$(3,000)	\$(3,000)	\$(3,000)	\$(3,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
3643 Premium Co-payments					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3643 Premium Co-pay, Low Income Child	324,252	631,963	1,382,533	1,253,116	1,277,621
Subtotal: Actual/Estimated Revenue	324,252	631,963	1,382,533	1,253,116	1,277,621
Total Available	\$324,252	\$631,963	\$1,382,533	\$1,253,116	\$1,277,621
DEDUCTIONS:					
Expended/Budgeted/Requested	(324,252)	(631,963)	(1,382,533)	(1,253,116)	(1,277,621)
Total, Deductions	\$(324,252)	\$(631,963)	\$(1,382,533)	\$(1,253,116)	\$(1,277,621)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
5018 Home Health Services Acct					
Beginning Balance (Unencumbered):	\$0	\$2,640,254	\$4,077,348	\$5,319,903	\$6,557,209
Estimated Revenue:					
3557 Health Care Facilities Fees	6,075,376	6,644,864	6,470,556	6,470,556	6,470,556
3770 Administratve Penalties	1,967,654	1,740,383	1,854,018	1,848,769	1,851,394
Subtotal: Actual/Estimated Revenue	8,043,030	8,385,247	8,324,574	8,319,325	8,321,950
Total Available	\$8,043,030	\$11,025,501	\$12,401,922	\$13,639,228	\$14,879,159
DEDUCTIONS:					
Expended/Budgeted	(4,090,326)	(5,635,654)	(5,634,991)	(5,634,991)	(4,256,869)
Transfer to employee benefits	(1,312,449)	(1,312,499)	(1,447,028)	(1,447,028)	(1,378,122)
Total, Deductions	\$(5,402,775)	\$(6,948,153)	\$(7,082,019)	\$(7,082,019)	\$(5,634,991)
Ending Fund/Account Balance	\$2,640,255	\$4,077,348	\$5,319,903	\$6,557,209	\$9,244,168

REVENUE ASSUMPTIONS:

License Fees: Based on the fee rate of \$875 per parent and branch for initial, renewal and change of ownership licenses. Alternate delivery sites have a base rate of \$500 for initial and change of ownership, and a \$300 fee for renewal. An increased fee is required for late submission. Fee rates may be raised to \$1,000 for each license. Above this amount, a statutory change would be required. Federal legislation does not govern these fees but does govern their expenditure. Estimated 2020 to 2023 based on current monthly average collections.

CONTACT PERSON:

Justin Pickens

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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>5049</u> Teaching Hospital Account					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>5080</u> Quality Assurance					
Beginning Balance (Unencumbered):	\$13,186,925	\$0	\$0	\$0	\$0
Estimated Revenue:					
3557 Health Care Facilities Fees	59,035,304	59,974,109	59,974,109	59,974,109	59,974,109
3770 Administrative Penalties	54,823	25,891	25,891	25,891	25,891
Subtotal: Actual/Estimated Revenue	59,090,127	60,000,000	60,000,000	60,000,000	60,000,000
Total Available	\$72,277,052	\$60,000,000	\$60,000,000	\$60,000,000	\$60,000,000
DEDUCTIONS:					
Expended/Budgeted	(72,277,052)	(60,000,000)	(60,000,000)	(60,000,000)	(60,000,000)
Total, Deductions	\$(72,277,052)	\$(60,000,000)	\$(60,000,000)	\$(60,000,000)	\$(60,000,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2019	Exp 2020	Est 2021	Est 2022	Est 2023
<u>5109</u> Medicaid Estate Recovery Account					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3970 Revenue & Expenditure Adjustments	2,098,722	2,300,000	2,300,000	2,300,000	2,300,000
Subtotal: Actual/Estimated Revenue	2,098,722	2,300,000	2,300,000	2,300,000	2,300,000
Total Available	\$2,098,722	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
DEDUCTIONS:					
Expended/Budgeted/Requested	(2,098,722)	(2,300,000)	(2,300,000)	(2,300,000)	(2,300,000)
Total, Deductions	\$(2,098,722)	\$(2,300,000)	\$(2,300,000)	\$(2,300,000)	\$(2,300,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8015 Int Contracts-Transfer					
Beginning Balance (Unencumbered):	\$32,122,160	\$47,909,805	\$0	\$0	\$0
Estimated Revenue:					
3725 State Grants Pass-thru Revenue	15,787,645	16,498,102	16,498,102	16,498,102	16,498,102
Subtotal: Actual/Estimated Revenue	15,787,645	16,498,102	16,498,102	16,498,102	16,498,102
Total Available	\$47,909,805	\$64,407,907	\$16,498,102	\$16,498,102	\$16,498,102
Ending Fund/Account Balance	\$47,909,805	\$64,407,907	\$16,498,102	\$16,498,102	\$16,498,102

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8031 MH Collect-Pat Supp & Maint					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3595 Medical Assist Cost Recovery	795,819	237,516	237,516	237,516	237,516
3606 Support/Maintenance Patients	1,435,417	1,368,984	1,368,984	1,368,984	1,368,984
Subtotal: Actual/Estimated Revenue	2,231,236	1,606,500	1,606,500	1,606,500	1,606,500
Total Available	\$2,231,236	\$1,606,500	\$1,606,500	\$1,606,500	\$1,606,500
DEDUCTIONS:					
Expended/Budgeted	(2,231,236)	(1,606,500)	(1,606,500)	(1,606,500)	(1,606,500)
Total, Deductions	\$(2,231,236)	\$(1,606,500)	\$(1,606,500)	\$(1,606,500)	\$(1,606,500)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
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Agency Code: **529** Agency name: **Health and Human Services Commission**

FUND/ACCOUNT	Act 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8033 MH Appropriated Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3557 Health Care Facilities Fees	345,019	345,019	345,019	345,019	345,019
3628 Dormitory, Cafeteria, Mdse Sales	121,470	69,817	69,817	69,817	69,817
3719 Fees/Copies or Filing of Records	6,780	5,217	5,217	5,217	5,217
3722 Conf, Semin, & Train Regis Fees	21,960	10,267	10,267	10,267	10,267
3767 Supply, Equip, Service - Fed/Other	70,355	22,781	22,781	22,781	22,781
3802 Reimbursements-Third Party	11,396,604	11,214,977	11,214,977	11,214,977	11,214,977
3806 Rental of Housing to State Employ	147,314	159,663	159,663	159,663	159,663
Subtotal: Actual/Estimated Revenue	12,109,502	11,827,741	11,827,741	11,827,741	11,827,741
Total Available	\$12,109,502	\$11,827,741	\$11,827,741	\$11,827,741	\$11,827,741
DEDUCTIONS:					
Expended/Budgeted	(12,109,502)	(11,827,741)	(11,827,741)	(11,827,741)	(11,827,741)
Total, Deductions	\$(12,109,502)	\$(11,827,741)	\$(11,827,741)	\$(11,827,741)	\$(11,827,741)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8044 Medicaid Subrogation Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3802 Reimbursements-Third Party	123,912,005	100,000,000	100,000,000	100,000,000	100,000,000
Subtotal: Actual/Estimated Revenue	123,912,005	100,000,000	100,000,000	100,000,000	100,000,000
Total Available	\$123,912,005	\$100,000,000	\$100,000,000	\$100,000,000	\$100,000,000
DEDUCTIONS:					
Expended/Budgeted/Requested	(123,912,005)	(100,000,000)	(100,000,000)	(100,000,000)	(100,000,000)
Total, Deductions	\$(123,912,005)	\$(100,000,000)	\$(100,000,000)	\$(100,000,000)	\$(100,000,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8046 Vendor Drug Rebates-Pub Health					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3640 Vendor Drug Rebates-Non-Medicaid	8,508,362	12,026,551	12,026,551	10,236,725	10,237,598
Subtotal: Actual/Estimated Revenue	8,508,362	12,026,551	12,026,551	10,236,725	10,237,598
Total Available	\$8,508,362	\$12,026,551	\$12,026,551	\$10,236,725	\$10,237,598
DEDUCTIONS:					
Expended/Budgeted/Requested	(5,329,962)	(12,026,551)	(12,026,551)	(10,236,725)	(10,237,598)
Total, Deductions	\$(5,329,962)	\$(12,026,551)	\$(12,026,551)	\$(10,236,725)	\$(10,237,598)
Ending Fund/Account Balance	\$3,178,400	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

4.1.1. - FY19 collected rebates, but didn't have authority to spend.

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8051 Universal Services Fund					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3851 Interest on St Deposits & Treas Inv	950,461	988,248	988,248	988,248	988,248
Subtotal: Actual/Estimated Revenue	950,461	988,248	988,248	988,248	988,248
Total Available	\$950,461	\$988,248	\$988,248	\$988,248	\$988,248
DEDUCTIONS:					
Expended	(787,877)	(819,201)	(819,201)	(819,201)	(819,201)
Benefits	(162,584)	(169,047)	(169,047)	(169,047)	(169,047)
Total, Deductions	\$(950,461)	\$(988,248)	\$(988,248)	\$(988,248)	\$(988,248)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8052 Subrogation Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3805 Subrogation Recoveries	17,808	25,000	25,000	25,000	25,000
Subtotal: Actual/Estimated Revenue	17,808	25,000	25,000	25,000	25,000
Total Available	\$17,808	\$25,000	\$25,000	\$25,000	\$25,000
DEDUCTIONS:					
Expended	(17,808)	(25,000)	(25,000)	(25,000)	(25,000)
Total, Deductions	\$(17,808)	\$(25,000)	\$(25,000)	\$(25,000)	\$(25,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8054 Experience Rebates-CHIP					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3649 Vendor Drug/Exp. Rebates, Nonmed	83,606	407,160	206,640	150,000	150,000
3854 Interest - Other	14,841	0	0	0	0
Subtotal: Actual/Estimated Revenue	98,447	407,160	206,640	150,000	150,000
Total Available	\$98,447	\$407,160	\$206,640	\$150,000	\$150,000
DEDUCTIONS:					
Expended/Budgeted/Requested	(98,447)	(407,160)	(206,640)	(150,000)	(150,000)
Total, Deductions	\$(98,447)	\$(407,160)	\$(206,640)	\$(150,000)	\$(150,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8062 Approp Receipts-Match For Medicaid					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3595 Medical Assist Cost Recovery	51,380,563	13,204,665	13,021,300	13,227,342	13,624,162
3639 Premium Credits - Medicaid Program	764,985	18,878	494,260	494,260	494,260
3773 Insurance and Damages	0	717,817	717,817	0	0
3802 Reimbursements-Third Party	6,075,180	5,828,660	5,788,020	5,788,020	5,788,020
Subtotal: Actual/Estimated Revenue	58,220,728	19,770,020	20,021,397	19,509,622	19,906,442
Total Available	\$58,220,728	\$19,770,020	\$20,021,397	\$19,509,622	\$19,906,442
DEDUCTIONS:					
Expended/Budgeted/Requested	(58,220,728)	(19,052,203)	(19,303,580)	(19,509,622)	(19,906,442)
Total, Deductions	\$(58,220,728)	\$(19,052,203)	\$(19,303,580)	\$(19,509,622)	\$(19,906,442)
Ending Fund/Account Balance	\$0	\$717,817	\$717,817	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8070 Vendor Drug Rebates-CHIP					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3638 Vendor Drug Rebates-Medicaid Pgm	1,600,243	2,842,874	6,202,300	4,988,519	5,967,225
3854 Interest - Other	9,519	0	0	0	0
Subtotal: Actual/Estimated Revenue	1,609,762	2,842,874	6,202,300	4,988,519	5,967,225
Total Available	\$1,609,762	\$2,842,874	\$6,202,300	\$4,988,519	\$5,967,225
DEDUCTIONS:					
Expended/Budgeted/Requested	(1,609,762)	(2,842,874)	(6,202,300)	(4,988,519)	(5,967,225)
Total, Deductions	\$(1,609,762)	\$(2,842,874)	\$(6,202,300)	\$(4,988,519)	\$(5,967,225)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8075 Cost Sharing - Medicaid Clients					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3643 Premium Co-pay, Low Income Child	233,136	200,000	200,000	200,000	200,000
Subtotal: Actual/Estimated Revenue	233,136	200,000	200,000	200,000	200,000
Total Available	\$233,136	\$200,000	\$200,000	\$200,000	\$200,000
DEDUCTIONS:					
Expended/Budgeted/Requested	(233,136)	(200,000)	(200,000)	(200,000)	(200,000)
Total, Deductions	\$(233,136)	\$(200,000)	\$(200,000)	\$(200,000)	\$(200,000)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8081 Vendor Drug Rebates-Sup Rebates					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3565 Medicaid Vendor Drug Supplemental	49,419,332	45,534,741	48,799,658	44,740,131	44,969,451
3854 Interest - Other	246,008	0	0	0	0
Subtotal: Actual/Estimated Revenue	49,665,340	45,534,741	48,799,658	44,740,131	44,969,451
Total Available	\$49,665,340	\$45,534,741	\$48,799,658	\$44,740,131	\$44,969,451
DEDUCTIONS:					
Expended/Budgeted/Requested	(49,665,340)	(45,534,741)	(48,799,658)	(44,740,131)	(44,969,451)
Total, Deductions	\$(49,665,340)	\$(45,534,741)	\$(48,799,658)	\$(44,740,131)	\$(44,969,451)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8095 ID Collect-Pat Supp & Maint					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3606 Support/Maintenance Patients	25,383,499	16,585,433	16,585,433	16,585,433	16,585,433
Subtotal: Actual/Estimated Revenue	25,383,499	16,585,433	16,585,433	16,585,433	16,585,433
Total Available	\$25,383,499	\$16,585,433	\$16,585,433	\$16,585,433	\$16,585,433
DEDUCTIONS:					
Expended/Budgeted	(25,383,499)	(16,585,433)	(16,585,433)	(16,585,433)	(16,585,433)
Total, Deductions	\$(25,383,499)	\$(16,585,433)	\$(16,585,433)	\$(16,585,433)	\$(16,585,433)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens _____

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8096 ID Appropriated Receipts					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3618 Welfare/MHMR Service Fees	390	244	244	244	244
3719 Fees/Copies or Filing of Records	2,756	569	569	569	569
3722 Conf, Semin, & Train Regis Fees	5,284	19	19	19	19
3753 Sale of Surplus Property Fee	102	216	216	216	216
3767 Supply, Equip, Service - Fed/Other	606,810	262,266	262,266	262,266	262,266
3802 Reimbursements-Third Party	69,040	21,243	21,243	21,243	21,243
3806 Rental of Housing to State Employ	154,251	138,447	138,447	138,447	138,447
Subtotal: Actual/Estimated Revenue	838,633	423,004	423,004	423,004	423,004
Total Available	\$838,633	\$423,004	\$423,004	\$423,004	\$423,004
DEDUCTIONS:					
Expended/Budgeted	(838,633)	(423,004)	(423,004)	(423,004)	(423,004)
Total, Deductions	\$(838,633)	\$(423,004)	\$(423,004)	\$(423,004)	\$(423,004)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
 87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8133 Found Sch Funds: Match for Medicaid					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3725 State Grants Pass-thru Revenue	16,498,102	16,498,102	16,498,102	16,498,102	16,498,102
Subtotal: Actual/Estimated Revenue	16,498,102	16,498,102	16,498,102	16,498,102	16,498,102
Total Available	\$16,498,102	\$16,498,102	\$16,498,102	\$16,498,102	\$16,498,102
DEDUCTIONS:					
Expended	(16,498,102)	(16,498,102)	(16,498,102)	(16,498,102)	(16,498,102)
Total, Deductions	\$(16,498,102)	\$(16,498,102)	\$(16,498,102)	\$(16,498,102)	\$(16,498,102)
Ending Fund/Account Balance	\$0	\$0	\$0	\$0	\$0

REVENUE ASSUMPTIONS:

CONTACT PERSON:

Justin Pickens

6.E. Estimated Revenue Collections Supporting Schedule
87th 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 2019	Exp 2020	Est 2021	Est 2022	Est 2023
8148 WIC Rebates					
Beginning Balance (Unencumbered):	\$0	\$0	\$0	\$0	\$0
Estimated Revenue:					
3597 Reimburse-WIC Rebates	211,597,762	224,959,011	224,959,011	224,959,011	224,959,011
Subtotal: Actual/Estimated Revenue	211,597,762	224,959,011	224,959,011	224,959,011	224,959,011
Total Available	\$211,597,762	\$224,959,011	\$224,959,011	\$224,959,011	\$224,959,011
DEDUCTIONS:					
Expended	(211,597,762)	(224,959,011)	(224,959,011)	(224,959,011)	(224,959,011)
Total, Deductions	\$(211,597,762)	\$(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:

Justin Pickens

6.F.a. Advisory Committee Supporting Schedule ~ Part A

87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Date: 10/2/2020
 Time: 9:14:42AM

Agency Code: **529** Agency: **Health and Human Services Commission**

MEDICAL CARE ADVISORY COMMITTEE

Statutory Authorization: V.C.T.A. Human Resources Code Sec 32.022
 Number of Members: 20
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$5,031	\$5,031	\$6,708	\$6,708	\$6,708
OTHER OPERATING	600	600	600	600	600
Other Expenditures in Support of Committee Activities					
PERSONNEL	18,948	18,948	18,948	18,948	18,948
OTHER OPERATING	400	600	600	600	600
Total, Committee Expenditures	\$24,979	\$25,179	\$26,856	\$26,856	\$26,856
Method of Financing					
General Revenue Fund	\$12,490	\$12,590	\$13,428	\$13,428	\$13,428
Federal Funds	12,489	12,589	13,428	13,428	13,428
Total, Method of Financing	\$24,979	\$25,179	\$26,856	\$26,856	\$26,856
Meetings Per Fiscal Year	4	3	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 10/2/2020
Time: 9:14:42AM

Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The Committee is established under the authority of the Title XIX of the social security Act. The Committee advises the State Medicaid Director about the Medicaid program. The Committee will also consider, observe, study and make suggestions and 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.

Since this is a federally mandated Committee, per 92 CFR 431.12, Social Security Act, it cannot be abolished without Congressional action.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Date: 10/2/2020
 Time: 9:14:42AM

Agency Code: **529** Agency: **Health and Human Services Commission**

HOSPITAL PAYMENT ADVISORY COMMITTEE

Statutory Authorization: V.C.T.A. Human Resources Code Sec 32.022
 Number of Members: 19
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$5,625	\$10,020	\$10,020	\$10,020	\$10,020
Other Expenditures in Support of Committee Activities					
PERSONNEL	1,368	11,368	11,368	11,368	11,368
OTHER OPERATING	400	600	600	600	0
Total, Committee Expenditures	\$7,393	\$21,988	\$21,988	\$21,988	\$21,388
Method of Financing					
General Revenue Fund	\$3,697	\$10,994	\$10,994	\$10,994	\$10,694
Federal Funds	3,696	10,994	10,994	10,994	10,694
Total, Method of Financing	\$7,393	\$21,988	\$21,988	\$21,988	\$21,388
Meetings Per Fiscal Year	3	3	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 10/2/2020
Time: 9:14:42AM

Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

Created as a result of the enactment of House Bill 18 of the 71st Texas Legislature, this Committee, through a board range of knowledge and experience among its members, advises the State Medicaid Director in developing and maintaining the inpatient hospital rate setting methodology. The Committee comments and advises on necessary changes in hospital payment methodologies for inpatient hospital prospective payments and on adjustments for disproportionate share hospitals.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Date: 10/2/2020
 Time: 9:14:42AM

Agency Code: **529** Agency: **Health and Human Services Commission**

PERINATAL ADVISORY COUNCIL

Statutory Authorization: Health and Safety Code 241.187(e)
 Number of Members: 17
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$12,000	\$10,000	\$10,000	\$10,000	\$10,000
Other Expenditures in Support of Committee Activities					
PERSONNEL	44,000	44,000	44,000	44,000	44,000
Total, Committee Expenditures	\$56,000	\$54,000	\$54,000	\$54,000	\$54,000
Method of Financing					
General Revenue Fund	\$26,189	\$25,254	\$25,254	\$25,254	\$25,254
Federal Funds	29,811	28,746	28,746	28,746	28,746
Total, Method of Financing	\$56,000	\$54,000	\$54,000	\$54,000	\$54,000
Meetings Per Fiscal Year	8	4	5	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 10/2/2020
Time: 9:14:42AM

Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

Health and Safety Code 241.187 (l) 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.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Date: 10/2/2020
 Time: 9:14:42AM

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: 07/01/2020
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$1,632	\$2,000	\$2,200	\$2,200	\$2,200
Other Expenditures in Support of Committee Activities					
PERSONNEL	6,000	6,200	6,200	6,200	6,200
Total, Committee Expenditures	\$7,632	\$8,200	\$8,400	\$8,400	\$8,400
Method of Financing					
General Revenue Fund	\$4,431	\$4,760	\$4,876	\$4,876	\$4,876
Federal Funds	3,201	3,440	3,524	3,524	3,524
Total, Method of Financing	\$7,632	\$8,200	\$8,400	\$8,400	\$8,400
Meetings Per Fiscal Year	3	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 10/2/2020
Time: 9:14:42AM

Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The committee is to consider issues and solicit public input on behavioral health. 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. The BHAC was reconstituted from The Council for Advising and Planning (CAP) for the Prevention and Treatment of Mental and Substance Use Disorders at DSHS. The CAP will be a subcommittee of the Behavioral Health Advisory Committee under HHSC to meet requirements for a mental health planning council under federal law. The BHAC also absorbed the System of Care Consortium and the Texas Children Recovering from Trauma which will be subcommittee under BHAC. 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 SB277 and SB200, 84th Leg which are now 2 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.

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: 18
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$10,000	\$12,000	\$12,000	\$12,000	\$12,000
Other Expenditures in Support of Committee Activities					
PERSONNEL	17,000	17,000	17,000	17,000	17,000
OTHER OPERATING	0	2,000	2,000	2,000	2,000
Total, Committee Expenditures	\$27,000	\$31,000	\$31,000	\$31,000	\$31,000
Method of Financing					
General Revenue Fund	\$12,134	\$13,931	\$13,931	\$13,931	\$13,931
Federal Funds	14,866	17,069	17,069	17,069	17,069
Total, Method of Financing	\$27,000	\$31,000	\$31,000	\$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 18 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

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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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Other Expenditures in Support of Committee Activities					
PERSONNEL	\$51,987	\$51,987	\$51,987	\$51,987	\$51,987
OTHER OPERATING	75	50	75	75	75
Total, Committee Expenditures	\$52,062	\$52,037	\$52,062	\$52,062	\$52,062
Method of Financing					
General Revenue Fund	\$24,099	\$24,088	\$24,099	\$24,099	\$24,099
Federal Funds	27,963	27,949	27,963	27,963	27,963
Total, Method of Financing	\$52,062	\$52,037	\$52,062	\$52,062	\$52,062
Meetings Per Fiscal Year	3	3	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

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 EC. 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.

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: 9
 Committee Status: New
 Date Created: 9/01/2016
 Date to Be Abolished: N/A
 Strategy (Strategies): 12-2-1 CENTRAL PROGRAM SUPPORT

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$4,423	\$808	\$9,236	\$13,216	\$14,112
Other Expenditures in Support of Committee Activities					
PERSONNEL	39,000	42,000	42,000	42,000	42,000
Total, Committee Expenditures	\$43,423	\$42,808	\$51,236	\$55,216	\$56,112
Method of Financing					
General Revenue Fund	\$21,475	\$21,171	\$25,339	\$27,308	\$27,751
Federal Funds	21,948	21,637	25,897	27,908	28,361
Total, Method of Financing	\$43,423	\$42,808	\$51,236	\$55,216	\$56,112
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 will be abolished and replaced with the new Health and Human Services Commission Executive Council on September 1, 2016. The HHSC Executive Council is established 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**

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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$1,924	\$4,811	\$5,612	\$5,612	\$5,612
Other Expenditures in Support of Committee Activities					
PERSONNEL	95,296	95,296	95,296	95,296	95,296
OTHER OPERATING	600	600	600	600	600
Total, Committee Expenditures	\$97,820	\$100,707	\$101,508	\$101,508	\$101,508
Method of Financing					
General Revenue Fund	\$48,910	\$50,354	\$50,754	\$50,754	\$50,754
Federal Funds	48,910	50,353	50,754	50,754	50,754
Total, Method of Financing	\$97,820	\$100,707	\$101,508	\$101,508	\$101,508
Meetings Per Fiscal Year	3	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 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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Agency Code: **529** Agency: **Health and Human Services Commission**

PALLIATIVE CARE INTERDISCIPLINARY ADVISORY COUNCIL

Statutory Authorization: Texas Health and Safety Code Ch 118, §2
 Number of Members: 18
 Committee Status: Ongoing
 Date Created: 12/01/2015
 Date to Be Abolished: 09/01/2019
 Strategy (Strategies): 12-1-1 HHS SYSTEM SUPPORTS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$1,386	\$141	\$8,000	\$8,000	\$8,000
Other Expenditures in Support of Committee Activities					
PERSONNEL	58,614	51,859	44,000	44,000	44,000
OTHER OPERATING	1,000	1,000	1,000	1,000	1,000
Total, Committee Expenditures	\$61,000	\$53,000	\$53,000	\$53,000	\$53,000
Method of Financing					
General Revenue Fund	\$28,527	\$24,481	\$24,481	\$24,481	\$24,481
Federal Funds	32,473	28,519	28,519	28,519	28,519
Total, Method of Financing	\$61,000	\$53,000	\$53,000	\$53,000	\$53,000
Meetings Per Fiscal Year	3	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 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.

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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: New
 Date Created: 9/01/2016
 Date to Be Abolished: 09/01/2020
 Strategy (Strategies): 12-1-1 HHS SYSTEM SUPPORTS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$1,386	\$141	\$8,000	\$8,000	\$8,000
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	58,614	51,859	44,000	44,000	44,000
OTHER OPERATING	1,000	1,000	1,000	1,000	1,000
Total, Committee Expenditures	\$61,000	\$53,000	\$53,000	\$53,000	\$53,000
Method of Financing					
General Revenue Fund	\$28,527	\$24,481	\$24,481	\$24,481	\$24,481
Federal Funds	32,473	28,519	28,519	28,519	28,519
Total, Method of Financing	\$61,000	\$53,000	\$53,000	\$53,000	\$53,000
Meetings Per Fiscal Year	3	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 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 of parents and families in providing input to state programs serving children with disabilities and special needs. The Policy Council succeeds and builds on previous work by the Children's Policy Council, which will cease activity at the end of Fiscal Year 2016. The full Council will meet approximately four times per year in Austin Texas. Council work groups will 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. . Based on analysis recently conducted and recommendations approved by the HHSC Executive Commissioner on 10/31/15, 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.

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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: New
 Date Created: 9/01/2016
 Date to Be Abolished: N/A
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$114	\$500	\$1,000	\$1,000	\$1,000
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	139,429	139,429	140,000	140,000	140,000
OTHER OPERATING	400	400	600	600	600
Total, Committee Expenditures	\$139,943	\$140,329	\$141,600	\$141,600	\$141,600
Method of Financing					
General Revenue Fund	\$69,972	\$70,165	\$70,800	\$70,800	\$70,800
Federal Funds	69,971	70,164	70,800	70,800	70,800
Total, Method of Financing	\$139,943	\$140,329	\$141,600	\$141,600	\$141,600
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 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 mandated by SB 7, 83rd Legislature, Regular Session, 2013. The committee is being reconstituted as of September 1, 2016 and because of delays with the nominations, there will not be any meetings in FY2016. This committee is referenced in SB200 as a standing committee. 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 longterm services and supports would be negatively affected due to the nonexistence of input from members of the committee.

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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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$6,348	\$2,034	\$4,348	\$7,780	\$7,780
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	39,082	39,082	39,082	39,082	39,082
OTHER OPERATING	600	600	600	600	600
Total, Committee Expenditures	\$46,030	\$41,716	\$44,030	\$47,462	\$47,462
Method of Financing					
General Revenue Fund	\$23,015	\$20,858	\$22,015	\$23,731	\$23,731
Federal Funds	23,015	20,858	22,015	23,731	23,731
Total, Method of Financing	\$46,030	\$41,716	\$44,030	\$47,462	\$47,462
Meetings Per Fiscal Year	2	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 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.

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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: 8
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$9,600	\$4,000	\$8,000	\$9,200	\$9,200
OTHER OPERATING	100	150	500	800	800
Other Expenditures in Support of Committee Activities					
PERSONNEL	0	0	0	0	0
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$9,700	\$4,150	\$8,500	\$10,000	\$10,000
Method of Financing					
General Revenue Fund	\$9,700	\$4,150	\$8,500	\$10,000	\$10,000
Federal Funds	0	0	0	0	0
Total, Method of Financing	\$9,700	\$4,150	\$8,500	\$10,000	\$10,000
Meetings Per Fiscal Year	4	2	4	4	4

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Description and Justification for Continuation/Consequences of Abolishing

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.

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Agency Code: **529** Agency: **Health and Human Services Commission**

EARLY CHILDHOOD INTERVENTION ADVISORY COUNCIL

Statutory Authorization: Chap 73, HR Code, Sec 73.004 & 20 U.S.C
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$9,005	\$4,307	\$26,672	\$26,672	\$26,672
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	10,132	10,132	10,132	10,132	10,132
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$19,137	\$14,439	\$36,804	\$36,804	\$36,804
Method of Financing					
General Revenue Fund	\$13,043	\$9,841	\$25,084	\$25,084	\$25,084
Federal Funds	6,094	4,598	11,720	11,720	11,720
Total, Method of Financing	\$19,137	\$14,439	\$36,804	\$36,804	\$36,804
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 Individuals with Disability Education Act (IDEA) federal regulations require the continuation of the Early Childhood Intervention (ECI) Advisory Committee to participate in the federal Early Childhood Intervention Program (IDEA, Part C; 20 U.S.C., Sec. 1441). The Committee continues to serve an important role in advising the state regarding the implementation of early childhood intervention services. Federal law includes requirements for the composition, requires the committee to meet at least 4 times a year and provides for reimbursement of members' travel expenses. Voting members of the council include eight lay members who are the family members of children with developmental delay, and a representative of the Texas Education Agency. Representatives from various state agencies with interest in child development and well being serve as non-voting members. The breadth of interests and expertise represented by the Committee's membership ensures that issues coming before the Committee receive substantial public oversight and guidance in order to maintain a statewide system of quality intervention services for children with developmental delays. Abolishment of the ECI Advisory Council would 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): 6-2-4 DEAF AND HARD OF HEARING SERVICES

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$793	\$142	\$6,000	\$6,000	\$6,000
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	1,570	1,570	1,570	1,570	1,570
OTHER OPERATING	1,205	1,496	3,500	3,500	3,500
Total, Committee Expenditures	\$3,568	\$3,208	\$11,070	\$11,070	\$11,070
Method of Financing					
General Revenue Fund	\$3,568	\$3,208	\$11,070	\$11,070	\$11,070
Federal Funds	0	0	0	0	0
Total, Method of Financing	\$3,568	\$3,208	\$11,070	\$11,070	\$11,070
Meetings Per Fiscal Year	2	1	3	3	3

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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: 25
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$306	\$1,320	\$6,170	\$6,170	\$6,170
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	42,189	19,536	20,812	20,812	20,812
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$42,495	\$20,856	\$26,982	\$26,982	\$26,982
Method of Financing					
General Revenue Fund	\$24,670	\$12,108	\$15,664	\$15,664	\$15,664
Federal Funds	17,825	8,748	11,318	11,318	11,318
Total, Method of Financing	\$42,495	\$20,856	\$26,982	\$26,982	\$26,982
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

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. Consequences of abolishing: Loss of a valuable source of input from a diverse group of experts and other stakeholders on priority issues. Statutory mandate: Health and Safety Code 532.0131 and 533.0515.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$9	\$193	\$5,000	\$5,000	\$5,000
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	9,461	10,000	10,000	10,000	10,000
Total, Committee Expenditures	\$9,470	\$10,193	\$15,000	\$15,000	\$15,000
Method of Financing					
General Revenue Fund	\$2,757	\$2,967	\$4,367	\$4,367	\$4,367
Federal Funds	6,713	7,226	10,633	10,633	10,633
Total, Method of Financing	\$9,470	\$10,193	\$15,000	\$15,000	\$15,000
Meetings Per Fiscal Year	3	3	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 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.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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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): 4-1-4 ECI RESPITE & QUALITY ASSURANCE
 12-1-1 HHS SYSTEM SUPPORTS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL: RISK ASSESSMENT REV COMM	\$492	\$492	\$492	\$492	\$492
TRAVEL: MULTIDISCIPLINARY TEAM	7,200	7,200	7,200	7,200	7,200
TRAVEL: INTERAGENCY ADV COMM	0	4,400	4,400	4,400	4,400
TRAVEL	12,000	12,000	12,000	12,000	12,000
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL: RISK ASSESSMENT REV COMM	3,086	3,086	3,086	3,086	3,086
PERSONNEL: MULTIDISCIPLINARY TEAM	0	0	0	0	0
PERSONNEL: INTERAGENCY ADV COMM	0	3,821	3,821	3,821	3,821
PERSONNEL	7,170	7,170	7,170	7,170	7,170
OTHER OPERATING: LICENSING	121,060	129,111	137,697	137,697	137,697
Total, Committee Expenditures	\$151,008	\$167,280	\$175,866	\$175,866	\$175,866
Method of Financing					
General Revenue Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds	151,008	167,280	175,866	175,866	175,866
Total, Method of Financing	\$151,008	\$167,280	\$175,866	\$175,866	\$175,866
Meetings Per Fiscal Year	4	4	4	4	4

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

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Agency Code: **529** Agency: **Health and Human Services Commission**

AGING AND DISABILITY RESOURCE CENTER ADVISORY COMMITTEE (ADRCAC)

Statutory Authorization: Texas Government Code § 531.012
 Number of Members: 14
 Committee Status: Ongoing
 Date Created: 3/20/2016
 Date to Be Abolished: 3/1/2026
 Strategy (Strategies): 9-2-1 LONG-TERM CARE INTAKE & ACCESS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	1,030	1,030	1,030	1,030	1,030
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$1,030	\$1,030	\$1,030	\$1,030	\$1,030
Method of Financing					
General Revenue Fund	\$686	\$686	\$686	\$686	\$686
Federal Funds	344	344	344	344	344
Total, Method of Financing	\$1,030	\$1,030	\$1,030	\$1,030	\$1,030
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 Aging and Disability Resource Center Advisory Committee (ADRCAC) assists HHSC in developing and implementing the ADRC program. The ADRCAC advises HHSC on ADRC program and policy development, including designing and operating ADRCs, obtaining stakeholder input, and achieving the goals and vision of the ADRC program. HHSC AES is currently in the process of evaluating the need for this committee.

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Agency Code: **529** Agency: **Health and Human Services Commission**

AGING TEXAS WELL ADVISORY COMMITTEE (ATWAC)

Statutory Authorization: Executive Order RP-42 (42 USC § 3012)
 Number of Members: 14
 Committee Status: Ongoing
 Date Created: 4/01/2005
 Date to Be Abolished: 3/1/2026
 Strategy (Strategies): 9-2-1 LONG-TERM CARE INTAKE & ACCESS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	7,525	7,525	7,525	7,525	7,525
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$7,525	\$7,525	\$7,525	\$7,525	\$7,525
Method of Financing					
General Revenue Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds	7,525	7,525	7,525	7,525	7,525
Total, Method of Financing	\$7,525	\$7,525	\$7,525	\$7,525	\$7,525
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

This Aging Texas Well Advisory Committee was established by Executive Order RP-42 and is currently the only committee with a specific focus on aging. The ATWAC provides the agency with a body of experts to review and comment on needs, trends and concerns of older Texans and provides stakeholders with a source for representation of their issues/needs. Additionally, the committee provides recommendations to the HHSC Executive Commissioner on programs and services that impact older adults.

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Agency Code: **529** Agency: **Health and Human Services Commission**

TEXAS AUTISM COUNCIL

Statutory Authorization: Texas Government Code §531.012
 Number of Members: 15
 Committee Status: Ongoing
 Date Created: 7/01/2016
 Date to Be Abolished: 12/31/2020
 Strategy (Strategies): 4-1-6 AUTISM PROGRAM

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$3,000	\$1,000	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	8,272	2,068	0	0	0
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$11,272	\$3,068	\$0	\$0	\$0
Method of Financing					
General Revenue Fund	\$11,272	\$3,068	\$0	\$0	\$0
Federal Funds	0	0	0	0	0
Total, Method of Financing	\$11,272	\$3,068	\$0	\$0	\$0
Meetings Per Fiscal Year	3	1	0	0	0

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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. HHSC will continue to perform duties as prescribed.

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Agency Code: **529** Agency: **Health and Human Services Commission**

BHAC - CHILDREN & YOUTH BEHAVIORAL HEALTH SUBCOMMITTEE

Statutory Authorization: SB 200, 84th Legislative Session
 Number of Members: 24
 Committee Status: Ongoing
 Date Created: 2/01/2016
 Date to Be Abolished: N/A
 Strategy (Strategies): 12-1-1 HHS SYSTEM SUPPORTS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$2,600	\$2,600	\$1,300	\$2,600	\$2,600
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	2,000	2,000	2,000	2,000	2,000
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$4,600	\$4,600	\$3,300	\$4,600	\$4,600
Method of Financing					
General Revenue Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds	4,600	4,600	3,300	4,600	4,600
Total, Method of Financing	\$4,600	\$4,600	\$3,300	\$4,600	\$4,600
Meetings Per Fiscal Year	4	4	4	4	4

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Description and Justification for Continuation/Consequences of Abolishing

Senate Bills 200 and 277 of the 84th Legislature, Regular Session 2015 required the executive commissioner of the Texas Health and Human Services Commission (HHSC) to establish and maintain advisory committees to consider issues and solicit public input across major areas of the health and human services system, including behavioral health. To that end, the HHSC established the Behavioral Health Advisory Committee (BHAC) and its two subcommittees – the Block Grant Subcommittee (formerly the Council for Advising and Planning for the Prevention and Treatment of Mental and Substance Use Disorders) required by 42 USC, Section 300X-3 and the Children and Youth Behavioral Health Subcommittee (formerly the Texas System of Care Consortium and the Texas Children Recovering from Trauma initiative workgroup), required by Senate Bill 200. Through this authority and guidance, a statewide advisory subcommittee was established to aid HHSC and its BHAC with the design, delivery, implementation, monitoring, review, and modifications of child and youth behavioral health programs and services. The name of this subcommittee is the Children and Youth Behavioral Health Subcommittee (CYBHS). The Subcommittee’s mission is to serve as an advisory body to aid HHSC in the statewide expansion of the system of care and adolescent substance use prevention, treatment, and recovery services in Texas. Additionally, the Subcommittee monitors, reviews, evaluates, and makes recommendations regarding the program and funding structure of child and youth behavioral health services and supports in Texas. The Subcommittee is also the federally required governance body of the Texas System of Care.

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Agency Code: **529** Agency: **Health and Human Services Commission**

BHAC - MH PARITY WORKGROUP

Statutory Authorization: Texas Government Code §531.02252
 Number of Members: 14
 Committee Status: Ongoing
 Date Created: 3/01/2017
 Date to Be Abolished: 9/1/2021
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$763	\$763	\$763	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	4,000	4,000	4,000	0	0
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$4,763	\$4,763	\$4,763	\$0	\$0
Method of Financing					
General Revenue Fund	\$2,765	\$2,765	\$2,765	\$0	\$0
Federal Funds	1,998	1,998	1,998	0	0
Total, Method of Financing	\$4,763	\$4,763	\$4,763	\$0	\$0
Meetings Per Fiscal Year	3	4	4	0	0

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Description and Justification for Continuation/Consequences of Abolishing

The Workgroup is scheduled to be abolished September 1, 2021.

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Agency Code: **529** Agency: **Health and Human Services Commission**

CHRONIC KIDNEY DISEASE TASK FORCE (CKDTF)

Statutory Authorization: Texas Health & Safety Code §83.002
 Number of Members: 24
 Committee Status: Ongoing
 Date Created: 1/01/2019
 Date to Be Abolished: 1/1/2025
 Strategy (Strategies): 4-1-9 KIDNEY HEALTH CARE

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	0	0	0	0	0
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$0	\$0	\$0	\$0	\$0
Method of Financing					
General Revenue Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds	0	0	0	0	0
Total, Method of Financing	\$0	\$0	\$0	\$0	\$0
Meetings Per Fiscal Year	1	0	0	0	0

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Description and Justification for Continuation/Consequences of Abolishing

The Chronic Kidney Task Force is unfunded – instead, the statute indicates that they are allowed “to accept gifts and grants from individuals, private or public organizations, or federal or local funds to support the task force...”

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Agency Code: **529** Agency: **Health and Human Services Commission**

LONG-TERM CARE FACILITIES COUNCIL (LTCFC)

Statutory Authorization: Texas Government Code 531.0581
 Number of Members: 11
 Committee Status: Ongoing
 Date Created: 3/03/2020
 Date to Be Abolished: N/A
 Strategy (Strategies): 8-1-1 FACILITY/COMMUNITY-BASED REGULATION

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	0	0	0	0	0
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$0	\$0	\$0	\$0	\$0
Method of Financing					
General Revenue Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds	0	0	0	0	0
Total, Method of Financing	\$0	\$0	\$0	\$0	\$0
Meetings Per Fiscal Year	0	4	4	4	4

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Description and Justification for Continuation/Consequences of Abolishing

Per the enabling legislation, committee members are not compensated for participation. State facilities and webinar lines are used, resulting in no expenses. The expectation was for HHSC to use existing staffing resources, so additional staffing and operating expenses were not incurred. Committee meetings happened in March and June, with an additional meeting scheduled in September and planned for December. All but the March meeting will take place by telephone/video conference. The committee provides an opportunity for stakeholders to provide input on long-term care facilities at a crucial time for these facilities. Continuing the committee is necessary as the number of charges the committee has is beyond what it can accomplish in a single year. Abolishing the committee would result in the legislative charges not being fulfilled.

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NURSING FACILITY PAYMENT METHODOLOGY ADVISORY COMMITTEE (NFPMAC)

Statutory Authorization: § 351.839
 Number of Members: 15
 Committee Status: Ongoing
 Date Created: 5/30/2020
 Date to Be Abolished: 8/31/2022
 Strategy (Strategies): 12-1-1 HHS SYSTEM SUPPORTS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	1,000	12,000	12,000	12,000	0
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$1,000	\$12,000	\$12,000	\$12,000	\$0
Method of Financing					
General Revenue Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds	1,000	12,000	12,000	12,000	0
Total, Method of Financing	\$1,000	\$12,000	\$12,000	\$12,000	\$0
Meetings Per Fiscal Year	3	12	12	12	0

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Description and Justification for Continuation/Consequences of Abolishing

This committee was only created earlier this year, and as per this fiscal year we have only had 2-3 meetings. As per the TAC Rule § 351.839 we would like to continue this committee.

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Agency Code: **529** Agency: **Health and Human Services Commission**

STATEWIDE BEHAVIORAL HEALTH COORDINATING COUNCIL (SBHCC)

Statutory Authorization: H.B. 1, 84th Leg, Regular Session, 2015
 Number of Members: 24
 Committee Status: Ongoing
 Date Created: 9/01/2015
 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 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL: WORKFORCE SUBCOMMITTEE	0	6,706	10,162	0	0
PERSONNEL: SUICIDE PREV SUBCOMM	0	4,992	7,564	0	0
PERSONNEL: MAIN COUNCIL	13,177	13,177	13,177	13,177	13,177
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$13,177	\$24,875	\$30,903	\$13,177	\$13,177
Method of Financing					
General Revenue Fund	\$7,650	\$14,441	\$17,940	\$7,650	\$7,650
Federal Funds	5,527	10,434	12,963	5,527	5,527
Total, Method of Financing	\$13,177	\$24,875	\$30,903	\$13,177	\$13,177
Meetings Per Fiscal Year	4	4	4	4	4

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Date: 10/2/2020
Time: 9:14:42AM

Agency Code: **529** Agency: **Health and Human Services Commission**

Description and Justification for Continuation/Consequences of Abolishing

The SBHCC was created during the 84th Legislature, Regular Session, 2015. SBHCC membership is comprised of state agencies that receive state funding for behavioral health services, gathered for the purpose of creating and implementing a five-year statewide behavioral health strategic plan and a statewide expenditure proposal. The first Statewide Behavioral Health Strategic Plan addressed activities and expenditures for FY2017-FY2021. In 2019, the SBHCC was codified in Government Code, Chapter 531. Accordingly, SBHCC members are embarking on the process to develop the next Statewide Behavioral Health Strategic Plan for FY2022-FY2026. If the SBHCC is abolished, state agencies that receive funding for behavioral health services will no longer have a mechanism to coordinate their actions and reduce duplication of services. The Statewide Behavioral Health Strategic Plan would not be implemented or monitored and the statewide expenditure proposal will not be prepared.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

STAR KIDS MANAGED CARE ADVISORY COMMITTEE (SKMCAC)

Statutory Authorization: TGC §531.012
 Number of Members: 18
 Committee Status: Ongoing
 Date Created: 12/31/2013
 Date to Be Abolished: 12/31/2023
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$1,738	\$2,000	\$3,000	\$3,000
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	50,000	57,541	57,541	60,000	60,000
OTHER OPERATING	500	300	400	400	400
Total, Committee Expenditures	\$50,500	\$59,579	\$59,941	\$63,400	\$63,400
Method of Financing					
General Revenue Fund	\$25,250	\$29,790	\$29,971	\$31,700	\$31,700
Federal Funds	25,250	29,789	29,970	31,700	31,700
Total, Method of Financing	\$50,500	\$59,579	\$59,941	\$63,400	\$63,400
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

Senate Bill 7, 83rd Legislature, Regular Session, 2013, created the STAR Kids Managed Care Advisory Committee to advise the Health and Human Services Commission (HHSC) on the establishment and implementation of the STAR Kids Medicaid managed care program. STAR Kids provides services for children with disabilities who have Medicaid coverage to improve the coordination and quality of care, access to care and health outcomes, as well as to control healthcare costs. HHSC implemented STAR Kids on November 1, 2016. Per Texas Government Code section 531.012 through SB 1207, 86th Legislature, the committee's statutory authorization was extended to 12/31/2023.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

SNAP INCENTIVE PROGRAM WORKGROUP

Statutory Authorization: Senate Bill 1834, 2019 Session
 Number of Members: 14
 Committee Status: Ongoing
 Date Created: 6/30/2020
 Date to Be Abolished: 12/30/2020
 Strategy (Strategies): 9-1-1 INTEGRATED ELIGIBILITY & ENROLLMENT

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	0	0	0	0	0
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$0	\$0	\$0	\$0	\$0
Method of Financing					
General Revenue Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds	0	0	0	0	0
Total, Method of Financing	\$0	\$0	\$0	\$0	\$0
Meetings Per Fiscal Year	0	0	0	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

At AES we do not track project expenses. We only do this for projects that we're working on in collaboration with IT. Furthermore, we are not tracking or counting on any expense to committee members, as they no longer have any travel required to participate, so it is only their time.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

STAR+PLUS PILOT PROGRAM WORKGROUP (SPPPW)

Statutory Authorization: Texas Government. Code Sec. 534.1015
 Number of Members: 24
 Committee Status: Ongoing
 Date Created: 9/01/2019
 Date to Be Abolished: 12/31/2023
 Strategy (Strategies): 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	0	19,812	39,624	39,624	39,624
OTHER OPERATING	0	600	600	600	600
Total, Committee Expenditures	\$0	\$20,412	\$40,224	\$40,224	\$40,224
Method of Financing					
General Revenue Fund	\$0	\$10,206	\$20,112	\$20,112	\$20,112
Federal Funds	0	10,206	20,112	20,112	20,112
Total, Method of Financing	\$0	\$20,412	\$40,224	\$40,224	\$40,224
Meetings Per Fiscal Year	0	2	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 committee is not authorized to reimburse for travel. The STAR+PLUS Pilot Program Workgroup is created by Section 534.1015, Texas Government Code, to advise the Texas Health and Human Services Commission (HHSC) on the development, operation and evaluation of a new STAR+PLUS Pilot Program (Pilot). The law requires HHSC to design and implement the STAR+PLUS Pilot Program by September 1, 2023 in consultation and collaboration with both the STAR+PLUS Pilot Program Workgroup and the Intellectual and Developmental Disability System Redesign Advisory Committee. The Pilot will operate in the STAR+PLUS Medicaid managed care program and test the managed care delivery of long-term services and supports (LTSS) for people with intellectual and developmental disabilities (IDD), traumatic brain injury that occurred after age 21, or people with similar functional needs as a person with IDD. The pilot must start by September 1, 2023, go for at least 24 months, and include an evaluation. The evaluation will include wide-ranging information on the results of the pilot as well as other aspects of the IDD System Redesign. The information gained through the pilot will also be used to inform the future transition of some or all Medicaid IDD services into.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

TEXAS RESPITE ADVISORY COMMITTEE (TRAC)

Statutory Authorization: 40 TAC Sec. 89.7
 Number of Members: 9
 Committee Status: Ongoing
 Date Created: 3/20/2016
 Date to Be Abolished: 3/1/2026
 Strategy (Strategies): 9-2-1 LONG-TERM CARE INTAKE & ACCESS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	1,448	1,448	1,448	1,448	1,448
OTHER OPERATING	0	0	0	0	0
Total, Committee Expenditures	\$1,448	\$1,448	\$1,448	\$1,448	\$1,448
Method of Financing					
General Revenue Fund	\$965	\$965	\$965	\$965	\$965
Federal Funds	483	483	483	483	483
Total, Method of Financing	\$1,448	\$1,448	\$1,448	\$1,448	\$1,448
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 Respite Advisory Committee (TRAC) assists HHSC to develop strategies to reduce barriers to accessing respite services; improve the quality of respite services; and provide training, education, and support to family caregivers. The TRAC should continue their charge to develop strategies to reduce barriers to respite services and supports for all Texans.

6.F.a. Advisory Committee Supporting Schedule ~ Part A

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Agency Code: **529** Agency: **Health and Human Services Commission**

VALUE-BASED PAYMENT AND QUALITY IMPROVEMENT ADVISORY COMM (VBPQIAC)

Statutory Authorization: TGC § 531.012; TAC §351.821
 Number of Members: 19
 Committee Status: Ongoing
 Date Created: 8/01/2016
 Date to Be Abolished: 12/31/2023
 Strategy (Strategies): 12-1-1 HHS SYSTEM SUPPORTS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$0	\$0	\$0	\$0
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	49,000	49,000	49,000	45,000	45,000
OTHER OPERATING	1,000	1,000	1,000	1,000	1,000
Total, Committee Expenditures	\$50,000	\$50,000	\$50,000	\$46,000	\$46,000
Method of Financing					
General Revenue Fund	\$23,383	\$23,383	\$23,383	\$21,512	\$21,512
Federal Funds	26,617	26,617	26,617	24,488	24,488
Total, Method of Financing	\$50,000	\$50,000	\$50,000	\$46,000	\$46,000
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 Value Based Payment and Quality Improvement Advisory Committee provides a forum to promote public-private, multi-stakeholder collaboration in support of quality improvement and value-based payment initiatives for Medicaid, other publicly funded health services, and the wider health care system. The committee meets approximately four times per year. Committee workgroups meet regularly by phone, Microsoft Teams, or GoToMeeting. Staff also support the development of legislative reports and other deliverables on behalf of the committee. Under Texas Government Code § 2110.008 (Duration of Advisory Committees), the Committee will be abolished on December 31, 2023, unless 1 TAC § 351.821 is amended to provide a later date of abolition.

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Agency Code: **529** Agency: **Health and Human Services Commission**

TEXAS BRAIN INJURY ADVISORY COUNCIL (TBIAC)

Statutory Authorization: Texas Government Code §531.012
 Number of Members: 15
 Committee Status: Ongoing
 Date Created: 7/01/2016
 Date to Be Abolished: 7/1/2024
 Strategy (Strategies): 6-3-3 ADDITIONAL ADVOCACY PROGRAMS

Advisory Committee Costs	Expended Exp 2019	Estimated Est 2020	Budgeted Bud 2021	Requested BL 2022	Requested BL 2023
Committee Members Direct Expenses					
TRAVEL	\$0	\$4,000	\$8,000	\$8,000	\$8,000
OTHER OPERATING	0	0	0	0	0
Other Expenditures in Support of Committee Activities					
PERSONNEL	37,000	30,000	30,000	30,000	30,000
Total, Committee Expenditures	\$37,000	\$34,000	\$38,000	\$38,000	\$38,000
Method of Financing					
General Revenue Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds	37,000	34,000	38,000	38,000	38,000
Total, Method of Financing	\$37,000	\$34,000	\$38,000	\$38,000	\$38,000
Meetings Per Fiscal Year	6	3	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 Brain Injury Advisory Council (TBIAC) was established by rule on July 1, 2016, under the Executive Commissioner’s authority to establish advisory councils outlined in the Texas Government Code, Title 4, Subtitle I, Chapter 531, Subchapter A, including for persons with brain injuries. The TBIAC advises the Executive Commissioner and HHS on strategic planning, policy, rules, and services related to the prevention of brain injury; rehabilitation; and the provision of long-term services and supports for persons who have survived brain injuries to improve their quality of life and ability to function independently in the home and community. The Council plays a vital role in developing and coordinating brain injury supports around the state to ensure access to services, availability of specialized care for brain injury, and peer advocacy and support for individuals with a brain injury.

6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART B - NATURAL OR MAN-MADE DISASTERS

DATE: 10/26/2020
TIME: 3:38:11PM

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Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
OBJECTS OF EXPENSE						
1001	SALARIES AND WAGES	\$2,145,710	\$3,458,832	\$516,546	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$66,206	\$184,716	\$7,080	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$168,554	\$648,442	\$207,371	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$11,984	\$899	\$0	\$0	\$0
2004	UTILITIES	\$16,669	\$18,058	\$4,610	\$0	\$0
2005	TRAVEL	\$162,198	\$307,392	\$55,172	\$0	\$0
2006	RENT - BUILDING	\$0	\$4,063	\$4,063	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$0	\$10,000	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$21,436,587	\$22,732,068	\$10,700	\$0	\$0
3001	CLIENT SERVICES	\$4,000,000	\$12,894,766	\$0	\$0	\$0
4000	GRANTS	\$2,232,405	\$1,709,271	\$0	\$0	\$0
TOTAL, OBJECTS OF EXPENSE		\$30,240,313	\$41,968,507	\$805,542	\$0	\$0
METHOD OF FINANCING						
1	General Revenue Fund	\$3,290,000	\$5,385,951	\$0	\$0	\$0
	Subtotal, MOF (General Revenue Funds)	\$3,290,000	\$5,385,951	\$0	\$0	\$0
555	Federal Funds					
	CFDA 93.982.000, Mental Health Disaster A	\$3,051,799	\$1,124,208	\$224,992	\$0	\$0
	CFDA 97.032.000, Crisis Counseling	\$236,339	\$1,449,245	\$0	\$0	\$0
	CFDA 97.050.000, Indvdl. & Househld Other Needs	\$3,802,363	\$10,386,793	\$0	\$0	\$0
	CFDA 97.088.000, Case Management Pilot	\$19,542,929	\$21,919,148	\$0	\$0	\$0
	CFDA 16.575.000, Crime Victims Assistance	\$316,883	\$1,703,162	\$580,550	\$0	\$0
	Subtotal, MOF (Federal Funds)	\$26,950,313	\$36,582,556	\$805,542	\$0	\$0

6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART B - NATURAL OR MAN-MADE DISASTERS

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Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
TOTAL, METHOD OF FINANCE		\$30,240,313	\$41,968,507	\$805,542	\$0	\$0
FULL-TIME-EQUIVALENT POSITIONS		40.4	21.0	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

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

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Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART B - NATURAL OR MAN-MADE DISASTERS

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CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART C - COVID-19 RELATED EXPENDITURES

DATE: 10/26/2020

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Agency code: 529 Agency name: Hlth & Human Svcs Comm

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
OBJECTS OF EXPENSE						
2009	OTHER OPERATING EXPENSE	\$0	\$600,000	\$0	\$0	\$0
4000	GRANTS	\$0	\$30,842,370	\$41,712,257	\$0	\$0
5000	CAPITAL EXPENDITURES	\$0	\$400,000	\$0	\$0	\$0
TOTAL, OBJECTS OF EXPENSE		\$0	\$31,842,370	\$41,712,257	\$0	\$0
METHOD OF FINANCING						
1	General Revenue Fund	\$0	\$163,330	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$245,730	\$0	\$0	\$0
8010	GR Match For Title XXI	\$0	\$4,170	\$0	\$0	\$0
8014	GR Match for Food Stamp Admin	\$0	\$91,740	\$0	\$0	\$0
8032	GR Certified As Match For Medicaid	\$0	\$13,910	\$0	\$0	\$0
	Subtotal, MOF (General Revenue Funds)	\$0	\$518,880	\$0	\$0	\$0
777	Interagency Contracts	\$0	\$47,550	\$0	\$0	\$0
	Subtotal, MOF (Other Funds)	\$0	\$47,550	\$0	\$0	\$0
555	Federal Funds					
	CFDA 93.558.000, Temp AssistNeedy Families	\$0	\$4,050	\$0	\$0	\$0
	CFDA 93.658.050, Foster Care Title IV-E Admin @ 50%	\$0	\$1,680	\$0	\$0	\$0
	CFDA 93.667.000, Social Svcs Block Grants	\$0	\$12,640	\$0	\$0	\$0
	CFDA 93.767.000, CHIP	\$0	\$23,460	\$0	\$0	\$0
	CFDA 93.777.000, State Survey and Certific	\$0	\$10,300	\$0	\$0	\$0
	CFDA 93.777.005, HEALTH INSURANCE BENEFITS	\$0	\$2,220	\$0	\$0	\$0
	CFDA 93.778.000, XIX FMAP	\$0	\$21,460	\$0	\$0	\$0
	CFDA 93.778.003, XIX 50%	\$0	\$242,250	\$0	\$0	\$0

6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART C - COVID-19 RELATED EXPENDITURES

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Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
555	Federal Funds					
	CFDA 93.788.000, Opioid STR	\$0	\$900	\$0	\$0	\$0
	CFDA 93.796.000, Survey & Certification TitleXIX 75%	\$0	\$10,450	\$0	\$0	\$0
	CFDA 10.557.001, SPECIAL SUPPL FOOD WIC	\$0	\$10,850	\$0	\$0	\$0
	CFDA 10.561.000, State Admin Match SNAP	\$0	\$91,740	\$0	\$0	\$0
	CFDA 93.042.119, COV19 Aging/Title VII/ LTC Omb Svcs	\$0	\$500,000	\$500,000	\$0	\$0
	CFDA 93.044.000, Grants for Supportive Services	\$0	\$660	\$0	\$0	\$0
	CFDA 93.044.119, COV19 Aging/Title III B/Grants Prgm	\$0	\$4,652,414	\$8,852,416	\$0	\$0
	CFDA 93.045.000, Nutrition Services	\$0	\$740	\$0	\$0	\$0
	CFDA 93.045.119, COV19 Special Prgms Aging Title III	\$0	\$22,201,940	\$26,415,449	\$0	\$0
	CFDA 93.048.119, COV19 Special Prgms Aging IV & II	\$0	\$1,500,000	\$1,500,000	\$0	\$0
	CFDA 93.052.000, NATL FAMILY CAREGIVER SUPPORT PGM	\$0	\$170	\$0	\$0	\$0
	CFDA 93.052.119, COV19 Nat Fam Caregiver Supp III E	\$0	\$1,988,016	\$4,444,392	\$0	\$0
	Subtotal, MOF (Federal Funds)	\$0	\$31,275,940	\$41,712,257	\$0	\$0
TOTAL, METHOD OF FINANCE		\$0	\$31,842,370	\$41,712,257	\$0	\$0
FULL-TIME-EQUIVALENT POSITIONS				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 C - COVID-19 RELATED EXPENDITURES

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CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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USE OF HOMELAND SECURITY FUNDS

The Health and Human Service's current response to COVID-19 consists of three major type of costs; Client Services, Facility-based Services, and Administrative Services. Client Service costs consist primarily of services contracted by the agency and are organized into two groups Medicaid and Non-Medicaid. Facility-based Service costs consist of costs incurred at state-owned facilities providing services and are organized into two groups based on facility type, State Supported Living Center and State Hospital. Administrative Service costs consist of service contracted by the agency and provided by the agency to directly and indirectly support programs and regulate related facility and professionals.

6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART C - COVID-19 RELATED EXPENDITURES

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Agency code: **529** Agency name: **Hlth & Human Svcs Comm**

CODE	DESCRIPTION	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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6.G. HOMELAND SECURITY FUNDING SCHEDULE - PART C - COVID-19 RELATED EXPENDITURES

DATE: 10/26/2020

Funds Passed through to State Agencies

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87th 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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
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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 2022-23 GAA BILL PATTERN	\$ 7,360,820,952
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Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver - Uncompensated Care

Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	3,705,665,342
Estimated Revenues FY 2021	\$	3,680,410,476
FY-2020-21 Total	\$	7,386,075,818
Estimated Beginning Balance in FY 2022		
Estimated Revenues FY 2022	\$	3,680,410,476
Estimated Revenues FY 2023	\$	3,680,410,476
FY 2022-23 Total	\$	7,360,820,952

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. The Centers for Medicare & Medicaid Services (CMS) authorizes up to \$3,873,206,193 in total computable funds in demonstration years 9, 10, and 11 for the Uncompensated Care (UC) component of the Texas Healthcare Transformation and Quality Improvement Program section 1115(a) demonstration. This number is based on a reassessment of the amount of uncompensated charity care cost provided by Texas hospitals, using information reported by hospitals for 2017 on Worksheet S-10 of the CMS 2552-10 hospital cost report, with adjustments approved by CMS.

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 2022-23 GAA BILL PATTERN	\$ 2,478,317,430
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Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver - Delivery System Reform Incentive Payments

Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	2,952,535,858
Estimated Revenues FY 2021	\$	3,015,770,598
FY-2020-21 Total	\$	5,968,306,456
Estimated Beginning Balance in FY 2022		
Estimated Revenues FY 2022	\$	2,104,939,183
Estimated Revenues FY 2023	\$	373,378,247
FY 2022-23 Total	\$	2,478,317,430

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. The Centers for Medicare & Medicaid Services (CMS) authorizes up to \$3,873,206,193 in total computable funds in demonstration years 9, 10, and 11 for the Uncompensated Care (UC) component of the Texas Healthcare Transformation and Quality Improvement Program section 1115(a) demonstration. This number is based on a reassessment of the amount of uncompensated charity care cost provided by Texas hospitals, using information reported by hospitals for 2017 on Worksheet S-10 of the CMS 2552-10 hospital cost report, with adjustments approved by CMS.

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. Amounts include the DSRIP Administrative 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 2022-23 GAA BILL PATTERN	\$ 2,145,972,374
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Disproportionate Share Program Funds

Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	1,914,994,596
Estimated Revenues FY 2021	\$	1,449,860,988
FY-2020-21 Total	\$	3,364,855,585
Estimated Beginning Balance in FY 2022		
Estimated Revenues FY 2022	\$	1,058,796,232
Estimated Revenues FY 2023	\$	1,087,176,142
FY 2022-23 Total	\$	2,145,972,374

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. The Affordable Care Act reductions for DSH will begin to take effect in FY 2021.

**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 2022-23 GAA BILL PATTERN	\$ 13,750,612
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Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions Upper Payment Limit Supplemental Payment Program

Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	6,944,319
Estimated Revenues FY 2021	\$	6,895,709
FY-2020-21 Total	\$	13,840,028
Estimated Beginning Balance in FY 2022		
Estimated Revenues FY 2022	\$	6,875,306
Estimated Revenues FY 2023	\$	6,875,306
FY 2022-23 Total	\$	13,750,612

Constitutional or Statutory Creation and Use of Funds:

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.

Method of Calculation and Revenue Assumptions:

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.

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 2022-23 GAA BILL PATTERN	\$ 803,123,135
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<u>Network Access Improvement</u>	
Estimated Beginning Balance in FY 2020	
Estimated Revenues FY 2020	\$ 427,312,303
Estimated Revenues FY 2021	\$ 427,312,303
FY-2020-21 Total	\$ 854,624,606
Estimated Beginning Balance in FY 2022	
Estimated Revenues FY 2022	\$ 401,561,568
Estimated Revenues FY 2023	\$ 401,561,568
FY 2022-23 Total	\$ 803,123,135
Constitutional or Statutory Creation and Use of Funds:	
<div style="border: 1px solid black; padding: 10px;"> <p>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.</p> </div>	
Method of Calculation and Revenue Assumptions:	
<div style="border: 1px solid black; padding: 10px;"> <p>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.</p> </div>	

**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 2022-23 GAA BILL PATTERN	\$ 2,196,576,896
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<u>Quality Incentive Payment Program</u>	
Estimated Beginning Balance in FY 2020	
Estimated Revenues FY 2020	\$ 592,534,983
Estimated Revenues FY 2021	\$ 1,098,288,448
FY-2020-21 Total	\$ 1,690,823,431
Estimated Beginning Balance in FY 2022	
Estimated Revenues FY 2022	\$ 1,098,288,448
Estimated Revenues FY 2023	\$ 1,098,288,448
FY 2022-23 Total	\$ 2,196,576,896
Constitutional or Statutory Creation and Use of Funds:	
<p>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.</p>	
Method of Calculation and Revenue Assumptions:	
<p>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.</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 2022-23 GAA BILL PATTERN	\$ 5,340,000,000
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<u>Uniform Hospital Rate Increase Program</u>	
Estimated Beginning Balance in FY 2020	
Estimated Revenues FY 2020	\$ 1,600,000,000
Estimated Revenues FY 2021	\$ 2,670,000,000
FY-2020-21 Total	\$ 4,270,000,000
Estimated Beginning Balance in FY 2022	
Estimated Revenues FY 2022	\$ 2,670,000,000
Estimated Revenues FY 2023	\$ 2,670,000,000
FY 2022-23 Total	\$ 5,340,000,000
Constitutional or Statutory Creation and Use of Funds:	
<p>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 was implemented on March 1st, 2018.</p>	
Method of Calculation and Revenue Assumptions:	
<p>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.</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 2022-23 GAA BILL PATTERN	\$ 321,722
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Texas Home Living Visiting Program

Estimated Beginning Balance in FY 2020	\$	192,355
Estimated Revenues FY 2020	\$	32,342
Estimated Revenues FY 2021	\$	32,342
FY-2020-21 Total	\$	257,038
Estimated Beginning Balance in FY 2022	\$	257,038
Estimated Revenues FY 2022	\$	32,342
Estimated Revenues FY 2023	\$	32,342
FY 2022-23 Total	\$	321,722

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 2022-23 GAA BILL PATTERN	\$ 189,008,032
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Graduate Medical Education Program

Estimated Beginning Balance in FY 2020		
Estimated Revenues FY 2020	\$	90,581,351
Estimated Revenues FY 2021	\$	94,504,016
FY-2020-21 Total	\$	185,085,367
Estimated Beginning Balance in FY 2022		
Estimated Revenues FY 2022	\$	94,504,016
Estimated Revenues FY 2023	\$	94,504,016
FY 2022-23 Total	\$	189,008,032

Constitutional or Statutory Creation and Use of Funds:

Texas Medicaid provides supplemental payments to support teaching hospitals which operate approved medical residency training programs. Medicaid GME payments recognize the higher cost incurred by teaching hospitals. Compared to non-teaching hospitals, teaching hospitals treat patients with more complex conditions and provide patient care that is more intensive and technologically sophisticated.

Method of Calculation and Revenue Assumptions:

The numbers above reflect only the Non-State Owned Public Hospitals portion of the GME program.

6.J. Summary of Behavioral Health Funding

Agency: 529 Prepared by: Justin Pickens

Date: 10/27/2020

#	Program Name	Service Type (drop down)	Agency Strategies	Summary Description	Target Population(s)	Fund Type	2020-21 Base		2022-23 Baseline Request		2022-23 Exceptional Items		Additional Information			
							FY 2020 Base	FY 2021 Base	FY 2022 Baseline Request	FY 2023 Baseline Request	FY 2022 Requested	FY 2023 Requested	Requested for Mental Health Services	Requested for Substance Abuse Services	2021 FTEs	2023 FTEs
1	Community Mental Health Services-Adults (Outpatient)	Mental Health Services - Outpatient	D.2.1. Community Mental Health Svcs - Adults	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.	Adults	GR	305,127,952	304,728,144	304,728,144	304,728,144			609,456,288			2.3.2, 4.1.2, 4.1.3
						GR-D										
						FF	46,337,004	46,451,329	39,955,055	39,955,055			79,910,110			
						IAC										
						Other										
						Subtotal	351,464,956	351,179,473	344,683,199	344,683,199	-	-	689,366,398			
2	Community Mental Health Services-Adults (Inpatient)	Mental Health Services - Inpatient	D.2.1. Community Mental Health Svcs - Adults	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.	Adults	GR	4,557,660	4,557,660	4,557,660	4,557,660			9,115,320			2.3.2
						GR-D										
						FF										
						IAC										
						Other										
						Subtotal	4,557,660	4,557,660	4,557,660	4,557,660	-	-	9,115,320			
3	Community Mental Health Services-Adults (All Other)	Mental Health Services - Other	D.2.1. Community Mental Health Svcs - Adults	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 Opioid Response.	Adults	GR	18,850,140	19,168,509	19,209,230	19,209,230			38,418,460			2.3.2
						GR-D										
						FF	25,850,249	26,867,705	24,877,080	24,877,080			49,754,160			
						IAC										
						Other	138,653	137,632	137,362	137,362			274,724			
						Subtotal	44,839,042	46,173,846	44,223,672	44,223,672	-	-	86,447,344			
4	Community Mental Health Services - Children (Outpatient)	Mental Health Services - Outpatient	D.2.2. Community Mental Health Svcs - Children	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.	Children	GR	52,596,339	53,943,369	53,943,369	4,923,869			58,867,238			2.3.2, 4.1.3
						GR-D										
						FF	23,752,611	30,890,494	21,625,666	21,625,666			43,251,332			
						IAC										
						Other										
						Subtotal	76,348,950	84,833,863	75,569,035	26,549,535	-	-	102,118,570			
5	Community Mental Health Services - Children (Inpatient)	Mental Health Services - Inpatient	D.2.2. Community Mental Health Svcs - Children	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.	Children	GR	761,210	761,210	761,210	761,210			1,522,420			2.3.2
						GR-D										
						FF										
						IAC										
						Other										
						Subtotal	761,210	761,210	761,210	761,210	-	-	1,522,420			
6	Community Mental Health Services - Children (All Other)	Mental Health Services - Other	D.2.2. Community Mental Health Svcs - Children	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.	Children	GR	7,831,762	8,484,732	8,484,732	8,484,732			16,969,464			2.3.2
						GR-D										
						FF	2,617,589	2,247,282	2,247,896	2,247,896			4,495,792			
						IAC										
						Other										
						Subtotal	10,449,351	10,732,014	10,732,628	10,732,628	-	-	21,465,256			
7	DFPS Relinquishment Slots	Mental Health Services - Outpatient	D.2.2. Community Mental Health Svcs - Children	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.	Children	GR	5,446,612	5,446,612	5,446,612	54,466,112			59,912,724			4.2.2, 4.1.1
						GR-D										
						FF										
						IAC										
						Other										
						Subtotal	5,446,612	5,446,612	5,446,612	54,466,112	-	-	59,912,724			
8	Medicaid Services Capacity for High-Needs Children	Mental Health Services - Outpatient	D.2.2. Mental Health Services-Children	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.	Children	GR	2,000,000	-	-	-			-			2.3.2, 4.1.2
						GR-D										
						FF										
						IAC										
						Other										
						Subtotal	2,000,000	-	-	-	-	-	-			
9	Community Health Crisis Services (Outpatient)	Mental Health Services - Outpatient	D.2.3. Community Health Crisis Svcs	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.	Adults/Children	GR	57,794,959	57,622,979	57,622,979	57,622,979			115,245,958			2.3.2, 2.5.4, 4.1.3
						GR-D										
						FF	1,631,934	1,630,827	1,630,827	1,630,827			3,261,654			
						IAC										
						Other										
						Subtotal	59,426,893	59,253,806	59,253,806	59,253,806	-	-	118,507,612			
10	Community Health Crisis Services (Residential)	Mental Health Services - Inpatient	D.2.3. Community Health Crisis Svcs	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.	Adults/Children	GR	44,855,384	44,855,384	44,855,384	44,855,384			89,710,768			2.3.2, 2.5.4, 4.1.3
						GR-D										
						FF										
						IAC										
						Other										
						Subtotal	44,855,384	44,855,384	44,855,384	44,855,384	-	-	89,710,768			

6.J. Summary of Behavioral Health Funding

11	Community Health Crisis Services (All Other)	Mental Health Services - Other	D.2.3 Community Health Crisis Svcs	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.	Adults/Children	GR	21,147,394	21,319,374	21,319,374	21,319,374			42,638,748	30.6	30.6	2.3.2, 2.5.4, 4.1.3
						GR-D						-				
						FF	1,733,263	1,899,086	1,899,086	1,899,086		3,798,172				
						IAC						-				
						Other						-				
						Subtotal	22,880,657	23,218,460	23,218,460	23,218,460	-	46,436,920				
12	Jail-based Competency Restoration Program	Mental Health Services - Other	D.2.3 Community Health Crisis Svcs	Jail Based Competency Restoration - This is a pilot project to provide competency restoration services to individuals in a county jail setting.	Adults	GR	871,500	871,500	871,500	871,500			1,743,000			2.3.2
						GR-D						-				
						FF						-				
						IAC						-				
						Other						-				
						Subtotal	871,500	871,500	871,500	871,500	-	1,743,000				
13	Substance Abuse Treatment	Substance Use Disorder Services - Other	D.2.4 Substance Abuse Prev/Interv/Treat	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.	Adults/Children	GR	51,271,978	31,115,846	41,110,271	41,110,272			82,220,543	172.3	172.3	2.3.2
						GR-D						-				
						FF	129,347,726	122,201,246	118,658,781	118,658,781		237,317,562				
						IAC						-				
						Other	207,657	207,657	207,657	207,657		415,314				
						Subtotal	180,827,361	153,524,749	159,976,709	159,976,710	-	319,953,419				
14	Substance Abuse Prevention	Substance Use Disorder Services - Prevention	D.2.4 Substance Abuse Prev/Interv/Treat	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.	Adults/Children	GR	10,740,103	11,165,998	11,165,998	11,165,998			22,331,996	13.9	13.9	2.3.2, 3.1.3, 4.1.1
						GR-D						-				
						FF	56,426,913	47,373,662	47,233,510	47,233,510		94,467,020				
						IAC						-				
						Other						-				
						Subtotal	67,167,016	58,539,660	58,399,508	58,399,508	-	116,799,016				
15	Substance Abuse Intervention	Substance Use Disorder Services - Detox	D.2.4 Substance Abuse Prev/Interv/Treat	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.	Adults/Children	GR	7,271,193	6,924,675	6,924,675	6,924,675			13,849,350	1.7	1.7	2.3.2
						GR-D						-				
						FF	19,193,579	15,291,360	15,868,365	15,868,365		31,736,730				
						IAC						-				
						Other						-				
						Subtotal	26,464,772	22,216,035	22,793,040	22,793,040	-	45,586,080				
16	Substance Abuse - All Other	Substance Use Disorder Services - Other	D.2.4 Substance Abuse Prev/Interv/Treat	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.	Adults/Children	GR	1,747,662	1,835,565	1,835,566	1,835,566			3,671,132	5.4	5.4	2.3.2
						GR-D						-				
						FF	11,316,549	15,068,231	15,068,231	15,068,231		30,136,462				
						IAC						-				
						Other						-				
						Subtotal	13,064,211	16,903,796	16,903,797	16,903,797	-	33,807,594				
17	1915(i) Home and Community Based Services	Mental Health Services - Outpatient	D.2.5 Behavioral Health Waivers	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.	Adults	GR	12,768,164	12,258,813	12,258,813	12,258,811			24,517,622	12.9	12.9	2.3.2, 4.1.2
						GR-D						-				
						FF	10,088,813	10,088,813	10,088,813	10,088,813		20,177,626				
						IAC						-				
						Other						-				
						Subtotal	22,856,977	22,347,624	22,347,624	22,347,624	-	44,695,248				
18	Youth Empowerment Services (YES) Waiver	Mental Health Services - Outpatient	D.2.5 Behavioral Health Waivers	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.	Children	GR	10,817,715	11,327,068	11,327,068	11,327,068			22,654,136	15.0	15.0	2.3.2, 4.1.2
						GR-D						-				
						FF	19,398,385	19,445,777	19,445,777	19,445,777		38,891,554				
						IAC						-				
						Other						-				
						Subtotal	30,216,100	30,772,845	30,772,845	30,772,845	-	61,545,690				
19	Texas Veterans + Family Alliance	Mental Health Services - Other	D.2.6 Community Mental Health Grant Programs	Expands the availability of, increases access to, and enhances delivery of mental health services and treatments to veterans and their families across the state while serving as a catalyst to develop and sustain coordinated service delivery systems which continue to operate after the life of each grant period.	Adults/Children	GR	20,000,000	-	10,000,000	10,000,000			20,000,000			2.3.2
						GR-D						-				
						FF						-				
						IAC						-				
						Other						-				
						Subtotal	20,000,000	-	10,000,000	10,000,000	-	20,000,000				
20	Community Mental Health Grant Program	Mental Health Services - Other	D.2.6 Community Mental Health Grant Programs	Supports comprehensive, data-driven mental health systems that promote both wellness and recovery. The program is designed to foster community collaboration, reduce duplication of mental health services, and strengthen continuity of care for individuals receiving services through a diverse local provider network.	Adults/Children	GR	10,000,000	20,000,000	20,000,000	20,000,000			40,000,000			
						GR-D						-				
						FF						-				
						IAC						-				
						Other						-				
						Subtotal	10,000,000	20,000,000	20,000,000	20,000,000	-	40,000,000				

6.J. Summary of Behavioral Health Funding

21	MH Pgm for Justice-involved Individuals	Mental Health Services - Other	D.2.6 Community Mental Health Grant Programs	This grant program addresses the unmet physical and behavioral health needs of individuals to prevent initial or subsequent justice involvement and promote recovery. The program supports community collaboratives who are working on reducing recidivism rates, arrests, and incarceration among individuals with mental illness, and also reduce the wait time for forensic commitments.	Adults/Children	GR	12,500,000	25,000,000	25,000,000	25,000,000	-	-	50,000,000	-	2.3.2		
						GR-D	-	-	-	-	-	-	-				
						FF	-	-	-	-	-	-	-				
						IAC	-	-	-	-	-	-	-				
						Other	-	-	-	-	-	-	-				
Subtotal	12,500,000	25,000,000	25,000,000	25,000,000	-	-	50,000,000	-									
22	Disaster	Mental Health Services - Other	E.1.4 Disaster Assistance	Provides crisis counseling grants for areas affected by federally-declared disasters.	Adults/Children	GR	-	-	-	-	-	-	-	-	2.3.2, 2.5.4		
						GR-D	-	-	-	-	-	-	-				
						FF	-	-	-	-	-	-	-				
						IAC	-	-	-	-	-	-	-				
						Other	-	-	-	-	-	-	-				
Subtotal	-	-	-	-	-	-	-	-									
23	IDD Crisis Intervention Specialists and Respite Services	Mental Health Services - Prevention	F.1.3 Non-Medicaid IDD Community Svcs	Provides behavioral intervention and crisis respite to individuals with IDD with complex behavioral and/or mental health needs who are in crisis.	Adults/Children	GR	\$14,000,000	\$14,000,000	14,000,000	14,000,000	-	-	28,000,000	-	2.3.2, 2.5.4		
						GR-D	-	-	-	-	-	-	-				
						FF	-	-	-	-	-	-	-				
						IAC	-	-	-	-	-	-	-				
						Other	-	-	-	-	-	-	-				
Subtotal	14,000,000	14,000,000	14,000,000	14,000,000	-	-	28,000,000	-									
24	IDD Outpatient Crisis Provider	Mental Health Services - Prevention	F.1.3 Non-Medicaid IDD Community Svcs	Provides outpatient crisis provider services to create or expand primary LIDDA behavioral health clinics or a "clinical home" for individuals with IDD post crisis episode.	Adults/Children	GR	\$1,500,000	\$1,500,000	1,500,000	1,500,000	-	-	3,000,000	-	2.3.2, 2.5.4		
						GR-D	-	-	-	-	-	-	-				
						FF	-	-	-	-	-	-	-				
						IAC	-	-	-	-	-	-	-				
						Other	-	-	-	-	-	-	-				
Subtotal	1,500,000	1,500,000	1,500,000	1,500,000	-	-	3,000,000	-									
25	Regional Medical, Behavioral, and Psychiatric Technical Support Team	Mental Health Services - Prevention	I.2.1 Long-Term Care Intake & Access	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.	Adults/Children	GR	-	-	-	-	-	-	-	-	2.3.2, 2.5.4	MFP funding ended in in FY18. Requesting GR in place of to continue services.	
						GR-D	-	-	-	-	-	-	-				
						FF	5,961,946	5,961,946	5,961,946	5,961,946	-	-	11,923,892	-			
						IAC	-	-	-	-	-	-	-				
						Other	-	-	-	-	-	-	-				
Subtotal	5,961,946	5,961,946	5,961,946	5,961,946	-	-	11,923,892	-									
26	Enhanced Community Coordination	Mental Health Services - Prevention	I.2.1 Long-Term Care Intake & Access	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	Adults/Children	GR	-	-	-	-	-	-	-	-	2.3.2, 2.5.4	MFP funding ended in in FY18. Requesting GR in place of to continue services.	
						GR-D	-	-	-	-	-	-	-				
						FF	5,054,279	5,054,279	5,054,279	5,054,279	-	-	10,108,558	-			
						IAC	-	-	-	-	-	-	-				
						Other	-	-	-	-	-	-	-				
Subtotal	5,054,279	5,054,279	5,054,279	5,054,279	-	-	10,108,558	-									
27	Nurse and Behavioral Health Line	Mental Health Services - Prevention	I.2.1 Long-Term Care Intake & Access	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.	Adults/Children	GR	45,084	45,084	45,084	45,084	-	-	90,168	-	2.3.2, 2.5.4		
						GR-D	-	-	-	-	-	-	-				
						FF	58,023	58,023	58,023	58,023	-	-	116,046	-			
						IAC	-	-	-	-	-	-	-				
						Other	2,893	2,893	2,893	2,893	-	-	5,786	-			
Subtotal	106,000	106,000	106,000	106,000	-	-	212,000	-									
28	Child Advocacy Programs(Child Advocacy Centers)	Mental Health Services - Outpatient	F.3.2 Child Advocacy Programs	Children's Advocacy Centers (CAC) provide assistance and coordination for victims in local law enforcement agencies and district attorney's offices.	Adults/Children	GR	924,131	924,131	924,131	924,131	-	-	1,848,262	-	2.1.1, 2.3.2, 2.5.2, 3.2.2		
						GR-D	2,557,461	2,557,461	2,557,461	2,557,461	-	-	5,114,922	-			
						FF	-	-	-	-	-	-	-				
						IAC	-	-	-	-	-	-	-				
						Other	-	-	-	-	-	-	-				
Subtotal	3,481,592	3,481,592	3,481,592	3,481,592	-	-	6,963,184	-									
29	CRCG Program Support	Mental Health Services - Other	F.3.3 Additional Advocacy Programs	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.	Adults/Children	GR	125,440	125,440	125,440	125,440	-	-	250,880	-	1.1.1		
						GR-D	-	-	-	-	-	-	-				
						FF	-	-	-	-	-	-	-				
						IAC	-	-	-	-	-	-	-				
						Other	-	-	-	-	-	-	-				
Subtotal	125,440	125,440	125,440	125,440	-	-	250,880	-									
30	Mental Health State Hospitals (Inpatient Hospital Services)	Mental Health Services - Inpatient	G.2.1 Mental Health State Hospitals	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.	Adults/Youth/Inmates	GR	292,331,774	301,272,041	287,568,808	287,568,602	3,478,111	2,482,477	581,097,998	-	6.775.4	6.775.4	2.6.1, 2.6.2, 2.6.3, 4.1.1, 4.1.2
						GR-D	-	-	-	-	-	-	-				
						FF	16,410,527	5,036,960	5,036,960	5,036,960	-	-	10,073,920	-			
						IAC	955,260	955,260	955,260	955,260	-	-	1,910,520	-			
						Other	45,204,802	43,924,789	45,204,802	43,924,789	-	-	89,129,591	-			
Subtotal	354,902,363	351,189,050	338,765,830	337,485,611	3,478,111	2,482,477	682,212,029	-									
31	Mental Health State Hospitals (Medications)	Mental Health Services - Inpatient	G.2.1 Mental Health State Hospitals	Included in this service is the prescribing and dispensing of pharmaceuticals for physical ailments.	Adults/Youth/Inmates	GR	18,822,003	19,792,916	20,812,376	20,812,376	-	-	41,624,752	-	0.0	0.0	2.6.1, 2.6.2, 2.6.3, 4.1.2
						GR-D	-	-	-	-	-	-	-				
						FF	-	-	-	-	-	-	-				
						IAC	-	-	-	-	-	-	-				
						Other	596,270	596,270	596,270	596,270	-	-	1,192,540	-			
Subtotal	19,418,273	20,389,186	21,408,646	21,408,646	-	-	42,817,292	-									

6.J. Summary of Behavioral Health Funding

32	Mental Health State Hospitals (Off-Campus Medical Care)	Mental Health Services - Inpatient	G.2.1 Mental Health State Hospitals	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.	Adults/Youth/Inmates	GR	14,365,718	15,162,997	16,000,140	16,000,140	-	-	32,000,280	0.0	0.0	2.6.1, 2.6.2, 2.6.3, 4.1.2
						GR-D	-	-	-	-	-	-	-			
						FF	-	-	-	-	-	-	-			
						IAC	-	-	-	-	-	-	-			
						Other	1,579,859	1,579,859	1,579,859	1,579,859	-	-	3,159,718			
						Subtotal	15,945,577	16,742,856	17,579,999	17,579,999	-	-	35,159,998			
33	Mental Health State Hospitals (Administration)	Staff	G.2.1 Mental Health State Hospitals	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.	Adults/Youth/Inmates	GR	44,531,277	46,289,947	46,584,574	46,584,574	-	-	93,169,149	1,084.0	1,084.0	2.6.1, 2.6.2, 2.6.3, 4.1.2
						GR-D	-	-	-	-	-	-	-			
						FF	-	-	-	-	-	-	-			
						IAC	-	-	-	-	-	-	-			
						Other	12,331,978	12,331,978	12,331,978	12,331,978	-	-	24,663,956			
						Subtotal	56,863,255	58,621,925	58,916,552	58,916,553	-	-	117,833,105			
34	Mental Health State Hospitals (All Other)	Mental Health Services - Other	G.2.1 Mental Health State Hospitals	The items included in all other costs associated with MH facility support operations, HSCS administrative and oversight services, and legal settlements.	Adults/Youth/Inmates	GR	6,244,676	6,113,410	5,952,584	5,952,581	-	-	11,905,165	9.4	9.4	2.6.1, 2.6.2, 2.6.3, 4.1.2
						GR-D	-	-	-	-	-	-	-			
						FF	-	-	-	-	-	-	-			
						IAC	-	-	-	-	-	-	-			
						Other	728,236	728,236	728,236	728,236	-	-	1,456,472			
						Subtotal	6,972,912	6,841,646	6,680,820	6,680,817	-	-	13,361,637			
35	Mental Health Community Hospitals	Mental Health Services - Inpatient	G.2.2 Mental Health Community Hospitals	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.	Adults/Inmates	GR	125,919,650	128,384,402	128,384,402	128,384,402	-	-	256,768,804	4.5	4.5	2.6.1, 2.6.2, 2.6.3, 4.1.1
						GR-D	-	-	-	-	-	-	-			
						FF	-	-	-	-	-	-	-			
						IAC	-	-	-	-	-	-	-			
						Other	10,120,700	10,120,700	10,120,700	10,120,700	-	-	20,241,400			
						Subtotal	136,040,350	138,505,102	138,505,102	138,505,102	-	-	277,010,204			
36	Rio Grande State Outpatient Clinic	Mental Health Services - Other	G.3.1 Other Facilities	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.	Adults	GR	3,816,860	3,847,114	3,862,066	3,862,067	-	-	7,724,133	62.4	62.4	2.3.1, 2.3.2
						GR-D	-	-	-	-	-	-	-			
						FF	-	-	-	-	-	-	-			
						IAC	-	-	-	-	-	-	-			
						Other	325,610	325,610	325,610	325,610	-	-	651,220			
						Subtotal	4,142,470	4,172,724	4,187,676	4,187,677	-	-	8,375,353			
37	HHSC G.4.2 - MH Repair and Renovation (New Construction)	Infrastructure	HHSC G.4.2	New awarded funding for new construction of State Hospitals and Other Inpatient Mental Health Facilities.	Adults/Youth/Inmates	GR	1,951,609	1,927,403	8,513,878	8,513,878	27,124,924	-	44,152,680	2.6.1, 2.6.2, 2.6.3, 4.1.1, 4.1.2		
						GR-D	-	-	-	-	-	-	-			
						FF	-	-	-	-	-	-	-			
						IAC	-	-	-	-	-	-	-			
						Other	190,241,230	190,241,230	106,030,564	106,030,564	27,124,923	-	133,155,487			
						Subtotal	192,192,839	192,168,633	114,544,442	114,544,442	54,249,847	-	177,308,167			
38	System of Care Expansion and Sustainability Cooperative Agreement	Mental Health Services - Outpatient	L.1.1 HHS System Supports	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).	Adults/Children	GR	-	-	-	-	-	-	-	2.3.2, 3.1.1, 3.1.2, 3.1.3, 3.2.1, 4.1.1, 4.1.3		
						GR-D	-	-	-	-	-	-	-			
						FF	2,971,552	2,971,552	2,971,552	2,971,552	-	-	5,943,104			
						IAC	-	-	-	-	-	-	-			
						Other	-	-	-	-	-	-	-			
						Subtotal	2,971,552	2,971,552	2,971,552	2,971,552	-	-	5,943,104			
39	Promoting Integration of Primary and Behavioral Health Care	Mental Health Services - Other	L.1.1 HHS System Supports	The Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant provides the opportunity to build a sustainable model for promoting integration of primary care and behavioral health services. Through a two part approach - enhancing service delivery through care coordination between services, and increasing access points through co-location and innovative partnerships - Texas plans to build system capacity related to integrated health. Key populations of focus for the grant project include adults with serious mental illness, individuals with co-occurring mental illness and physical health conditions and	Adults/Children	GR	-	-	-	-	-	-	-	2.3.2, 3.1.1, 3.1.2, 3.1.3, 3.2.1, 4.1.1, 4.1.3		
						GR-D	-	-	-	-	-	-	-			
						FF	1,972,719	1,972,914	1,972,719	1,972,914	-	-	3,945,633			
						IAC	-	-	-	-	-	-	-			
						Other	-	-	-	-	-	-	-			
						Subtotal	1,972,719	1,972,914	1,972,719	1,972,914	-	-	3,945,633			
40	Mental Health Coordination	Mental Health Services - Other	L.1.1 HHS System Supports	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).	Adults/Children	GR	1,077,446	1,077,446	1,077,446	1,077,446	-	-	2,154,892	1.2.1, 1.2.2		
						GR-D	-	-	-	-	-	-	-			
						FF	873,792	873,792	873,792	873,792	-	-	1,747,584			
						IAC	-	-	-	-	-	-	-			
						Other	-	-	-	-	-	-	-			
						Subtotal	1,951,238	1,951,238	1,951,238	1,951,238	-	-	3,902,476			
41	Veteran's Mobile Application	Information Technology	L.1.1 HHS System Supports	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.	Adults	GR	90,000	90,000	90,000	90,000	-	-	180,000	2.3.1, 3.1.3, 3.2.1, 3.2.2, 4.1.2		
						GR-D	-	-	-	-	-	-	-			
						FF	-	-	-	-	-	-	-			
						IAC	-	-	-	-	-	-	-			
						Other	-	-	-	-	-	-	-			
						Subtotal	90,000	90,000	90,000	90,000	-	-	180,000			
42	Children with Special Needs	Mental Health Services - Other	L.1.2 IT Oversight Program Support	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.	Children	GR	65,551	65,551	65,551	65,551	-	-	131,102	2.1.1, 2.5.1, 2.5.2, 2.5.3, 4.1.1		
						GR-D	-	-	-	-	-	-	-			
						FF	-	-	-	-	-	-	-			
						IAC	-	-	-	-	-	-	-			
						Other	-	-	-	-	-	-	-			
						Subtotal	65,551	65,551	65,551	65,551	-	-	131,102			
43	Sexually Violent Predator Behavioral Health Services	Substance Use Disorder Services - Prevention	M.1.1 Texas Civil Commitment Office	Substance Abuse Services for Civilly Committed Sex Offenders who reside in the community or in an agency operated/contracted facility. Mental Health Services for Civilly Committed Sex Offenders who reside in the community.	Adults	GR	154,611	154,611	154,611	154,611	-	-	309,222	2.3.2, 3.1.3, 4.1.1		
						GR-D	-	-	-	-	-	-	-			
						FF	-	-	-	-	-	-	-			
						IAC	-	-	-	-	-	-	-			
						Other	-	-	-	-	-	-	-			
						Subtotal	154,611	154,611	154,611	154,611	-	-	309,222			
Total						1,827,438,900	1,803,781,868	1,714,917,965	1,607,607,182	57,727,958	2,482,477	2,866,589,473	516,146,109	8,324	8,324	

6.J. Summary of Behavioral Health Funding

		Agency: 529				Prepared by: Justin Pickens				
Date: 10/27/2020										
#	Program Name	Service Type	Summary Description	Fund Type	2020-21 Base	2022-23 Total Request	Biennial Difference	Percentage Change	2020-21 Requested for Mental Health Services	2020-21 Requested for Substance Abuse Services
	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	609,856,096	609,456,288	(399,808)	-0.1%	609,456,288	-
				GR-D	-	-	-	-	-	-
				FF	92,788,333	79,910,110	(12,878,223)	-13.9%	79,910,110	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
Subtotal	702,644,429	689,366,398	(13,278,031)	-1.9%	689,366,398	-				
	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	-				
	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 Opioid Response.	GR	38,018,649	38,418,460	399,811	1.1%	38,418,460	-
				GR-D	-	-	-	-	-	
				FF	52,717,954	49,754,160	(2,963,794)	-5.6%	49,754,160	-
				IAC	-	-	-	-	-	
				Other	276,285	274,724	(1,561)	-0.6%	274,724	-
Subtotal	91,012,888	88,447,344	(2,565,544)	-2.8%	88,447,344	-				
	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	106,539,708	58,867,238	(47,672,470)	-44.7%	58,867,238	-
				GR-D	-	-	-	-	-	
				FF	54,643,105	43,251,332	(11,391,773)	-20.8%	43,251,332	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
Subtotal	161,182,813	102,118,570	(59,064,243)	-36.6%	102,118,570	-				
	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	-				
	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	16,316,494	16,969,464	652,970	4.0%	16,969,464	-
				GR-D	-	-	-	-	-	
				FF	4,864,871	4,495,792	(369,079)	-7.6%	4,495,792	-
				IAC	-	-	-	-	-	
				Other	-	-	-	-	-	
Subtotal	21,181,365	21,465,256	283,891	1.3%	21,465,256	-				

6.J. Summary of Behavioral Health Funding

DFPS Relinquishment Slots	Mental Health Services - Outpatient	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	10,893,224	59,912,724	49,019,500	450.0%	59,912,724	-	
			GR-D	-	-	-	-	-	-	-
			FF	-	-	-	-	-	-	-
			IAC	-	-	-	-	-	-	-
			Other	-	-	-	-	-	-	-
			Subtotal	10,893,224	59,912,724	49,019,500	450.0%	59,912,724	-	
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	115,417,938	115,245,958	(171,980)	-0.1%	115,245,958	-	
			GR-D	-	-	-	-	-	-	
			FF	3,262,761	3,261,654	(1,107)	0.0%	3,261,654	-	
			IAC	-	-	-	-	-	-	
			Other	-	-	-	-	-	-	
			Subtotal	118,680,699	118,507,612	(173,087)	-0.1%	118,507,612	-	
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	89,710,768	89,710,768	-	0.0%	89,710,768	-	
			GR-D	-	-	-	-	-	-	
			FF	-	-	-	-	-	-	
			IAC	-	-	-	-	-	-	
			Other	-	-	-	-	-	-	
			Subtotal	89,710,768	89,710,768	-	0.0%	89,710,768	-	
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	42,466,768	42,638,748	171,980	0.4%	42,638,748	-	
			GR-D	-	-	-	-	-	-	
			FF	3,632,349	3,798,172	165,823	4.6%	3,798,172	-	
			IAC	-	-	-	-	-	-	
			Other	-	-	-	-	-	-	
			Subtotal	46,099,117	46,436,920	337,803	0.7%	46,436,920	-	
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	-	

6.J. Summary of Behavioral Health Funding

Texas Veterans + Family Alliance	Mental Health Services - Other	Expands the availability of, increases access to, and enhances delivery of mental health services and treatments to veterans and their families across the state while serving as a catalyst to develop and sustain coordinated service delivery systems which continue to operate after the life of each grant period.	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	-			
Community Mental Health Grant Program	Mental Health Services - Other	Supports comprehensive, data-driven mental health systems that promote both wellness and recovery. The program is designed to foster community collaboration, reduce duplication of mental health services, and strengthen continuity of care for individuals receiving services through a diverse local provider network.	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	-			
MH Pgm for Justice-involved Individuals	Mental Health Services - Other	This grant program addresses the unmet physical and behavioral health needs of individuals to prevent initial or subsequent justice involvement and promote recovery. The program supports community collaboratives who are working on reducing recidivism rates, arrests, and incarceration among individuals with mental illness, and also reduce the wait time for forensic commitments.	GR	37,500,000	50,000,000	12,500,000	33.3%	50,000,000	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal	37,500,000	50,000,000	12,500,000	33.3%	50,000,000	-			
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	82,387,824	82,220,543	(167,281)	-0.2%	-	82,220,543
			GR-D	-	-	-	-	-	-
			FF	251,548,972	237,317,562	(14,231,410)	-5.7%	-	237,317,562
			IAC	-	-	-	-	-	-
			Other	415,314	415,314	-	0.0%	-	415,314
Subtotal	334,352,110	319,953,419	(14,398,691)	-4.3%	-	319,953,419			
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	21,906,101	22,331,996	425,895	1.9%	-	22,331,996
			GR-D	-	-	-	-	-	-
			FF	103,800,575	94,467,020	(9,333,555)	-9.0%	-	94,467,020
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal	125,706,676	116,799,016	(8,907,660)	-7.1%	-	116,799,016			
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	14,195,868	13,849,350	(346,518)	-2.4%	-	13,849,350
			GR-D	-	-	-	-	-	-
			FF	34,484,939	31,736,730	(2,748,209)	-8.0%	-	31,736,730
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal	48,680,807	45,586,080	(3,094,727)	-6.4%	-	45,586,080			

6.J. Summary of Behavioral Health Funding

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	3,583,227	3,671,132	87,905	2.5%	-	3,671,132
			GR-D	-	-	-	-	-	-
			FF	26,384,780	30,136,462	3,751,682	14.2%	-	30,136,462
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal			29,968,007	33,807,594	3,839,587	12.8%	-	33,807,594	
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	25,026,975	24,517,622	(509,353)	-2.0%	24,517,622	-
			GR-D	-	-	-	-	-	-
			FF	20,177,626	20,177,626	-	0.0%	20,177,626	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal			45,204,601	44,695,248	(509,353)	-1.1%	44,695,248	-	
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	22,144,783	22,654,136	509,353	2.3%	22,654,136	-
			GR-D	-	-	-	-	-	-
			FF	38,844,162	38,891,554	47,392	0.1%	38,891,554	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal			60,988,945	61,545,690	556,745	0.9%	61,545,690	-	
Disaster	Mental Health Services - Other	Provides crisis counseling grants for areas affected by federally-declared disasters.	GR	-	-	-	-	-	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal			-	-	-	-	-	-	
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	28,000,000	28,000,000	-	0.0%	28,000,000	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal			28,000,000	28,000,000	-	0.0%	28,000,000	-	
IDD Outpatient Crisis Provider	Mental Health Services - Prevention	Provides outpatient crisis provider services to create or expand primary LIDDA behavioral health clinics or a "clinical home" for individuals with IDD post crisis episode.	GR	3,000,000	3,000,000	-	0.0%	3,000,000	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal			3,000,000	3,000,000	-	0.0%	3,000,000	-	

6.J. Summary of Behavioral Health Funding

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	-	-	-	-	-	-
			GR-D	-	-	-	-	-	-
			FF	11,923,892	11,923,892	-	0.0%	11,923,892	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
			Subtotal	11,923,892	11,923,892	-	0.0%	11,923,892	-
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	-	-	-	-	-	-
			GR-D	-	-	-	-	-	-
			FF	10,108,558	10,108,558	-	0.0%	10,108,558	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
			Subtotal	10,108,558	10,108,558	-	0.0%	10,108,558	-
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	1,848,262	-	0.0%	1,848,262	-
			GR-D	5,114,922	5,114,922	-	0.0%	5,114,922	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
			Subtotal	6,963,184	6,963,184	-	0.0%	6,963,184	-
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	-

6.J. Summary of Behavioral Health Funding

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	593,603,815	581,097,998	(12,505,817)	-2.1%	581,097,998	-
			GR-D	-	-	-	-	-	-
			FF	21,447,487	10,073,920	(11,373,567)	-53.0%	10,073,920	-
			IAC	1,910,520	1,910,520	-	0.0%	1,910,520	-
			Other	89,129,591	89,129,591	-	0.0%	89,129,591	-
			Subtotal	706,091,413	682,212,029	(23,879,384)	-3.4%	682,212,029	-
Mental Health State Hospitals (Medications)	Mental Health Services - Inpatient	Included in this service is the prescribing and dispensing of pharmaceuticals for physical ailments.	GR	38,614,919	41,624,752	3,009,833	7.8%	41,624,752	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	1,192,540	1,192,540	-	0.0%	1,192,540	-
			Subtotal	39,807,459	42,817,292	3,009,833	7.6%	42,817,292	-
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	29,528,715	32,000,280	2,471,565	8.4%	32,000,280	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	3,159,718	3,159,718	-	0.0%	3,159,718	-
			Subtotal	32,688,433	35,159,998	2,471,565	7.6%	35,159,998	-
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	90,821,224	93,169,149	2,347,925	2.6%	93,169,149	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	24,663,956	24,663,956	-	0.0%	24,663,956	-
			Subtotal	115,485,180	117,833,105	2,347,925	2.0%	117,833,105	-
Mental Health State Hospitals (All Other)	Mental Health Services - Other	The items included in all other costs associated with MH facility support operations, HSCS administrative and oversight services, and legal settlements.	GR	12,358,086	11,905,165	(452,921)	-3.7%	11,905,165	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	1,456,472	1,456,472	-	0.0%	1,456,472	-
			Subtotal	13,814,558	13,361,637	(452,921)	-3.3%	13,361,637	-
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	254,304,052	256,768,804	2,464,752	1.0%	256,768,804	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	20,241,400	20,241,400	-	0.0%	20,241,400	-
			Subtotal	274,545,452	277,010,204	2,464,752	0.9%	277,010,204	-

6.J. Summary of Behavioral Health Funding

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	7,663,974	7,724,133	60,159	0.8%	7,724,133	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	651,220	651,220	-	0.0%	651,220	-
Subtotal	8,315,194	8,375,353	60,159	0.7%	8,375,353	-			
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	44,152,680	40,273,668	1038.2%	44,152,680	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	380,482,460	133,155,487	(247,326,973)	-65.0%	133,155,487	-
Subtotal	384,361,472	177,308,167	(207,053,305)	-53.9%	177,308,167	-			
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	-			
Promoting Integration of Primary and Behavioral Health Care	Mental Health Services - Other	The Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant provides the opportunity to build a sustainable model for promoting integration of primary care and behavioral health services. Through a two part approach - enhancing service delivery through care coordination between services, and increasing access points through co-location and innovative partnerships - Texas plans to build system	GR	-	-	-	-	-	-
			GR-D	-	-	-	-	-	-
			FF	3,945,633	3,945,633	-	0.0%	3,945,633	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal	3,945,633	3,945,633	-	0.0%	3,945,633	-			
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	2,154,892	2,154,892	-	0.0%	2,154,892	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal	3,902,476	3,902,476	-	0.0%	3,902,476	-			
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	-			
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	131,102	131,102	-	0.0%	131,102	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal	131,102	131,102	-	0.0%	131,102	-			
Sexually Violent Predator Behavioral Health Services	Substance Use Disorder Services - Prevention	Substance Abuse Services for Civilly Committed Sex Offenders who reside in the community or in an agency operated/contracted facility. Mental Health Services for Civilly Committed Sex Offenders who reside in the community.	GR	309,222	309,222	-	0.0%	309,222	-
			GR-D	-	-	-	-	-	-
			FF	-	-	-	-	-	-
			IAC	-	-	-	-	-	-
			Other	-	-	-	-	-	-
Subtotal	309,222	309,222	-	0.0%	309,222	-			

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Agency code: 529

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

		Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative:		1.Grants to LMHAs to support non-physician mental health professionals				
Legal Authority for Item:		H.B. 19, Eighty-sixth Legislature, Regular Session, 2019, relating to mental health and substance use resources for certain school districts				
Description/Key Assumptions (including start up/implementation costs and ongoing costs):		Assumes annual average salary, benefits, and expenses of \$115,600 for each non-physician mental health professional by education services center (ESC) region.				
State Budget by Program:	Community Mental Health Services - Children					
IT Component:	No					
Involve Contracts > \$50,000:	No					
Objects of Expense						
Strategy: 4-2-2 COMMUNITY MENTAL HLTH SVCS-CHILDREN						
4000	GRANTS	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
SUBTOTAL, Strategy 4-2-2		\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
TOTAL, Objects of Expense		\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
Method of Financing						
GENERAL REVENUE FUNDS						
Strategy: 4-2-2 COMMUNITY MENTAL HLTH SVCS-CHILDREN						
1	General Revenue Fund	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
SUBTOTAL, Strategy 4-2-2		\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
SUBTOTAL, GENERAL REVENUE FUNDS		\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
TOTAL, Method of Financing		\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000

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Agency name: Health and Human Services Commission

	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative:					
2. Initiative to increase the capacity of local mental health authorities to provide access to mental health services in certain counties					
Legal Authority for Item:					
S.B. 633, Eighty-sixth Legislature, Regular Session, 2019, relating to an initiative to increase the capacity of local mental health authorities to provide access to mental health services in certain counties.					
Description/Key Assumptions (including start up/implementation costs and ongoing costs):					
Assumes HHSC would need 3.0 Program Specialist VI and 0.3 Program Specialist V to assist with development and analysis of plans and assist with data analysis and program oversight. Assumes cost would expire 09/01/2020.					
State Budget by Program:					
Community Mental Health Services - Adults					
IT Component:					
No					
Involve Contracts > \$50,000:					
No					
Objects of Expense					
Strategy: 4-2-1 COMMUNITY MENTAL HEALTH SVCS-ADULTS					
1001 SALARIES AND WAGES	\$0	\$297,690	\$257,506	\$0	\$0
SUBTOTAL, Strategy 4-2-1	\$0	\$297,690	\$257,506	\$0	\$0
TOTAL, Objects of Expense	\$0	\$297,690	\$257,506	\$0	\$0
Method of Financing					
GENERAL REVENUE FUNDS					
Strategy: 4-2-1 COMMUNITY MENTAL HEALTH SVCS-ADULTS					
1 General Revenue Fund	\$0	\$274,173	\$237,163	\$0	\$0
SUBTOTAL, Strategy 4-2-1	\$0	\$274,173	\$237,163	\$0	\$0
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$274,173	\$237,163	\$0	\$0
FEDERAL FUNDS					
Strategy: 4-2-1 COMMUNITY MENTAL HEALTH SVCS-ADULTS					
555 Federal Funds	\$0	\$23,517	\$20,343	\$0	\$0
SUBTOTAL, Strategy 4-2-1	\$0	\$23,517	\$20,343	\$0	\$0
SUBTOTAL, FEDERAL FUNDS	\$0	\$23,517	\$20,343	\$0	\$0
TOTAL, Method of Financing	\$0	\$297,690	\$257,506	\$0	\$0
FULL-TIME-EQUIVALENT POSITIONS (FTE)					
Strategy: 4-2-1 COMMUNITY MENTAL HEALTH SVCS-ADULTS	0.0	3.3	3.3	0.0	0.0
TOTAL FTES	0.0	3.3	3.3	0.0	0.0

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Agency name: Health and Human Services Commission

	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative:	3. Identify child-care facilities that are operating without a required license, certification, registration, or listing, and initiate appropriate enforcement				
Legal Authority for Item:	S.B. 706, Eighty-sixth Legislature, Regular Session, 2019, relating to an investigation unit within the Health and Human Services Commission for certain illegally operating child-care facilities				
Description/Key Assumptions (including start up/implementation costs and ongoing costs):	Funds are required to establish and operate a unit to identify and investigate illegally operating child care facilities and initiating appropriate enforcement against those facilities. Assumes funding need will continue into future years.				
State Budget by Program:	Child Care Regulation				
IT Component:	No				
Involve Contracts > \$50,000:	No				
Objects of Expense					
Strategy: 8-2-1 CHILD CARE REGULATION					
1001 SALARIES AND WAGES	\$0	\$590,030	\$590,030	\$590,030	\$590,030
2003 CONSUMABLE SUPPLIES	\$0	\$15,400	\$15,400	\$15,400	\$15,400
2005 TRAVEL	\$0	\$73,920	\$73,920	\$73,920	\$73,920
2009 OTHER OPERATING EXPENSE	\$0	\$378,486	\$68,925	\$68,925	\$68,925
		SUBTOTAL, Strategy 8-2-1	\$748,275	\$748,275	\$748,275
		TOTAL, Objects of Expense	\$748,275	\$748,275	\$748,275
Method of Financing					
GENERAL REVENUE FUNDS					
Strategy: 8-2-1 CHILD CARE REGULATION					
1 General Revenue Fund	\$0	\$1,039,184	\$731,234	\$731,234	\$731,234
		SUBTOTAL, Strategy 8-2-1	\$731,234	\$731,234	\$731,234
		SUBTOTAL, GENERAL REVENUE FUNDS	\$731,234	\$731,234	\$731,234
FEDERAL FUNDS					
Strategy: 8-2-1 CHILD CARE REGULATION					
555 Federal Funds	\$0	\$18,652	\$17,041	\$17,041	\$17,041
		SUBTOTAL, Strategy 8-2-1	\$17,041	\$17,041	\$17,041
		SUBTOTAL, FEDERAL FUNDS	\$17,041	\$17,041	\$17,041
		TOTAL, Method of Financing	\$748,275	\$748,275	\$748,275
FULL-TIME-EQUIVALENT POSITIONS (FTE)					
Strategy: 8-2-1 CHILD CARE REGULATION	0.0	15.0	15.0	15.0	15.0

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

	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
TOTAL FTES	0.0	15.0	15.0	15.0	15.0

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

		Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative: 4. Medication payments for furloughed or discharged patients						
Legal Authority for Item: S.B. 362, Eighty-sixth Legislature, Regular Session, 2019, relating to court-ordered mental health services						
Description/Key Assumptions (including start up/implementation costs and ongoing costs): Assumes an estimated cost for seven days of medications. Assumes funding need will continue into future years.						
State Budget by Program:	Mental Health Community Hospitals					
IT Component:	No					
Involve Contracts > \$50,000:	No					
Objects of Expense						
Strategy: 7-2-2 MENTAL HEALTH COMMUNITY HOSPITALS						
4000	GRANTS	\$0	\$850,000	\$850,000	\$850,000	\$850,000
	SUBTOTAL, Strategy 7-2-2	\$0	\$850,000	\$850,000	\$850,000	\$850,000
	TOTAL, Objects of Expense	\$0	\$850,000	\$850,000	\$850,000	\$850,000
Method of Financing						
GENERAL REVENUE FUNDS						
Strategy: 7-2-2 MENTAL HEALTH COMMUNITY HOSPITALS						
1	General Revenue Fund	\$0	\$850,000	\$850,000	\$850,000	\$850,000
	SUBTOTAL, Strategy 7-2-2	\$0	\$850,000	\$850,000	\$850,000	\$850,000
	SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$850,000	\$850,000	\$850,000	\$850,000
	TOTAL, Method of Financing	\$0	\$850,000	\$850,000	\$850,000	\$850,000

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Agency name: Health and Human Services Commission

	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative: 5. Safety training account, safe sleeping standards, and other requirements, and administrative penalties					
Legal Authority for Item: S.B. 568, Eighty-sixth Legislature, Regular Session, 2019, relating to the regulation of child-care facilities and family homes, providing administrative penalties					
Description/Key Assumptions (including start up/implementation costs and ongoing costs): Assumes cost to collect, develop, analyze, or maintain new data elements or establish new data collection/tracking mechanisms. Assumes technology costs for changes to the database, child care licensing systems, and other related modifications to CLASS and the Public and Provider systems.					
State Budget by Program: IT Oversight & Program Support					
IT Component: Yes					
Involve Contracts > \$50,000: No					
Objects of Expense					
Strategy: 12-1-2 IT OVERSIGHT & PROGRAM SUPPORT					
2001 PROFESSIONAL FEES AND SERVICES	\$0	\$455,530	\$611,376	\$611,376	\$611,376
SUBTOTAL, Strategy 12-1-2	\$0	\$455,530	\$611,376	\$611,376	\$611,376
TOTAL, Objects of Expense	\$0	\$455,530	\$611,376	\$611,376	\$611,376
Method of Financing					
GENERAL REVENUE FUNDS					
Strategy: 12-1-2 IT OVERSIGHT & PROGRAM SUPPORT					
1 General Revenue Fund	\$0	\$103,656	\$139,119	\$140,014	\$140,014
758 GR Match For Medicaid	\$0	\$111,937	\$150,233	\$152,496	\$152,496
8010 GR Match For Title XXI	\$0	\$1,900	\$2,549	\$2,574	\$2,574
8014 GR Match for Food Stamp Admin	\$0	\$41,790	\$56,088	\$53,862	\$53,862
8032 GR Certified As Match For Medicaid	\$0	\$6,336	\$8,504	\$8,651	\$8,651
SUBTOTAL, Strategy 12-1-2	\$0	\$265,619	\$356,493	\$357,597	\$357,597
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$265,619	\$356,493	\$357,597	\$357,597
FEDERAL FUNDS					
Strategy: 12-1-2 IT OVERSIGHT & PROGRAM SUPPORT					
555 Federal Funds	\$0	\$189,911	\$254,883	\$253,779	\$253,779
SUBTOTAL, Strategy 12-1-2	\$0	\$189,911	\$254,883	\$253,779	\$253,779
SUBTOTAL, FEDERAL FUNDS	\$0	\$189,911	\$254,883	\$253,779	\$253,779
TOTAL, Method of Financing	\$0	\$455,530	\$611,376	\$611,376	\$611,376

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

Exp 2019 Bud 2020 Est 2021 Est 2022 Est 2023

Description of IT Component Included in New or Expanded Initiative:

Collect, develop, analyze or maintain new data elements or establish new data collection/tracking mechanisms. Changes to the database, child care licensing systems, and other related modifications to CLASS and the Public and Provider systems.

Is this IT component a New or Current Project? New

FTEs related to IT Component?

Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
0.0	0.0	0.0	0.0	0.0

Proposed Software:

N/A

Proposed Hardware:

N/A

Development Cost and Other Costs:

Assumes cost to collect, develop, analyze or maintain new data elements or establish new data collection/tracking mechanisms. Assumes technology costs for changes to the database, child care licensing systems, and other related modifications to CLASS and the Public and Provider systems.

Type of Project:

Other Administrative Functions

Estimated IT Cost:

Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023	Total Over Life of Project
\$0	\$455,530	\$611,376	\$611,376	\$611,376	\$2,289,658

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

	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative: 6. Safety training account, safe sleeping standards, and other requirements, and administrative penalties					
Legal Authority for Item: S.B. 568, Eighty-sixth Legislature, Regular Session, 2019, relating to the regulation of child-care facilities and family homes, providing administrative penalties					
Description/Key Assumptions (including start up/implementation costs and ongoing costs): Assumes cost to collect, develop, analyze, or maintain new data elements or establish new data collection/tracking mechanisms. Assumes technology costs for changes to the database, child care licensing systems, and other related modifications to CLASS and the Public and Provider systems.					
State Budget by Program: Child Care Regulation					
IT Component: No					
Involve Contracts > \$50,000: No					
Objects of Expense					
Strategy: 8-2-1 CHILD CARE REGULATION					
2001 PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$250,000	\$250,000	\$250,000
SUBTOTAL, Strategy 8-2-1	\$0	\$0	\$250,000	\$250,000	\$250,000
TOTAL, Objects of Expense	\$0	\$0	\$250,000	\$250,000	\$250,000
Method of Financing					
GENERAL REVENUE FUNDS					
Strategy: 8-2-1 CHILD CARE REGULATION					
1 General Revenue Fund	\$0	\$0	\$250,000	\$250,000	\$250,000
SUBTOTAL, Strategy 8-2-1	\$0	\$0	\$250,000	\$250,000	\$250,000
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$0	\$250,000	\$250,000	\$250,000
TOTAL, Method of Financing	\$0	\$0	\$250,000	\$250,000	\$250,000

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

	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative: 7. Investigation of listed family homes					
Legal Authority for Item: S.B. 569, Eighty-sixth Legislature, Regular Session, 2019, relating to the regulation of listed family homes					
Description/Key Assumptions (including start up/implementation costs and ongoing costs): Assumes FTEs for staff augmentation and support costs in AY 20-21. Assumes support costs and regional inspectors and supervisors in AY 20-21 and future years.					
State Budget by Program: Child Care Regulation					
IT Component: No					
Involve Contracts > \$50,000: No					
Objects of Expense					
Strategy: 8-2-1 CHILD CARE REGULATION					
1001 SALARIES AND WAGES	\$0	\$210,455	\$210,455	\$210,455	\$210,455
2003 CONSUMABLE SUPPLIES	\$0	\$5,000	\$5,000	\$5,000	\$5,000
2005 TRAVEL	\$0	\$27,600	\$27,600	\$27,600	\$27,600
2009 OTHER OPERATING EXPENSE	\$0	\$57,082	\$57,082	\$57,082	\$57,082
SUBTOTAL, Strategy 8-2-1	\$0	\$300,137	\$300,137	\$300,137	\$300,137
TOTAL, Objects of Expense	\$0	\$300,137	\$300,137	\$300,137	\$300,137
Method of Financing					
GENERAL REVENUE FUNDS					
Strategy: 8-2-1 CHILD CARE REGULATION					
1 General Revenue Fund	\$0	\$300,137	\$300,137	\$300,137	\$300,137
SUBTOTAL, Strategy 8-2-1	\$0	\$300,137	\$300,137	\$300,137	\$300,137
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$300,137	\$300,137	\$300,137	\$300,137
TOTAL, Method of Financing	\$0	\$300,137	\$300,137	\$300,137	\$300,137
FULL-TIME-EQUIVALENT POSITIONS (FTE)					
Strategy: 8-2-1 CHILD CARE REGULATION	0.0	5.0	5.0	5.0	5.0
TOTAL FTES	0.0	5.0	5.0	5.0	5.0

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

	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
<hr/>					
Expanded or New Initiative: 8. Investigation of listed family homes					
Legal Authority for Item:					
S.B. 569, Eighty-sixth Legislature, Regular Session, 2019, relating to the regulation of listed family homes					
Description/Key Assumptions (including start up/implementation costs and ongoing costs):					
Assumes FTEs for staff augmentation and support costs in AY 20-21. Assumes support costs and regional inspectors and supervisors in AY 20-21 and future years.					
State Budget by Program: IT Oversight and Program Support					
IT Component: Yes					
Involve Contracts > \$50,000: No					
Objects of Expense					
Strategy: 12-1-2 IT OVERSIGHT & PROGRAM SUPPORT					
2001 PROFESSIONAL FEES AND SERVICES	\$0	\$473,870	\$741,456	\$741,456	\$741,456
SUBTOTAL, Strategy 12-1-2	\$0	\$473,870	\$741,456	\$741,456	\$741,456
TOTAL, Objects of Expense	\$0	\$473,870	\$741,456	\$741,456	\$741,456
 Method of Financing					
GENERAL REVENUE FUNDS					
Strategy: 12-1-2 IT OVERSIGHT & PROGRAM SUPPORT					
1 General Revenue Fund	\$0	\$107,829	\$168,717	\$169,804	\$169,804
758 GR Match For Medicaid	\$0	\$116,444	\$182,198	\$184,942	\$184,942
8010 GR Match For Title XXI	\$0	\$1,976	\$3,092	\$3,122	\$3,122
8014 GR Match for Food Stamp Admin	\$0	\$43,473	\$68,021	\$65,322	\$65,322
8032 GR Certified As Match For Medicaid	\$0	\$6,592	\$10,314	\$10,492	\$10,492
SUBTOTAL, Strategy 12-1-2	\$0	\$276,314	\$432,342	\$433,682	\$433,682
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$276,314	\$432,342	\$433,682	\$433,682
 FEDERAL FUNDS					
Strategy: 12-1-2 IT OVERSIGHT & PROGRAM SUPPORT					
555 Federal Funds	\$0	\$197,556	\$309,114	\$307,774	\$307,774
SUBTOTAL, Strategy 12-1-2	\$0	\$197,556	\$309,114	\$307,774	\$307,774
SUBTOTAL, FEDERAL FUNDS	\$0	\$197,556	\$309,114	\$307,774	\$307,774
TOTAL, Method of Financing	\$0	\$473,870	\$741,456	\$741,456	\$741,456

Description of IT Component Included in New or Expanded Initiative:

Collect, develop, analyze or maintain new data elements or establish new data collection/tracking mechanisms. Changes to the database, child care licensing systems, and other related modifications to CLASS and the Public and Provider systems.

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Is this IT component a New or Current Project?					
FTEs related to IT Component?					
	0.0	0.0	0.0	0.0	0.0

Proposed Software:

N/A

Proposed Hardware:

N/A

Development Cost and Other Costs:

Assumes cost to collect, develop, analyze or maintain new data elements or establish new data collection/tracking mechanisms. Assumes technology costs for changes to the database, child care licensing systems, and other related modifications to CLASS and the Public and Provider systems.

Type of Project:

Other Administrative Functions

Estimated IT Cost:

	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023	Total Over Life of Project
	\$0	\$473,870	\$741,457	\$741,457	\$741,457	\$2,698,241

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

		Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative:						
	9. Raising the Minimum Legal Age (MLA) of purchase for cigarettes, e-cigarettes, and tobacco products from 18 years of age to 21					
Legal Authority for Item:						
S.B. 21, Eighty-sixth Legislature, Regular Session, 2019, relating to the distribution, possession, purchase, consumption, and receipt of cigarettes, e-cigarettes, and tobacco products.						
Description/Key Assumptions (including start up/implementation costs and ongoing costs):						
An increase in the minimum legal age of tobacco purchases may lead to a decrease in adverse birth outcomes for persons served by the Medicaid program, which may result in cost savings						
State Budget by Program:	Pregnant Women					
IT Component:	No					
Involve Contracts > \$50,000:	No					
Objects of Expense						
Strategy: 1-1-3 PREGNANT WOMEN						
	3001 CLIENT SERVICES	\$0	\$(245,010)	\$(563,868)	\$0	\$0
	SUBTOTAL, Strategy 1-1-3	\$0	\$(245,010)	\$(563,868)	\$0	\$0
	TOTAL, Objects of Expense	\$0	\$(245,010)	\$(563,868)	\$0	\$0
Method of Financing						
GENERAL REVENUE FUNDS						
Strategy: 1-1-3 PREGNANT WOMEN						
	758 GR Match For Medicaid	\$0	\$(96,362)	\$(220,529)	\$0	\$0
	SUBTOTAL, Strategy 1-1-3	\$0	\$(96,362)	\$(220,529)	\$0	\$0
	SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$(96,362)	\$(220,529)	\$0	\$0
FEDERAL FUNDS						
Strategy: 1-1-3 PREGNANT WOMEN						
	555 Federal Funds	\$0	\$(148,648)	\$(343,339)	\$0	\$0
	SUBTOTAL, Strategy 1-1-3	\$0	\$(148,648)	\$(343,339)	\$0	\$0
	SUBTOTAL, FEDERAL FUNDS	\$0	\$(148,648)	\$(343,339)	\$0	\$0
	TOTAL, Method of Financing	\$0	\$(245,010)	\$(563,868)	\$0	\$0

6.K. Part A Budgetary Impacts Related to Recently Enacted State Legislation Schedule

87th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/9/2020
TIME: 12:19:15PM

Agency code: 529

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

	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative: 10. Postpartum Care Packages in Healthy Texas Women					

Legal Authority for Item:

S.B. 750, Eighty-sixth Legislature, Regular Session, 2019, relating to maternal and newborn health care and the quality of services provided to women in the state under certain health care programs

Description/Key Assumptions (including start up/implementation costs and ongoing costs):

The agency is currently working with TMHP to revise assumptions on hours and timeline. Assumes technology updates will occur in AY20 with rollout of service provision in AY21. Out year costs will include ongoing service provision.

State Budget by Program: Healthy Texas Women
IT Component: Yes
Involve Contracts > \$50,000: No

Objects of Expense

Strategy: 4-1-1 WOMEN'S HEALTH PROGRAMS

4000 GRANTS	\$0	\$1,029,200	\$13,643,638	\$13,643,638	\$13,643,638
SUBTOTAL, Strategy 4-1-1	\$0	\$1,029,200	\$13,643,638	\$13,643,638	\$13,643,638
TOTAL, Objects of Expense	\$0	\$1,029,200	\$13,643,638	\$13,643,638	\$13,643,638

Method of Financing

GENERAL REVENUE FUNDS

Strategy: 4-1-1 WOMEN'S HEALTH PROGRAMS

1 General Revenue Fund	\$0	\$1,029,200	\$13,643,638	\$13,643,638	\$13,643,638
SUBTOTAL, Strategy 4-1-1	\$0	\$1,029,200	\$13,643,638	\$13,643,638	\$13,643,638
SUBTOTAL, GENERAL REVENUE FUNDS	\$0	\$1,029,200	\$13,643,638	\$13,643,638	\$13,643,638
TOTAL, Method of Financing	\$0	\$1,029,200	\$13,643,638	\$13,643,638	\$13,643,638

Description of IT Component Included in New or Expanded Initiative:

One-time upgrades to the Texas Integrated Eligibility Redesign System (TIERS) and Eligibility Support Technology

Is this IT component a New or Current Project? New

FTEs related to IT Component?

Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
0.0	0.0	0.0	0.0	0.0

Proposed Software:

N/A

6.K. Part A Budgetary Impacts Related to Recently Enacted State Legislation Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/9/2020
 TIME: 12:19:15PM

Agency code: 529

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

Exp 2019 Bud 2020 Est 2021 Est 2022 Est 2023

Proposed Hardware:

N/A

Development Cost and Other Costs:

Costs associated to TIERS code modification so that coverage could be provided to women beyond 60 days who would otherwise not be eligible for Medicaid without the 1115 waiver.

Type of Project:

Other Administrative Functions

Estimated IT Cost:

Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023	Total Over Life of Project
\$0	\$1,029,200	\$0	\$0	\$0	\$1,029,200

6.K. Part A Budgetary Impacts Related to Recently Enacted State Legislation Schedule

87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/9/2020
 TIME: 12:19:15PM

Agency code: 529

Agency name: Health and Human Services Commission

		Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
Expanded or New Initiative:						
11. Supplemental Payment Program Retention						
Legal Authority for Item:						
S.B. 2138, Eighty-sixth Legislature, Regular Session, 2019, relating to the administration and operation of Medicaid						
Description/Key Assumptions (including start up/implementation costs and ongoing costs):						
Assumes CMS approval is received and funding need remains in future years.						
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						
1001	SALARIES AND WAGES	\$0	\$2,200,000	\$2,200,000	\$2,200,000	\$2,200,000
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$5,800,000	\$5,800,000	\$5,800,000	\$5,800,000
SUBTOTAL, Strategy 2-1-1		\$0	\$8,000,000	\$8,000,000	\$8,000,000	\$8,000,000
TOTAL, Objects of Expense		\$0	\$8,000,000	\$8,000,000	\$8,000,000	\$8,000,000
Method of Financing						
FEDERAL FUNDS						
Strategy: 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION						
555	Federal Funds	\$0	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
SUBTOTAL, Strategy 2-1-1		\$0	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
SUBTOTAL, FEDERAL FUNDS		\$0	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
OTHER FUNDS						
Strategy: 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION						
8062	Approp Receipts-Match For Medicaid	\$0	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
SUBTOTAL, Strategy 2-1-1		\$0	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
SUBTOTAL, OTHER FUNDS		\$0	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
TOTAL, Method of Financing		\$0	\$8,000,000	\$8,000,000	\$8,000,000	\$8,000,000
FULL-TIME-EQUIVALENT POSITIONS (FTE)						
Strategy: 2-1-1 MEDICAID CONTRACTS & ADMINISTRATION						
TOTAL FTES		0.0	10.0	10.0	10.0	10.0

6.K. Part B Summary of Costs Related to Recently Enacted State Legislation Schedule
 87th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **10/9/2020**
 TIME: **12:21:30PM**

Agency code: **529**

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

ITEM	EXPANDED OR NEW INITIATIVE	Exp 2019	Bud 2020	Est 2021	Est 2022	Est 2023
1	Grants to LMHAs to support non-physician mental health professionals	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000	\$2,300,000
2	Initiative to increase the capacity of local mental health authorities to provide access to mental health services in certain counties	\$0	\$297,690	\$257,506	\$0	\$0
3	Identify child-care facilities that are operating without a required license, certification, registration, or listing, and initiate appropriate enforcement	\$0	\$1,057,836	\$748,275	\$748,275	\$748,275
4	Medication payments for furloughed or discharged patients	\$0	\$850,000	\$850,000	\$850,000	\$850,000
5	Safety training account, safe sleeping standards, and other requirements, and administrative penalties	\$0	\$455,530	\$611,376	\$611,376	\$611,376
6	Safety training account, safe sleeping standards, and other requirements, and administrative penalties	\$0	\$0	\$250,000	\$250,000	\$250,000
7	Investigation of listed family homes	\$0	\$300,137	\$300,137	\$300,137	\$300,137
8	Investigation of listed family homes	\$0	\$473,870	\$741,456	\$741,456	\$741,456
9	Raising the Minimum Legal Age (MLA) of purchase for cigarettes, e-cigarettes, and tobacco products from 18 years of age to 21	\$0	\$(245,010)	\$(563,868)	\$0	\$0
10	Postpartum Care Packages in Healthy Texas Women	\$0	\$1,029,200	\$13,643,638	\$13,643,638	\$13,643,638
11	Supplemental Payment Program Retention	\$0	\$8,000,000	\$8,000,000	\$8,000,000	\$8,000,000
Total, Cost Related to Expanded or New Initiatives		\$2,300,000	\$14,519,253	\$27,138,520	\$27,444,882	\$27,444,882
METHOD OF FINANCING						
	GENERAL REVENUE FUNDS	\$2,300,000	\$6,238,265	\$18,880,478	\$18,866,288	\$18,866,288
	FEDERAL FUNDS	\$0	\$4,280,988	\$4,258,042	\$4,578,594	\$4,578,594
	OTHER FUNDS	\$0	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
Total, Method of Financing		\$2,300,000	\$14,519,253	\$27,138,520	\$27,444,882	\$27,444,882
FULL-TIME-EQUIVALENTS (FTES):		0.0	33.3	33.3	30.0	30.0

6.L. Document Production Standards

Summary of Savings Due to Improved Document Production Standards

Agency Code:	Agency Name:	Prepared By:
529	Texas Health and Human Services Commission	Rianne Means, Admin Budget Manager

Documented Production Standards Strategies	Estimated 2020	Budgeted 2021
1. COVID-19	Undetermined	Undetermined
2. eTravel implementation	\$6,441	\$6,441
3. Default Xerox printer settings	Undetermined	Undetermined
4. Misc. transition from paper to electronic forms	Undetermined	Undetermined
5. Information Technology (IT) User applications	\$3,322	\$3,322
6. Regional Administrative Services and Facility/Warehouse Services - Security Incident Tracking automation	\$17	\$17
7. Asset Management conversion to electronic tracking	\$348	\$348
8. RightFax implementation	\$260,480	\$260,480
9. Office of Chief Counsel initiatives	\$35	\$35
10. Acceptable Use Agreement (AUA) automation	\$2,043	\$2,043
11. Chief Financial Officer electronic meeting materials	\$101	\$101
12. Substance Use Disorder contract packets	\$211	\$211
13. Electronic Routing of Intellectual and Developmental Disabilities/Behavioral Health Services (IDD/BHS) Funding Roster approvals	\$21	\$21
14. Electronic distribution of Quality Management reports	\$45	\$90
15. Electronic Signatures for approvals	\$71	\$95
16. Streamline review and case processes	\$135,168	\$135,168
17. Online Provider inquiries and complaints	\$3,490	\$8,376
18. Records Management automated form	\$9	\$9
19. Executive Council Advisory Committee binders	\$177	\$177
20. Electronic Procurement Files System	\$5,280	\$5,280
21. Long Term Care Provider investigation forms	\$10	\$21
22. Regulatory Services Intake form	\$116	\$116
23. Electronic W2 Forms	\$325	\$325
Total, All Strategies	\$417,710	\$422,675
Total Estimated Paper Volume Reduced	47,411,141	47,970,207

Description:

1. Programs across the agency have noted reductions in paper usage since the March 2020 adoption of COVID-19 response measures. These response measures were not implemented with the goal of saving paper, and they are only temporary. Measuring paper usage before COVID-19 and after "normal" operations are restored would be a more accurate reflection of paper savings realized through adoption of new business practices such as increased telework and remote learning.

2. Travel reimbursement claims average remains at approximately 12 pages per claim. A monthly average of 5,083 claims were processed from 7/1/19 to 5/31/20 through the eTravel system, for a total savings of 670,956 sheets per year.

3. Since 2018, the default setting for Xerox printers systemwide has been "no cover sheet" and "duplex printing". Although eliminating cover sheets and requiring duplex printing has a positive impact on reducing paper usage, it is impossible to determine actual savings as a result of these measures.

4. Over 300 unique forms are available on the HHSC Intranet, supporting 14 business categories throughout the agency. Files were downloaded from the forms library over 200,000 times from Sept. 1, 2019 through June 21, 2020. Numerous other forms are available through individual programs. Although converting paper documents to electronic forms has a positive impact on paper usage, it is not feasible to determine actual paper savings from these measures.

5. User requests regarding IT applications are processed through the HHS Enterprise Portal automated system, and averages 15,728 requests monthly, with average two sheets per request. Total monthly savings = 31,456 sheets, for yearly estimate of 377,472 sheets saved.

6. Regional Administrative Services and SSS Facility and Warehouse Services use an automated form for Security Incident Tracking (SIT) requests, which previously were submitted on a three-page form. An estimated 644 requests will be received in FY22 and FY23, for a total of 1,288 requests and a total estimated savings of 3,864 sheets.

7. Asset Management uses an electronic radio frequency identification system that processes an average of 1,500 two-page forms per month, saving 36,000 sheets per year. In addition, the digitization of virtual asset tracker form AM01 saves an additional 3,500 sheets yearly, for a total savings of 39,500 sheets in FY2020.

8. The HHSC RightFax Platform eliminates the need to print incoming and outgoing fax documents. Over 1,700 users and 150 programs currently use the system, with new users and programs added continuously. In FY19 this initiative saved the agency approximately 29 million sheets (25M inbound + 4M outbound). Savings for FY20 are estimated at 29.6 million sheets (25.5M + 4.1M).

9. The Office of Chief Counsel electronic litigation file initiative has saved an estimated 4,000 sheets of paper in FY20 and 4,000 sheets of paper in FY21.

<p>10. The acceptable use agreement is required annually. An electronic version of the eight-page form was launched on April 20, 2017. An average of 2,418 forms are processed per month, for a yearly savings average of 232,128 sheets of paper.</p>
<p>11. Financial services has adopted screen sharing and electronic 'handouts' for routine meetings, and has stopped printing weekly status reports, resulting in average savings of 953 sheets per month (11,440 per year).</p>
<p>12. The Contract Management Unit for the Substance Use Disorder program produces approximately 800 contract packets per year, with an average of 30 pages per packet. By no longer printing these packets, the unit saves approximately 24,000 sheets each year.</p>
<p>13. Since October 2018, the IDD/BHS program has utilized electronic routing for funding roster approvals for contracts, saving approximately 195 pages per month.</p>
<p>14. The Quality Management Contract Administration and Oversight team within IDD/BHS is transitioning from sending reports via certified mail to sending them electronically. Since it began in March 2020, the project has saved approximately 855 pages per month, with a projected yearly savings of 10,260 sheets.</p>
<p>15. Multiple divisions with Office of Inspector General (OIG) have reduced the reliance on ink signatures, printing and distribution of hard copy documents by implementing electronic signatures for approvals. Most programs began their initiatives during the second quarter of FY 20, with an average savings to date of 895 sheets per month.</p>
<p>16. Various OIG divisions including Hospital Utilization Reviews, Acute Care Surveillance, WIC Investigations, and the Benefit Program Integrity team are using electronic media tools such as SharePoint, Skype, MS Teams and Right Fax to streamline review and case processes. Most programs started in the Fall of FY20, with an average of 1.28M sheets per month.</p>
<p>17. Medicaid and CHIP Services (MCS) implemented an on-line form for providers to submit inquiries and complaints, securely upload documents, and to establish an electronic preferred method-of-contact. Since implementation in April 2020 the system is saving an estimated 79,315 sheets each month.</p>
<p>18. The HHSC Records Management office eliminated a paper-based system to request records destruction, saving a minimum estimate of 84 sheets each month.</p>
<p>19. The Advisory Committee Coordination Office supports the HHSC Executive Council in part by collecting quarterly meeting materials into a binder for each member's reference. The majority of members are now provided an electronic binder, saving approximately 20,160 printed pages each year.</p>
<p>20. HHSC's Purchasing and Contract Services (PCS) transitioned to an electronic procurement file system in October 2019. The system saves approximately 50,000 sheets each month.</p>
<p>21. Long Term Care (LTC) providers have been able to electronically submit Incident Provider Investigation forms since March 2020, saving approximately 196 sheets per month.</p>

22. The Regulatory Services Quality Assurance Unit has adopted an electronic form to process updates on complaint and incident intakes for regulatory services providers, achieving estimated savings of 1,100 sheets per month.

23. Approximately 80% of HHS employees have consented to receive their W-2s electronically each tax season, saving approximately 36,939 sheets per year.

Methodology to determine cost per single sheet of paper:

Price for 5000-sheet case of printer paper = $\$44.21/5000 = \0.0088 per single sheet.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
4-1-4	Ensure ECI Respite Services & Quality ECI Services				
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$2,163,588	\$2,741,627	\$2,741,629	\$2,741,629	\$2,741,629
1002 OTHER PERSONNEL COSTS	82,222	50,522	42,714	42,714	42,714
2001 PROFESSIONAL FEES AND SERVICES	36,455	39,897	41,616	41,616	41,616
2002 FUELS AND LUBRICANTS	0	665	661	661	661
2003 CONSUMABLE SUPPLIES	2,838	3,156	3,084	3,084	3,084
2004 UTILITIES	6,620	13,626	13,786	13,786	13,786
2005 TRAVEL	47,930	93,746	94,585	94,585	94,585
2006 RENT - BUILDING	2,922	7,465	7,447	7,447	7,447
2007 RENT - MACHINE AND OTHER	2,671	5,674	5,693	5,693	5,693
2009 OTHER OPERATING EXPENSE	200,376	253,447	179,751	179,751	179,751
5000 CAPITAL EXPENDITURES	45	0	0	0	0
Total, Objects of Expense	\$2,545,667	\$3,209,825	\$3,130,966	\$3,130,966	\$3,130,966
METHOD OF FINANCING:					
1 General Revenue Fund	312,429	355,677	354,687	354,687	354,687
555 Federal Funds					
84.181.000 Special Education Grants	1,268,240	1,876,038	1,800,891	1,800,891	1,800,891
93.778.003 XIX 50%	482,499	489,055	487,694	487,694	487,694
758 GR Match For Medicaid	482,499	489,055	487,694	487,694	487,694
Total, Method of Financing	\$2,545,667	\$3,209,825	\$3,130,966	\$3,130,966	\$3,130,966
FULL-TIME-EQUIVALENT POSITIONS (FTE):	37.0	37.0	37.0	37.0	37.0

DESCRIPTION

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
4-1-4					

Ensure ECI Respite Services & Quality ECI Services

These costs and FTE's represent the offices of the Director of ECI as well as the Client Services for ECI for the Division.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
4-1-5 Children's Blindness Services					
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$415,435	\$592,296	\$549,567	\$549,566	\$549,566
1002 OTHER PERSONNEL COSTS	17,135	15,509	12,690	12,690	12,690
2001 PROFESSIONAL FEES AND SERVICES	725	2,849	8,436	8,436	8,436
2002 FUELS AND LUBRICANTS	15	19	18	18	18
2003 CONSUMABLE SUPPLIES	820	276	275	275	275
2004 UTILITIES	5,176	5,471	5,372	5,372	5,372
2005 TRAVEL	36,895	37,729	32,930	32,930	32,930
2006 RENT - BUILDING	9,464	7,008	7,424	7,424	7,424
2007 RENT - MACHINE AND OTHER	1,492	2,390	2,320	2,320	2,320
2009 OTHER OPERATING EXPENSE	16,090	39,226	83,741	83,614	83,614
5000 CAPITAL EXPENDITURES	13	0	0	0	0
Total, Objects of Expense	\$503,260	\$702,773	\$702,773	\$702,645	\$702,645

METHOD OF FINANCING:

1 General Revenue Fund	162,269	456,592	456,592	456,569	456,569
555 Federal Funds					
93.778.003 XIX 50%	134,795	123,044	123,044	123,038	123,038
666 Appropriated Receipts	95	93	93	0	0
758 GR Match For Medicaid	206,101	123,044	123,044	123,038	123,038
Total, Method of Financing	\$503,260	\$702,773	\$702,773	\$702,645	\$702,645

DESCRIPTION

These Costs and FTE's represent the offices of the Deputy Associate Commissioner for Rehabilitation and Independence Services (RIS) as well as the Client Services for RIS for the Division.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy		Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
6-2-1	Independent Living Services (General, Blind, and CILs)					
OBJECTS OF EXPENSE:						
1001	SALARIES AND WAGES	\$1,175,568	\$1,184,423	\$1,441,180	\$1,441,180	\$1,441,180
1002	OTHER PERSONNEL COSTS	41,505	42,755	34,812	34,812	34,812
2001	PROFESSIONAL FEES AND SERVICES	10,684	35,510	39,685	39,685	39,685
2002	FUELS AND LUBRICANTS	283	176	167	167	167
2003	CONSUMABLE SUPPLIES	9,940	2,170	1,612	1,612	1,612
2004	UTILITIES	28,377	19,660	19,173	19,173	19,173
2005	TRAVEL	41,437	86,114	83,627	83,627	83,627
2006	RENT - BUILDING	62,000	62,551	65,753	65,753	65,753
2007	RENT - MACHINE AND OTHER	32,196	6,614	6,079	6,079	6,079
2009	OTHER OPERATING EXPENSE	433,610	419,239	214,000	214,000	214,000
	Total, Objects of Expense	\$1,835,600	\$1,859,212	\$1,906,088	\$1,906,088	\$1,906,088
METHOD OF FINANCING:						
1	General Revenue Fund	426,069	566,936	581,230	581,230	581,230
555	Federal Funds					
	93.369.001 Independent Living_State_Rehab	215,550	197,598	202,580	202,580	202,580
777	Interagency Contracts	1,193,981	1,094,678	1,122,278	1,122,278	1,122,278
	Total, Method of Financing	\$1,835,600	\$1,859,212	\$1,906,088	\$1,906,088	\$1,906,088
FULL-TIME-EQUIVALENT POSITIONS (FTE):		26.0	26.0	26.0	26.0	26.0
DESCRIPTION						

These Costs and FTE's represent the offices of the Deputy Associate Commissioner for Rehabilitation and Independence Services (RIS) as well as the Client Services for RIS for the Division and HHSC Oversight.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
6-2-2	Blindness Education, Screening and Treatment (BEST) Program				
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$82,873	\$59,126	\$56,288	\$56,288	\$56,288
1002 OTHER PERSONNEL COSTS	2,640	1,793	1,320	1,320	1,320
2001 PROFESSIONAL FEES AND SERVICES	109,980	113,533	136,846	136,846	136,846
2002 FUELS AND LUBRICANTS	0	-1	-1	-1	-1
2003 CONSUMABLE SUPPLIES	133	80	150	150	150
2005 TRAVEL	0	2,100	5,100	5,100	5,100
2009 OTHER OPERATING EXPENSE	1,337	2,115	2,470	2,470	2,470
Total, Objects of Expense	\$196,963	\$178,746	\$202,173	\$202,173	\$202,173
METHOD OF FINANCING:					
1 General Revenue Fund	196,963	178,746	202,173	202,173	202,173
Total, Method of Financing	\$196,963	\$178,746	\$202,173	\$202,173	\$202,173
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 for RIS for the Division.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
6-2-3	Provide Services to People with Spinal Cord/Traumatic Brain Injuries				
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$953,534	\$1,062,633	\$1,195,311	\$1,195,311	\$1,195,311
1002 OTHER PERSONNEL COSTS	23,053	17,960	18,480	18,480	18,480
2001 PROFESSIONAL FEES AND SERVICES	638,129	806,178	604,894	482,818	482,818
2002 FUELS AND LUBRICANTS	0	0	0	0	0
2003 CONSUMABLE SUPPLIES	3,048	6,741	7,058	7,058	7,058
2004 UTILITIES	6,390	6,194	6,394	6,394	6,394
2005 TRAVEL	59,369	73,500	88,500	88,500	88,500
2006 RENT - BUILDING	0	0	0	0	0
2007 RENT - MACHINE AND OTHER	0	3,755	6,555	6,555	6,555
2009 OTHER OPERATING EXPENSE	20,437	181,190	251,390	251,390	251,390
Total, Objects of Expense	\$1,703,960	\$2,158,151	\$2,178,582	\$2,056,506	\$2,056,506
METHOD OF FINANCING:					
1 General Revenue Fund	1,701,915	2,155,836	2,176,245	2,054,295	2,054,295
8052 Subrogation Receipts	2,045	2,315	2,337	2,211	2,211
Total, Method of Financing	\$1,703,960	\$2,158,151	\$2,178,582	\$2,056,506	\$2,056,506
FULL-TIME-EQUIVALENT POSITIONS (FTE):	23.0	23.0	23.0	23.0	23.0
DESCRIPTION					

These Costs represent the offices of the Deputy Associate Commissioner for Rehabilitation and Independence Services (RIS) and HHSC Oversight.

Agency code: 529

Agency name: Health and Human Services Commission

Strategy	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
10-1-1 Determine Federal SSI and SSDI Eligibility					
OBJECTS OF EXPENSE:					
1001 SALARIES AND WAGES	\$40,983,751	\$42,650,097	\$49,363,039	\$49,363,039	\$49,363,039
1002 OTHER PERSONNEL COSTS	1,199,995	1,234,390	1,203,600	1,203,600	1,203,600
2001 PROFESSIONAL FEES AND SERVICES	12,133,947	26,433,357	21,168,900	21,168,900	21,168,900
2002 FUELS AND LUBRICANTS	16	0	0	0	0
2003 CONSUMABLE SUPPLIES	170,220	500,000	500,000	500,000	500,000
2004 UTILITIES	555,146	969,108	569,090	569,090	569,090
2005 TRAVEL	63,500	98,158	106,858	106,858	106,858
2006 RENT - BUILDING	2,827,182	2,892,675	2,892,675	2,892,675	2,892,675
2007 RENT - MACHINE AND OTHER	60,224	56,008	56,008	56,008	56,008
2009 OTHER OPERATING EXPENSE	3,939,182	3,705,339	4,218,103	4,218,103	4,218,103
Total, Objects of Expense	\$61,933,163	\$78,539,132	\$80,078,273	\$80,078,273	\$80,078,273
METHOD OF FINANCING:					
555 Federal Funds					
96.001.000 Social Security Disability Ins	61,933,163	78,539,132	80,078,273	80,078,273	80,078,273
Total, Method of Financing	\$61,933,163	\$78,539,132	\$80,078,273	\$80,078,273	\$80,078,273

DESCRIPTION

These Costs and FTE's represent the offices of the Deputy Associate Commissioner for Rehabilitation and Independence Services (RIS) 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 2019	Est 2020	Bud 2021	BL 2022	BL 2023
GRAND TOTALS					
Objects of Expense					
1001 SALARIES AND WAGES	\$45,774,749	\$48,290,202	\$55,347,014	\$55,347,013	\$55,347,013
1002 OTHER PERSONNEL COSTS	\$1,366,550	\$1,362,929	\$1,313,616	\$1,313,616	\$1,313,616
2001 PROFESSIONAL FEES AND SERVICES	\$12,929,920	\$27,431,324	\$22,000,377	\$21,878,301	\$21,878,301
2002 FUELS AND LUBRICANTS	\$314	\$859	\$845	\$845	\$845
2003 CONSUMABLE SUPPLIES	\$186,999	\$512,423	\$512,179	\$512,179	\$512,179
2004 UTILITIES	\$601,709	\$1,014,059	\$613,815	\$613,815	\$613,815
2005 TRAVEL	\$249,131	\$391,347	\$411,600	\$411,600	\$411,600
2006 RENT - BUILDING	\$2,901,568	\$2,969,699	\$2,973,299	\$2,973,299	\$2,973,299
2007 RENT - MACHINE AND OTHER	\$96,583	\$74,441	\$76,655	\$76,655	\$76,655
2009 OTHER OPERATING EXPENSE	\$4,611,032	\$4,600,556	\$4,949,455	\$4,949,328	\$4,949,328
5000 CAPITAL EXPENDITURES	\$58	\$0	\$0	\$0	\$0
Total, Objects of Expense	\$68,718,613	\$86,647,839	\$88,198,855	\$88,076,651	\$88,076,651
Method of Financing					
1 General Revenue Fund	\$2,799,645	\$3,713,787	\$3,770,927	\$3,648,954	\$3,648,954
555 Federal Funds	\$64,034,247	\$81,224,867	\$82,692,482	\$82,692,476	\$82,692,476
666 Appropriated Receipts	\$95	\$93	\$93	\$0	\$0
758 GR Match For Medicaid	\$688,600	\$612,099	\$610,738	\$610,732	\$610,732
777 Interagency Contracts	\$1,193,981	\$1,094,678	\$1,122,278	\$1,122,278	\$1,122,278
8052 Subrogation Receipts	\$2,045	\$2,315	\$2,337	\$2,211	\$2,211
Total, Method of Financing	\$68,718,613	\$86,647,839	\$88,198,855	\$88,076,651	\$88,076,651

Agency code: 529

Agency name: Health and Human Services Commission

	Exp 2019	Est 2020	Bud 2021	BL 2022	BL 2023
Full-Time-Equivalent Positions (FTE)	87.0	87.0	87.0	87.0	87.0

8. Summary of Requests for Facilities-Related Projects
87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Texas Health and Human Services Commission		Prepared by: Justin Pickens											
Date: 9/18/2020		Amount Requested													
Project ID #	Capital Expenditure Category	Project Description	Project Category				2022-23 Total Amount Requested	MOF Code #	MOF Requested	Can this project be partially funded?	Requested in Prior Session?	Value of Existing Capital Projects	2022-23 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested
			New Construction	Health and Safety	Deferred Maintenance	Maintenance									
B3-01	5003	Austin SH Repairs & Renovations	\$ -	\$ 4,089,986	\$ -	\$ -	\$ 4,089,986	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 711,834	0001	GR
B3-02	5003	Big Spring SH Repairs & Renovations	\$ -	\$ 10,255,280	\$ -	\$ -	\$ 10,255,280	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,784,860	0001	GR
B3-03	5003	El Paso Psychiatric Center Repairs & Renovations	\$ -	\$ 1,265,000	\$ -	\$ -	\$ 1,265,000	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 220,164	0001	GR
B3-04	5003	Kerrville SH Repairs & Renovations	\$ -	\$ 7,791,808	\$ -	\$ -	\$ 7,791,808	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,356,110	0001	GR
B3-05	5003	Rio Grande State Center BH Repairs & Renovations	\$ -	\$ 6,253,619	\$ -	\$ -	\$ 6,253,619	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,088,399	0001	GR
B3-06	5003	Rusk SH Repairs & Renovations	\$ -	\$ 3,973,843	\$ -	\$ -	\$ 3,973,843	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 691,620	0001	GR
B3-07	5003	San Antonio SH Repairs & Renovations	\$ -	\$ 8,684,386	\$ -	\$ -	\$ 8,684,386	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,511,457	0001	GR
B3-08	5003	Terrell SH Repairs & Renovations	\$ -	\$ 13,343,153	\$ -	\$ -	\$ 13,343,153	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 2,322,283	0001	GR
B3-09	5003	Vernon SH Repairs & Renovations	\$ -	\$ 10,912,242	\$ -	\$ -	\$ 10,912,242	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,899,200	0001	GR
B3-10	5003	Waco Center for Youth Repairs & Renovations	\$ -	\$ 2,678,320	\$ -	\$ -	\$ 2,678,320	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 466,143	0001	GR
B3-11	5003	Wichita Falls SH Repairs & Renovations	\$ -	\$ 13,466,108	\$ -	\$ -	\$ 13,466,108	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 2,343,683	0001	GR
B3-12	5003	Abilene SSLC Repairs & Renovations	\$ -	\$ 5,657,233	\$ -	\$ -	\$ 5,657,233	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 984,602	0001	GR
B3-13	5003	Austin SSLC Repairs & Renovations	\$ -	\$ 3,536,001	\$ -	\$ -	\$ 3,536,001	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 615,416	0001	GR
B3-14	5003	Brenham SSLC Repairs & Renovations	\$ -	\$ 11,242,550	\$ -	\$ -	\$ 11,242,550	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,956,688	0001	GR
B3-15	5003	Corpus Christi SSLC Repairs & Renovations	\$ -	\$ 4,883,154	\$ -	\$ -	\$ 4,883,154	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 849,879	0001	GR
B3-16	5003	Denton SSLC Repairs & Renovations	\$ -	\$ 8,654,277	\$ -	\$ -	\$ 8,654,277	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,506,217	0001	GR
B3-17	5003	El Paso SSLC Repairs & Renovations	\$ -	\$ 3,715,588	\$ -	\$ -	\$ 3,715,588	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 646,672	0001	GR
B3-18	5003	Lubbock SSLC Repairs & Renovations	\$ -	\$ 5,584,008	\$ -	\$ -	\$ 5,584,008	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 971,858	0001	GR
B3-19	5003	Lufkin SSLC Repairs & Renovations	\$ -	\$ 10,925,483	\$ -	\$ -	\$ 10,925,483	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,901,505	0001	GR
B3-20	5003	Mexia SSLC Repairs & Renovations	\$ -	\$ 8,184,567	\$ -	\$ -	\$ 8,184,567	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,424,467	0001	GR
B3-21	5003	Richmond SSLC Repairs & Renovations	\$ -	\$ 4,385,288	\$ -	\$ -	\$ 4,385,288	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 763,229	0001	GR
B3-22	5003	Rio Grande State Center BH Repairs & Renovations	\$ -	\$ 4,100,000	\$ -	\$ -	\$ 4,100,000	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 713,577	0001	GR
B3-23	5003	San Angelo SSLC Repairs & Renovations	\$ -	\$ 11,505,601	\$ -	\$ -	\$ 11,505,601	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 2,002,470	0001	GR

8. Summary of Requests for Facilities-Related Projects
87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Texas Health and Human Services Commission		Prepared by: Justin Pickens											
Date: 9/18/2020		Amount Requested													
Project ID #	Capital Expenditure Category	Project Description	Project Category				2022-23 Total Amount Requested	MOF Code #	MOF Requested	Can this project be partially funded?	Requested in Prior Session?	Value of Existing Capital Projects	2022-23 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested
			New Construction	Health and Safety	Deferred Maintenance	Maintenance									
B3-24	5003	San Antonio SSLC Repairs & Renovations	\$ -	\$ 3,055,012	\$ -	\$ -	\$ 3,055,012	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 531,704	0001	GR
B2-01	5003	Big Spring SH Renovation Phase	\$ -	\$ 4,739,249	\$ -	\$ -	\$ 4,739,249	8226	MLPP Rev Bonds	No	No	\$ -	\$ 824,833	0001	GR
B2-02	5003	El Paso Psychiatric Center Renovation Phase	\$ -	\$ 492,619	\$ -	\$ -	\$ 492,619	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 85,737	0001	GR
B2-03	5003	Rio Grande State Center BH Renovation Phase	\$ -	\$ 163,029	\$ -	\$ -	\$ 163,029	8226	MLPP Rev Bonds	No	No	\$ -	\$ 28,374	0001	GR
B2-04	5003	Rusk SH Renovation Phase	\$ -	\$ 431,915	\$ -	\$ -	\$ 431,915	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 75,172	0001	GR
B2-05	5003	San Antonio SH Renovation Phase	\$ -	\$ 4,191,922	\$ -	\$ -	\$ 4,191,922	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 729,575	0001	GR
B2-06	5003	Terrell SH Renovation Phase	\$ -	\$ 13,416,257	\$ -	\$ -	\$ 13,416,257	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 2,335,007	0001	GR
B2-07	5003	Wichita Falls SH Renovation Phase	\$ -	\$ 217,767	\$ -	\$ -	\$ 217,767	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 37,901	0001	GR
B2-08	5003	Abilene SSLC Renovation Phase	\$ -	\$ 3,982,380	\$ -	\$ -	\$ 3,982,380	8226	MLPP Rev Bonds	No	No	\$ -	\$ 693,106	0001	GR
B2-09	5003	Corpus Christi SSLC Renovation Phase	\$ -	\$ 969,059	\$ -	\$ -	\$ 969,059	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 168,658	0001	GR
B2-10	5003	Denton SSLC Renovation Phase	\$ -	\$ 3,222,885	\$ -	\$ -	\$ 3,222,885	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 560,921	0001	GR
B2-11	5003	El Paso SSLC Renovation Phase	\$ -	\$ 196,217	\$ -	\$ -	\$ 196,217	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 34,150	0001	GR
B2-12	5003	Lufkin SSLC Renovation Phase	\$ -	\$ 535,216	\$ -	\$ -	\$ 535,216	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 93,151	0001	GR
B2-13	5003	Mexia SSLC Renovation Phase	\$ -	\$ 1,145,242	\$ -	\$ -	\$ 1,145,242	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 199,321	0001	GR
B2-14	5003	San Angelo SSLC Renovation Phase	\$ -	\$ 1,758,832	\$ -	\$ -	\$ 1,758,832	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 306,113	0001	GR
B2-15	5003	San Antonio SSLC Renovation Phase	\$ -	\$ 5,211,181	\$ -	\$ -	\$ 5,211,181	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 906,970	0001	GR
B1-01	5003	SSLC Texas Bond Home Repairs & Renovations	\$ -	\$ 579,604	\$ -	\$ -	\$ 579,604	0543	GR-D	Yes	No	\$ -	\$ -	n/a	n/a
B1-02	5003	Facility Emergency Projects	\$ -	\$ 124,768	\$ -	\$ -	\$ 124,768	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-01	5003	Austin SH Critical Repairs & Renovations	\$ -	\$ 960,271	\$ -	\$ -	\$ 960,271	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-01	5003	Austin SH Critical Repairs & Renovations	\$ -	\$ 960,271	\$ -	\$ -	\$ 960,271	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 167,129	0001	GR
EI-02	5003	Big Spring SH Critical Repairs & Renovations	\$ -	\$ 806,816	\$ -	\$ -	\$ 806,816	0001	GR	No	No	\$ -	\$ -	n/a	n/a
EI-02	5003	Big Spring SH Critical Repairs & Renovations	\$ -	\$ 806,816	\$ -	\$ -	\$ 806,816	8226	MLPP Rev Bonds	No	No	\$ -	\$ 140,421	0001	GR
EI-03	5003	El Paso Psychiatric Center Critical Repairs & Renovations	\$ -	\$ 173,948	\$ -	\$ -	\$ 173,948	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-03	5003	El Paso Psychiatric Center Critical Repairs & Renovations	\$ -	\$ 173,948	\$ -	\$ -	\$ 173,948	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 30,274	0001	GR
EI-04	5003	Kerrville SH Critical Repairs & Renovations	\$ -	\$ 457,916	\$ -	\$ -	\$ 457,916	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-04	5003	Kerrville SH Critical Repairs & Renovations	\$ -	\$ 457,916	\$ -	\$ -	\$ 457,916	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 79,697	0001	GR
EI-05	5003	Kerrville Laundry Critical Repairs & Renovations	\$ -	\$ 73,240	\$ -	\$ -	\$ 73,240	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a

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Agency Code: 529		Agency: Texas Health and Human Services Commission		Prepared by: Justin Pickens											
Date: 9/18/2020		Amount Requested													
Project ID #	Capital Expenditure Category	Project Description	Project Category				2022-23 Total Amount Requested	MOF Code #	MOF Requested	Can this project be partially funded?	Requested in Prior Session?	Value of Existing Capital Projects	2022-23 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested
			New Construction	Health and Safety	Deferred Maintenance	Maintenance									
EI-05	5003	Kerrville Laundry Critical Repairs & Renovations	\$ -	\$ 73,240	\$ -	\$ -	\$ 73,240	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 12,747	0001	GR
EI-06	5003	Rio Grande State Center BH Critical Repairs & Renovations	\$ -	\$ 117,257	\$ -	\$ -	\$ 117,257	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-06	5003	Rio Grande State Center BH Critical Repairs & Renovations	\$ -	\$ 117,257	\$ -	\$ -	\$ 117,257	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 20,408	0001	GR
EI-07	5003	Rusk SH Critical Repairs & Renovations	\$ -	\$ 344,872	\$ -	\$ -	\$ 344,872	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-07	5003	Rusk SH Critical Repairs & Renovations	\$ -	\$ 344,872	\$ -	\$ -	\$ 344,872	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 60,023	0001	GR
EI-08	5003	San Antonio SH Critical Repairs & Renovations	\$ -	\$ 1,881,104	\$ -	\$ -	\$ 1,881,104	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-08	5003	San Antonio SH Critical Repairs & Renovations	\$ -	\$ 1,881,104	\$ -	\$ -	\$ 1,881,104	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 327,393	0001	GR
EI-09	5003	Terrell SH Critical Repairs & Renovations	\$ -	\$ 4,472,086	\$ -	\$ -	\$ 4,472,086	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-09	5003	Terrell SH Critical Repairs & Renovations	\$ -	\$ 4,472,086	\$ -	\$ -	\$ 4,472,086	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 778,335	0001	GR
EI-10	5003	Vernon SH Critical Repairs & Renovations	\$ -	\$ 3,975,964	\$ -	\$ -	\$ 3,975,964	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-10	5003	Vernon SH Critical Repairs & Renovations	\$ -	\$ 3,975,964	\$ -	\$ -	\$ 3,975,964	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 691,989	0001	GR
EI-11	5003	Waco Center for Youth Critical Repairs & Renovations	\$ -	\$ 989,736	\$ -	\$ -	\$ 989,736	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-11	5003	Waco Center for Youth Critical Repairs & Renovations	\$ -	\$ 989,736	\$ -	\$ -	\$ 989,736	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 172,257	0001	GR
EI-12	5003	Wichita Falls Laundry Critical Repairs & Renovations	\$ -	\$ 81,750	\$ -	\$ -	\$ 81,750	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-12	5003	Wichita Falls Laundry Critical Repairs & Renovations	\$ -	\$ 81,750	\$ -	\$ -	\$ 81,750	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 14,228	0001	GR
EI-13	5003	Vernon SH Anti-Ligature	\$ -	\$ 3,438,820	\$ -	\$ -	\$ 3,438,820	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-13	5003	Vernon SH Anti-Ligature	\$ -	\$ 3,438,820	\$ -	\$ -	\$ 3,438,820	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 598,503	0001	GR
EI-14	5003	Waco Center for Youth Anti-Ligature	\$ -	\$ 157,834	\$ -	\$ -	\$ 157,834	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-14	5003	Waco Center for Youth Anti-Ligature	\$ -	\$ 157,834	\$ -	\$ -	\$ 157,834	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 27,470	0001	GR
EI-15	5003	Wichita Falls SH Anti-Ligature	\$ -	\$ 7,878,766	\$ -	\$ -	\$ 7,878,766	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-15	5003	Wichita Falls SH Anti-Ligature	\$ -	\$ 7,878,766	\$ -	\$ -	\$ 7,878,766	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 1,371,245	0001	GR
EI-16	5003	Austin SH Roofing Repair & Maintenance	\$ -	\$ 650,951	\$ -	\$ -	\$ 650,951	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-16	5003	Austin SH Roofing Repair & Maintenance	\$ -	\$ 650,951	\$ -	\$ -	\$ 650,951	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 113,293	0001	GR
EI-17	5003	Big Spring SH Roofing Repair & Maintenance	\$ -	\$ 92,842	\$ -	\$ -	\$ 92,842	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-17	5003	Big Spring SH Roofing Repair & Maintenance	\$ -	\$ 92,842	\$ -	\$ -	\$ 92,842	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 16,159	0001	GR
EI-18	5003	El Paso Psychiatric Center Roofing Repair & Maintenance	\$ -	\$ 7,826	\$ -	\$ -	\$ 7,826	0001	GR	No	No	\$ -	\$ -	n/a	n/a
EI-18	5003	El Paso Psychiatric Center Roofing Repair & Maintenance	\$ -	\$ 7,826	\$ -	\$ -	\$ 7,826	8226	MLPP Rev Bonds	No	No	\$ -	\$ 1,362	0001	GR
EI-19	5003	Kerrville SH Roofing Repair & Maintenance	\$ -	\$ 77,572	\$ -	\$ -	\$ 77,572	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-19	5003	Kerrville SH Roofing Repair & Maintenance	\$ -	\$ 77,572	\$ -	\$ -	\$ 77,572	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 13,501	0001	GR

8. Summary of Requests for Facilities-Related Projects
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Agency Code: 529		Agency: Texas Health and Human Services Commission		Prepared by: Justin Pickens												
Date: 9/18/2020		Amount Requested														
Project ID #	Capital Expenditure Category	Project Description	Project Category				2022-23 Total Amount Requested	MOF Code #	MOF Requested	Can this project be partially funded?	Requested in Prior Session?	Value of Existing Capital Projects	2022-23 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested	
			New Construction	Health and Safety	Deferred Maintenance	Maintenance										
EI-20	5003	Rio Grande State Center BH Roofing Repair & Maintenance	\$ -	\$ 24,132	\$ -	\$ -	\$ 24,132	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
EI-20	5003	Rio Grande State Center BH Roofing Repair & Maintenance	\$ -	\$ 24,132	\$ -	\$ -	\$ 24,132	8226	MLPP Rev Bonds	No	No	\$ -	\$ 4,200	0001	GR	
EI-21	5003	Rusk SH Roofing Repair & Maintenance	\$ -	\$ 90,542	\$ -	\$ -	\$ 90,542	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-21	5003	Rusk SH Roofing Repair & Maintenance	\$ -	\$ 90,542	\$ -	\$ -	\$ 90,542	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 15,758	0001	GR	
EI-22	5003	San Antonio SH Roofing Repair & Maintenance	\$ -	\$ 125,878	\$ -	\$ -	\$ 125,878	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-22	5003	San Antonio SH Roofing Repair & Maintenance	\$ -	\$ 125,878	\$ -	\$ -	\$ 125,878	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 21,908	0001	GR	
EI-23	5003	Terrell SH Roofing Repair & Maintenance	\$ -	\$ 137,501	\$ -	\$ -	\$ 137,501	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-23	5003	Terrell SH Roofing Repair & Maintenance	\$ -	\$ 137,501	\$ -	\$ -	\$ 137,501	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 23,931	0001	GR	
EI-24	5003	Vernon SH Roofing Repair & Maintenance	\$ -	\$ 97,938	\$ -	\$ -	\$ 97,938	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-24	5003	Vernon SH Roofing Repair & Maintenance	\$ -	\$ 97,938	\$ -	\$ -	\$ 97,938	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 17,045	0001	GR	
EI-25	5003	Waco Center for Youth Roofing Repair & Maintenance	\$ -	\$ 42,821	\$ -	\$ -	\$ 42,821	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-25	5003	Waco Center for Youth Roofing Repair & Maintenance	\$ -	\$ 42,821	\$ -	\$ -	\$ 42,821	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 7,453	0001	GR	
EI-26	5003	Wichita Falls SH Roofing Repair & Maintenance	\$ -	\$ 104,092	\$ -	\$ -	\$ 104,092	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-26	5003	Wichita Falls SH Roofing Repair & Maintenance	\$ -	\$ 104,092	\$ -	\$ -	\$ 104,092	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 18,116	0001	GR	
EI-27	5003	Abilene SSLC Critical Repairs & Renovations	\$ -	\$ 1,985,165	\$ -	\$ -	\$ 1,985,165	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-27	5003	Abilene SSLC Critical Repairs & Renovations	\$ -	\$ 1,985,165	\$ -	\$ -	\$ 1,985,165	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 345,504	0001	GR	
EI-28	5003	Abilene SSLC Critical Repairs & Renovations Laundry	\$ -	\$ 99,100	\$ -	\$ -	\$ 99,100	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-28	5003	Abilene SSLC Critical Repairs & Renovations Laundry	\$ -	\$ 99,100	\$ -	\$ -	\$ 99,100	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 17,248	0001	GR	
EI-29	5003	Austin SSLC Critical Repairs & Renovations	\$ -	\$ 1,054,103	\$ -	\$ -	\$ 1,054,103	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
EI-29	5003	Austin SSLC Critical Repairs & Renovations	\$ -	\$ 1,054,103	\$ -	\$ -	\$ 1,054,103	8226	MLPP Rev Bonds	No	No	\$ -	\$ 183,459	0001	GR	
EI-30	5003	Brenham SSLC Critical Repairs & Renovations	\$ -	\$ 3,006,128	\$ -	\$ -	\$ 3,006,128	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-30	5003	Brenham SSLC Critical Repairs & Renovations	\$ -	\$ 3,006,128	\$ -	\$ -	\$ 3,006,128	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 523,196	0001	GR	
EI-31	5003	Corpus Christi SSLC Critical Repairs & Renovations	\$ -	\$ 538,244	\$ -	\$ -	\$ 538,244	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-31	5003	Corpus Christi SSLC Critical Repairs & Renovations	\$ -	\$ 538,244	\$ -	\$ -	\$ 538,244	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 93,678	0001	GR	
EI-32	5003	Denton SSLC Critical Repairs & Renovations	\$ -	\$ 215,958	\$ -	\$ -	\$ 215,958	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-32	5003	Denton SSLC Critical Repairs & Renovations	\$ -	\$ 215,958	\$ -	\$ -	\$ 215,958	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 37,586	0001	GR	
EI-33	5003	El Paso SSLC Critical Repairs & Renovations	\$ -	\$ 108,529	\$ -	\$ -	\$ 108,529	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-33	5003	El Paso SSLC Critical Repairs & Renovations	\$ -	\$ 108,529	\$ -	\$ -	\$ 108,529	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 18,889	0001	GR	
EI-34	5003	Lubbock SSLC Critical Repairs & Renovations	\$ -	\$ 105,737	\$ -	\$ -	\$ 105,737	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-34	5003	Lubbock SSLC Critical Repairs & Renovations	\$ -	\$ 105,737	\$ -	\$ -	\$ 105,737	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 18,403	0001	GR	

8. Summary of Requests for Facilities-Related Projects
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Agency Code: 529		Agency: Texas Health and Human Services Commission		Prepared by: Justin Pickens												
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Project ID #	Capital Expenditure Category	Project Description	Project Category				2022-23 Total Amount Requested	MOF Code #	MOF Requested	Can this project be partially funded?	Requested in Prior Session?	Value of Existing Capital Projects	2022-23 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested	
			New Construction	Health and Safety	Deferred Maintenance	Maintenance										
El-35	5003	Lufkin SSLC Critical Repairs & Renovations	\$ -	\$ 310,589	\$ -	\$ -	\$ 310,589	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-35	5003	Lufkin SSLC Critical Repairs & Renovations	\$ -	\$ 310,589	\$ -	\$ -	\$ 310,589	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 54,056	0001	GR	
El-36	5003	Mexia SSLC Critical Repairs & Renovations	\$ -	\$ 645,250	\$ -	\$ -	\$ 645,250	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
El-36	5003	Mexia SSLC Critical Repairs & Renovations	\$ -	\$ 645,250	\$ -	\$ -	\$ 645,250	8226	MLPP Rev Bonds	No	No	\$ -	\$ 112,301	0001	GR	
El-37	5003	Mexia SSLC Critical Repairs & Renovations Laundry	\$ -	\$ 90,700	\$ -	\$ -	\$ 90,700	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-37	5003	Mexia SSLC Critical Repairs & Renovations Laundry	\$ -	\$ 90,700	\$ -	\$ -	\$ 90,700	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 15,786	0001	GR	
El-38	5003	Richmond SSLC Critical Repairs & Renovations	\$ -	\$ 1,279,502	\$ -	\$ -	\$ 1,279,502	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-38	5003	Richmond SSLC Critical Repairs & Renovations	\$ -	\$ 1,279,502	\$ -	\$ -	\$ 1,279,502	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 222,688	0001	GR	
El-39	5003	Richmond SSLC Critical Repairs & Renovations Laundry	\$ -	\$ 85,900	\$ -	\$ -	\$ 85,900	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-39	5003	Richmond SSLC Critical Repairs & Renovations Laundry	\$ -	\$ 85,900	\$ -	\$ -	\$ 85,900	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 14,950	0001	GR	
El-40	5003	Rio Grande State Center IDD Critical Repairs & Renovations	\$ -	\$ 505,313	\$ -	\$ -	\$ 505,313	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-40	5003	Rio Grande State Center IDD Critical Repairs & Renovations	\$ -	\$ 505,313	\$ -	\$ -	\$ 505,313	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 87,946	0001	GR	
El-41	5003	San Angelo SSLC Critical Repairs & Renovations	\$ -	\$ 1,177,103	\$ -	\$ -	\$ 1,177,103	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-41	5003	San Angelo SSLC Critical Repairs & Renovations	\$ -	\$ 1,177,103	\$ -	\$ -	\$ 1,177,103	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 204,867	0001	GR	
El-42	5003	San Antonio SSLC Critical Repairs & Renovations	\$ -	\$ 2,280,707	\$ -	\$ -	\$ 2,280,707	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-42	5003	San Antonio SSLC Critical Repairs & Renovations	\$ -	\$ 2,280,707	\$ -	\$ -	\$ 2,280,707	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 396,941	0001	GR	
El-43	5003	Abilene SSLC Roofing Repair & Maintenance	\$ -	\$ 169,408	\$ -	\$ -	\$ 169,408	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-43	5003	Abilene SSLC Roofing Repair & Maintenance	\$ -	\$ 169,408	\$ -	\$ -	\$ 169,408	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 29,484	0001	GR	
El-44	5003	Austin SSLC Roofing Repair & Maintenance	\$ -	\$ 92,842	\$ -	\$ -	\$ 92,842	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-44	5003	Austin SSLC Roofing Repair & Maintenance	\$ -	\$ 92,842	\$ -	\$ -	\$ 92,842	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 16,159	0001	GR	
El-45	5003	Brenham SSLC Roofing Repair & Maintenance	\$ -	\$ 7,826	\$ -	\$ -	\$ 7,826	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
El-45	5003	Brenham SSLC Roofing Repair & Maintenance	\$ -	\$ 7,826	\$ -	\$ -	\$ 7,826	8226	MLPP Rev Bonds	No	No	\$ -	\$ 1,362	0001	GR	
El-46	5003	Corpus Christi SSLC Roofing Repair & Maintenance	\$ -	\$ 77,573	\$ -	\$ -	\$ 77,573	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-46	5003	Corpus Christi SSLC Roofing Repair & Maintenance	\$ -	\$ 77,573	\$ -	\$ -	\$ 77,573	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 13,501	0001	GR	
El-47	5003	Denton SSLC Roofing Repair & Maintenance	\$ -	\$ 24,132	\$ -	\$ -	\$ 24,132	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
El-47	5003	Denton SSLC Roofing Repair & Maintenance	\$ -	\$ 24,132	\$ -	\$ -	\$ 24,132	8226	MLPP Rev Bonds	No	No	\$ -	\$ 4,200	0001	GR	
El-48	5003	El Paso SSLC Roofing Repair & Maintenance	\$ -	\$ 90,542	\$ -	\$ -	\$ 90,542	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-48	5003	El Paso SSLC Roofing Repair & Maintenance	\$ -	\$ 90,542	\$ -	\$ -	\$ 90,542	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 15,758	0001	GR	
El-49	5003	Lubbock SSLC Roofing Repair & Maintenance	\$ -	\$ 2,364,533	\$ -	\$ -	\$ 2,364,533	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
El-49	5003	Lubbock SSLC Roofing Repair & Maintenance	\$ -	\$ 2,364,533	\$ -	\$ -	\$ 2,364,533	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 411,530	0001	GR	
El-50	5003	Lufkin SSLC Roofing Repair & Maintenance	\$ -	\$ 41,853	\$ -	\$ -	\$ 41,853	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	

8. Summary of Requests for Facilities-Related Projects
87th Regular Session, Agency Submission, Version 1

Agency Code: 529		Agency: Texas Health and Human Services Commission		Prepared by: Justin Pickens												
Date: 9/18/2020		Amount Requested														
Project ID #	Capital Expenditure Category	Project Description	Project Category				2022-23 Total Amount Requested	MOF Code #	MOF Requested	Can this project be partially funded?	Requested in Prior Session?	Value of Existing Capital Projects	2022-23 Estimated Debt Service (If Applicable)	Debt Service MOF Code #	Debt Service MOF Requested	
			New Construction	Health and Safety	Deferred Maintenance	Maintenance										
EI-50	5003	Lufkin SSLC Roofing Repair & Maintenance	\$ -	\$ 41,853	\$ -	\$ -	\$ 41,853	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 7,284	0001	GR	
EI-51	5003	Mexia SSLC Roofing Repair & Maintenance	\$ -	\$ 137,501	\$ -	\$ -	\$ 137,501	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-51	5003	Mexia SSLC Roofing Repair & Maintenance	\$ -	\$ 137,501	\$ -	\$ -	\$ 137,501	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 23,931	0001	GR	
EI-52	5003	Richmond SSLC Roofing Repair & Maintenance	\$ -	\$ 182,510	\$ -	\$ -	\$ 182,510	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-52	5003	Richmond SSLC Roofing Repair & Maintenance	\$ -	\$ 182,510	\$ -	\$ -	\$ 182,510	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 31,765	0001	GR	
EI-53	5003	Rio Grande State Center IDD Roofing Repair & Maintenance	\$ -	\$ 390,459	\$ -	\$ -	\$ 390,459	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-53	5003	Rio Grande State Center IDD Roofing Repair & Maintenance	\$ -	\$ 390,459	\$ -	\$ -	\$ 390,459	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 67,957	0001	GR	
EI-54	5003	San Angelo SSLC Roofing Repair & Maintenance	\$ -	\$ 42,822	\$ -	\$ -	\$ 42,822	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-54	5003	San Angelo SSLC Roofing Repair & Maintenance	\$ -	\$ 42,822	\$ -	\$ -	\$ 42,822	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 7,453	0001	GR	
EI-55	5003	San Antonio SSLC Roofing Repair & Maintenance	\$ -	\$ 104,092	\$ -	\$ -	\$ 104,092	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-55	5003	San Antonio SSLC Roofing Repair & Maintenance	\$ -	\$ 104,092	\$ -	\$ -	\$ 104,092	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 18,116	0001	GR	
EI-56	5003	Big Spring SH Planning Phase	\$ -	\$ 284,355	\$ -	\$ -	\$ 284,355	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
EI-56	5003	Big Spring SH Planning Phase	\$ -	\$ 284,355	\$ -	\$ -	\$ 284,355	8226	MLPP Rev Bonds	No	No	\$ -	\$ 49,490	0001	GR	
EI-57	5003	El Paso Psychiatric Center Planning Phase	\$ -	\$ 29,557	\$ -	\$ -	\$ 29,557	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-57	5003	El Paso Psychiatric Center Planning Phase	\$ -	\$ 29,557	\$ -	\$ -	\$ 29,557	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 5,144	0001	GR	
EI-58	5003	Rio Grande State Center BH Planning Phase	\$ -	\$ 9,782	\$ -	\$ -	\$ 9,782	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
EI-58	5003	Rio Grande State Center BH Planning Phase	\$ -	\$ 9,782	\$ -	\$ -	\$ 9,782	8226	MLPP Rev Bonds	No	No	\$ -	\$ 1,702	0001	GR	
EI-59	5003	Rusk SH Planning Phase	\$ -	\$ 25,915	\$ -	\$ -	\$ 25,915	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
EI-59	5003	Rusk SH Planning Phase	\$ -	\$ 25,915	\$ -	\$ -	\$ 25,915	8226	MLPP Rev Bonds	No	No	\$ -	\$ 4,510	0001	GR	
EI-60	5003	San Antonio SH Planning Phase	\$ -	\$ 251,516	\$ -	\$ -	\$ 251,516	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-60	5003	San Antonio SH Planning Phase	\$ -	\$ 251,516	\$ -	\$ -	\$ 251,516	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 43,775	0001	GR	
EI-61	5003	Terrell SH Planning Phase	\$ -	\$ 804,976	\$ -	\$ -	\$ 804,976	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-61	5003	Terrell SH Planning Phase	\$ -	\$ 804,976	\$ -	\$ -	\$ 804,976	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 140,100	0001	GR	
EI-62	5003	Wichita Falls SH Planning Phase	\$ -	\$ 13,066	\$ -	\$ -	\$ 13,066	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
EI-62	5003	Wichita Falls SH Planning Phase	\$ -	\$ 13,066	\$ -	\$ -	\$ 13,066	8226	MLPP Rev Bonds	No	No	\$ -	\$ 2,274	0001	GR	
EI-63	5003	Abilene SSLC Planning Phase	\$ -	\$ 238,943	\$ -	\$ -	\$ 238,943	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
EI-63	5003	Abilene SSLC Planning Phase	\$ -	\$ 238,943	\$ -	\$ -	\$ 238,943	8226	MLPP Rev Bonds	No	No	\$ -	\$ 41,586	0001	GR	
EI-64	5003	Corpus Christi SSLC Planning Phase	\$ -	\$ 58,144	\$ -	\$ -	\$ 58,144	0001	GR	No	No	\$ -	\$ -	n/a	n/a	
EI-64	5003	Corpus Christi SSLC Planning Phase	\$ -	\$ 58,144	\$ -	\$ -	\$ 58,144	8226	MLPP Rev Bonds	No	No	\$ -	\$ 10,119	0001	GR	
EI-65	5003	Denton SSLC Planning Phase	\$ -	\$ 193,373	\$ -	\$ -	\$ 193,373	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a	
EI-65	5003	Denton SSLC Planning Phase	\$ -	\$ 193,373	\$ -	\$ -	\$ 193,373	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 33,655	0001	GR	

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			New Construction	Health and Safety	Deferred Maintenance	Maintenance									
EI-66	5003	El Paso SSLC Planning Phase	\$ -	\$ 11,773	\$ -	\$ -	\$ 11,773	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-66	5003	El Paso SSLC Planning Phase	\$ -	\$ 11,773	\$ -	\$ -	\$ 11,773	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 2,049	0001	GR
EI-67	5003	Lufkin SSLC Planning Phase	\$ -	\$ 32,113	\$ -	\$ -	\$ 32,113	0001	GR	No	No	\$ -	\$ -	n/a	n/a
EI-67	5003	Lufkin SSLC Planning Phase	\$ -	\$ 32,113	\$ -	\$ -	\$ 32,113	8226	MLPP Rev Bonds	No	No	\$ -	\$ 5,589	0001	GR
EI-68	5003	Mexia SSLC Planning Phase	\$ -	\$ 68,715	\$ -	\$ -	\$ 68,715	0001	GR	No	No	\$ -	\$ -	n/a	n/a
EI-68	5003	Mexia SSLC Planning Phase	\$ -	\$ 68,715	\$ -	\$ -	\$ 68,715	8226	MLPP Rev Bonds	No	No	\$ -	\$ 11,959	0001	GR
EI-69	5003	San Angelo SSLC Planning Phase	\$ -	\$ 105,530	\$ -	\$ -	\$ 105,530	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-69	5003	San Angelo SSLC Planning Phase	\$ -	\$ 105,530	\$ -	\$ -	\$ 105,530	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 18,367	0001	GR
EI-70	5003	San Antonio SSLC Planning Phase	\$ -	\$ 312,671	\$ -	\$ -	\$ 312,671	0001	GR	Yes	No	\$ -	\$ -	n/a	n/a
EI-70	5003	San Antonio SSLC Planning Phase	\$ -	\$ 312,671	\$ -	\$ -	\$ 312,671	8226	MLPP Rev Bonds	Yes	No	\$ -	\$ 54,418	0001	GR
EI-71	5002	Replacement and Expansion of State-funded Inpatient Psychiatric Services (Place holder)	\$ 1	\$ -	\$ -	\$ -	\$ 1	0001	GR	Yes	85th	\$ 743,354,363.00	\$ -	n/a	n/a
Totals			\$ 1	\$ 303,354,667	\$ -	\$ -	\$ 303,354,668					\$ 743,354,363	\$ 44,508,606		



Reimagining the Future: A Report on Maximizing Resources and Long-Range Planning for State Supported Living Centers

As Required by

**2020-21 General Appropriations Act
House Bill 1, 86th Legislature, Regular Session, 2019
(Article II, Health and Human Services
Commission, Rider 110)**

and

Texas Health and Safety Code §533A.032

Health and Human Services Commission

July 2020



TEXAS
Health and Human
Services

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Executive Summary

Reimagining the Future is developed under the statutory authority of the [2020-21 General Appropriations Act](#), House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 110) and Texas Health and Safety Code [§533A.032](#). Its purpose is to promote the development of a comprehensive, statewide approach toward long-range planning for state supported living centers (SSLCs) and maximize resources to support the continuum of care for people with intellectual and developmental disabilities (IDD).

[Blueprint for a Healthy Texas](#), the inaugural business plan for Texas Health and Human Services (HHS), was used as a foundation to lead coordinated efforts included within this report to improve operations, enhance the quality of services, and achieve better outcomes within SSLCs.¹ In partnership with internal and external stakeholders, HHSC developed four primary objectives to prioritize how SSLCs could enhance operations and meet the HHS vision of making a positive difference in the lives of the people we serve. Developed to accomplish over a six-year period, some of the initiatives included under each objective would require additional funds, or changes to law or other regulations.

Enhance Resident Services and Supports

Enhancing resident services and supports will ensure the inclusion of all people served by SSLCs to promote independence and positive results. Outcomes established for the initiatives identified in this strategy include:

- Integrate a person's goals, preferences and life experiences into their treatment plans and interventions.
- Promote a realistic home or independent-style living environment.
- Expand programming toward community integration and inclusion of family and natural supports.

Strengthen Employee Services and Supports

Keeping employees engaged and satisfied is a priority for SSLCs. By committing to better support staff, SSLCs solicited input to recognize what staff valued most and identified ways to support those efforts. Outcomes in this strategy are:

- Improve workplace culture.
- Improve internal communications for staff at all levels and locations.
- Improve accessible professional development and learning opportunities.

Expand Community-Based Services and Supports

Improving the health, safety and well-being of Texans with IDD is paramount to the success of Texas HHS systems. SSLCs will maximize resources to support community-integrated services for people with IDD who do not reside in a SSLC. This strategy includes the following outcomes:

- Increase available services not otherwise provided or currently lacking within the community for people with IDD.
- Reduce wait times for people with IDD to receive services.
- Expand networking and resource opportunities for people with IDD and their families and guardians.

Maximize Current Resources

SSLCs evaluated existing infrastructure to identify ways to better maximize resources and expand social services that meet the needs of people not currently served by a SSLC. Outcomes established for the initiatives identified in this strategy include:

- Increase available resources for people needing access to health and human services.
- Create collaborative efforts for other divisions within HHS, other state agencies, or community partners to be housed onsite in areas where space may be needed.
- Expand services provided to people with a traumatic brain injury.

This report identifies emerging issues and trends with the integration of innovative practices. Providing resources for and implementing initiatives that address services and supports across HHS systems will further the continuum of care of people with IDD and create new ways of providing services to support more efficient delivery of services statewide.

1. Introduction

There are approximately 485,000 people in Texas diagnosed as having an intellectual or developmental disability (IDD),² many of whom receive services from the Health and Human Services Commission (HHSC). Texas Health and Human Services (HHS) promotes the growth and development of people with IDD through individualized care and active treatment³ to progress toward living in the setting of their choice, working and earning a living wage, and becoming an active part of the community when possible.

People with IDD have complex needs and often require an array of consistent and specialized services. HHSC offers a wide range of placement options for people with IDD and their families to consider when receiving services, including a person's own home, family home, community home with their peers, a community-based intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID), or a state-operated facility.

HHSC's state supported living centers (SSLCs) are state-operated certified ICFs/IID regulated by federal and state guidelines. SSLCs provide 24-hour residential services to both adults and children with IDD who need treatment and rehabilitation to support their behavioral health and medical needs. There are 13 SSLCs across the state located in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Harlingen, Lubbock, Lufkin, Mexia, Richmond, San Angelo, and San Antonio. Mexia and San Angelo are designated as forensic campuses for the care of adult and children alleged offenders as authorized by Texas Health and Safety Code [§555.002](#). Abilene, Brenham, and Lufkin serve adult and children residents. All other campuses serve only residents who are 18 years of age or older.

SSLCs provide comprehensive behavioral health services and health care services, including physician, nursing and dental services, that are individualized to meet the need of the resident. Other services provided at SSLCs include skills training; occupational, physical and speech therapies; vocational programs; and services to maintain a connection between residents and their families and other natural support systems.

This long-range plan seeks to maximize the resources, opportunities and assets of SSLCs to continue treatment and support a population of complex needs. Additionally, it creates opportunities to share resources, strengthen partnerships, and identify cross agency initiatives that promote independence and positive outcomes for people served in all settings. The goals of this report are to:

- Enhance programs and services that support individualized care for people served by a SSLC;
- Provide guidance in business practices that improve recruitment and retention of staff at SSLCs to align with the agency's values and create a workplace culture that is innovative, skilled, and diverse; and
- Strengthen the agency's vision, mission, and long-term objectives that promote independence and positive outcomes for people with IDD.

This report is developed under the statutory authority of the [2020-21 General Appropriations Act](#), House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC, Rider 110) related to maximizing resources and Texas Health and Safety Code [§533A.032](#) related to long-range planning for SSLCs.

2. Background

The Intellectual Disability Act (PIDA)⁴ recognizes and protects the individual dignity and worth of each person with an intellectual disability. It supports people with IDD to assure a continuum of quality services to meet the needs of all persons and ensure that all people have the opportunity to become productive members of society to the extent possible. Texas also has the Promoting Independence Initiative⁵ to improve community-based alternatives and provide community integration for people with IDD. For some, the most appropriate care setting available has been determined to be a SSLC.

As an ICF/IID, the goal of SSLCs is to assist people in developing the skills needed to be successful in a community setting. This is accomplished through an effective interdisciplinary team-based design and delivery of quality outcome-based services and supports appropriate to the talents, strengths, and needs of the people served. To accomplish this, SSLCs empower and support residents to be active members of their treatment team, assist in developing personalized goals and participate in opportunities to gain a better understanding of the living options available to them.

How Individuals Come to SSLCs

Under PIDA, people are afforded the right to live in the least restrictive setting appropriate to the person's individual needs and abilities. This encompasses a variety of living situations including living alone, in a community home with their peers, with family, or in a supervised, protective environment. SSLCs serve less than one percent of the total IDD population in Texas but provide a safe residential setting to meet their individual needs.

People coming to a SSLC often do so because all other options within the community have been exhausted or determined to be unsuccessful in meeting their needs. Admission can be voluntary or ordered by the court if a person is not able to make their own decisions. In fiscal year 2019, 95 percent of the 129 new admissions to SSLCs were ordered by the court, which entails a judge recommending admission for one of the following reasons:

- **Civil commitment** – As provided in Texas Health and Safety Code, Title 7, Subtitle D, [Chapter 593](#), a person who is civilly committed to a SSLC has been diagnosed with an IDD and presents a substantial risk of harm to themselves or others; or is unable to provide for and is not providing for their most basic personal physical needs; and cannot be adequately habilitated in an available, less restrictive setting.

- **Commitment by the court for alleged criminal conduct** – As provided in Code of Criminal Procedure, Chapter 46B (adult) or Family Code, Chapter 55 (juvenile), a person who is alleged to have committed a criminal offense but has been found incompetent to stand trial (adult) or unfit to proceed (juvenile) for the charges because of their IDD. Over 63 percent of these admissions are 34 or younger and have substantially shorter lengths of stay.
- **Assessment by the court for competency to stand trial for alleged criminal conduct** – As provided in Code of Criminal Procedure, Chapter 46B (adult) or Family Code, Chapter 55 (juvenile), the court will order a temporary admission to a SSLC for a person to be assessed before making the final decision of competency or fitness to proceed and whether the person is committed or discharged back to the court.

Regardless of how a person is admitted to a SSLC or their length of stay, they have a right to optimal treatment and services that encourages person-centered approaches and active treatment.

Demographics⁶

In fiscal year 2019, SSLCs served over 2,900 people with IDD. (See Table 1 on page A-1.) Over the last ten years, the number of people served in a SSLC has steadily decreased by a total of 31 percent, largely attributed to the increase of available services within communities for people with IDD and the SSLCs continued efforts for people to live in the most integrated setting. (See Table 2 on page A-2.)

SSLCs are experiencing both an aging population, particularly with medically fragile people, and an increase in a younger population. (See Table 3 on page A-3.)

- 23 percent are below the age of 35.
- 44 percent are over the age of 55.

While the population in SSLCs has declined, the behavioral health and medical needs of the people SSLCs serve remain complex.

- Over half, or 62 percent, of people served have been diagnosed with a severe or profound intellectual disability, meaning they have an IQ below 35. (See Table 4 on page A-4.) This represents a decrease of 13 percent over the last ten years. This population tends to need additional supports with communication and may not be able to use words to communicate. They routinely require close supervision and direct assistance with activities of daily living. People with severe or profound intellectual disability are also likely to have associated medical challenges.

- Over half, or 69 percent, have been identified with behavioral management needs. (See Table 5 on page A-5.) This represents a decrease of four percent over the last ten years. Depending on the level of severity, they exhibit challenging behaviors that are disruptive, interfere with carrying out daily living activities, and require frequent intervention varying from minor to intense.
- Alleged offenders account for almost two percent of the total SSLC population in fiscal year 2019. This has remained constant since fiscal year 2010. (See Figure 2 on page A-6 and Table 6 on page A-7.) Alleged offenders are more likely to require behavioral supports, at a seven percent higher rate than non-offenders. In fiscal year 2019, 51 alleged offenders were admitted to the SSLCs.

A comprehensive assessment of the commitment of alleged offender residents in SSLCs is found in the *Annual Report on Forensic Services in State Supported Living Centers for Fiscal Year 2019*.

- Nearly half, or 46 percent, of the people served by SSLCs are medically fragile; an increase of 31 percent since fiscal year 2010. People who are medically fragile have at least one chronic physical condition, classified as moderate or severe, which results in nearly complete dependency and daily skilled interventions being medically necessary. (See Table 7 on page A-8.)
- Over half, or 56 percent, of residents have a co-occurring diagnosis of IDD and at least one mental health disorder. This represents an eight percent decrease since fiscal year 2014. (See Table 8 on page A-9)

As SSLCs support a person in developing skills and resolving challenges to community integration that likely prompted their admission, the interdisciplinary team discusses their progress toward treatment goals frequently. The time a person is served can vary greatly based on the severity and complexity of behavioral and medical challenges and how they are admitted to a SSLC.

- Over half, or 58 percent, have been at a SSLC for more than 15 years. (See Table 9 on page A-10.)
- Twenty percent have been at a SSLC between 13 months and 5 years. (See Table 9 on page A-10.)
- Since fiscal year 2015, the average length of stay is almost 24 years and has remained stable with no statistically significant difference.

In fiscal year 2019, nearly half (43 percent) of residents, or their guardians, have chosen to remain at the SSLC in accordance with the rights allowed within the current continuity of services.⁷ The ability to choose to remain at a SSLC can significantly impact the length of stay as well as the length of time someone may wait to receive services. The SSLCs continue interagency efforts to increase education and willingness to move back into their communities. Furthermore, SSLCs are developing strategies to improve the identification of reasons a person is unable to

transition to the community sooner, thus focusing treatment plans toward resolution and allowing for the person to return to a community setting.

Separations in fiscal year 2019, which include community transitions, deaths, and discharges, continued to be higher than admissions. (See Table 10 on page A-11.)

Referrals and Transitions to the Community⁸

At least annually, or upon request, the interdisciplinary team convenes to discuss a person's progress and determine if a referral to the community is recommended. An integral part of the transition process is identifying reasons for non-referral or transition and developing action plans to overcome. All transitions require thorough research, training, and considerations to achieve the best transition possible for each person's individualized needs. Thus, the timeframe to execute a successful move into the community can fluctuate.

- **Reasons for non-referral.** The contributing factors to refer or not refer are identified during the annual individual service planning meeting or at the conclusion of a living options team discussion. If the interdisciplinary team makes the decision not to refer a person for community transition, the reason(s) for this decision (i.e., reasons for non-referral) are identified and action plans to address are developed.
- **Obstacles to transition.** Obstacles to transition are identified at any time during the transition process after a person has been referred for community transition. Once identified, the interdisciplinary team must identify which obstacles are preventing the person from a successful transition.

In fiscal year 2019, the top rationale to not refer were the legally authorized representative's (LAR) choice (43 percent), followed by behavioral health or psychiatric needs (21 percent) and medical issues (17 percent).⁹ Other factors may have included individual choice, funding, evaluation period, or court will not allow placement. (See Table 12 on page B-2.)

Of the LARs who did not support a referral, 69 percent acknowledged they have been provided education on community living options; however, were not interested in an alternate placement.¹⁰ Other reasons for this choice, in order of frequency, included the LARs were not interested in receiving information about alternate placements, unsuccessful prior community placements, mistrust of providers, and lack of understanding of community living options (See Table 13 on page B-3.)

Obstacles to transition may be identified at any time between when the person has been referred for community placement and when the person transitions. In fiscal year 2019, the top barriers identified that prevented a successful transition to the community were limited residential opportunities in a preferred area (30 percent), followed by specialized medical supports (12 percent), environmental modifications (11 percent), individual or LAR indecision regarding provider selection (10 percent), and behavioral supports (10 percent)¹¹ (See Table 14 on page B-4.) Transitions to the community have decreased by 65 percent in the last ten years (See Table 11 on page B-1.)

SSLCs continue to promote partnerships and participate in interagency committees who are committed to reviewing trends and developing integrated plans to improve the IDD services for all Texans. HHSC initiated the Continuity of Care workgroup to identify and implement policy changes and training for SSLC staff, nursing facilities, local IDD authorities (LIDDAs), and community providers to address common barriers to living in community-based settings. This entails frequent communication among committee members, as well as, monthly meetings to review cases, problem solve, share trends and discuss collaborative statewide initiatives toward improving the continuity of services and successful community integration. The core members of the group consist of HHSC state office staff responsible for statewide admission and community transition activities. SSLCs, state hospitals, and LIDDAs are all contributing members of the group to ensure people are served in the most integrated setting possible.

A comprehensive assessment on referrals and transitions to the community, including proposed strategies and actions to overcome non-referrals and obstacles to transition will be outlined in the report on *State Supported Living Centers Obstacles to Community Referral and Transition in Fiscal Year 2019*.

Stakeholder Engagement

Stakeholder engagement played a fundamental role in the SSLC long-range planning, developing objectives and identifying initiatives that will enhance services and supports provided by SSLCs and that seeks to expand the resources available for all people with IDD. Understanding the needs and preferences of people with IDD help further the vision of a unified system for accessing IDD services statewide.

SSLCs conducted a series of activities to obtain input from various stakeholders including people residing in a SSLC, family members, LARs and guardians, people with IDD residing in the community, service providers, advocacy groups, HHSC partners, SSLC staff and the public. HHSC held scheduled activities statewide that offered opportunities for engaging people through different platforms, including in-person and electronically. Activities included family association meetings, meetings with residents, town hall and individual meetings with staff, HHS listening sessions, public hearings, and organizational meetings with service providers and advocates statewide.

3. Objectives and Initiatives

In partnership with stakeholders, HHSC conducted an analysis on the overall strengths and opportunities for improvement. Based on the analysis, HHSC developed the following objectives to accomplish the goals set forth for this report:

- **Enhance Resident Services and Supports** to support individualized care for people served by a SSLC.
- **Strengthen Employee Services and Supports** to provide guidance in business practices that improve recruitment and retention of staff at SSLCs and complement the agency's values to create a workplace culture that is innovative, skilled, and diverse.
- **Expand Community-Based Services and Supports** to strengthen the agency's vision and mission and long-term objectives that promote independence and positive outcomes for people with IDD.

For each objective, SSLCs recommend initiatives based on operational innovation that will further the continuum of care for people with IDD and create new ways of providing services and support. SSLCs will continue to improve existing methods of operation but acknowledge real change stems from creative and critical thinking to arrive at extraordinary results, results that will directly impact each objective. Each initiative is intended to be a foundation for creating successful outcomes that would be realistic and measurable. Consideration has been given to the recommendations to ensure that each would be driven by goals, the potential to enhance the continuum of care for people with IDD and the overall improved performance of a SSLC.

Resident Services and Supports

Evolving into evidence-based practices supports the continuous enhancement of systems of care for people with IDD, specifically those served by a SSLC. As SSLCs further develop standards of care, expanding services promotes independence and positive outcomes. Outcomes include:

- Integrate a person's goals, preferences and life experiences into their treatment plans and interventions.
- Promote a realistic home or independent-style living environment.
- Expand programming toward community integration and inclusion of family and natural supports.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the outcomes associated with enhancing resident services and build on existing and new efforts that will help further the vision of SSLCs. Some of these initiatives may require funding or statutory changes to implement (See Section 4 on pages 34-35).

Trauma Informed Care System Approach. Research shows that people with IDD have a higher rate of trauma exposure than people who are non-disabled.¹² For some with IDD, limited ability to communicate trauma, as well as limited knowledge or social skills, may result in difficulty integrating their perception of the traumatic event(s) and their emotional response.¹³ While SSLCs have made significant progress in an awareness to trauma informed care, SSLCs will fully embrace building a systemic approach for the implementation of practices to operate with an awareness of the pervasiveness of trauma as well as its impact.

In partnership with the National Association of Dually Diagnosed for persons with developmental disabilities and mental health needs, SSLCs will provide advanced training to staff on trauma that will assist them with understanding the signs, symptoms, and response for people with IDD, so they can situationally adapt to provide more appropriate care and safer environments to residents in their care. Building confidence and expertise of staff providing direct support in trauma informed care practices will encourage stronger, healthier relationships with residents and increase collaboration amongst members of the interdisciplinary team to identify services and supports for past traumatization.

Integrating a systemic approach into policies, procedures and practices will avoid any disability overshadowing the need for recovery, prevent re-traumatization of residents, and foster resilience in staff who experience secondary trauma. Policies and practices will be strengthened to provide additional services and supports for those residents who are exposed to or become victims of traumatic events while residing in a SSLC.

Reduce Use of Restraints. Between 2018 and 2019, SSLCs implemented two initiatives to reduce the impact of trauma on residents and reduce the overall use of restraints. Safe Use of Restraint (SUR[®]) is a restraint management program designed to reduce trauma and injuries, and to reduce the use of more restrictive measures to manage behavioral emergencies. Training on SUR[®] is provided to all staff who work directly with residents and covers procedures for preventing and managing aggressive behavior as well as background information related to the use of these procedures, including following the requirements for restraints as identified in the Texas Administrative Code.

Ukeru® is a safe, comforting, and restraint-free crisis management technique used to help staff respond to someone in crisis who is trying to communicate through their actions. Ukeru® is a trauma-informed approach that identifies ways to help residents feel safe using communication and padded shields.

Using these techniques and implementing better protections for residents, SSLCs have shown a decrease in the overall use of restraints. Between fiscal year 2015 and fiscal year 2019, SSLCs achieved a 23 percent reduction in the use of restraints. SSLCs will continue to assess how policies and practices impact the use of restraints and provide ongoing skill development in de-escalation to work toward a continued reduction.

Achieving Balance Program. SSLCs are assessing the feasibility of piloting a program at three SSLCs to provide specialized and intensive services to residents who have severe behavioral health or co-occurring mental health challenges who have been unsuccessful with traditional SSLC programming due to the complexity of their needs. The goals for this program are to provide an integrated approach that addresses target behaviors, teach appropriate skills, assist the referring SSLC in their approach to working with the person, and return the person to the referring facility or other appropriate home as soon as possible. This program is intended to provide intensive services on a short-term basis with smaller staff to resident ratios which allow for more individualized level of care and effective treatment. This specialized program will also include psychiatric professionals to provide expertise in working with and managing the profound challenges displayed by residents, along with identifying and monitoring prescribed interventions. Providing an environment in which staff with targeted expertise are available to provide 24-hour support will increase the likelihood of achieving balance with an integrated approach and an ultimate successful transition to community placement. If the pilot provides data to support the goals of this program, SSLCs will consider implementing the specialized program statewide.

Resident Safety. Of the priorities the SSLCs are charged with, the safety of residents is of the utmost importance. With 70 percent of the population diagnosed with behavior health issues, many of those residents may exhibit challenging behaviors that lead to peer-to-peer aggression. While the resident population declined by only 10 percent from fiscal year 2015 to fiscal year 2019, there was an overall decline of 50 percent in peer-to-peer aggression.¹⁴ This data suggests SSLCs have made substantial progress in the form of developing policies and practices around peer-to-peer aggression. In 2018, SSLCs implemented expectations that provide consistent and effective protective measures in response to an incident of peer-to-peer physical aggression. These procedures include minimum requirements for reporting, immediate protections for residents, physical and emotional assessments, documentation and review. SSLCs will continue to align resources to improve the overall prevention of peer-to-peer aggression and response to improving resident safety. SSLCs will provide additional staff training for understanding the cause, meaning and response to aggression and strengthen positive supports to help residents communicate their emotion in more appropriate ways. SSLCs will also identify situational and causal triggers, along

with organizational and staff factors that will help decrease the frequency of aggressive behaviors. SSLCs will ensure that proper home assignments are made with other residents, including medically fragile, when documented aggressive tendencies exist.

Abuse and Neglect Awareness with Medically Fragile Population.¹⁵ Awareness and reporting of abuse and neglect has become an intricate part of daily operations within SSLCs to ensure the safety of all residents. Instructions on how to report abuse and neglect are posted throughout every SSLC and most residents are familiar with and can articulate the reporting process. Additional consideration should be made on how abuse and neglect is reported by or on behalf of the medically fragile population who may not be capable of reporting abuse and neglect independently or verbalizing the need to report. In part, this will be accomplished by educating staff on individual communication methods and preferences. Knowing how residents who are medically fragile use behaviors, sounds, movements or devices to communicate will improve interactions and the ability for staff to appropriately and timely respond to resident needs. Additionally, emphasizing personal connections made with these residents through compassion and empathy will organically help to foster a heightened awareness if abuse or neglect may be occurring.

Video Surveillance System. For more than ten years SSLCs have been required to operate video surveillance equipment for the purpose of detecting and preventing the exploitation or abuse of residents as required by Health and Safety Code [§555.025](#).¹⁶ SSLCs are currently using the original equipment installed when this provision was implemented. The approximate server life on this equipment is estimated at three years. With this equipment being over ten years old, failure is becoming increasingly problematic with generally no warning for equipment failure and, though HHSC is attempting to maintain the system, these failures pose a potential for incidents of abuse, neglect, or exploitation to go undetected. This surveillance system also allows for quicker response time during investigations of alleged abuse, neglect or exploitation of a resident. An updated video surveillance system creates additional safeguards as newer technology yields clearer imaging, wide range of view, and reduced failure.

Active Treatment. Enabling residents to be a part of their treatment promotes self-determination and independence through the development of new skills and abilities. SSLCs will enhance person-centered active treatment options for residents to further their ability to progress toward physical, social, and emotional growth, and wellness. SSLCs will assess existing active treatment offerings and align resources to provide implementation of new and innovative active treatment strategies. SSLCs will also identify additional strategies to support the training of direct support professionals engaging residents in more meaningful and appropriate activities.

Goal Setting and Achievement Plans. Understanding a person's history, abilities, and preferences should drive the development of meaningful goals that maximize functioning, build skills development, and improve the quality of life of the person served. SSLCs will redesign the current individual support plan to create a more concise, integrated process that fully encompasses a resident's life, supports, services, and action plans. The redesigned planning process will be organized to better address the intersection of a resident's health, risks, and interests by improving the integration of preferences, strength information, and assessment data into decision-making.

Vocational Services and Supports. Compared with peers in the general population, people with disabilities are two times as likely to live below the federal poverty level.¹⁷ Employment is a valued part of an adult's life and having the skills necessary to be successful in a job creates independence, builds confidence and promotes a higher quality of life. Vocational services and supports should be provided to residents, when appropriate, based on their abilities and personal preferences and not be constricted by limited resources.

SSLCs currently have vocational programming and training to teach residents skills that are transferrable to the community and become a productive part of the state's workforce. As of January 2020, 150 residents statewide were primarily employed off campus by community employers at varying levels of supervision and responsibilities. Approximately 1,400 residents, or 49 percent of the residents who are 18 years of age or older, participated in vocational programs. Residents across the state expressed their desire to have additional opportunities to do meaningful work, be respected for their work and choose the type of work they do.¹⁸ SSLCs will expand efforts to teach residents valuable skills necessary to seek competitive integrated employment opportunities. SSLCs will increase the number of partnerships with competitive community employers and additional contract options for resident employment. SSLCs will work toward expansion of current contracts with companies who have additional locations throughout the state. Continued professional development for vocational staff at SSLCs will help support meeting these goals and assist residents with choosing, acquiring and maintaining a job that has been matched with their skills and preference.

SSLCs will continue to support an environment that fosters entrepreneurship for those residents that create, build, or make products and art. SSLCs will continue to expand agricultural and horticultural opportunities for residents to engage in the Texas traditions of farming and raising animals. Opportunities will continue to expand to exhibit or sell resident items onsite and within the community.

Assistive Technology. Resident access to assistive technology improves independence, productivity, and the quality of life of people SSLCs serve. Technology has become a necessity in almost every aspect of life and serves as a connection to communication, employment opportunities, social experiences, transition related activities, and commerce. The use of assistive technology will allow residents to foster relationships with family or natural supports

who are far away, elderly, or may not be able to travel to the centers. SSLCs will expand the availability of assistive technology to provide additional opportunities for independence and social networking.

Social Networking. Residents indicated that current programming has limited social support structures in place.¹⁹ SSLCs will enhance resident opportunities for activities that support a more realistic environment to form social relationships with others to improve a person's quality of life. Despite being involved in community activities, some residents may have experienced difficulties developing relationships in the past. Staff will work with residents to provide appropriate supports to develop and sustain healthy relationships with others. These networking opportunities may also provide opportunities for residents to integrate with people in the community. Examples may include:

- Onsite game rooms or bowling lanes;
- Increased frequency of events to which the community is invited;
- Activities that support social engagement with others, including additional outings to community events or attractions;
- Better access to community church, education, and appropriate online social networks; and
- Expanded hours for areas that impact social networking such as the gym, diner, library, chapel or other areas on campus.

Higher Education Opportunities. SSLCs will work with local colleges and universities to expand higher education opportunities for the people served by SSLCs, through both traditional classroom experiences and virtual learning opportunities. Having the opportunity to participate in the college experience improves the potential outcome of a resident to be more productive, exhibit greater independence, and have a stronger sense of inclusion.

Family Engagement. SSLCs support the involvement of family to help build or maintain social and emotional connections. Family involvement can also help improve communication and an understanding of how the SSLC can best meet the needs of a resident. Based on stakeholder input, SSLCs will create a private, physical space where family members and LARs may interact with their loved ones without the distractions of other residents.²⁰ This creates a welcoming environment and the ability to have more meaningful time together.

SSLCs will host additional planned events for families throughout the year to foster the relational connections with residents. Events may include family days, picnics, open houses, activities during visitation, or other events that bring families closer together and simulate a more integrated experience for residents with their families.

Sports and Recreation Programs. Many residents desire to expend physical energy in a safe environment to support their growth, development and to maintain their current or optimal levels of functioning such as range of motion or walking. SSLCs should further promote an environment of physical health and provide activities to support physical activity and active lifestyles. Examples may include softball or baseball fields, soccer fields, tracks, walking trails, bocce ball, aquatic sports, washer pits or miniature golf areas. Community-based settings for these programs could be identified as appropriate to further support community integration.

All SSLCs participate in the Texas Special Olympics and provide seasonal training programs for residents at various skill levels. SSLCs will work to expand sports and recreation activity offerings and modify current programs to be more inclusive of residents with limited functional abilities.

Expressive Arts Therapy Programs. Animal, art, dance, theater, music, writing, and other creative programs provide therapeutic opportunities for a person-centered approach to help support residents in learning new skills, developing or fostering relationships and social interaction with others, and reducing anxiety or stress. Many benefits are associated with these programs and include emotional support and changes in mood, management of pain, enhanced awareness of self and environment, and the development of coping and relaxation skills.²¹ Current programming should be fully utilized and expanded to foster active and positive resident participation in treatment. Community-based settings for these programs could be identified as appropriate to further support community integration.

Resident Input. Incorporating resident opinions and perspectives to inform how SSLCs do business is essential to improving services and quality care. Creating a forum for residents to be involved in sharing ideas can create meaningful change in the system from a key perspective. In addition to local self-advocacy programs, SSLC state office leadership will provide opportunities to meet with residents at least annually to solicit feedback and input to help drive what improvements need to be made. Local SSLC leadership will also provide opportunities to personally meet with residents on a regular basis to identify issues that are important to the residents and will be used for developing a foundation for additional discussions or actions at the local level.

Older Adults. The baby boomer generation is considered the second largest adult population, all of whom are now 55 years of age or older. According to the United States Census Bureau,²² by the year 2030 older adults will outnumber children and rapidly become a larger percentage of the population than ever before. As the SSLC population ages and the life expectancy of people with IDD continues to rise, residents will often require increasingly complex services and supports. With 55 percent of the current SSLC population aged 50 or older, SSLCs will ensure that these residents are afforded the same quality of life as other residents and most notably, other older adults within the community. In partnership with the HHSC Office of Aging Services Coordination, SSLCs

will create policies, procedures, and practices that allow for the older resident population to live full and active lives. Active planning for this population results in healthier people and assures that safeguards are in place for people to age well. Services in the areas of community supports, familial supports, recreation, and mental health will be expanded. Specialized healthcare services available to older adults related to dementia, vision, hearing, dental, gastrointestinal, nutrition and menopause are fundamental, especially when demands for services or early onset of challenges are related to a person's IDD. Additional physical activities and social networking opportunities that may be unique to the interests of an older population are also important areas that should be expanded.

Dementia. Adults with IDD are at higher risk of developing dementia than the general population and may present much earlier in life.²³ The relative risk of having a diagnosis of dementia is four to five times higher in people with IDD compared to non-disabled peers.²⁴ Being able to diagnose a resident with dementia as early as possible will allow those residents to have early access to available services and supports to better manage symptoms, challenges, and medications.

Dementia often presents differently in adults with IDD and varies depending on the nature and severity of intellectual disability;²⁵ however, there is no single test for dementia. Instead, medical professionals use a variety of approaches and tools to help make a diagnosis. This may include medical and family history, family or interdisciplinary team member input about changes in thinking skills and behavior, cognitive tests, blood tests or brain imaging to identify levels of beta-amyloid.²⁶

Working with appropriate internal and external stakeholders, HHSC will explore priority areas and actions as identified in the [Texas State Alzheimer's Plan 2019-2023](#)²⁷ and discuss issues related to dementia and how to better coordinate a system of care approach. Additionally, disparities in the risk of developing dementia are most prominent among African Americans, Hispanics, and women.²⁸ SSLCs will contact other HHS partners to encourage the development of strategies that prevent potential disparities in the diagnosis of dementia among residents.

Palliative Care and Hospice Services. When a resident nears the end of their life, quality of life should remain an essential component in upholding their right to end of life decisions. SSLCs will implement practices that expand the awareness and knowledge of palliative care and hospice services to further the accessibility for a resident or LAR to choose these supports.

Back to the Basics. Federal rules and Department of Justice requirements often focus on the need for some residents, particularly those that are medically fragile, to have goals that far exceed their current or projected medical, physical, or mental capabilities. For these residents, it is paramount to focus on the basic needs of eating, bathing, appropriate clothing, feeling safe and feeling loved. If these basic needs are not met first, then residents will be unsuccessful with any advanced skill toward work, leisure, independence or relationships. SSLCs will continue to enhance quality review processes and educate staff on understanding state and federal regulations to further support the best interest of residents.

Alternatives to Full Guardianship. Some residents have expressed their desire to make more of their own choices, most notably when it comes to living options and decisions to better integrate into the community.²⁹ Although many need full guardianship, there are others who may just need additional support to make appropriate decisions without having their rights fully removed.³⁰ This could be accomplished through limited guardianship or through strategies such as using the Supported Decision-Making Agreement Act.³¹ SSLCs could work collaboratively with stakeholders to develop and implement a SSLC peer support program to foster supported decision-making, informed individual choice and encourage self-determination.

Guardianship is intended to have the resident's best interest in mind as their advocate. However, that may leave out the ability for a resident to exhibit independence, self-determination and preferences, particularly related to programming, community integration, employment and living options.³² HHSC will explore possibilities regarding alternatives to guardianship options for those who do not have a guardian. Based on the outcomes of this collaboration, SSLCs will continue to develop recommendations for residents that may benefit from these alternatives.

Any modifications to existing guardianships require court approval and will require the assistance of an attorney. To learn more about the current guardianship process in Texas, HHSC's Office of Guardianship Services has published [A Texas Guide to Adult Guardianship](#).

Transitional Housing. With the availability of physical space, SSLCs could develop transitional housing units, such as independent living cottages or apartments. Transitional housing can be provided to those SSLC residents who have demonstrated their, or their LARs', desire to live independently but may require some level of support and assistance before fully integrating into the community. Transitional housing would be provided on a short-term basis for up to six months to prepare a person for full transition and independence within the community. The goal of transitional housing would be to increase the number of current SSLC residents transitioning back to the community who, by individual or LAR choice, have been reluctant or unwilling to transition due to the uncertainty of being able to successfully live independently. Transitional housing could provide a more personal and distinguished living

environment yet maintaining needed medical, behavioral and social supports close by. If transitional housing is implemented using SSLC resources, the program will not serve as an additional barrier to transitioning a person back to the community by extending the time it takes to transition them.

Transition to Community. People with significant needs are often described as requiring institutional services; however, people with even the most intensive support requirements can lead productive and successful lives in home and community settings when afforded person-centered services and supports tailored to their strengths and needs.³³ Based on this data regarding reasons for non-referral or transition to the community,³⁴ awareness and education of community options are key to reducing the top reasons. SSLCs will increase opportunities to educate LARs and residents about potential community placement options. While many LARs are satisfied with the care and service provided by a SSLC,³⁵ community placement should be a viable option for any person served by a SSLC.

Notable barriers to this option are included under Community Services and Supports in this report; however, SSLCs remain ICFs/IID and should further promote transition to the community when placement options create the most integrated setting for the person served, are available, and a person's needs can be met at home or within the community. SSLCs will work to strengthen their relationships with LIDDAs. Additionally, SSLCs will collaborate with the LIDDAs in design and implementation of the efforts described in this section.

SSLCs will expand visits to service providers to help educate residents, guardians and LARs. SSLCs will also work to arrange visits that are more accessible and convenient for residents. SSLCs will host provider fairs³⁶ on each campus semiannually, at a minimum. Provider fairs inform residents of services available in the community and increase the likelihood of exposure of services to a resident, which may result in a higher number of SSLCs transitioning back to the community. SSLCs will also work with LIDDAs to ensure that they are providing information about SSLCs as a placement option to people on waitlists that have profound needs and who qualify for SSLC services.

Proper supports in the community are needed for a person's transition to be successful.³⁷ Additional resources needed that will help foster a peer support program for transition are included in the Community Services and Supports section of this report.

The average length of time to transition a person from a SSLC varies greatly depending on a person's desired location and needed services and supports to successfully integrate into the community. In some instances, transition may take up to a year. For those people on the list who have been referred to transition as of January 2020, the median wait time to transition from a SSLC to community placement is more than ten months. SSLCs acknowledge this amount of time can and should be decreased.

Ultimately, SSLCs seek to support resident and LAR choice for the least restrictive living option that best supports the resident's individualized needs. These additional efforts and safeguards may increase the number of people transitioning to the community, but most importantly will help ensure residents, families and LARs have all information and resources available to make an informed decision about placement options.

A more comprehensive review of proposed strategies and actions to support transition to community efforts will be outlined in the report on *State Supported Living Centers Obstacles to Community Referral and Transition in Fiscal Year 2019*.

Patient Portal System.³⁸ The current SSLC electronic medical records system serves medical, dental, and other ancillary resident needs for information-sharing internally but presents barriers for resident families or LARs to obtain Health Insurance Portability and Accountability Act (HIPAA) authorized information. SSLCs could adapt the current system or develop a new system to include the ability for families or LARs to register through a secure patient portal to obtain basic medical, dental or behavioral health information about the resident that is allowable by law and through HIPAA. A study conducted in 2018 revealed that 90 percent of healthcare providers use patient portals to increase efficiencies and access to patient information.³⁹ Establishing a patient portal would provide many benefits for families, LARs and staff to include overall better customer service and more reliable access to medical, dental or behavior outcomes.

Nutritionally Balanced Food and Drink Options. According to the World Health Organization, obesity rates have tripled worldwide in the last decade, and recent studies suggest that the prevalence of obesity is even higher for persons with IDD than in the general population.⁴⁰ There have been substantial efforts made to promote healthy food and beverage options in cafeterias, vending machines, and snack bars in schools across the country, but limited efforts have been made to do the same in intermediate care or other facilities. SSLCs must support balancing preferences with healthier eating habits for residents by promoting the availability of more food options containing whole grains, low fat dairy, fruits, vegetables or protein as their main ingredients and lowering the overall intake of sugar, sodium and processed foods. Providing healthier food and drink options in vending machines will also help support healthier lifestyles for residents and staff. SSLCs will also expand its efforts to be more sustainable through additional agricultural efforts to support healthier food options, creating meaningful work experiences, and providing additional therapeutic opportunities.

Fleet Vehicles. Residents integrating into the community for purposes of employment, appointments, exploring community living options, or routine outings are primarily supported through transportation by staff, using state vehicles. SSLCs must ensure safe, reliable transportation options to transport residents to and from the community. The agency traditionally requests funding to replace vehicles that have been deemed unsafe to operate and to

provide critical deferred maintenance on vehicles that can be repaired. In addition to utilizing internal resources, SSLCs will contact HHSC partners, Texas Workforce Commission and community partners to consider the expansion of mass transit and rideshare options for residents to participate in community activities and events.

Building and Facility Maintenance. Due to the age of most SSLCs, significant repair or modification is required to remove an institutionalized setting and create a more therapeutic environment for person-centered approaches and active treatment to provide optimal care and treatment. Based on the anticipated cost of those modifications, SSLCs are focused on making aesthetic changes and completing previously funded maintenance requests and projects that are considered critical or will become critical within the next one to four years. In the third quarter of fiscal year 2020, those items accounted for approximately \$249 million in requests.⁴¹ Approximately \$176 million was appropriated by the 85th and 86th Legislature to help address the maintenance issues within SSLCs; however, additional needs remain.

There are approximately 44 SSLC buildings statewide that are not in use. Most of these buildings would require major renovations before being deemed useable due to deteriorated condition or non-compliance with the American with Disabilities Act or Life Safety Code.⁴² Often the cost of bringing an old building up to code is prohibitive, most notably if the building has asbestos, lead-based paint, or deteriorated plumbing. Demolition may also be cost-prohibitive due to properly disposing of the hazardous materials and prioritizing other critical maintenance needs. SSLCs will assess the possibilities of utilizing these buildings for other purposes based on funding available for the 2022-23 biennium.

Employee Services and Supports

HHSC recognizes the value of its employees and is making substantial efforts to promote a workplace culture that empowers and attracts people who are committed to improving the lives of Texans. These efforts are critical to reducing turnover and increasing fill rates necessary to ensure the successful operations of SSLCs.

Outcomes for enhancing employee services and recommendations developed for the management of overtime at SSLCs⁴³ include:

- Improve workplace culture
- Improving internal communications for staff at all levels and locations
- Improving accessible professional development and learning opportunities

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the outcomes associated with enhancing employee services and translate to higher quality of care provided to residents. Initiatives identified build on existing and new efforts that will help further the vision of SSLCs. Some of these initiatives may require funding or statutory changes to implement (See Section 4 on pages 34-35).

Invest in Employee Relations. Investing in stronger employee relations will create long-term benefits for SSLCs and the care provided to residents. SSLCs will develop standardized practices that will focus on the retention of staff to create a workplace culture that is welcoming, inclusive, and fosters innovation. SSLCs will employ staff development and retention specialists to improve competency of staff through standardized on-the-job training, enhance communication between departments at each SSLC, and address programmatic issues to assist with resolving policy discrepancies or inequitable practices. More specifically, the staff development and retention specialist will:

- Enhance staff competency, job satisfaction and workplace socialization to improve retention and succession planning;
- Participate in hiring events and community activities as a SSLC ambassador;
- Implement a robust onboarding process as a supplement to the standardized new employee orientation;
- Develop professional working relationships with newly hired staff to foster their sense of belonging and connectedness; and
- Evaluate the effectiveness of learning methods.

By investing in employee relations through the staff development and retention specialists, SSLCs will support recruitment and retention efforts to make working for a SSLC more marketable and sustainable, with a prepared workforce.

Strengthen Interdisciplinary Team Collaboration. SSLCs will provide strategies and training to families and staff involved in the interdisciplinary team process to ensure the best and most appropriate continuum of care for residents. SSLCs will also educate the interdisciplinary team on the importance of resident and family involvement in the decision-making process, as well as the importance of involving staff from all levels that interact with residents, including direct support professionals.

Resources for Staff Working with a Behaviorally Complex Population. As SSLCs continue to support a population that is younger with more behaviorally complex needs, new evidence-based approaches are necessary to address their needs. SSLCs will facilitate intensive staff training aimed to provide strategies for successfully working with and managing this population. SSLCs will also expand evidence-based programming that results in an increase of positive outcomes for this population, including the ability to teach skills necessary for the management of behavior. Behavioral health professionals provide expertise in working with and managing the profound challenges displayed by residents. SSLCs will identify practices that streamline required paperwork and documentation. This will organically create additional opportunities to coach and mentor direct support professionals in working with and managing challenging resident behavior.

As with resident safety, staff safety and the reduction of exposure to workplace violence must be made a priority. From fiscal year 2018 to fiscal year 2019, staff injuries related to resident aggression increased by seven percent.⁴⁴ In addition to physical aggression, staff experience personal property destruction, particularly related to personal vehicle damage. Staff who are victims of personal property destruction by a resident are not covered under the Texas Tort Claims Act⁴⁵ and are often left to pay out of pocket for any expenses incurred.

Viable options must be created to ensure the mental and physical safety of staff, along with personal property. There are rare instances in which staff members may be victims of criminal acts by residents. SSLCs will enhance services and post-trauma responses provided to staff who become victims of workplace violence or are exposed to secondary trauma to support a trauma informed care systemic approach with staff and residents. SSLCs will contact the Office of the Attorney General to develop an education campaign for staff who may meet eligibility for the Crime Victims' Compensation Program.⁴⁶ SSLCs will seek alternatives for staff parking and identify resources for staff to be able to lock their valuables up while at work.

Communication. Big organizational goals must be clearly articulated; however, communication is often the primary challenge contributing to a decrease in staff retention and morale. SSLCs will consistently work to improve communication throughout all levels of leadership so staff are engaged and have knowledge of decisions being made that impact the expectations of staff. By improving communication, SSLCs will further connect to the core of improving the quality of life for the residents served.

- SSLCs host town hall meetings quarterly, at a minimum, that focus on leadership visibility, center-specific topics of interest, policies, procedures or regulations, or promoting collaboration and improving the work culture.

- A dedicated email, known as the “success” box, and text messaging service have been established to have direct communication with the associate commissioner. This line of communication provides access to important information sharing, as well as the ability for staff to send comments, questions, inquiries and suggestions that may be considered statewide.
- Each SSLC will have the option to host its own local text message service in which staff can sign up for and receive messages that are center-specific with timely responses from SSLC leadership emphasizing customer service and improving workplace culture.
- SSLCs are committed to engaging management staff at all levels within the organization. As management is engaged and involved in decision-making discussions, managers can effectively engage employees with a top-down commitment to improving culture. This type of engagement allows SSLC leadership to support communication and information sharing with a safe environment for constant feedback.
- Fostering teamwork, showing commitment, building relationships, and championing change are characteristics of an organizational culture of ownership. SSLCs will create a culture that encourages everyone taking personal ownership of the area they work in and is accountable for the overall success of SSLCs. This concept supports employees to take initiative, solve problems, and demonstrate leadership and is founded partially on the premise that culture does not change unless and until people change. However, people will not change unless they appreciate the personal benefits of making such changes, are given new strategies and are inspired to use them.

A positive workplace culture attracts talent, engages staff and focuses on retention, impacts job satisfaction and positively affects staff performance. SSLCs will consult with an external provider to develop a culture values program. This program is intended to influence widespread culture change by providing all SSLCs with concepts about positive workplace culture and taking initiative to impact workplace culture in a positive way using a cognitive-behavioral approach. Deliverables of this program include assessments before and after program implementation, leadership orientation workshop, interactive employee engagement activity, written reference material, and ongoing support throughout implementation.

- SSLCs will implement stay interviews for staff to identify top reasons they are choosing to remain employed with a SSLC. These interviews will be conducted outside of a person’s chain of command through the staff retention specialists and designed to be non-threatening to solicit information about what drives or motivates them; what is working about their job and what aspects are frustrating; resources needed to make their job easier; how they are empowered in the workplace; and types of staff recognition that can be more

meaningful. Information from the stay interviews will be shared routinely with local and state office leadership.

Redesign Training Program. Based on feedback received from staff, current training does not sufficiently meet their needs to be adequately trained prior to assuming the roles for which they are hired and subsequently fails to meet ongoing professional development needs.⁴⁷ By understanding the data on how adults process and learn information, HHSC will redesign new hire and annual training provided to staff. This redesign will be inclusive of how training is scheduled and curriculum content. A comprehensive training program will incorporate all learning styles, be applicable to generational differences, provide a more realistic training environment, include relevant scenarios that provide critical thinking, and expose staff to services and residents earlier in the training process. SSLCs plan to develop an improved field training program to ensure staff are better prepared for the job and have access to ongoing coaching and mentoring in the development of their skills that complement the efforts of the staff development and retention specialist. Training for staff will align with the agency's mission, vision, principles and policies to provide more interactive, simulated coursework that better prepares staff for working with a SSLC resident population.

Management and Leadership Professional Development. Staff who are hired or promoted into a position of management or leadership should be adequately prepared both in expectation and skill development. Management and leadership training should be provided upon hire and on a consistent basis to develop and promote the necessary skills for effective management. SSLCS will seek to develop or identify a series of management and leadership development skills-based trainings that are accessible to all levels of supervisors. By enhancing the available leadership training within the agency or identifying adequate training that staff can attend on behalf of the agency, leadership can build competence in exhibiting positive change, making sound decisions, effective problem solving, succession planning, serving as a role model and managing healthy relationships.

In addition to structured learning opportunities, SSLCs will establish a formalized coaching and mentoring program to support the ongoing professional development of staff in leadership roles. Setting leaders up for success will ultimately impact all employees in which they directly supervise or have oversight of. The goal of this coaching and mentoring program is to provide guidance in SSLC operations, goal setting, facility culture, soft skills development, goal setting, and organizational expectations. This program will promote higher accountability and increased engagement by leadership.

Child Care. Staff who work at a SSLC are required to work rotating shift work that may be non-traditional work hours. SSLC staff are also required to work overtime to meet the business needs and to be on-call or come into work with little to no advanced notice. For working parents, finding quality child care presents its own challenges, but finding care to cover non-traditional work schedules can be extraordinarily difficult and likely impacts a person's ability to obtain or retain employment with a SSLC. A recent survey of staff⁴⁸ indicated:

- 58 percent need full-time child care.
- 82 percent have used personal leave within the last year due to lack of child care.
- 58 percent have had problems scheduling child care to match work schedule.
- 71 percent said their continued employment would be dependent on available child care.
- 95 percent would likely consider using child care offered by a SSLC.
- 71 percent said quality of care and safety are the top two qualities to consider when choosing a provider.

This initiative supports a recommendation made to reduce overtime.⁴⁹ Child care services for state employees are authorized under Texas Government Code [§§610.001-021](#), Texas Government Code [§§663.001-113](#), and Texas Government Code [§§2308.315-320](#). Additional statutory authority is recommended later in this report to support SSLCs developing a program that could offer onsite child care for staff working at a SSLC.

Health and Wellness. HHSC is committed to improving the health and wellness of its employees. There are several policies in place to support this initiative but creating a designated space where SSLC staff can exercise will provide benefits that improve morale, reduce stress, foster social comradery and team building between peers, and reduce overall absenteeism. SSLCs will also provide healthier drink and snack options for purchase. Encouraging fitness would be one additional benefit for the recruitment and retention of staff.

In addition to physical health, SSLCs will also support the importance of emotional health and wellbeing. Leadership will work to foster a positive and safe culture that promotes compassion under the stressful conditions and demands of working at a SSLC. Incorporating an ongoing awareness campaign that empowers staff to seek available resources when they may be struggling with common issues such as stress, anxiety, secondary trauma, or depression will improve resilience to stress, increase productivity, and reduce absenteeism. Strategies SSLCs implement that will promote positive emotional health may include weekly or monthly messaging targeting a specific struggle, posting or circulating relevant information, organizing e-learning or onsite presentations, addressing bullying behavior by other staff, and promoting the employee assistance program through various platforms.

Training Centers for Excellence. Succession planning within the SSLCs requires the agency to look beyond hiring staff with little or no experience and identify resources to grow staff from within that excel in knowledge and skill. SSLCs will work with local community colleges and universities to support the Texas Internship Challenge⁵⁰ and establish dedicated preceptor and intern programs across disciplines that empower new graduates and newly hired staff to become competent and valuable members of the SSLC workforce. This can also be expanded to select high schools that prepare students for a career in social services. Benefits may include access to a larger pool of talent, expanding community awareness of SSLCs and the services provided, and the ability to instill SSLC culture and values early on in a person's career.⁵¹ These experiential programs will help with recruitment, retention, resident services, current workforce challenges, and build leaders from within.

Staff Councils. Each SSLC will develop a staff council to be an advocate for change and empowering staff to take ownership to positively impact decisions being made. Staff councils will also provide opportunities to work directly with SSLC leadership for responsive local solutions to adapt to changing needs, which may be location specific. Staff councils will focus on functional areas to improve efficiencies in the areas of operations, morale, staff appreciation and others as designated by local need. Staff councils will improve workplace culture, enhance communication, increase sense of community and create opportunities for providing better resident care.

Alternative Scheduling. As the demographics of our employees change to better support balancing work with home life, SSLCs should address employee needs to foster greater satisfaction and retention. SSLCs will implement alternative scheduling across disciplines that address shift patterns, off days, reduction in overtime and telework, when appropriate.

Salary. SSLCs face difficult competition for staff. For example, food service workers can earn more money in a private healthcare facility, or even a fast food restaurant, where expectations and requirements may be less challenging. SSLCs have also had difficulty when facilities increase direct care pay, as team members in facility support positions, such as laundry, are enticed to move into direct care for higher pay. As noted in the most recent SSLC staff turnover report, pay continues to be the weakest score for SSLCs in the Survey of Employee Engagement. Low scores in this category suggest compensation is not appropriately set to work demands, experience and ability. Additionally, low scores suggest pay is a primary reason for discontent, which can directly lead to high turnover in the system. Non-competitive pay impacts the entire system. Staff report needing overtime, using public assistance, or working multiple jobs to provide for their families. These factors add additional stress and may lead to burnout for staff members who are already working in a very challenging and stressful environment.

According to an analysis conducted by SSLC staff, several recommendations⁵² related to staff salary could support retention, including:

- Revise salary policy to match skill set and experience.
- Extend market rate pay raises to SSLC direct care staff that didn't receive raises during the 86th Legislature.
- Offer a higher pay increase when employees promote to a higher pay grade.
- Implement career ladders and compensation plans for direct care staff.
- Employ full time float staff.

SSLCs seek to decrease the number of employees who report working overtime or multiple jobs to support their families. In addition to the recommendations above, SSLCs will establish market rates for several salary classifications, particularly A15 and below, to compensate employees with a more appropriate and competitive wage.

The annual consumer price index (CPI) measures the average change over time in the prices paid by consumers that impact the cost of living, such as utilities, fuel, and food.⁵³ In 2019, the CPI rose by 2.3 percent, and over the last ten years, the index rose at a 1.8 percent average annual rate.⁵⁴ The last pay increase for SSLC staff as a whole, in 2018, increased pay by 1.9 percent. While the cost of living varies greatly from city to city, having the ability to pay staff a competitive wage supports the SSLCs desire to improve workplace culture, boost morale, improve retention and exemplify that all staff are valued and appreciated.

Commuter Incentive Program. SSLCs are primarily located in areas that staff often commute to work. Staff indicated that providing transportation benefits will boost employee morale, decrease the number of staff call-ins, and serve as an incentive for recruitment and retention.⁵⁵ SSLCs will develop a commuter incentive program that will target carpooling, ridesharing and mass transportation options for staff.

Education Campaign for Student Loan Forgiveness Programs. Many staff employed by a SSLC are burdened by having student loan debt which may impact their desire to stay employed with a SSLC. SSLCs will develop an education campaign to inform staff on the Public Service Loan Forgiveness program applicable to state employees. Student loan forgiveness programs are also available to certain disciplines such as nursing, physicians, dentists and mental health professionals. All programs require individuals to meet specific eligibility requirements, but staff may be unfamiliar that these programs exist. The goal of this education campaign will be to lessen the burden of student

loan debt, support an employee's desire for obtaining or continuing their higher education and utilize these programs as an incentive for the recruitment and retention of staff.

Community-Based Services and Supports

HHSC's mission and vision is making a difference in the lives of people the agency serves by improving the health, safety and well-being of Texans with good stewardship of public resources. Enhancing community-based services and supports provided by or supported through the SSLCs will maximize resources at SSLCs and align with this vision and mission and promote independence and positive outcomes for people with IDD. Initiatives included in this section are not intended to duplicate current services for which people with IDD are eligible that are provided in the community or shift funding away from existing community-based IDD services, including 1915(c) waivers and general revenue-funded services.

Outcomes for enhancing community-based services to support people with IDD to be more independent and participate in activities within the community include:

- Increasing available services not otherwise provided or currently lacking within the community for people with IDD.
- Reducing wait times for people with IDD to receive services.
- Expanding networking and resource opportunities for people with IDD and their families and guardians.

Interagency Collaboration

Various efforts within HHS are being made to develop plans that provide a holistic approach to meeting the needs of Texans with IDD across systems. The plans will provide a more exhaustive list of objectives and initiatives that will benefit or expand community-based services as a whole. At a minimum, these include:

- Statewide IDD Strategic Plan;
- HHSC Disability Action Plan;
- Waiver Slot Enrollment Plan (as required by the 2020-21 General Appropriations Act (Article II, HHSC, Rider 20);
- Medicaid Waiver Program Interest List Study (as required by the 2020-21 General Appropriations Act (Article II, HHSC, Rider 42); and

- Community Attendant Workforce Development Strategies (as required by the 2020-21 General Appropriations Act (Article II, HHSC, Rider 157)).

All these plans will be unique in nature but support the independence of people with IDD through additional supports and services. The community-based service initiatives included in this report are intended to complement recommendations made in these various plans and not replace them.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the outcomes associated with enhancing community-based services and supports throughout Texas. A significant factor in the ability for a person with IDD to remain in the community is the availability of resources. Some of these initiatives may require funding or statutory changes to implement (See Section 4 on pages 34-36).

Step-Down Units from State Hospitals. The investment that has been made by the Legislature for redesigning the state hospital system calls for not only rebuilding the hospital infrastructure but also identifying opportunities to improve and enhance the continuum of care for people with severe and persistent mental illness. A significant focus of the work related to the continuum of care has been to address issues impacting patients' length of stay in the state hospitals. While there are currently community-based resources already in place, there are still many state hospital patients for whom an appropriate residential placement is a barrier to discharge. As of the end of the second quarter of fiscal year 2020, at least 52 people under civil or voluntary commitment were identified as being potentially appropriate for discharge if they had the necessary supports in the community.

With additional resources, SSLCs could repurpose building space to offer a transitional step-down unit from state hospitals that provides an appropriate level of care in a less acute setting with a lower daily rate. These units would be designed for people that are psychiatrically stable and exhibit a sense of independence, but still need supports and supervised services before fully transitioning back to the community. Residential transitional step-down units would support the continuum of care and provide services based on collaborative efforts from the interdisciplinary teams of both state hospitals and SSLCs, in addition to community partners such as the local mental health authorities and LIDDAs, during the transitional period. These units could reduce the current length of stay for the targeted population to further expand current bed capacity.

Select space could also be used for step-down beds specifically for the older population that would have specialized services and supports to enhance the continuum of care for meeting their unique needs. As of September 2019, 29.3 percent of the state hospital population was over the age of 50, with the average age of those patients being 60.5 years and the average length of stay being over three years.⁵⁶ Identifying appropriate step-down units can help with meeting the long-term needs of older adults to be successfully integrated back into the community.

Day Programming and Supports. SSLC-operated day programming and supports would provide services to people with IDD in the community with assistance in promoting independence and living skills. These services would be made available to people who have exhibited the ability to function independently but may require routine or occasional support in life, social, or occupational skill development. Day programming could also include behavior supports and interventions. The program would be operated five days a week during normal business hours, with an emergency on-call service available. Services provided may include telemedicine, telepsychiatry, dental services, interactive mobile health platforms, job coaching, and occupational, physical and speech therapies. Alternatives to providing these services on campus may be contracting for space with community partners but staffed, in part, by SSLC staff to create a more integrated setting for people with IDD. SSLCs working with community partners to provide day programming may produce reduced costs for the service provider, improve quality of care, and offer the potential to demonstrate a reduction in the overall cost to the Medicaid program for those being served. Any day programming or supports offered by or through a SSLC would be established only as allowable by state and federal law or regulations.

Crisis Intervention and Respite Services. Crisis intervention and respite services are needed for short-term stays by people who are capable of living in the community but need immediate programming or services in crisis situations. They are typically not suitable for jail, local hospitals, or state hospital stays; however, the SSLCs may be able to accommodate this need, with additional resources. The purpose of these services would be to provide a safe environment for people who need to be redirected to more supportive means and stabilize before they are returned to the community. Based on feedback received from LIDDAs, urban areas within the state appear to be meeting the needs for crisis intervention and respite services, but rural areas may be lacking.⁵⁷ LIDDAs also indicated that additional resources and supports are needed for working with people with behavioral challenges.⁵⁸ HHSC will work with stakeholders to assess regional areas that may benefit from a structured program utilizing SSLC space that builds off the funding provided to HHSC in the 85th and 86th Legislature. Services would be limited to no more than 30 days before returning to the community and would also provide needed support for families in an inclusive environment to fully support the person in need of crisis interventions. Additionally, SSLCs will work collaboratively with LIDDAs to share best practices and resources to serve and support people with high behavior needs.

Adaptive Equipment Services. SSLCs can fabricate a variety of adaptive equipment for residents at several facilities across the state that support their ability to perform daily activities. This adaptive equipment can be life enhancing for many people with IDD and can assist them in the areas of orientation and mobility, positioning, communication, and dietary or texture food services. Adaptive equipment is often expensive, and some families lack the resources to provide this equipment for their loved ones. SSLCs can expand existing resources to produce adaptive equipment for people with IDD within the community at a low cost. Aids such as wheelchairs, positioning devices, feeding tools, and communication devices can be made at a SSLC to foster independence and quality of life for people with IDD.

Transitional Care. SSLCs will develop an education program that emphasizes engaging people with IDD and the importance of continued care and acute care services, with the goal of expanding service provider expertise, quality, and capacity for people transitioning to the community. As people transition from a SSLC back to the community, high-quality care is especially important for people who have been diagnosed with chronic medical, intellectual, or behavioral challenges and are vulnerable to being unable to identify providers who can provide the level of care desired or needed. SSLC staff familiar with a former resident's history and needs can also assist with environmental assessments and coaching toward approaches that were successful in a SSLC environment. Transitional care will also support strategies and resources for people who experience an emotional loss from transitioning back to the community to help work through the natural feelings of separation. The goal of this initiative is to increase needs being met, satisfaction with care, positive events and experiences with provider care, and successful transitions back to the community.

Maximize Current Resources

With the decline in population over the last ten years, SSLCs evaluated existing infrastructure to identify ways that better maximize resources and expand social services that meet the needs of people not currently served by a SSLC. Tactical outcomes for maximizing current resources include:

- Increasing available resources for people needing access to health and human services.
- Creating collaborative efforts for other divisions within HHS, other state agencies, or community partners to be housed onsite in areas where space may be needed.
- Expanding services provided to people with a traumatic brain injury.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the expansion of service delivery by the health and human services system that may move beyond serving people with IDD.

Lease Office Space. Select SSLCs could work with other state agencies and community partners to provide office space on facility grounds. Supporting partnerships with entities and organizations that are within the scope of a continuum of care for people with IDD and are mission-specific will be a priority to enhance existing relationships and accessibility to services. Creating opportunities for accessible health and human services in a common space will further the delivery of services and may serve as an additional revenue generating source.

Lease Programming Space. SSLCs will work with community partners to make space available for programming that could be provided to SSLC residents and people within IDD in the community. The purpose of this service would be to enhance skills necessary to become more independent and create opportunities to further explore a person's interests. Community partners may provide programming and instruction in fine arts, performing arts, gardening, or other areas that directly benefit people with IDD. Leased space may create more cost-effective opportunities for community partners and provide an additional revenue source for the State.

IDD Education and Awareness. SSLCs will participate with other HHSC partners in the continued efforts to educate law enforcement, prosecutors, judges and local hospitals, among others, around the state on IDD and provide them with evidence-informed and evidence-based strategies for working with this population. The goal is for people with IDD to receive proper services and an ultimate diversion from jail, local hospitals, or state hospitals, when appropriate. This initiative also aims to provide officials at the state and local level with information that would strengthen their relationship with the community, decrease reactionary responses when interacting with people with IDD and exhibit cross-discipline collaboration in meeting the needs of an increasing demographic.

The experience staff gain while working at a SSLC creates a foundation for them to become experts and technical authorities in their field. This initiative will include educational opportunities provided by SSLCs, in partnership with community colleges and universities or other IDD experts, to provide low-cost training to professionals across the state working with people with IDD. These training opportunities can further the knowledge of working with people with IDD, while reducing myths, fears, and stigmas. This initiative would also enhance collaborative efforts and exposure across the IDD system, helping professionals achieve a greater understanding of IDD and serving people with IDD.

Services for People with Traumatic Brain Injuries. People who have sustained a non-birth related traumatic brain injury (TBI) that has resulted in moderate to severe changes in their behavior do not have a clear system for the delivery of long-term care services. People with TBI may also struggle with insufficient insurance coverage for programs and services aimed at both short- and long-term rehabilitation. Currently, services for TBI clients may be provided by entities like state hospitals, which are not the most appropriate setting for the sustainable rehabilitative care needed by this population.

Using the Traumatic Brain Injury Model System⁵⁹ or other evidence-based approach, SSLCs could assist stakeholders, including other HHSC partners such as the Comprehensive Rehabilitation Services Program and Office of Acquired Brain Injury, service providers, advocacy organizations, Texas Brain Injury Advisory Council, Texas Brain Injury Alliance, and health related institutions of higher education that focus on the research and care for people with a TBI to develop a program, outside of a SSLC, that provides a multidisciplinary system of care designed to meet the needs of people with TBI including comprehensive rehabilitation services, long-term interdisciplinary follow-up, and outpatient rehabilitation services.

The development of any such program would be contingent on funding made available to the lead agency or organization. The goal of providing TBI services would be to provide the continuum of care needed to improve health and function, social integration, employment and independent living outcomes. A program that would divert this population from potential involvement in the criminal or juvenile justice system is fundamental in the overall rehabilitation for any person with TBI. In the development of this program, SSLCs would not seek to expand eligibility to a SSLC beyond the current eligibility requirements. Persons with TBI served on a SSLC campus who do not meet eligibility requirements would not be considered residents of the ICF/IID program.

4. Implementation and Sustainability

Success and sustainability of the objectives outlined in this report are determined by a SSLC's ability to implement them. Identifying and supporting adequate resources are a critical factor in quantifying the long-term success. If dedicated resources are available, initiatives would be implemented on a tiered priority-level and may vary by location.

Working toward SSLC strengths, the agency would identify and allocate resources where they will do the most good. This may mean current initiatives or programs are discontinued so resources could be diverted to the initiatives detailed above – to better serve and support people with IDD. Inclusion of stakeholder input and the expansion of and diversifying community partnerships for long-term maintenance is essential. Accountability measures will be implemented for achieving outcomes.

Fiscal Implications

SSLCs are a Medicaid-funded federal and state service. Approximately 58 percent of the operating funds for SSLCs are received from the federal government and 42 percent are provided through state general revenue or other revenue sources.⁶⁰ The IDD population is very diverse, with needs and subsequent cost requirements varying significantly. Appropriations may be needed to achieve recommended initiatives.

Although recent increases in funding have improved access to community-based services, the needs of the population have exceeded available funding. For initiatives included in Community-Based Services and Supports, additional funding would be needed to ensure accessibility.

The following initiatives will need to be considered as funding becomes available:

- Achieving Balance Program
- Patient Portal System
- Fleet Vehicles
- Video Surveillance System
- Child Care

- Facility Maintenance
- Salaries
- Step-Down Units from State Hospitals

Recommendations for Statutory Changes

HHSC is committed to working with the Legislature to explore ways to enhance programs and services provided to people with IDD. In accordance with Texas Health and Safety Code [§533A.032](#), HHSC makes the following recommendations for statutory changes to help operate more efficiently and support the goals of this report. These statutory changes are not contingent on receiving additional funding.

- Authorize the SSLCs to reimburse employees for damages to their vehicles caused by residents, as resources allow.
- Facilitate transfer of residents from one SSLC setting to another to access enhanced services.
- Authorize SSLCs to lease space on campus to child care providers for the benefit of SSLC employees.

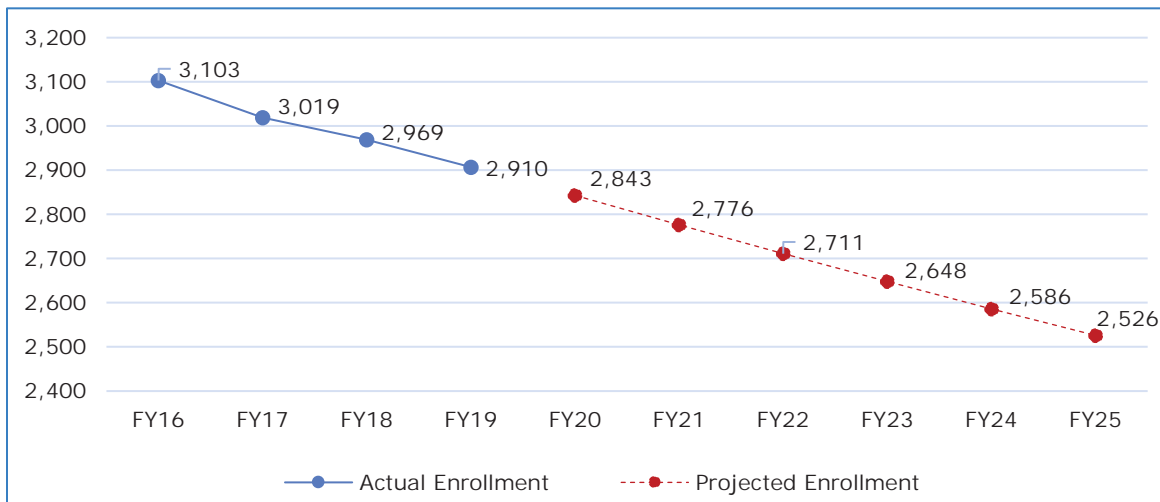
5. Capacity

An SSLC has not closed since 1996 and over the last ten years the statewide census at SSLCs has declined by 31 percent.⁶¹ (See Table 2 on page A-2.) Much of the decline occurred from fiscal year 2010 to fiscal year 2015 but has steadily tapered to an annual average of only two percent since. This leveling of the census is attributed primarily to the ability for a SSLC to provide services for complex behavior and medical challenges that are unavailable in some preferred communities. Other significant factors include an increase in guardianship in which guardians choose a SSLC over community placement, and an aging population with a longer life expectancy.

Population Projections and Methodology

Based on existing data, future population trends of SSLCs are expected to see a minimal decline statewide as identified in Figure 1 below. SSLC population projections are generated using a cohort-component methodology with admission, separation, and length of stay trends used as primary variables. (see Table 9 on page A-10 and Table 10 on page A-11.) These calculations assume the population is driven by demographic factors. This projection does not consider enhancements to community-based services and supports that may support community transitions.

Figure 1: SSLC Population Projection, FY 2020 through FY 2026



Factors Affecting Population Projections

The associated confidence level with the population projection calculations are dependent on the:

- Admission, separation, and length of stay variables identified in the methodology section;
- Fluctuation in average age at time of admission;
- Variation in commitment type;
- Appropriation of continued funding;
- Number of people diagnosed with IDD; and
- Expansion and availability of quality community-based services and supports.

Repurposing and Shared Space Ventures

This report outlines initiatives that maximize current resources and provide alternatives for repurposing or sharing space within a SSLC. Services provided at a SSLC in a supportive environment that extends to people in the community will lead to increased availability of services and may divert additional admissions to SSLCs. Options explored in the Community-Based Services and Supports and Maximize Current Resources sections include:

- Step-Down Units from State Hospitals
- Day Programming and Supports
- Crisis Intervention and Respite Services
- Adaptive Equipment Services
- Transitional Care
- Lease Office Space
- Lease Programming Space

These initiatives build on existing and new efforts that will help further the vision of HHSC and were developed in collaboration with stakeholder input received from service providers, advocates, statewide IDD-specific advisory councils and workgroups, and other HHS partners.

In some instances, additional efforts need to be made with stakeholders on whether targeted services and supports will be operated by SSLCs, or simply supported by SSLCs using existing resources such as facility infrastructure and maintenance, when other options exist. These efforts may ultimately determine how these initiatives are funded.

Evaluating Continued Operations

Stakeholder input from service providers, advisory groups, advocacy groups and home and community-based services advocates contemplate the need for continued SSLC existence or the feasibility of keeping all SSLCs operational; targeting census decline, operating costs, and the need to strengthen and build community-based services as the primary reasons.⁶² SSLCs support creating more robust home and community-based services and acknowledge that unless adequate services and supports are in place within the community, SSLCs remain the most appropriate living option for some people. As improvements continue to be made in HCS services, the SSLCs will still serve a purpose for people who require specific intervention, support and assessment.

Notwithstanding other constraints, meeting the demands for services across the State proves to be challenging simply by geography. Focusing on maximizing resources and existing infrastructure is pivotal to safeguarding limited resources. This strategy allows the State to reduce the overall footprint of SSLCs, while expanding community-based services. There is no arbitrary number of residents to determine if a SSLC should continue operations, but considering formative facts are fundamental to the needs assessment. Those include:

- Community services and supports must be available at the time of transition and remain intact as the person's needs fluctuate to safeguard their physical, mental and emotional safety.
- Optimizing current available space to expand services provided to people with IDD in the community will broaden the full continuum of care.
- SSLCs can work with LIDDAs and local mental health authorities to serve as a conduit for providing services regionally to ensure community services and supports are available that are closer to home with access to family supports.
- Expanding resources within SSLC property will increase the likelihood of attracting and retaining employees with talent and expertise necessary to work with people with IDD, including residents and non-residents.

A decision to close a SSLC by the Legislature is a serious one that requires thoughtful planning and careful consultation with all affected stakeholders to effectively implement. A thorough and exhaustive closure plan must be developed and vetted with stakeholders to ensure residents, family members, employees, service providers and the communities where the SSLC resides are all treated with compassion and respect. If closing one or more SSLCs is contemplated, minimum areas of considerations may include:

- Expanding capacity of community-based services and supports, including specialty services, before a person's transition that are safe, outcome driven and implement evidence-based practices;
- Geography and availability of services;
- Impact to the community and available resources to foster economic regrowth;
- Operational cost based on the number of residents served;
- Impact to other SSLCs; and
- Financial impact to state assets.

As with any decision that impacts people's livelihood, proceeding with closure must be in a deliberate manner, making sure Texas puts residents, families and employees first above any capital. The ultimate decision should not be about community services versus SSLCs, but rather the interest of people with IDD and the ability to provide them with the necessary services and supports to live in the setting of their choice and as independently as possible. HHSC acknowledges that SSLCs are part of the communities in which they are located, not something in addition to the community.

6. Conclusion

HHSC is committed to ensuring Texans with IDD receive the services they need in the environment of their choice. In the evolution of every business model there remains an abundance of opportunities for improvement; SSLCs and community-based IDD services are no exception. As we envision the future of and maximizing resources within SSLCs, we must also consider the broader spectrum for a full continuum of care for any Texan with IDD and focus on services and supports that allow them to thrive.

In a time when decisions are driven by best practices and data, SSLCs will focus on making changes that improve the overall quality of life of people with IDD and quality of care of SSLC residents. Initiatives that support community-based services mirror a philosophy of one continuum of care by creating a vision for an alliance inclusive of SSLCs, service providers, advocates and disciplines across the state that serve or champion for the IDD community. This alliance will devise progressive ways of improving services and processes. Ongoing collaboration between service areas amongst HHS partners must also be a focal point to ensure the agency is supporting Texans with IDD in the most efficient and fiduciary responsible manner.

List of Acronyms

Below is a list of all acronyms that appear in this report.

Acronym	Full Name
CFR	Code of Federal Regulations
CPI	Consumer Price Index
FY	Fiscal Year
HHSC	Texas Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
IQ	Intelligent Quotient
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
PIDA	Persons with an Intellectual Disability Act
SSLC	State Supported Living Center

SUR®

Safe Use of Restraint

TBI

Traumatic Brain Injury

Appendix A. Demographics

Table 1: Total Enrollment by Type by Facility, FY 2019 (as of August 31, 2019)

SSLC	PIDA	Adult Criminal Code	Adult Originally Chapter 55	Juvenile Chapter 55	Emergency	Voluntary
Abilene	226	0	0	0	0	37
Austin	152	1	0	0	0	26
Brenham	165	0	0	0	0	83
Corpus Christi	180	8	0	0	0	0
Denton	360	5	0	0	0	83
El Paso	87	0	0	0	0	8
Lubbock	168	3	1	0	0	16
Lufkin	279	1	0	0	0	0
Mexia	100	95	31	17	0	3
Richmond	271	1	1	0	0	42
Rio Grande	63	0	0	0	0	0
San Angelo	164	23	1	1	0	2
San Antonio	180	2	0	0	0	24
Statewide	2,395	139	34	18	0	324
Percent	82.30%	4.78%	1.17%	0.62%	0%	11.13%

Table 2: Total Enrollment, FY 2010 through FY 2019

SSLC	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Abilene	454	442	412	386	356	321	293	282	269	263
Austin	377	355	328	288	266	192	184	180	177	179
Brenham	340	315	298	288	283	279	264	259	254	248
Corpus Christi	292	274	258	242	224	221	220	208	205	188
Denton	545	519	494	484	460	458	458	447	449	448
El Paso	136	131	124	116	110	106	107	95	94	95
Lubbock	230	225	214	209	203	201	191	185	184	188
Lufkin	405	377	361	342	322	308	295	298	289	280
Mexia	417	390	372	331	288	256	256	246	240	246
Richmond	407	378	352	339	335	330	328	319	321	315
Rio Grande	72	71	70	62	67	71	61	60	62	63
San Angelo	251	239	229	210	208	214	217	213	202	191
San Antonio	281	278	275	250	240	229	229	227	223	206
Statewide	4,207	3,994	3,787	3,547	3,362	3,186	3,103	3,019	2,969	2,910

Table 3: Age, FY 2019 (as of August 31, 2019)

SSLC	Age 0-17	Age 18-21	Age 22-34	Age 35-44	Age 45-54	Age 55-64	Age 65-75	Age 76+
Abilene	6	6	23	38	61	70	44	15
Austin	0	0	12	19	21	65	49	13
Brenham	14	16	28	29	77	62	19	3
Corpus Christi	0	0	30	27	36	65	28	2
Denton	0	11	53	51	75	165	85	8
El Paso	0	4	19	17	20	18	15	2
Lubbock	0	5	45	32	34	48	21	3
Lufkin	11	14	35	26	51	93	39	11
Mexia	24	21	107	30	24	21	14	5
Richmond	0	5	51	28	75	97	53	6
Rio Grande	0	4	18	12	16	11	1	1
San Angelo	3	9	56	49	27	15	23	9
San Antonio	0	3	44	28	56	48	19	8
Statewide	58	98	521	386	573	778	410	86
Percent	2%	3%	18%	13%	20%	27%	14%	3%

Table 4: Levels of Intellectual Disabilities, FY 2019 (as of August 31, 2019)

SSLC	Borderline	Mild	Moderate	Severe	Profound	Un-specified	Not Indicated
Abilene	0	29	43	49	141	1	0
Austin	0	12	27	40	100	0	0
Brenham	0	20	56	41	130	1	0
Corpus Christi	0	45	27	26	90	0	0
Denton	0	57	75	81	232	0	3
El Paso	0	12	15	16	52	0	0
Lubbock	0	38	25	27	97	0	1
Lufkin	0	24	38	54	164	0	0
Mexia	1	132	74	12	27	0	0
Richmond	0	42	41	56	176	0	0
Rio Grande	0	11	18	21	13	0	0
San Angelo	0	116	42	14	18	0	1
San Antonio	0	32	37	39	97	0	1
Statewide	1	570	518	476	1,337	2	6
Percent	0%	20%	18%	16%	46%	0%	0%

Table 5: Behavior Management Levels, FY 2019 (as of August 31, 2019)

SSLC	None	Mild	Moderate	Severe	Profound	Not Indicated
Abilene	89	69	90	14	1	0
Austin	65	51	43	17	3	0
Brenham	86	58	73	30	1	0
Corpus Christi	74	49	57	8	0	0
Denton	154	57	211	24	0	2
El Paso	32	26	29	6	1	1
Lubbock	51	41	71	18	5	2
Lufkin	95	64	83	26	10	2
Mexia	15	97	95	27	6	6
Richmond	119	86	96	14	0	0
Rio Grande	6	28	23	0	2	4
San Angelo	11	51	78	29	21	1
San Antonio	69	55	47	29	5	1
Statewide	866	732	996	242	55	19
Percent	30%	25%	34%	8%	2%	1%

Figure 2: Alleged Offender Admissions, FY 2010 through FY 2019

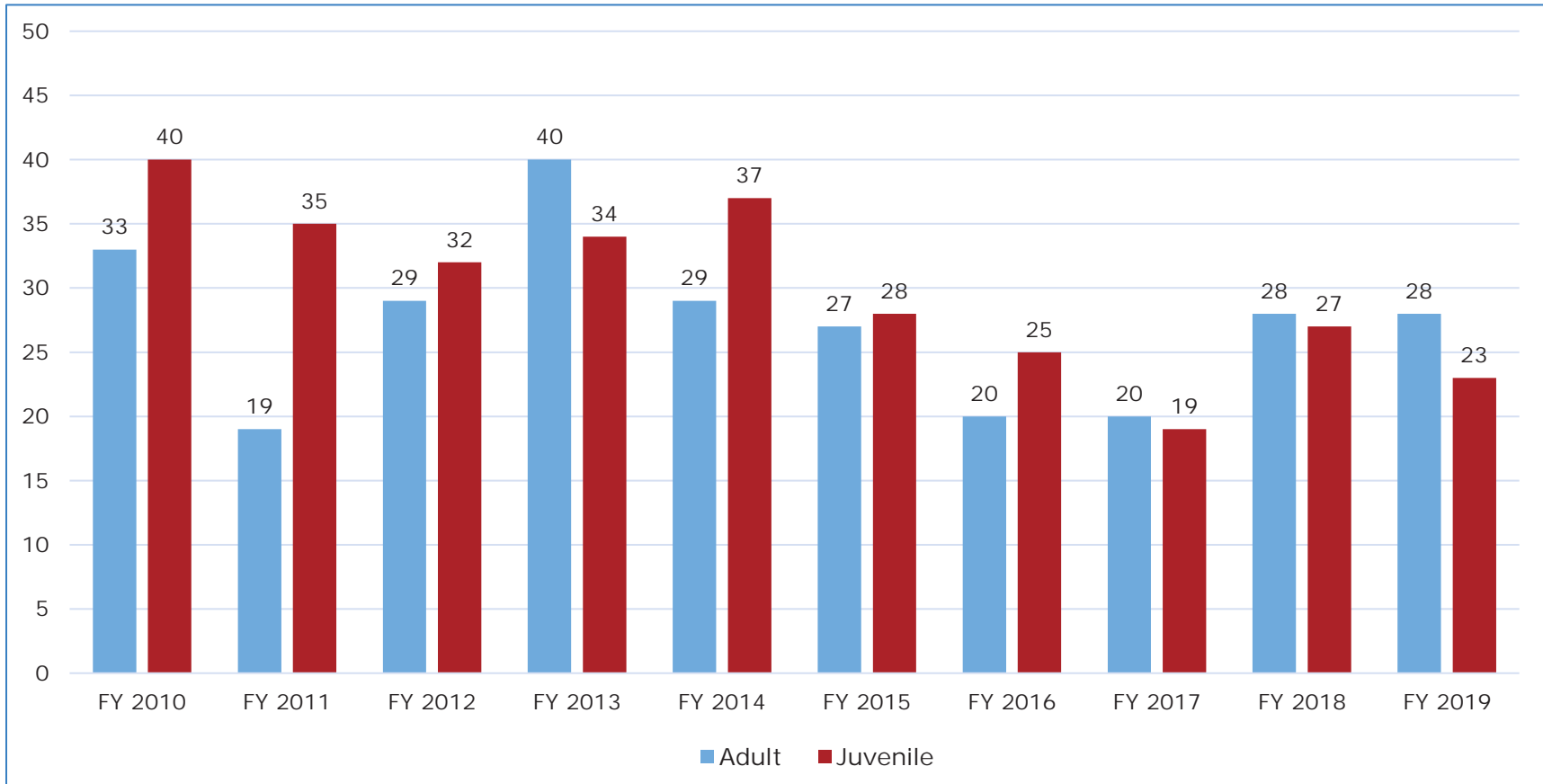


Table 6: Alleged Offender Admissions, FY 2010 through FY 2019

SSLC	Adult Criminal Code	Juvenile Chapter 55	Total Alleged Offender	Total Enrollment	Percent of Population
FY 2010	33	40	73	4,207	1.74%
FY 2011	19	35	54	3,994	1.35%
FY 2012	29	32	61	3,787	1.61%
FY 2013	40	34	74	3,547	2.09%
FY 2014	29	37	66	3,362	1.96%
FY 2015	27	28	55	3,186	1.73%
FY 2016	20	25	45	3,103	1.45%
FY 2017	20	19	39	3,019	1.29%
FY 2018	28	27	55	2,969	1.85%
FY 2019	28	23	51	2,910	1.75%

Table 7: Health Status, FY 2019 (as of August 31, 2019)

SSLC	No Major Problems	Mild	Moderate	Severe	Not Indicated
Abilene	29	60	147	27	0
Austin	11	61	85	22	0
Brenham	68	95	70	15	0
Corpus Christi	28	51	92	17	0
Denton	9	206	183	48	2
El Paso	18	43	30	3	1
Lubbock	42	70	58	16	2
Lufkin	45	83	126	24	2
Mexia	74	117	42	7	6
Richmond	34	109	156	16	0
Rio Grande	12	35	11	1	4
San Angelo	65	64	51	10	1
San Antonio	51	75	73	6	1
Statewide	486	1,069	1,124	212	19
Percent	17%	37%	39%	7%	1%

Table 8: Enrollment by Co-Occurring Diagnosis of IDD and at Least One Mental Health Disorder

Fiscal Year	Percent of Population
FY 2014	61.3%
FY 2015	61.4%
FY 2016	61.6%
FY 2017	58.40%
FY 2018	57.29%
FY 2019	56.46%
FY 2020 ¹	56.53%

¹ As of May 31, 2020.

Table 9: Length of Stay, FY 2019 (as of August 31, 2019)

SSLC	0-1 Year	13 Months–5 Years	6-10 Years	11-15 Years	More Than 15 Years
Abilene	4	24	21	27	187
Austin	12	8	2	9	148
Brenham	10	47	23	19	149
Corpus Christi	2	32	9	23	122
Denton	21	84	25	28	290
El Paso	3	16	10	10	56
Lubbock	16	36	15	8	113
Lufkin	5	46	20	22	187
Mexia	50	107	37	10	42
Richmond	11	58	23	29	194
Rio Grande	8	24	6	7	18
San Angelo	14	65	27	27	58
San Antonio	4	49	16	16	121
Statewide	160	596	234	235	1,685
Percent	5%	20%	8%	8%	58%

Table 10: Separations, FY 2010 through FY 2019

Fiscal Year	New Admissions	Transition Returns	Total Separations	Community Transitions	Deaths	Discharges
FY 2010	162	8	504	330	140	34
FY 2011	129	3	344	204	112	28
FY 2012	128	5	340	207	96	37
FY 2013	166	16	422	287	93	42
FY 2014	187	9	381	261	86	34
FY 2015	177	9	362	233	97	32
FY 2016	160	10	253	126	99	28
FY 2017	139	6	229	109	88	32
FY 2018	149	5	204	84	87	33
FY 2019	129	5	193	80	84	29

Appendix B. Referrals and Transitions to the Community

Table 11 : Community Transitions, FY 2010 through FY 2019

SSLC	Community Transitions	Total Enrollment	Percent of Population
FY 2010	330	4,207	7.84%
FY 2011	204	3,994	5.11%
FY 2012	207	3,787	5.47%
FY 2013	287	3,547	8.09%
FY 2014	261	3,362	7.76%
FY 2015	233	3,186	7.31%
FY 2016	126	3,103	4.06%
FY 2017	109	3,019	3.61%
FY 2018	84	2,969	2.83%
FY 2019	80	2,910	2.75%

Table 12: Reasons for Non-Referral, FY 2019

Reasons for Non-Referral	
LAR Choice	43.40%
Behavioral Health/Psychiatric Needs	21.19%
Medical Issues	16.72%
Individual Choice	15.78%
Funding	1.69%
Evaluation Period (Chapter 55/46b commitments only)	0.70%
Court Will Not Allow Placement (Chapter 55/46b)	0.52%

Table 13: LAR Choice for Not Referring, FY 2019

LAR Choice for Not Referring	
Provided information, LAR not interested in alternate placement	68.88%
LAR not interested in alternate placement information	13.53%
Unsuccessful prior community placement(s)	9.18%
Mistrust of providers	5.54%
Lack of understanding of community living options	2.88%

Table 14: Obstacles to Transition, FY 2019

Obstacles to Transition	
Limited Residential Opportunities in Preferred Area	29.84%
Specialized Medical Supports	11.81%
Environmental Modifications	11.44%
Individual/LAR Indecision Regarding Provider Selection	9.96%
Behavioral Supports	9.96%
Specialized Therapy Supports	7.38%
Scheduling (For Referrals <200 days)	3.32%
Provider delay in opening home	3.32%
Employment/Supported Employment	2.21%
Transportation Modifications	2.21%
Illness during transition period	1.85%
Criminal Court Issues	1.48%
Medicaid/SSI Funding	1.48%

Obstacles to Transition	
Specialized MH Supports	1.48%
LAR reluctance to choose a provider	0.74%
Services/Support for Forensic Needs	0.74%
Provider closed home; search for new provider	0.37%
Family Chose to Pursue Guardianship	0.37%

Endnotes

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- ⁵¹ Benningsdorf, Jessica. How An Internship Program Benefits Your Company. <https://doylegroup-it.com/internship-program-benefits-company/>. Last accessed June 6, 2020.
- ⁵² Health and Human Services Commission. Recommendations for Overtime Management at State Hospitals and State Supported Living Centers. September 2019.
- ⁵³ United States Bureau of Labor Statistics. Consumer Price Index. <https://www.bls.gov/cpi/>. Last accessed June 6, 2020.
- ⁵⁴ United States Bureau of Labor Statistics. Consumer Price Index Summary. <https://www.bls.gov/news.release/cpi.nr0.htm>. Last accessed June 6, 2020.
- ⁵⁵ SSLC stakeholder input (staff), January 2020.
- ⁵⁶ Health and Human Services Commission. Behavioral Health and Intellectual and Developmental Disability Services: Continuum of Care for Older Adults. September 2019.
- ⁵⁷ Stakeholder input (LIDDAs), February 2020.
- ⁵⁸ Stakeholder input (LIDDAs), February 2020.
- ⁵⁹ Mayo Clinic. Traumatic Brain Injury Model System. <https://www.mayo.edu/research/centers-programs/traumatic-brain-injury-model-system/patient-care/continuum-care>. Last accessed June 6, 2020.
- ⁶⁰ Health and Human Services Commission. Fiscal Year 2020-2021 Legislative Appropriations Request. August 2018. <https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/lar/hhsc-legislative-appropriations-request-2020-2021.pdf>. Last accessed June 6, 2020.
- ⁶¹ Statistical information obtained through the SSLC internal reporting dashboard.
- ⁶² SSLC stakeholder meetings (service providers and advocates), September 2019 through January 2020.

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
MENTAL HEALTH INFORMATION ITEM SUMMARY						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	722,700	872,775	872,775	872,775	872,775
	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)	4,219,400	4,443,121	4,443,121	4,443,121	4,443,121
	ANDREWS CENTER	-	216,838	216,838	216,838	216,838
	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	2,007,500	2,273,343	2,273,343	2,273,343	2,273,343
	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	501,875	1,336,095	1,336,095	1,336,095	1,336,095
	BORDER REGION MHMR COMMUNITY CENTER	-	970,821	2,968,419	2,968,419	2,968,419
	BURKE CENTER	1,253,775	1,496,312	1,496,312	1,496,312	1,496,312
	CAMINO REAL COMMUNITY SERVICES	408,800	623,648	623,648	623,648	623,648
	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	6,688,625	6,968,026	6,968,026	6,968,026	6,968,026
	CENTER FOR LIFE RESOURCES	190,895	285,469	285,469	285,469	285,469
	CENTRAL COUNTIES CTR FOR MHMR SERVICES	204,400	903,014	903,014	903,014	903,014
	COASTAL PLAINS COMMUNITY MHMR CENTER	1,095,000	1,248,821	1,248,821	1,248,821	1,248,821
	COLLIN COUNTY MHMR CENTER DBA LIFEPAATH SYSTEMS	1,617,700	2,229,887	2,229,887	2,229,887	2,229,887
	DENTON COUNTY MHMR CENTER	2,462,290	2,752,334	2,752,334	2,752,334	2,752,334
	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	121,454	729,692	729,692	729,692	729,692
	GULF BEND MHMR CENTER	481,800	702,370	702,370	702,370	702,370
	HEART OF TEXAS REGION MHMR CENTER	559,350	1,129,637	1,129,637	1,129,637	1,129,637
	HILL COUNTRY COMMUNITY MHMR	3,565,270	4,028,681	4,028,681	4,028,681	4,028,681
	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	229,050	593,710	593,710	593,710	593,710
	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	4,126,274	4,397,660	4,397,660	4,397,660	4,397,660
	MHMR AUTHORITY OF BRAZOS VALLEY	1,324,950	1,480,579	1,480,579	1,480,579	1,480,579
	MHMR OF TARRANT COUNTY	6,367,060	6,847,436	6,847,436	6,847,436	6,847,436
	MHMR SERVICES FOR THE CONCHO VALLEY	-	144,560	144,560	144,560	144,560
	MONTGOMERY COUNTY	16,264,606	17,170,022	17,170,022	17,170,022	17,170,022
	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	6,373,407	7,788,463	7,788,463	7,788,463	7,788,463
	NUECES COUNTY MHMR COMMUNITY CENTER	-	374,480	374,480	374,480	374,480
	PECAN VALLEY MHMR REGION	839,135	1,129,629	1,129,629	1,129,629	1,129,629
	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	-	216,838	216,838	216,838	216,838
	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	-	216,305	216,305	216,305	216,305
	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	2,168,100	2,184,464	2,184,464	2,184,464	2,184,464
	TEXANA CENTER	511,000	1,156,876	1,156,876	1,156,876	1,156,876
	TEXOMA COMMUNITY CENTER	511,000	765,052	765,052	765,052	765,052
	THE GULF COAST CENTER	4,082,246	4,263,171	4,263,171	4,263,171	4,263,171
	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	35,474,799	36,219,959	36,687,111	36,579,736	36,579,736
	TRI-COUNTY BEHAVIORAL HEALTHCARE	1,523,875	1,843,654	1,843,654	1,843,654	1,843,654
	TROPICAL TEXAS BEHAVIORAL HEALTH	3,312,375	4,105,847	4,105,847	4,105,847	4,105,847
	UNIVERSITY OF TEXAS HEALTH CENTER AT TYLER	9,216,249	9,311,430	9,311,430	9,311,430	9,311,430
	WEST TEXAS CENTERS FOR MHMR	2,208,250	2,298,790	2,298,790	2,298,790	2,298,790
	STATE OFFICE ADMIN	99,161	320,542	320,542	320,542	320,542
	Total	120,732,371	136,040,351	138,505,101	138,397,726	138,397,726
	Method of Financing:					
0001	General Revenue	110,611,671	125,919,650	128,384,402	128,277,027	128,277,027
0709	Appropriated Receipts Medicaid Reimbursements	10,120,700	10,120,701	10,120,699	10,120,699	10,120,699
	Total, Method of Financing	120,732,371	136,040,351	138,505,101	138,397,726	138,397,726
	Number of Positions (FTE)	1.10	4.50	4.50	4.50	4.50

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	722,700	872,775	872,775	872,775	872,775
	Total, Objects of Expense	722,700	872,775	872,775	872,775	872,775
0001	Method of Financing: General Revenue	722,700	872,775	872,775	872,775	872,775
	Total, Method of Financing	722,700	872,775	872,775	872,775	872,775
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	4,219,400	4,443,121	4,443,121	4,443,121	4,443,121
	Total, Objects of Expense	4,219,400	4,443,121	4,443,121	4,443,121	4,443,121
0001	Method of Financing: General Revenue	4,219,400	4,443,121	4,443,121	4,443,121	4,443,121
	Total, Method of Financing	4,219,400	4,443,121	4,443,121	4,443,121	4,443,121
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: ANDREWS CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	-	216,838	216,838	216,838	216,838
	Total, Objects of Expense	-	216,838	216,838	216,838	216,838
0001	Method of Financing: General Revenue	-	216,838	216,838	216,838	216,838
	Total, Method of Financing	-	216,838	216,838	216,838	216,838
	Number of Positions (FTE)					

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	2,007,500	2,273,343	2,273,343	2,273,343	2,273,343
	Total, Objects of Expense	2,007,500	2,273,343	2,273,343	2,273,343	2,273,343
0001	Method of Financing: General Revenue	2,007,500	2,273,343	2,273,343	2,273,343	2,273,343
	Total, Method of Financing	2,007,500	2,273,343	2,273,343	2,273,343	2,273,343
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	501,875	1,336,095	1,336,095	1,336,095	1,336,095
	Total, Objects of Expense	501,875	1,336,095	1,336,095	1,336,095	1,336,095
0001	Method of Financing: General Revenue	501,875	1,336,095	1,336,095	1,336,095	1,336,095
	Total, Method of Financing	501,875	1,336,095	1,336,095	1,336,095	1,336,095
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: BORDER REGION MHMR COMMUNITY CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	-	970,821	2,968,419	2,968,419	2,968,419
	Total, Objects of Expense	-	970,821	2,968,419	2,968,419	2,968,419
0001	Method of Financing: General Revenue	-	970,821	2,968,419	2,968,419	2,968,419
	Total, Method of Financing	-	970,821	2,968,419	2,968,419	2,968,419
	Number of Positions (FTE)					

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	Statewide Goal Code: 7			Strategy Code: 7.2.2
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: BURKE CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	1,253,775	1,496,312	1,496,312	1,496,312	1,496,312
	Total, Objects of Expense	1,253,775	1,496,312	1,496,312	1,496,312	1,496,312
0001	Method of Financing: General Revenue	1,253,775	1,496,312	1,496,312	1,496,312	1,496,312
	Total, Method of Financing	1,253,775	1,496,312	1,496,312	1,496,312	1,496,312
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	408,800	623,648	623,648	623,648	623,648
	Total, Objects of Expense	408,800	623,648	623,648	623,648	623,648
0001	Method of Financing: General Revenue	408,800	623,648	623,648	623,648	623,648
	Total, Method of Financing	408,800	623,648	623,648	623,648	623,648
	Number of Positions (FTE)					

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	6,688,625	6,968,026	6,968,026	6,968,026	6,968,026
	Total, Objects of Expense	6,688,625	6,968,026	6,968,026	6,968,026	6,968,026
0001	Method of Financing: General Revenue	6,688,625	6,968,026	6,968,026	6,968,026	6,968,026
	Total, Method of Financing	6,688,625	6,968,026	6,968,026	6,968,026	6,968,026
	Number of Positions (FTE)					

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	190,895	285,469	285,469	285,469	285,469
	Total, Objects of Expense	190,895	285,469	285,469	285,469	285,469
0001	Method of Financing: General Revenue	190,895	285,469	285,469	285,469	285,469
	Total, Method of Financing	190,895	285,469	285,469	285,469	285,469
	Number of Positions (FTE)					

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: CENTRAL COUNTIES CTR FOR MHMR SERVICES						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	204,400	903,014	903,014	903,014	903,014
	Total, Objects of Expense	204,400	903,014	903,014	903,014	903,014
0001	Method of Financing: General Revenue	204,400	903,014	903,014	903,014	903,014
	Total, Method of Financing	204,400	903,014	903,014	903,014	903,014
	Number of Positions (FTE)					

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: COASTAL PLAINS COMMUNITY MHMR CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	1,095,000	1,248,821	1,248,821	1,248,821	1,248,821
	Total, Objects of Expense	1,095,000	1,248,821	1,248,821	1,248,821	1,248,821
0001	Method of Financing: General Revenue	1,095,000	1,248,821	1,248,821	1,248,821	1,248,821
	Total, Method of Financing	1,095,000	1,248,821	1,248,821	1,248,821	1,248,821
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: COLLIN COUNTY MHMR CENTER DBA LIFEPATH SYSTEMS						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	1,617,700	2,229,887	2,229,887	2,229,887	2,229,887
	Total, Objects of Expense	1,617,700	2,229,887	2,229,887	2,229,887	2,229,887
0001	Method of Financing: General Revenue	1,617,700	2,229,887	2,229,887	2,229,887	2,229,887
	Total, Method of Financing	1,617,700	2,229,887	2,229,887	2,229,887	2,229,887
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: DENTON COUNTY MHMR CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	2,462,290	2,752,334	2,752,334	2,752,334	2,752,334
	Total, Objects of Expense	2,462,290	2,752,334	2,752,334	2,752,334	2,752,334
0001	Method of Financing: General Revenue	2,462,290	2,752,334	2,752,334	2,752,334	2,752,334
	Total, Method of Financing	2,462,290	2,752,334	2,752,334	2,752,334	2,752,334
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: EL PASO MHMR DBA EMERGENCE HEALTH NETWORK						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	121,454	729,692	729,692	729,692	729,692
	Total, Objects of Expense	121,454	729,692	729,692	729,692	729,692
0001	Method of Financing: General Revenue	121,454	729,692	729,692	729,692	729,692
	Total, Method of Financing	121,454	729,692	729,692	729,692	729,692
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: GULF BEND MHMR CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	481,800	702,370	702,370	702,370	702,370
	Total, Objects of Expense	481,800	702,370	702,370	702,370	702,370
0001	Method of Financing: General Revenue	481,800	702,370	702,370	702,370	702,370
	Total, Method of Financing	481,800	702,370	702,370	702,370	702,370
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: HEART OF TEXAS REGION MHMR CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	559,350	1,129,637	1,129,637	1,129,637	1,129,637
	Total, Objects of Expense	559,350	1,129,637	1,129,637	1,129,637	1,129,637
0001	Method of Financing: General Revenue	559,350	1,129,637	1,129,637	1,129,637	1,129,637
	Total, Method of Financing	559,350	1,129,637	1,129,637	1,129,637	1,129,637
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: HILL COUNTRY COMMUNITY MHMR						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	3,565,270	4,028,681	4,028,681	4,028,681	4,028,681
	Total, Objects of Expense	3,565,270	4,028,681	4,028,681	4,028,681	4,028,681
0001	Method of Financing: General Revenue	3,565,270	4,028,681	4,028,681	4,028,681	4,028,681
	Total, Method of Financing	3,565,270	4,028,681	4,028,681	4,028,681	4,028,681
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	229,050	593,710	593,710	593,710	593,710
	Total, Objects of Expense	229,050	593,710	593,710	593,710	593,710
0001	Method of Financing: General Revenue	229,050	593,710	593,710	593,710	593,710
	Total, Method of Financing	229,050	593,710	593,710	593,710	593,710
	Number of Positions (FTE)					

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	4,126,274	4,397,660	4,397,660	4,397,660	4,397,660
	Total, Objects of Expense	4,126,274	4,397,660	4,397,660	4,397,660	4,397,660
0001	Method of Financing: General Revenue	4,126,274	4,397,660	4,397,660	4,397,660	4,397,660
	Total, Method of Financing	4,126,274	4,397,660	4,397,660	4,397,660	4,397,660
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: MHMR AUTHORITY OF BRAZOS VALLEY						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	1,324,950	1,480,579	1,480,579	1,480,579	1,480,579
	Total, Objects of Expense	1,324,950	1,480,579	1,480,579	1,480,579	1,480,579
0001	Method of Financing: General Revenue	1,324,950	1,480,579	1,480,579	1,480,579	1,480,579
	Total, Method of Financing	1,324,950	1,480,579	1,480,579	1,480,579	1,480,579
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: MHMR OF TARRANT COUNTY						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	6,367,060	6,847,436	6,847,436	6,847,436	6,847,436
	Total, Objects of Expense	6,367,060	6,847,436	6,847,436	6,847,436	6,847,436
0001	Method of Financing: General Revenue	6,367,060	6,847,436	6,847,436	6,847,436	6,847,436
	Total, Method of Financing	6,367,060	6,847,436	6,847,436	6,847,436	6,847,436
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: MHMR SERVICES FOR THE CONCHO VALLEY						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	-	144,560	144,560	144,560	144,560
	Total, Objects of Expense	-	144,560	144,560	144,560	144,560
0001	Method of Financing: General Revenue	-	144,560	144,560	144,560	144,560
	Total, Method of Financing	-	144,560	144,560	144,560	144,560
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: MONTGOMERY COUNTY						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	16,264,606	17,170,022	17,170,022	17,170,022	17,170,022
	Total, Objects of Expense	16,264,606	17,170,022	17,170,022	17,170,022	17,170,022
	Method of Financing:					
0001	General Revenue	12,126,458	13,031,872	13,031,872	13,031,872	13,031,872
0709	Appropriated Receipts Medicaid Reimbursements	4,138,148	4,138,150	4,138,150	4,138,150	4,138,150
	Total, Method of Financing	16,264,606	17,170,022	17,170,022	17,170,022	17,170,022
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	6,373,407	7,788,463	7,788,463	7,788,463	7,788,463
	Total, Objects of Expense	6,373,407	7,788,463	7,788,463	7,788,463	7,788,463
0001	Method of Financing: General Revenue	6,373,407	7,788,463	7,788,463	7,788,463	7,788,463
	Total, Method of Financing	6,373,407	7,788,463	7,788,463	7,788,463	7,788,463
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: NUECES COUNTY MHMR COMMUNITY CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	-	374,480	374,480	374,480	374,480
	Total, Objects of Expense	-	374,480	374,480	374,480	374,480
0001	Method of Financing: General Revenue	-	374,480	374,480	374,480	374,480
	Total, Method of Financing	-	374,480	374,480	374,480	374,480
	Number of Positions (FTE)					

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	839,135	1,129,629	1,129,629	1,129,629	1,129,629
	Total, Objects of Expense	839,135	1,129,629	1,129,629	1,129,629	1,129,629
0001	Method of Financing: General Revenue	839,135	1,129,629	1,129,629	1,129,629	1,129,629
	Total, Method of Financing	839,135	1,129,629	1,129,629	1,129,629	1,129,629
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: PERMIAN BASIN COMMUNITY CENTERS FOR MHMR						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	-	216,838	216,838	216,838	216,838
	Total, Objects of Expense	-	216,838	216,838	216,838	216,838
0001	Method of Financing: General Revenue	-	216,838	216,838	216,838	216,838
	Total, Method of Financing	-	216,838	216,838	216,838	216,838
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	-	216,305	216,305	216,305	216,305
	Total, Objects of Expense	-	216,305	216,305	216,305	216,305
0001	Method of Financing: General Revenue	-	216,305	216,305	216,305	216,305
	Total, Method of Financing	-	216,305	216,305	216,305	216,305
	Number of Positions (FTE)					

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	2,168,100	2,184,464	2,184,464	2,184,464	2,184,464
	Total, Objects of Expense	2,168,100	2,184,464	2,184,464	2,184,464	2,184,464
0001	Method of Financing: General Revenue	2,168,100	2,184,464	2,184,464	2,184,464	2,184,464
	Total, Method of Financing	2,168,100	2,184,464	2,184,464	2,184,464	2,184,464
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: TEXANA CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	511,000	1,156,876	1,156,876	1,156,876	1,156,876
	Total, Objects of Expense	511,000	1,156,876	1,156,876	1,156,876	1,156,876
0001	Method of Financing: General Revenue	511,000	1,156,876	1,156,876	1,156,876	1,156,876
	Total, Method of Financing	511,000	1,156,876	1,156,876	1,156,876	1,156,876
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: TEXOMA COMMUNITY CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	511,000	765,052	765,052	765,052	765,052
	Total, Objects of Expense	511,000	765,052	765,052	765,052	765,052
0001	Method of Financing: General Revenue	511,000	765,052	765,052	765,052	765,052
	Total, Method of Financing	511,000	765,052	765,052	765,052	765,052
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: THE GULF COAST CENTER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	4,082,246	4,263,171	4,263,171	4,263,171	4,263,171
	Total, Objects of Expense	4,082,246	4,263,171	4,263,171	4,263,171	4,263,171
0001	Method of Financing: General Revenue	4,082,246	4,263,171	4,263,171	4,263,171	4,263,171
	Total, Method of Financing	4,082,246	4,263,171	4,263,171	4,263,171	4,263,171
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	35,474,799	36,219,959	36,687,111	36,579,736	36,579,736
	Total, Objects of Expense	35,474,799	36,219,959	36,687,111	36,579,736	36,579,736
0001	Method of Financing: General Revenue	35,474,799	36,219,959	36,687,111	36,579,736	36,579,736
	Total, Method of Financing	35,474,799	36,219,959	36,687,111	36,579,736	36,579,736
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	1,523,875	1,843,654	1,843,654	1,843,654	1,843,654
	Total, Objects of Expense	1,523,875	1,843,654	1,843,654	1,843,654	1,843,654
0001	Method of Financing: General Revenue	1,523,875	1,843,654	1,843,654	1,843,654	1,843,654
	Total, Method of Financing	1,523,875	1,843,654	1,843,654	1,843,654	1,843,654
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: TROPICAL TEXAS BEHAVIORAL HEALTH						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	3,312,375	4,105,847	4,105,847	4,105,847	4,105,847
	Total, Objects of Expense	3,312,375	4,105,847	4,105,847	4,105,847	4,105,847
0001	Method of Financing: General Revenue	3,312,375	4,105,847	4,105,847	4,105,847	4,105,847
	Total, Method of Financing	3,312,375	4,105,847	4,105,847	4,105,847	4,105,847
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: UNIVERSITY OF TEXAS HEALTH CENTER AT TYLER						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	9,216,249	9,311,430	6,311,430	6,311,430	9,311,430
	Total, Objects of Expense	9,216,249	9,311,430	6,311,430	6,311,430	9,311,430
	Method of Financing:					
0001	General Revenue	3,233,700	3,328,880	3,328,880	3,328,880	3,328,880
0709	Appropriated Receipts Medicaid Reimbursements	5,982,549	5,982,550	5,982,550	5,982,550	5,982,550
	Total, Method of Financing	9,216,249	9,311,430	9,311,430	9,311,430	9,311,430
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: WEST TEXAS CENTERS FOR MHMR						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
4000	Objects of Expense: Grants	2,208,250	2,298,790	2,298,790	2,298,790	2,298,790
	Total, Objects of Expense	2,208,250	2,298,790	2,298,790	2,298,790	2,298,790
0001	Method of Financing: General Revenue	2,208,250	2,298,790	2,298,790	2,298,790	2,298,790
	Total, Method of Financing	2,208,250	2,298,790	2,298,790	2,298,790	2,298,790
Number of Positions (FTE)						

Informational Item - MH Community Hospitals

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.2		
AGENCY GOAL: 7.2.2 - Community Mental Health Hospitals						
OBJECTIVE:						
ITEM: STATE OFFICE ADMIN						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	97,786	306,001	306,001	306,001	306,001
1002	Other Personnel Costs	454	1,541	1,541	1,541	1,541
2005	Travel	921	13,000	13,000	13,000	13,000
2007	Rent - Machine and Other	-	-	-	-	-
2009	Other Operating Expense	-	-	-	-	-
	Total, Objects of Expense	99,161	320,542	320,542	320,542	320,542
	Method of Financing:					
0001	General Revenue	99,161	320,542	320,542	320,542	320,542
	Total, Method of Financing	99,161	320,542	320,542	320,542	320,542
	Number of Positions (FTE)	1.1	4.5	4.5	4.5	4.5

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)	2,339,605	222,034	12,955	24,201	2,598,795
17512814108	ANDREWS CENTER	4,425,305	243,104	24,119	45,057	4,737,585
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	10,670,565	1,327,594	49,433	92,347	12,139,939
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	2,797,043	236,378	15,188	28,373	3,076,982
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	10,728,315	272,702	48,952	91,449	11,141,418
17429449311	BORDER REGION MHMR COMMUNITY CENTER	4,430,836	599,094	24,794	46,318	5,101,042
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	4,355,239	264,531	20,488	38,275	4,678,533
17514423932	BURKE CENTER	5,145,716	412,818	28,690	53,596	5,640,820
17429517547	CAMINO REAL COMMUNITY SERVICES	3,613,236	219,878	22,385	41,819	3,897,318
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	21,481,501	1,033,856	98,610	184,220	22,798,187
17512944327	CENTER FOR LIFE RESOURCES	2,007,866	144,326	11,822	22,085	2,186,099
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	5,016,426	451,136	25,146	46,976	5,539,684
17512943550	CENTRAL PLAINS CENTER	1,796,123	113,403	8,385	15,667	1,933,578
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	5,068,454	473,479	28,681	53,580	5,624,194
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	5,499,844	417,082	37,235	69,560	6,023,721
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	2,297,228	140,965	11,788	22,020	2,472,001
17513681514	DENTON COUNTY MHMR CENTER	7,044,748	442,589	25,818	48,231	7,561,386
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	11,001,955	1,060,882	68,749	128,436	12,260,022
17416590648	GULF BEND MHMR CENTER	2,699,142	157,404	13,776	25,734	2,896,056
17416079873	THE GULF COAST CENTER	6,855,092	643,764	37,547	70,143	7,606,546
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	42,102,720	2,646,469	184,038	343,820	45,277,047
17416229585	HEART OF TEXAS REGION MHMR CENTER	4,253,139	357,990	21,384	39,948	4,672,461
17512419767	HELEN FARABEE CENTERS	5,953,820	326,064	38,491	71,907	6,390,282
17428220176	HILL COUNTRY COMMUNITY MHMR	8,005,285	469,035	40,480	75,623	8,590,423
17528338233	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	6,840,217	137,978	36,037	67,321	7,081,553
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPATH SYSTEMS	7,787,798	802,152	617,092	131,058	9,338,100
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	3,670,199	376,739	28,511	53,263	4,128,712
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	27,785,151	6,519,635	2,293,717	487,141	37,085,644
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	4,045,866	319,466	21,713	40,563	4,427,608
17515321002	PECAN VALLEY MHMR REGION	4,645,811	390,585	25,091	46,875	5,108,362
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	4,481,813	380,011	29,332	54,797	4,945,953
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	4,837,226	661,416	34,951	65,294	5,598,887
17512494562	MHMR OF TARRANT COUNTY	23,611,832	1,496,431	113,730	212,466	25,434,459
17602532875	TEXANA CENTER	8,766,080	773,322	35,812	66,902	9,642,116
17561761218	TEXAS PANHANDLE MHMR	4,643,196	512,742	28,760	53,726	5,238,424
17514523608	TEXOMA COMMUNITY CENTER	2,220,804	203,042	13,051	24,382	2,461,279
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	7,164,946	456,102	30,123	56,274	7,707,445
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	16,518,285	2,115,170	58,743	109,742	18,801,940
17526061696	WEST TEXAS CENTERS FOR MHMR	4,891,781	211,067	29,075	54,317	5,186,240
	CMHMRC Total:	311,500,208	28,032,435	4,294,692	3,203,506	347,030,841

FY2021
Community Mental Health Funding
MH Community Center Projected Allocations

Child				Crisis			Total
General Revenue	Mental Health Block Grant	TANFtoTitleXX <i>Block Grant</i>	Child Funding	General Revenue	Title XX	Crisis Funding	Base Allocation
520,481	46,123	74,546	641,150	457,031	15,595	472,626	3,712,571
1,164,410	85,926	183,425	1,433,761	978,421	30,785	1,009,206	7,180,552
2,497,875	414,359	460,565	3,372,799	6,371,017	66,766	6,437,783	21,950,521
502,358	54,106	86,666	643,130	1,556,744	17,203	1,573,947	5,294,059
1,198,423	114,275	159,285	1,471,983	3,507,674	49,717	3,557,391	16,170,792
1,076,322	182,093	190,709	1,449,124	475,037	33,490	508,527	7,058,693
545,627	90,795	63,184	699,606	774,171	22,569	796,740	6,174,879
559,443	141,408	124,955	825,806	2,601,361	32,485	2,633,846	9,100,472
559,072	58,551	106,662	724,285	1,420,605	25,018	1,445,623	6,067,226
3,449,883	318,352	325,099	4,093,334	4,559,834	108,324	4,668,158	31,559,679
155,993	42,998	74,059	273,050	540,921	12,412	553,333	3,012,482
982,784	118,011	182,524	1,283,319	884,777	30,162	914,939	7,737,942
359,318	42,241	71,033	472,592	990,182	10,435	1,000,617	3,406,787
1,012,984	140,876	208,536	1,362,396	705,192	35,790	740,982	7,727,572
1,278,621	145,694	248,230	1,672,545	3,950,418	44,831	3,995,249	11,691,515
534,266	40,264	54,534	629,064	1,965,769	13,617	1,979,386	5,080,451
770,760	89,190	127,045	986,995	3,872,093	28,280	3,900,373	12,448,754
1,101,116	284,790	171,960	1,557,866	2,908,145	73,013	2,981,158	16,799,046
498,030	69,204	78,941	646,175	963,998	16,134	980,132	4,522,363
818,444	167,431	163,829	1,149,704	1,125,506	41,469	1,166,975	9,923,225
9,781,354	816,665	1,202,946	11,800,965	14,771,417	236,597	15,008,014	72,086,026
632,038	92,157	115,378	839,573	4,434,556	24,469	4,459,025	9,971,059
1,273,764	112,079	174,789	1,560,632	2,623,853	43,964	2,667,817	10,618,731
1,069,091	105,192	162,653	1,336,936	1,373,284	43,240	1,416,524	11,343,883
269,516	35,608	43,277	348,401	360,547	18,821	379,368	7,809,322
2,079,848	220,576	250,462	2,550,886	2,431,622	-	2,431,622	14,320,608
647,960	111,667	116,240	875,867	683,900	23,310	707,210	5,711,789
7,610,295	819,875	930,959	9,361,129	8,022,961	-	8,022,961	54,469,734
948,007	111,573	160,319	1,219,899	980,796	27,172	1,007,968	6,655,475
489,341	103,187	100,759	693,287	1,427,217	27,338	1,454,555	7,256,204
548,957	128,520	168,375	845,852	2,634,361	31,985	2,666,346	8,458,151
1,386,971	245,213	222,883	1,855,067	3,676,189	44,969	3,721,158	11,175,112
2,650,208	410,737	502,574	3,563,519	8,289,237	125,690	8,414,927	37,412,905
1,987,589	197,091	203,177	2,387,857	3,335,044	45,271	3,380,315	15,410,288
963,848	114,371	195,874	1,274,093	2,152,092	33,930	2,186,022	8,698,539
253,055	55,023	52,941	361,019	459,420	14,073	473,493	3,295,791
1,307,556	153,508	171,058	1,632,122	4,117,079	35,542	4,152,621	13,492,188
3,425,138	762,851	576,597	4,764,586	4,234,886	86,752	4,321,638	27,888,164
1,271,851	78,164	193,766	1,543,781	1,816,883	35,842	1,852,725	8,582,746
58,182,597	7,320,744	8,700,814	74,204,155	108,434,240	1,607,060	110,041,300	531,276,296

FY2022
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)	2,339,605	222,034	12,955	24,201	2,598,795
17512814108	ANDREWS CENTER	4,425,305	243,104	24,119	45,057	4,737,585
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	10,670,565	1,327,594	49,433	92,347	12,139,939
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	2,797,043	236,378	15,188	28,373	3,076,982
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	10,728,315	272,702	48,952	91,449	11,141,418
17429449311	BORDER REGION MHMR COMMUNITY CENTER	4,430,836	599,094	24,794	46,318	5,101,042
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	4,355,239	264,531	20,488	38,275	4,678,533
17514423932	BURKE CENTER	5,145,716	412,818	28,690	53,596	5,640,820
17429517547	CAMINO REAL COMMUNITY SERVICES	3,613,236	219,878	22,385	41,819	3,897,318
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	21,481,501	1,033,856	98,610	184,220	22,798,187
17512944327	CENTER FOR LIFE RESOURCES	2,007,866	144,326	11,822	22,085	2,186,099
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	5,016,426	451,136	25,146	46,976	5,539,684
17512943550	CENTRAL PLAINS CENTER	1,796,123	113,403	8,385	15,667	1,933,578
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	5,068,454	473,479	28,681	53,580	5,624,194
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	5,499,844	417,082	37,235	69,560	6,023,721
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	2,297,228	140,965	11,788	22,020	2,472,001
17513681514	DENTON COUNTY MHMR CENTER	7,044,748	442,589	25,818	48,231	7,561,386
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	11,001,955	1,060,882	68,749	128,436	12,260,022
17416590648	GULF BEND MHMR CENTER	2,699,142	157,404	13,776	25,734	2,896,056
17416079873	THE GULF COAST CENTER	6,855,092	643,764	37,547	70,143	7,606,546
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	42,102,720	2,646,469	184,038	343,820	45,277,047
17416229585	HEART OF TEXAS REGION MHMR CENTER	4,253,139	357,990	21,384	39,948	4,672,461
17512419767	HELEN FARABEE CENTERS	5,953,820	326,064	38,491	71,907	6,390,282
17428220176	HILL COUNTRY COMMUNITY MHMR	8,005,285	469,035	40,480	75,623	8,590,423
17528338233	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	6,840,217	137,978	36,037	67,321	7,081,553
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPATH SYSTEMS	7,787,798	802,152	617,092	131,058	9,338,100
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	3,670,199	376,739	28,511	53,263	4,128,712
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	27,785,151	6,519,635	2,293,717	487,141	37,085,644
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	4,045,866	319,466	21,713	40,563	4,427,608
17515321002	PECAN VALLEY MHMR REGION	4,645,811	390,585	25,091	46,875	5,108,362
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	4,481,813	380,011	29,332	54,797	4,945,953
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	4,837,226	661,416	34,951	65,294	5,598,887
17512494562	MHMR OF TARRANT COUNTY	23,611,832	1,496,431	113,730	212,466	25,434,459
17602532875	TEXANA CENTER	8,766,080	773,322	35,812	66,902	9,642,116
17561761218	TEXAS PANHANDLE MHMR	4,643,196	512,742	28,760	53,726	5,238,424
17514523608	TEXOMA COMMUNITY CENTER	2,220,804	203,042	13,051	24,382	2,461,279
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	7,164,946	456,102	30,123	56,274	7,707,445
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	16,518,285	2,115,170	58,743	109,742	18,801,940
17526061696	WEST TEXAS CENTERS FOR MHMR	4,891,781	211,067	29,075	54,317	5,186,240
CMHMRC Total:		311,500,208	28,032,435	4,294,692	3,203,506	347,030,841

FY2022
Community Mental Health Funding
MH Community Center Projected Allocations

VID #	CMHMRC's	Child				Crisis			Total Base Allocation
		General Revenue	Mental Health Block Grant	TANFtoTitleXX Block Grant	Child Funding	General Revenue	Title XX	Crisis Funding	
17524861204	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)	520,481	46,123	74,546	641,150	457,031	15,595	472,626	3,712,571
17512814108	ANDREWS CENTER	1,164,410	85,926	183,425	1,433,761	978,421	30,785	1,009,206	7,180,552
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	2,497,875	414,359	460,565	3,372,799	6,371,017	66,766	6,437,783	21,950,521
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	502,358	54,106	86,666	643,130	1,556,744	17,203	1,573,947	5,294,059
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	1,198,423	114,275	159,285	1,471,983	3,507,674	49,717	3,557,391	16,170,792
17429449311	BORDER REGION MHMR COMMUNITY CENTER	1,076,322	182,093	190,709	1,449,124	475,037	33,490	508,527	7,058,693
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	545,627	90,795	63,184	699,606	774,171	22,569	796,740	6,174,879
17514423932	BURKE CENTER	559,443	141,408	124,955	825,806	2,601,361	32,485	2,633,846	9,100,472
17429517547	CAMINO REAL COMMUNITY SERVICES	559,072	58,551	106,662	724,285	1,420,605	25,018	1,445,623	6,067,226
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	3,449,883	318,352	325,099	4,093,334	4,559,834	108,324	4,668,158	31,559,679
17512944327	CENTER FOR LIFE RESOURCES	155,993	42,998	74,059	273,050	540,921	12,412	553,333	3,012,482
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	982,784	118,011	182,524	1,283,319	884,777	30,162	914,939	7,737,942
17512943550	CENTRAL PLAINS CENTER	359,318	42,241	71,033	472,592	990,182	10,435	1,000,617	3,406,787
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	1,012,984	140,876	208,536	1,362,396	705,192	35,790	740,982	7,727,572
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	1,278,621	145,694	248,230	1,672,545	3,950,418	44,831	3,995,249	11,691,515
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	534,266	40,264	54,534	629,064	1,965,769	13,617	1,979,386	5,080,451
17513681514	DENTON COUNTY MHMR CENTER	770,760	89,190	127,045	986,995	3,872,093	28,280	3,900,373	12,448,754
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	1,101,116	284,790	171,960	1,557,866	2,908,145	73,013	2,981,158	16,799,046
17416590648	GULF BEND MHMR CENTER	498,030	69,204	78,941	646,175	963,998	16,134	980,132	4,522,363
17416079873	THE GULF COAST CENTER	818,444	167,431	163,829	1,149,704	1,125,506	41,469	1,166,975	9,923,225
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	9,781,354	816,665	1,202,946	11,800,965	14,771,417	236,597	15,008,014	72,086,026
17416229585	HEART OF TEXAS REGION MHMR CENTER	632,038	92,157	115,378	839,573	4,434,556	24,469	4,459,025	9,971,059
17512419767	HELEN FARABEE CENTERS	1,273,764	112,079	174,789	1,560,632	2,623,853	43,964	2,667,817	10,618,731
17428220176	HILL COUNTRY COMMUNITY MHMR	1,069,091	105,192	162,653	1,336,936	1,373,284	43,240	1,416,524	11,343,883
17528338233	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	269,516	35,608	43,277	348,401	360,547	18,821	379,368	7,809,322
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPAH SYSTEMS	2,079,848	220,576	250,462	2,550,886	2,431,622	-	2,431,622	14,320,608
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	647,960	111,667	116,240	875,867	683,900	23,310	707,210	5,711,789
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	7,610,295	819,875	930,959	9,361,129	8,022,961	-	8,022,961	54,469,734
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	948,007	111,573	160,319	1,219,899	980,796	27,172	1,007,968	6,655,475
17515321002	PECAN VALLEY MHMR REGION	489,341	103,187	100,759	693,287	1,427,217	27,338	1,454,555	7,256,204
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	548,957	128,520	168,375	845,852	2,634,361	31,985	2,666,346	8,458,151
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	1,386,971	245,213	222,883	1,855,067	3,676,189	44,969	3,721,158	11,175,112
17512494562	MHMR OF TARRANT COUNTY	2,650,208	410,737	502,574	3,563,519	8,289,237	125,690	8,414,927	37,412,905
17602532875	TEXANA CENTER	1,987,589	197,091	203,177	2,387,857	3,335,044	45,271	3,380,315	15,410,288
17561761218	TEXAS PANHANDLE MHMR	963,848	114,371	195,874	1,274,093	2,152,092	33,930	2,186,022	8,698,539
17514523608	TEXOMA COMMUNITY CENTER	253,055	55,023	52,941	361,019	459,420	14,073	473,493	3,295,791
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	1,307,556	153,508	171,058	1,632,122	4,117,079	35,542	4,152,621	13,492,188
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	3,425,138	762,851	576,597	4,764,586	4,234,886	86,752	4,321,638	27,888,164
17526061696	WEST TEXAS CENTERS FOR MHMR	1,271,851	78,164	193,766	1,543,781	1,816,883	35,842	1,852,725	8,582,746
CMHMRC Total:		58,182,597	7,320,744	8,700,814	74,204,155	108,434,240	1,607,060	110,041,300	531,276,296

FY2023
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)	2,339,605	222,034	12,955	24,201	2,598,795
17512814108	ANDREWS CENTER	4,425,305	243,104	24,119	45,057	4,737,585
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	10,670,565	1,327,594	49,433	92,347	12,139,939
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	2,797,043	236,378	15,188	28,373	3,076,982
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	10,728,315	272,702	48,952	91,449	11,141,418
17429449311	BORDER REGION MHMR COMMUNITY CENTER	4,430,836	599,094	24,794	46,318	5,101,042
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	4,355,239	264,531	20,488	38,275	4,678,533
17514423932	BURKE CENTER	5,145,716	412,818	28,690	53,596	5,640,820
17429517547	CAMINO REAL COMMUNITY SERVICES	3,613,236	219,878	22,385	41,819	3,897,318
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	21,481,501	1,033,856	98,610	184,220	22,798,187
17512944327	CENTER FOR LIFE RESOURCES	2,007,866	144,326	11,822	22,085	2,186,099
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	5,016,426	451,136	25,146	46,976	5,539,684
17512943550	CENTRAL PLAINS CENTER	1,796,123	113,403	8,385	15,667	1,933,578
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	5,068,454	473,479	28,681	53,580	5,624,194
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	5,499,844	417,082	37,235	69,560	6,023,721
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	2,297,228	140,965	11,788	22,020	2,472,001
17513681514	DENTON COUNTY MHMR CENTER	7,044,748	442,589	25,818	48,231	7,561,386
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	11,001,955	1,060,882	68,749	128,436	12,260,022
17416590648	GULF BEND MHMR CENTER	2,699,142	157,404	13,776	25,734	2,896,056
17416079873	THE GULF COAST CENTER	6,855,092	643,764	37,547	70,143	7,606,546
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	42,102,720	2,646,469	184,038	343,820	45,277,047
17416229585	HEART OF TEXAS REGION MHMR CENTER	4,253,139	357,990	21,384	39,948	4,672,461
17512419767	HELEN FARABEE CENTERS	5,953,820	326,064	38,491	71,907	6,390,282
17428220176	HILL COUNTRY COMMUNITY MHMR	8,005,285	469,035	40,480	75,623	8,590,423
17528338233	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	6,840,217	137,978	36,037	67,321	7,081,553
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPATH SYSTEMS	7,787,798	802,152	617,092	131,058	9,338,100
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	3,670,199	376,739	28,511	53,263	4,128,712
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	27,785,151	6,519,635	2,293,717	487,141	37,085,644
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	4,045,866	319,466	21,713	40,563	4,427,608
17515321002	PECAN VALLEY MHMR REGION	4,645,811	390,585	25,091	46,875	5,108,362
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	4,481,813	380,011	29,332	54,797	4,945,953
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	4,837,226	661,416	34,951	65,294	5,598,887
17512494562	MHMR OF TARRANT COUNTY	23,611,832	1,496,431	113,730	212,466	25,434,459
17602532875	TEXANA CENTER	8,766,080	773,322	35,812	66,902	9,642,116
17561761218	TEXAS PANHANDLE MHMR	4,643,196	512,742	28,760	53,726	5,238,424
17514523608	TEXOMA COMMUNITY CENTER	2,220,804	203,042	13,051	24,382	2,461,279
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	7,164,946	456,102	30,123	56,274	7,707,445
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	16,518,285	2,115,170	58,743	109,742	18,801,940
17526061696	WEST TEXAS CENTERS FOR MHMR	4,891,781	211,067	29,075	54,317	5,186,240
	CMHMRC Total:	311,500,208	28,032,435	4,294,692	3,203,506	347,030,841

FY2023
Community Mental Health Funding
MH Community Center Projected Allocations

VID #	CMHMRC's	Child				Crisis			Total Base Allocation
		General Revenue	Mental Health Block Grant	TANFtoTitleXX Block Grant	Child Funding	General Revenue	Title XX	Crisis Funding	
17524861204	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES (ACCESS)	520,481	46,123	74,546	641,150	457,031	15,595	472,626	3,712,571
17512814108	ANDREWS CENTER	1,164,410	85,926	183,425	1,433,761	978,421	30,785	1,009,206	7,180,552
17415479090	AUSTIN-TRAVIS COUNTY MHMR DBA INTEGRAL CARE	2,497,875	414,359	460,565	3,372,799	6,371,017	66,766	6,437,783	21,950,521
17513776587	ABILENE REGIONAL MHMR CENTER DBA BETTY HARDWICK CENTER	502,358	54,106	86,666	643,130	1,556,744	17,203	1,573,947	5,294,059
17427953322	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	1,198,423	114,275	159,285	1,471,983	3,507,674	49,717	3,557,391	16,170,792
17429449311	BORDER REGION MHMR COMMUNITY CENTER	1,076,322	182,093	190,709	1,449,124	475,037	33,490	508,527	7,058,693
17417932658	MHMR AUTHORITY OF BRAZOS VALLEY	545,627	90,795	63,184	699,606	774,171	22,569	796,740	6,174,879
17514423932	BURKE CENTER	559,443	141,408	124,955	825,806	2,601,361	32,485	2,633,846	9,100,472
17429517547	CAMINO REAL COMMUNITY SERVICES	559,072	58,551	106,662	724,285	1,420,605	25,018	1,445,623	6,067,226
17415906597	CENTER FOR HEALTH CARE SERVICES, THE - BEXAR CO. MHMR CENTER	3,449,883	318,352	325,099	4,093,334	4,559,834	108,324	4,668,158	31,559,679
17512944327	CENTER FOR LIFE RESOURCES	155,993	42,998	74,059	273,050	540,921	12,412	553,333	3,012,482
17418013326	CENTRAL COUNTIES CTR FOR MHMR SERVICES	982,784	118,011	182,524	1,283,319	884,777	30,162	914,939	7,737,942
17512943550	CENTRAL PLAINS CENTER	359,318	42,241	71,033	472,592	990,182	10,435	1,000,617	3,406,787
17429191780	COASTAL PLAINS COMMUNITY MHMR CENTER	1,012,984	140,876	208,536	1,362,396	705,192	35,790	740,982	7,727,572
17517240176	SABINE VALLEY MHMR DBA COMMUNITY HEALTHCORE	1,278,621	145,694	248,230	1,672,545	3,950,418	44,831	3,995,249	11,691,515
17512515234	MHMR SERVICES FOR THE CONCHO VALLEY	534,266	40,264	54,534	629,064	1,965,769	13,617	1,979,386	5,080,451
17513681514	DENTON COUNTY MHMR CENTER	770,760	89,190	127,045	986,995	3,872,093	28,280	3,900,373	12,448,754
17415961592	EL PASO MHMR DBA EMERGENCE HEALTH NETWORK	1,101,116	284,790	171,960	1,557,866	2,908,145	73,013	2,981,158	16,799,046
17416590648	GULF BEND MHMR CENTER	498,030	69,204	78,941	646,175	963,998	16,134	980,132	4,522,363
17416079873	THE GULF COAST CENTER	818,444	167,431	163,829	1,149,704	1,125,506	41,469	1,166,975	9,923,225
17416039505	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	9,781,354	816,665	1,202,946	11,800,965	14,771,417	236,597	15,008,014	72,086,026
17416229585	HEART OF TEXAS REGION MHMR CENTER	632,038	92,157	115,378	839,573	4,434,556	24,469	4,459,025	9,971,059
17512419767	HELEN FARABEE CENTERS	1,273,764	112,079	174,789	1,560,632	2,623,853	43,964	2,667,817	10,618,731
17428220176	HILL COUNTRY COMMUNITY MHMR	1,069,091	105,192	162,653	1,336,936	1,373,284	43,240	1,416,524	11,343,883
17528338233	LAKES REGIONAL MENTAL HEALTH AND MENTAL RETARDATION CENTER DBA LAKES REGIONAL COMMUNITY CENTER	269,516	35,608	43,277	348,401	360,547	18,821	379,368	7,809,322
17517619114	COLLIN COUNTY MHMR CENTER DBA LIFEPAH SYSTEMS	2,079,848	220,576	250,462	2,550,886	2,431,622	-	2,431,622	14,320,608
17512976915	LUBBOCK REGIONAL MHMR CENTER DBA STARCARE SPECIALTY HEALTH	647,960	111,667	116,240	875,867	683,900	23,310	707,210	5,711,789
17528112695	NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	7,610,295	819,875	930,959	9,361,129	8,022,961	-	8,022,961	54,469,734
17416237596	NUECES COUNTY MHMR COMMUNITY CENTER	948,007	111,573	160,319	1,219,899	980,796	27,172	1,007,968	6,655,475
17515321002	PECAN VALLEY MHMR REGION	489,341	103,187	100,759	693,287	1,427,217	27,338	1,454,555	7,256,204
17514017767	PERMIAN BASIN COMMUNITY CENTERS FOR MHMR	548,957	128,520	168,375	845,852	2,634,361	31,985	2,666,346	8,458,151
17416841983	SPINDLETOP MHMR SERVICES DBA SPINDLETOP CENTER	1,386,971	245,213	222,883	1,855,067	3,676,189	44,969	3,721,158	11,175,112
17512494562	MHMR OF TARRANT COUNTY	2,650,208	410,737	502,574	3,563,519	8,289,237	125,690	8,414,927	37,412,905
17602532875	TEXANA CENTER	1,987,589	197,091	203,177	2,387,857	3,335,044	45,271	3,380,315	15,410,288
17561761218	TEXAS PANHANDLE MHMR	963,848	114,371	195,874	1,274,093	2,152,092	33,930	2,186,022	8,698,539
17514523608	TEXOMA COMMUNITY CENTER	253,055	55,023	52,941	361,019	459,420	14,073	473,493	3,295,791
17600326627	TRI-COUNTY BEHAVIORAL HEALTHCARE	1,307,556	153,508	171,058	1,632,122	4,117,079	35,542	4,152,621	13,492,188
17415655103	TROPICAL TEXAS BEHAVIORAL HEALTH	3,425,138	762,851	576,597	4,764,586	4,234,886	86,752	4,321,638	27,888,164
17526061696	WEST TEXAS CENTERS FOR MHMR	1,271,851	78,164	193,766	1,543,781	1,816,883	35,842	1,852,725	8,582,746
CMHMRC Total:		58,182,597	7,320,744	8,700,814	74,204,155	108,434,240	1,607,060	110,041,300	531,276,296

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	Statewide Goal Code: 7	Strategy Code: 7.2.1
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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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Austin State Hospital	51,909,923	55,205,099	54,980,805	46,909,611	52,822,561
	Big Spring State Hospital	30,529,173	33,824,354	33,612,129	34,215,172	33,317,651
	El Paso Psychiatric Center	19,987,773	23,282,954	23,092,021	23,673,772	22,766,251
	Kerrville State Hospital	31,861,668	35,156,849	34,932,582	35,547,667	34,650,146
	North Texas State Hospital	88,854,041	96,464,870	99,240,640	92,540,040	91,642,519
	Rio Grande State Center	28,060,583	31,355,764	31,131,497	31,746,582	30,849,061
	Rusk State Hospital	47,777,231	51,072,412	50,848,145	51,463,230	50,565,709
	San Antonio State Hospital	50,633,789	53,928,970	53,704,703	54,319,788	53,419,267
	Terrell State Hospital	49,630,734	52,925,915	52,701,648	53,316,733	52,419,212
	Waco Center for Youth	13,874,631	15,011,988	13,874,631	13,874,631	13,874,631
	Hospital Oversight	5,716,211	5,873,205	5,665,861	5,744,621	5,744,619
	Total, Sub-strategies	418,835,757	454,102,380	453,784,662	443,351,847	442,071,627

	Method of Financing:					
0001	General Revenue	341,332,078	375,347,211	387,729,835	375,970,245	375,970,038
0758	GR Match for Medicaid	155,970	-	-	-	-
8032	GR Certified as Match for Medicaid	10,437,192	948,237	901,475	948,237	948,237
0001	General Revenue	351,925,239	376,295,448	388,631,310	376,918,482	376,918,275
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		11,373,567			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	929,911	1,462,740	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	3,574,220
0555	Total Federal Funds	4,504,131	16,410,527	5,036,960	5,036,960	5,036,960
666	Appropriated Receipts	-	-	-	-	-
0709	Appropriated Receipts Medicaid Reimbursements	50,243,886	47,944,002	46,663,989	47,944,002	46,663,989
0777	Interagency Contracts	47,914	955,260	955,260	955,260	955,260
8033	MH Appropriated Receipts	10,561,421	10,561,421	10,561,421	10,561,421	10,561,421
8031	MH Collect-Pat Support & Maintenance	1,553,165	1,935,722	1,935,722	1,935,722	1,935,722
	Other Funds	62,406,386	61,396,405	60,116,392	61,396,405	60,116,392
	Total, Method of Financing	418,835,757	454,102,380	453,784,662	443,351,847	442,071,627
	Number of Positions (FTE)	7,383.00	7,490.70	7,868.80	7,868.80	7,868.80

Informational Item - MH Campus Services

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	7.2.1		
AGENCY GOAL: 07 Mental Health State Facilities & Services						
OBJECTIVE: 02 Provide State Owned Hospital Services and Facility Operations						
ITEM:						
Code		Expended 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	287,087,000	289,900,260	291,999,570	294,405,578	293,125,565
1002	Other Personnel Costs	12,013,836	14,013,836	15,998,652	16,024,659	16,024,659
2001	Professional Fees and Services	29,414,736	31,435,673	34,171,120	29,717,046	30,374,070
2002	Fuels and Lubricants	651,630	651,627	814,942	832,652	832,652
2003	Consumable Supplies	5,096,824	5,096,819	5,657,265	5,183,107	5,183,107
2004	Utilities	9,439,951	9,439,949	9,734,882	10,120,575	10,120,571
2005	Travel	380,589	390,875	444,273	530,519	530,519
2006	Rent - Building	3,808,385	3,808,387	3,751,340	7,680,729	7,680,733
2007	Rent - Machine and Other	3,640,476	3,640,472	3,267,145	3,520,085	3,520,089
2009	Other Operating Expense	55,493,048	79,325,745	73,460,509	62,764,680	62,764,478
3001	Client Services	1,595,007	1,595,003	1,606,598	1,574,618	1,574,618
3002	Food for Persons - Wards of State	7,693,356	7,725,821	8,286,272	8,448,270	7,791,239
4000	Grants	1,587,899	1,587,894	1,295,078	1,129,406	1,129,403
5000	Capital	933,020	5,490,019	3,297,016	1,419,923	1,419,924
	Total, Objects of Expense	418,835,757	454,102,380	453,784,662	443,351,847	442,071,627

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	36,772,627	37,038,587	37,152,679	37,572,960	37,430,736
1002	Other Personnel Costs	1,449,449	1,631,269	1,808,151	606,696	749,848
2001	Professional Fees and Services	2,905,076	3,084,759	3,371,954	2,938,666	3,011,666
2002	Fuels and Lubricants	57,403	57,400	72,245	77,521	26,489
2003	Consumable Supplies	530,020	530,015	577,800	537,639	68,479
2004	Utilities	1,209,571	1,209,569	1,236,386	1,285,195	1,285,191
2005	Travel	10,350	11,286	15,498	17,808	27,008
2006	Rent - Building	236,319	236,321	231,128	666,583	666,579
2007	Rent - Machine and Other	385,779	385,775	351,838	372,396	372,400
2009	Other Operating Expense	7,224,285	9,399,235	8,746,434	1,623,490	8,045,067
3001	Client Services	104,417	104,413	105,468	102,148	103,436
3002	Food for Persons - Wards of State	1,024,627	1,027,582	1,075,499	1,108,509	1,035,662
4000	Grants	-	-	-	-	-
5000	Capital	-	488,888	235,725	-	-
Total, Objects of Expense		51,909,923	55,205,099	54,980,805	46,909,611	52,822,561

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	42,943,610	46,304,486	47,338,160	39,122,230	45,177,401
0758	GR Match for Medicaid	12,316	-	-	-	-
8032	GR Certified as Match for Medicaid	1,355,723	107,093	102,842	105,357	105,357
0001	General Revenue	44,311,649	46,411,579	47,441,002	39,227,587	45,282,758
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,354			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	112,568	177,289	177,289	177,289	177,289
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	112,568	1,314,643	177,289	177,289	177,289
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	5,929,300	5,720,216	5,603,853	5,746,074	5,603,853
0777	Interagency Contracts	4,770	172,248	172,248	172,248	172,248
8033	MH Appropriated Receipts	1,367,017	1,367,017	1,367,017	1,367,017	1,367,017
8031	MH Collect-Oat Support & Mainenance	184,619	219,396	219,396	219,396	219,396
	Other Funds	7,485,706	7,478,877	7,362,514	7,504,735	7,362,514
	Total, Method of Financing	51,909,923	55,205,099	54,980,805	46,909,611	52,822,561
	Number of Positions (FTE)	817.60	850.60	906.15	906.15	906.15

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	21,827,572	22,082,302	22,222,078	22,642,353	22,500,129
1002	Other Personnel Costs	935,461	1,117,279	1,306,205	1,542,158	1,524,264
2001	Professional Fees and Services	2,565,377	2,745,058	3,032,262	2,598,967	2,671,970
2002	Fuels and Lubricants	75,490	75,490	90,337	95,603	101,982
2003	Consumable Supplies	346,826	346,826	394,610	356,659	415,304
2004	Utilities	665,560	665,560	692,367	741,185	741,185
2005	Travel	22,225	23,160	27,379	40,034	38,884
2006	Rent - Building	236,318	236,318	231,129	666,578	666,579
2007	Rent - Machine and Other	183,440	183,440	149,501	170,064	170,064
2009	Other Operating Expense	3,105,150	5,291,327	4,612,857	4,714,203	3,911,481
3001	Client Services	45,223	45,223	46,277	42,958	42,797
3002	Food for Persons - Wards of State	520,531	523,482	571,402	604,410	533,012
4000	Grants	-	-	-	-	-
5000	Capital	-	488,889	235,725	-	-
	Total, Objects of Expense	30,529,173	33,824,354	33,612,129	34,215,172	33,317,651

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	24,508,266	27,585,615	28,631,363	29,064,554	28,309,257
0758	GR Match for Medicaid	7,315	-	-	-	-
8032	GR Certified as Match for Medicaid	879,615	81,983	77,732	105,360	105,360
0001	General Revenue	25,395,196	27,667,598	28,709,095	29,169,914	28,414,617
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,357			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	59,475	119,199	119,199	119,199	119,199
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	59,475	1,256,556	119,199	119,199	119,199
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	4,083,234	3,874,154	3,757,789	3,900,013	3,757,789
0777	Interagency Contracts	-	-	-	-	-
8033	MH Appropriated Receipts	890,909	890,909	890,909	890,909	890,909
8031	MH Collect-Oat Support & Mainenance	100,359	135,137	135,137	135,137	135,137
	Other Funds	5,074,502	4,900,200	4,783,835	4,926,059	4,783,835
	Total, Method of Financing	30,529,173	33,824,354	33,612,129	34,215,172	33,317,651
	Number of Positions (FTE)	541.10	574.10	618.25	618.25	618.25

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	9,510,319	9,765,049	9,904,825	10,325,100	10,182,876
1002	Other Personnel Costs	278,951	460,769	637,653	885,648	867,754
2001	Professional Fees and Services	1,926,043	2,105,724	2,392,928	1,959,633	2,032,636
2002	Fuels and Lubricants	30,429	30,429	45,276	50,542	56,921
2003	Consumable Supplies	150,003	150,003	231,121	159,836	218,481
2004	Utilities	486,082	486,082	512,889	561,707	561,707
2005	Travel	27,935	28,870	33,089	45,744	44,594
2006	Rent - Building	949,144	949,144	943,955	1,379,404	1,379,405
2007	Rent - Machine and Other	57,670	57,670	23,731	44,294	44,294
2009	Other Operating Expense	5,952,820	8,138,997	7,460,527	7,561,873	6,759,151
3001	Client Services	61,370	61,370	62,424	59,105	58,944
3002	Food for Persons - Wards of State	557,007	559,958	607,878	640,886	559,488
4000	Grants	-	-	-	-	-
5000	Capital	-	488,889	235,725	-	-
Total, Objects of Expense		19,987,773	23,282,954	23,092,021	23,673,772	22,766,251

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	16,288,369	19,000,795	20,067,835	20,474,955	19,709,658
0758	GR Match for Medicaid	17,392	-	-	-	-
8032	GR Certified as Match for Medicaid	474,836	77,204	72,953	105,360	105,360
0001	General Revenue	16,780,597	19,077,999	20,140,788	20,580,315	19,815,018
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,357			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	28,596	63,320	63,320	63,320	63,320
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	28,596	1,200,677	63,320	63,320	63,320
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	2,663,731	2,454,651	2,338,286	2,480,510	2,338,286
0777	Interagency Contracts	-	-	-	-	-
8033	MH Appropriated Receipts	486,130	486,130	486,130	486,130	486,130
8031	MH Collect-Oat Support & Mainenance	28,719	63,497	63,497	63,497	63,497
	Other Funds	3,178,580	3,004,278	2,887,913	3,030,137	2,887,913
	Total, Method of Financing	19,987,773	23,282,954	23,092,021	23,673,772	22,766,251
	Number of Positions (FTE)	217.10	250.10	267.84	267.84	267.84

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	20,924,786	21,179,516	21,319,292	21,739,567	21,597,343
1002	Other Personnel Costs	993,679	1,175,497	1,352,381	1,600,376	1,582,482
2001	Professional Fees and Services	2,126,515	2,306,196	2,593,400	2,160,105	2,233,108
2002	Fuels and Lubricants	68,616	68,616	83,463	88,729	95,108
2003	Consumable Supplies	427,000	427,000	474,784	436,833	495,478
2004	Utilities	712,185	712,185	738,992	787,810	787,810
2005	Travel	15,612	16,547	20,766	33,421	32,271
2006	Rent - Building	236,318	236,318	231,129	666,578	666,579
2007	Rent - Machine and Other	66,978	66,978	33,039	53,602	53,602
2009	Other Operating Expense	5,724,413	7,910,590	7,232,120	7,333,466	6,530,744
3001	Client Services	4,390	4,390	5,444	2,125	1,964
3002	Food for Persons - Wards of State	561,176	564,127	612,047	645,055	573,657
4000	Grants	-	-	-	-	-
5000	Capital	-	488,889	235,725	-	-
Total, Objects of Expense		31,861,668	35,156,849	34,932,582	35,547,667	34,650,146

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	26,005,087	28,807,189	29,840,895	30,314,001	29,558,704
0758	GR Match for Medicaid	10,046	-	-	-	-
8032	GR Certified as Match for Medicaid	841,488	109,856	105,605	105,360	105,360
0001	General Revenue	26,856,621	28,917,045	29,946,500	30,419,361	29,664,064
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,357			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	122,036	196,760	196,760	196,760	196,760
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	122,036	1,334,117	196,760	196,760	196,760
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	3,935,399	3,726,319	3,609,954	3,752,178	3,609,954
0777	Interagency Contracts	1,219	198,197	198,197	198,197	198,197
8033	MH Appropriated Receipts	852,782	852,782	852,782	852,782	852,782
8031	MH Collect-Oat Support & Mainenance	93,611	128,389	128,389	128,389	128,389
	Other Funds	4,883,011	4,905,687	4,789,322	4,931,546	4,789,322
	Total, Method of Financing	31,861,668	35,156,849	34,932,582	35,547,667	34,650,146
	Number of Positions (FTE)	518.90	551.90	608.61	608.61	608.61

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	66,867,010	67,631,200	68,637,986	67,681,791	67,539,567
1002	Other Personnel Costs	3,098,972	3,644,426	4,202,130	3,705,669	3,687,775
2001	Professional Fees and Services	5,957,696	6,541,183	6,979,007	5,991,286	6,064,289
2002	Fuels and Lubricants	17,408	17,408	61,949	37,521	43,900
2003	Consumable Supplies	1,160,991	1,160,991	1,305,830	1,170,824	1,229,469
2004	Utilities	1,734,285	1,734,285	1,814,752	1,809,910	1,809,910
2005	Travel	75,215	78,020	97,673	93,024	91,874
2006	Rent - Building	326,914	326,914	311,383	757,174	757,175
2007	Rent - Machine and Other	687,113	687,113	585,296	673,737	673,737
2009	Other Operating Expense	6,689,040	11,906,191	12,580,403	8,298,093	7,495,371
3001	Client Services	466,264	466,264	469,426	463,999	463,838
3002	Food for Persons - Wards of State	1,773,133	1,781,986	1,959,080	1,857,012	1,785,614
4000	Grants	-	-	-	-	-
5000	Capital	-	488,889	235,725	-	-
Total, Objects of Expense		88,854,041	96,464,870	99,240,640	92,540,040	91,642,519

Informational Item - MH Campus Services

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	72,138,329	81,166,287	85,320,647	78,485,293	77,729,996
0758	GR Match for Medicaid	10,825	-	-	-	-
8032	GR Certified as Match for Medicaid	2,536,602	121,333	112,830	105,360	105,360
0001	General Revenue	74,685,756	81,287,620	85,433,477	78,590,653	77,835,356
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,357			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	124,789	197,083	197,083	197,083	197,083
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	124,789	1,334,440	197,083	197,083	197,083
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	11,136,797	10,718,637	10,485,907	10,628,131	10,485,907
0777	Interagency Contracts	32,082	180,000	180,000	180,000	180,000
8033	MH Appropriated Receipts	2,559,185	2,559,185	2,559,185	2,559,185	2,559,185
8031	MH Collect-Oat Support & Mainenance	315,432	384,988	384,988	384,988	384,988
	Other Funds	14,043,496	13,842,810	13,610,080	13,752,304	13,610,080
	Total, Method of Financing	88,854,041	96,464,870	99,240,640	92,540,040	91,642,519
	Number of Positions (FTE)	2,205.50	2,026.20	2,037.87	2,037.87	2,037.87

Informational Item - MH Campus Services

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	17,348,845	17,603,575	17,743,351	18,163,626	18,021,402
1002	Other Personnel Costs	547,745	729,563	906,447	1,154,442	1,136,548
2001	Professional Fees and Services	2,004,715	2,184,396	2,471,600	2,038,305	2,111,308
2002	Fuels and Lubricants	55,163	55,163	70,010	75,276	81,655
2003	Consumable Supplies	260,214	260,214	307,998	270,047	328,692
2004	Utilities	490,913	490,913	517,720	566,538	566,538
2005	Travel	58,165	59,100	63,319	75,974	74,824
2006	Rent - Building	369,983	369,983	364,794	800,243	800,244
2007	Rent - Machine and Other	522,948	522,948	489,009	509,572	509,572
2009	Other Operating Expense	5,995,400	8,181,577	7,503,107	7,604,453	6,801,731
3001	Client Services	51,055	51,055	52,109	48,790	48,629
3002	Food for Persons - Wards of State	355,437	358,388	406,308	439,316	367,918
4000	Grants	-	-	-	-	-
5000	Capital	-	488,889	235,725	-	-
Total, Objects of Expense		28,060,583	31,355,764	31,131,497	31,746,582	30,849,061

Informational Item - MH Campus Services

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	24,558,348	27,048,775	28,082,481	28,528,467	27,773,170
0758	GR Match for Medicaid	23,101	-	-	-	-
8032	GR Certified as Match for Medicaid	365,368	82,736	78,485	105,360	105,360
0001	General Revenue	24,946,817	27,131,511	28,160,966	28,633,827	27,878,530
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,357			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	187,428	247,152	247,152	247,152	247,152
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	187,428	1,384,509	247,152	247,152	247,152
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	2,502,183	2,293,103	2,176,738	2,318,962	2,176,738
0777	Interagency Contracts	3,373	125,859	125,859	125,859	125,859
8033	MH Appropriated Receipts	376,662	376,662	376,662	376,662	376,662
8031	MH Collect-Oat Support & Mainenance	44,120	44,120	44,120	44,120	44,120
	Other Funds	2,926,338	2,839,744	2,723,379	2,865,603	2,723,379
	Total, Method of Financing	28,060,583	31,355,764	31,131,497	31,746,582	30,849,061
	Number of Positions (FTE)	148.20	181.20	186.20	186.20	186.20

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	34,145,077	34,399,807	34,539,583	34,959,858	34,817,634
1002	Other Personnel Costs	1,459,359	1,641,177	1,818,061	2,066,056	2,048,162
2001	Professional Fees and Services	3,202,729	3,382,410	3,669,614	3,236,319	3,309,322
2002	Fuels and Lubricants	79,717	79,717	94,564	99,830	106,209
2003	Consumable Supplies	715,900	715,900	763,684	725,733	784,378
2004	Utilities	951,026	951,026	977,833	1,026,651	1,026,651
2005	Travel	27,561	28,496	32,715	45,370	44,220
2006	Rent - Building	236,318	236,318	231,129	666,578	666,579
2007	Rent - Machine and Other	124,686	124,686	90,747	111,310	111,310
2009	Other Operating Expense	5,977,239	8,163,416	7,484,946	7,586,292	6,783,570
3001	Client Services	126,830	126,830	127,884	124,565	124,404
3002	Food for Persons - Wards of State	730,789	733,740	781,660	814,668	743,270
4000	Grants	-	-	-	-	-
5000	Capital	-	488,889	235,725	-	-
Total, Objects of Expense		47,777,231	51,072,412	50,848,145	51,463,230	50,565,709

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	38,846,259	42,368,163	43,401,869	43,866,963	43,111,666
0758	GR Match for Medicaid	22,870	-	-	-	-
8032	GR Certified as Match for Medicaid	1,333,476	101,844	97,593	105,360	105,360
0001	General Revenue	40,202,605	42,470,007	43,499,462	43,972,323	43,217,026
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,357			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	206,122	270,846	270,846	270,846	270,846
	CFDA #93.558.667 TANF To Title XX	-	-	-		
0555	Total Federal Funds	206,122	1,408,203	270,846	270,846	270,846
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	5,843,050	5,633,970	5,517,605	5,659,829	5,517,605
0777	Interagency Contracts	-	-	-	-	-
8033	MH Appropriated Receipts	1,344,770	1,344,770	1,344,770	1,344,770	1,344,770
8031	MH Collect-Oat Support & Mainenance	180,684	215,462	215,462	215,462	215,462
	Other Funds	7,368,504	7,194,202	7,077,837	7,220,061	7,077,837
	Total, Method of Financing	47,777,231	51,072,412	50,848,145	51,463,230	50,565,709
	Number of Positions (FTE)	939.10	972.10	1,014.55	1,014.55	1,014.55

Informational Item - MH Campus Services

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health & Human Services Commission	Justin Pickens	7	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	34,003,930	34,258,660	34,398,436	34,818,711	34,676,487
1002	Other Personnel Costs	1,538,496	1,720,314	1,897,198	2,145,193	2,127,299
2001	Professional Fees and Services	2,975,879	3,155,560	3,442,764	3,009,469	3,082,472
2002	Fuels and Lubricants	136,870	136,870	151,717	156,983	163,362
2003	Consumable Supplies	573,816	573,816	621,600	583,649	642,294
2004	Utilities	1,474,299	1,474,299	1,501,106	1,549,924	1,549,924
2005	Travel	67,201	68,136	72,355	85,010	83,860
2006	Rent - Building	744,275	744,275	739,086	1,174,535	1,174,536
2007	Rent - Machine and Other	233,120	233,120	199,181	219,744	219,744
2009	Other Operating Expense	7,430,876	9,617,053	8,938,583	9,039,929	8,237,207
3001	Client Services	281,363	281,363	282,417	279,098	278,937
3002	Food for Persons - Wards of State	1,173,664	1,176,615	1,224,535	1,257,543	1,183,145
4000	Grants	-	-	-	-	-
5000	Capital	-	488,889	235,725	-	-
Total, Objects of Expense		50,633,789	53,928,970	53,704,703	54,319,788	53,419,267

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	42,531,963	45,644,191	46,677,897	47,146,637	46,388,340
0758	GR Match for Medicaid	22,426	-	-	-	-
8032	GR Certified as Match for Medicaid	1,188,122	105,490	101,239	105,360	105,360
0001	General Revenue	43,742,511	45,749,681	46,779,136	47,251,997	46,493,700
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,357			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	48,262	100,732	100,732	100,732	100,732
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	48,262	1,238,089	100,732	100,732	100,732
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	5,473,322	5,264,242	5,147,877	5,290,101	5,147,877
0777	Interagency Contracts	6,470	278,956	278,956	278,956	278,956
8033	MH Appropriated Receipts	1,199,416	1,199,416	1,199,416	1,199,416	1,199,416
8031	MH Collect-Oat Support & Mainenance	163,808	198,586	198,586	198,586	198,586
	Other Funds	6,843,016	6,941,200	6,824,835	6,967,059	6,824,835
	Total, Method of Financing	50,633,789	53,928,970	53,704,703	54,319,788	53,419,267
	Number of Positions (FTE)	848.00	881.00	919.10	919.10	919.10

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	35,060,258	35,314,988	35,454,764	35,875,039	35,732,815
1002	Other Personnel Costs	1,409,579	1,591,397	1,768,281	2,016,276	1,998,382
2001	Professional Fees and Services	4,068,277	4,247,958	4,535,162	4,101,867	4,174,870
2002	Fuels and Lubricants	96,110	96,110	110,957	116,223	122,602
2003	Consumable Supplies	533,348	533,348	581,132	543,181	601,826
2004	Utilities	1,334,187	1,334,187	1,360,994	1,409,812	1,409,812
2005	Travel	29,820	30,755	34,974	47,629	46,479
2006	Rent - Building	236,318	236,318	231,129	666,578	666,579
2007	Rent - Machine and Other	286,429	286,429	252,490	273,053	273,053
2009	Other Operating Expense	5,724,935	7,911,112	7,232,642	7,333,988	6,531,266
3001	Client Services	222,606	222,606	223,660	220,341	220,180
3002	Food for Persons - Wards of State	628,867	631,818	679,738	712,746	641,348
4000	Grants	-	-	-	-	-
5000	Capital	-	488,889	235,725	-	-
Total, Objects of Expense		49,630,734	52,925,915	52,701,648	53,316,733	52,419,212

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	40,811,497	44,365,623	45,399,329	45,857,934	45,102,637
0758	GR Match for Medicaid	25,092	-	-	-	-
8032	GR Certified as Match for Medicaid	1,341,987	95,355	91,104	105,360	105,360
0001	General Revenue	42,178,576	44,460,978	45,490,433	45,963,294	45,207,997
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,357			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	40,635	90,359	90,359	90,359	90,359
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	40,635	1,227,716	90,359	90,359	90,359
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	5,876,051	5,666,971	5,550,606	5,692,830	5,550,606
0777	Interagency Contracts	-	-	-	-	-
8033	MH Appropriated Receipts	1,353,281	1,353,281	1,353,281	1,353,281	1,353,281
8031	MH Collect-Oat Support & Mainenance	182,191	216,969	216,969	216,969	216,969
	Other Funds	7,411,523	7,237,221	7,120,856	7,263,080	7,120,856
	Total, Method of Financing	49,630,734	52,925,915	52,701,648	53,316,733	52,419,212
	Number of Positions (FTE)	870.40	911.40	984.63	984.63	984.63

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	7,955,435	7,955,435	7,955,435	7,955,435	7,955,435
1002	Other Personnel Costs	191,137	191,137	191,137	191,137	191,137
2001	Professional Fees and Services	1,664,473	1,664,473	1,664,473	1,664,473	1,664,473
2002	Fuels and Lubricants	34,424	34,424	34,424	34,424	34,424
2003	Consumable Supplies	392,049	392,049	392,049	392,049	392,049
2004	Utilities	381,639	381,639	381,639	381,639	381,639
2005	Travel	15,021	15,021	15,021	15,021	15,021
2006	Rent - Building	236,318	236,318	236,318	236,318	236,318
2007	Rent - Machine and Other	1,092,313	1,092,313	1,092,313	1,092,313	1,092,313
2009	Other Operating Expense	1,312,208	2,449,565	1,312,208	1,312,208	1,312,208
3001	Client Services	231,489	231,489	231,489	231,489	231,489
3002	Food for Persons - Wards of State	368,125	368,125	368,125	368,125	368,125
4000	Grants	-	-	-	-	-
5000	Capital	-	-	-	-	-
Total, Objects of Expense		13,874,631	15,011,988	13,874,631	13,874,631	13,874,631

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	6,984,139	7,182,882	7,303,498	7,364,590	7,364,590
0758	GR Match for Medicaid	4,587	-	-	-	-
8032	GR Certified as Match for Medicaid	119,975	65,343	61,092		
0001	General Revenue	7,108,701	7,248,225	7,364,590	7,364,590	7,364,590
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds		1,137,357			
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	-	-	-	-	-
	CFDA #93.558.667 TANF To Title XX	3,574,220	3,574,220	3,574,220	3,574,220	3,574,220
0555	Total Federal Funds	3,574,220	4,711,577	3,574,220	3,574,220	3,574,220
666	Appropriated Receipts					
709	Appropriated Receipts Medicaid Reimbursements	2,800,819	2,591,739	2,475,374	2,475,374	2,475,374
7777	Interagency Contracts	-	-	-	-	-
8033	MH Appropriated Receipts	131,269	131,269	131,269	131,269	131,269
8031	MH Collect-Oat Support & Mainenance	259,622	329,178	329,178	329,178	329,178
	Other Funds	3,191,710	3,052,186	2,935,821	2,935,821	2,935,821
	Total, Method of Financing	13,874,631	15,011,988	13,874,631	13,874,631	13,874,631
	Number of Positions (FTE)	204.00	219.00	252.50	252.50	252.50

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Objects of Expense:					
1001	Salaries and Wages	2,671,141	2,671,141	2,671,141	2,671,141	2,671,141
1002	Other Personnel Costs	111,008	111,008	111,008	111,008	111,008
2001	Professional Fees and Services	17,956	17,956	17,956	17,956	17,956
2003	Consumable Supplies	6,657	6,657	6,657	6,657	6,657
2004	Utilities	204	204	204	204	204
2005	Travel	31,484	31,484	31,484	31,484	31,484
2006	Rent - Building	160	160	160	160	160
2007	Rent - Machine and Other	-	-	-	-	-
2009	Other Operating Expense	356,682	356,682	356,682	356,682	356,682
3002	Food for Persons - Wards of State	-	-	-	-	-
4000	Grants	1,587,899	1,587,894	1,295,078	1,129,406	1,129,403
5000	Capital	933,020	1,090,019	1,175,491	1,419,923	1,419,924
	Total, Objects of Expense	5,716,211	5,873,205	5,665,861	5,744,621	5,744,619

Informational Item - MH Campus Services

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Justin Pickens	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 2019	Expended 2020	Budgeted 2021	Requested 2022	Requested 2023
	Method of Financing:					
0001	General Revenue	5,716,211	5,873,205	5,665,861	5,744,621	5,744,619
0758	GR Match for Medicaid	-	-	-	-	-
8032	GR Certified as Match for Medicaid	-	-	-	-	-
0001	General Revenue	5,716,211	5,873,205	5,665,861	5,744,621	5,744,619
0555	Federal Funds					
	CFDA 93.498.119 CARES Act Provider Relief Funds					
	CFDA #93.778.000 XIX FMAP Medicaid & IMD	-	-	-	-	-
	CFDA #93.558.667 TANF To Title XX	-	-	-	-	-
0555	Total Federal Funds	-	-	-	-	-
666	Appropriated Receipts					
0709	Appropriated Receipts Medicaid Reimbursements	-	-	-	-	-
0777	Interagency Contracts	-	-	-	-	-
8033	MH Appropriated Receipts	-	-	-	-	-
8031	MH Collect-Oat Support & Mainenance	-	-	-	-	-
	Other Funds	-	-	-	-	-
	Total, Method of Financing	5,716,211	5,873,205	5,665,861	5,744,621	5,744,619
	Number of Positions (FTE)	73.10	73.10	73.10	73.10	73.10