Schedule B: List of Measure Definitions for the Health and Human Services Commission

B-HHSC-1
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### BL 2020 Definition

This is a measure of the monthly average number of income-eligible children served in Medicaid and Children’s Health Insurance Program (CHIP).

### BL 2020 Data Limitations

None.

### BL 2020 Data Source

Medicaid data are obtained from the Premiums Payable System (PPS). CHIP data are obtained from the Administrative Services Contractor.

### BL 2020 Methodology

Sum the total number of children and newborn perinatal clients from the CHIP enrollment report with the total number of income-eligible children from PPS and divide that number by the number of months in the reporting period. Children under age 19 in Medicaid as Pregnant Women or Supplemental Security Income (SSI) clients are not included in this count. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

### BL 2020 Purpose

This measure reflects the total average monthly number of income-eligible children receiving services in Medicaid and CHIP.

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### Agency Code: 529

**Agency:** Health and Human Services Commission

**Goal No.** 1

**Objective No.** 1

**Outcome No.** 1

**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 01-01 OC 01

**Key Measure:** Y  
**New Measure:** N  
**Percent Measure:** N

#### BL 2020 Definition

This is a measure of the monthly average number of income-eligible children served in Medicaid and Children’s Health Insurance Program (CHIP).

#### BL 2020 Data Limitations

None.

#### BL 2020 Data Source

Medicaid data are obtained from the Premiums Payable System (PPS). CHIP data are obtained from the Administrative Services Contractor.

#### BL 2020 Methodology

Sum the total number of children and newborn perinatal clients from the CHIP enrollment report with the total number of income-eligible children from PPS and divide that number by the number of months in the reporting period. Children under age 19 in Medicaid as Pregnant Women or Supplemental Security Income (SSI) clients are not included in this count. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

#### BL 2020 Purpose

This measure reflects the total average monthly number of income-eligible children receiving services in Medicaid and CHIP.

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#### BL 2021 Definition

#### BL 2021 Data Limitations

#### BL 2021 Data Source

#### BL 2021 Methodology

#### BL 2021 Purpose
Objective: Outcomes Definitions Report

Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 1
Objective No. 1
Outcome No. 2

Calculation Method: N
Target Attainment: H
Priority: H
Cross Reference: Agy 529 085-R-S70-1 01-01 OC 02

Key Measure: Y
New Measure: N
Percent Measure: N

BL 2020 Definition
Medicaid Acute Care Recipient Months per Month is the average monthly number of recipient months (managed care and non-managed care combined) for Medicaid recipients (in the Aged and Medicare Related, Disability Related, Pregnant Women, Other Adults, or Children strategies).

BL 2020 Data Limitations
None

BL 2020 Data Source
Medicaid data are obtained from the Premiums Payable System (PPS).

BL 2020 Methodology
A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data are incomplete, estimates will be made based on completion ratios and other forecasting techniques. The quarterly average is the sum of the recipient months (managed care and non-managed care combined) for the three months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months (managed care and non-managed care combined) divided by the number of months summed.

BL 2020 Purpose
This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition
Medicaid Acute Care Recipient Months per Month is the average monthly number of recipient months (managed care and non-managed care combined) for Medicaid recipients (in the Aged and Medicare Related, Disability Related, Pregnant Women, Other Adults, or Children strategies).

BL 2021 Data Limitations
None

BL 2021 Data Source
Medicaid data are obtained from the Premiums Payable System (PPS).

BL 2021 Methodology
A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data are incomplete, estimates will be made based on completion ratios and other forecasting techniques. The quarterly average is the sum of the recipient months (managed care and non-managed care combined) for the three months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months (managed care and non-managed care combined) divided by the number of months summed.

BL 2021 Purpose
This measure reflects the average monthly number of recipient months for the named group.
Medicaid Acute Care Child Recipient Months per Month is the average monthly number of recipient months (managed care and non-managed care combined) for all Medicaid recipients who are under 21, including Supplemental Security Income children and STAR Health.

**BL 2020 Data Limitations**
None

**BL 2020 Data Source**
The Premium Payable System.

**BL 2020 Methodology**
A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. The quarterly average is the sum of the recipient months (managed care and non-managed care combined) for the three months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months (managed care and non-managed care combined) divided by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project expenditures and recipient months.

**BL 2020 Purpose**
This measure determines the average number of recipient months per month for the named group.

**BL 2021 Definition**
Medicaid Acute Care Child Recipient Months per Month is the average monthly number of recipient months (managed care and non-managed care combined) for all Medicaid recipients who are under 21, including Supplemental Security Income children and STAR Health.

**BL 2021 Data Limitations**
None

**BL 2021 Data Source**
The Premium Payable System.

**BL 2021 Methodology**
A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. The quarterly average is the sum of the recipient months (managed care and non-managed care combined) for the three months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months (managed care and non-managed care combined) divided by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project expenditures and recipient months.

**BL 2021 Purpose**
This measure determines the average number of recipient months per month for the named group.
Objectives, outcomes, and definitions report for the 86th Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

**Goal No. 1 Medicaid**

**Objective No. 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients**

**Outcome No. 4 Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)**

**Calculation Method:** N  
**Target Attainment:** L  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 01-01 OC 04

**Key Measure:** Y  
**New Measure:** N  
**Percent Measure:** N

**BL 2020 Definition**

ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. Average Medicaid Cost per Recipient Month (for managed care and non-managed care combined) is the average amount paid for each recipient month incurred in the Aged and Medicare Related, Disability Related, Pregnant Women, Other Adults, Children and Medicaid Prescription Drugs strategies.

**BL 2020 Data Limitations**

This measure involves the recipient months and costs for services. It includes STAR+PLUS Acute Care, as well as STAR+PLUS Long Term Services and Supports. Data is on an incurred basis. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques.

**BL 2020 Data Source**

Data source for this measure are the monthly STMR/STRR 650/750 statistical reports and the Mental Health series drug reports compiled by the state Medicaid contractor, the Premium Payable System, and Health Maintenance Organization (HMO) rates. Dollars exclude costs for Texas Health Steps Dental and, Medicaid Transportation.

**BL 2020 Methodology**

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of incurred recipient months during the reporting period. The measure will include managed care and non-managed care for the named group. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures for recipient months.

**BL 2020 Purpose**

This measure determines the average Medicaid acute cost per recipient month, including drug costs.

**BL 2021 Definition**

Average Medicaid Cost per Recipient Month (for managed care and non-managed care combined) is the average amount paid for each recipient month incurred in the Aged and Medicare Related, Disability Related, Pregnant Women, Other Adults, Children and Medicaid Prescription Drugs strategies.

**BL 2021 Data Limitations**

This measure involves the recipient months and costs for services. It includes STAR+PLUS Acute Care, as well as STAR+PLUS Long Term Services and Supports. Data is on an incurred basis. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques.

**BL 2021 Data Source**

Data source for this measure are the monthly STMR/STRR 650/750 statistical reports and the Mental Health series drug reports compiled by the state Medicaid contractor, the Premium Payable System, and Health Maintenance Organization (HMO) rates. Dollars exclude costs for Texas Health Steps Dental and, Medicaid Transportation.

**BL 2021 Methodology**
The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of incurred recipient months during the reporting period. The measure will include managed care and non-managed care for the named group. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures for recipient months.

BL 2021 Purpose

This measure determines the average Medicaid acute cost per recipient month, including drug costs.
**BL 2020 Definition**

The measure gives the proportion of recipient months for Medicaid clients enrolled in Managed Care plans compared to the total Medicaid full benefit population during the reporting period. Total Medicaid Recipients Months is the number of recipient months (managed care and non-managed care combined) for Medicaid recipients in the Aged and Medicare Related, Disability-Related, Pregnant Women, Other Adults, and Children strategies. Managed Care recipient months are the total number of recipient months for the above named strategies in the STAR, STAR+PLUS, STAR Health, Dual Demonstration or STAR Kids (beginning in FY2017) programs for the reporting period.

**BL 2020 Data Limitations**

HHSC is not directly responsible for enrolling clients in the STAR+PLUS program.

**BL 2020 Data Source**

The Premium Payable System.

**BL 2020 Methodology**

A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques. The proportion of Medicaid caseload in managed care is calculated by months for the given period. The resulting number is then multiplied by 100%.

**BL 2020 Purpose**

This is a measure of the impact of implementation of managed care initiatives.

**BL 2021 Definition**

The measure gives the proportion of recipient months for Medicaid clients enrolled in Managed Care plans compared to the total Medicaid full benefit population during the reporting period. Total Medicaid Recipients Months is the number of recipient months (managed care and non-managed care combined) for Medicaid recipients in the Aged and Medicare Related, Disability-Related, Pregnant Women, Other Adults, and Children strategies. Managed Care recipient months are the total number of recipient months for the above named strategies in the STAR, STAR+PLUS, STAR Health, Dual Demonstration or STAR Kids (beginning in FY2017) programs for the reporting period.

**BL 2021 Data Limitations**

HHSC is not directly responsible for enrolling clients in the STAR+PLUS program.

**BL 2021 Data Source**

The Premium Payable System.

**BL 2021 Methodology**


A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques. The proportion of Medicaid caseload in managed care is calculated by months for the given period. The resulting number is then multiplied by 100%.

**Purpose**

This is a measure of the impact of implementation of managed care initiatives.
Goal No. 1 Medicaid
Objective No. 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Outcome No. 6 Percent of THSTEPS (EPSDT) Enrolled Pop. Screened Medicaid - Medical

**BL 2020 Definition**

This measure reports the percentage of Texas Health Steps (THSteps) Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) clients receiving at least one medical check-up using the CMS-416 method.

**BL 2020 Data Limitations**

There are several limitations. The data reported only reflect the percentage of medical check-ups reported and completely processed as of the reporting timeframe. The THSteps (EPSDT) providers have 95 days in which to submit a claim after the date of service and if a claim is denied the provider has 180 days in which to appeal; therefore, all claims for a reporting period may not have been processed at the time of reporting. Complete data may not be available for the reporting period at the time the report is due, therefore, estimates or projections may be included based on available data.

**BL 2020 Data Source**

The data source, HISR303A, is generated by the Medicaid Claims Administrator. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

**BL 2020 Methodology**

The calculation is the result of dividing the number of THSteps enrolled children who received at least one initial or periodic medical check-up by the number of children enrolled in Medicaid, then multiplying by 100.

**BL 2020 Purpose**

The purpose of the measure is to monitor the THSteps (EPSDT) clients served for children receiving medical check-ups in Medicaid, as calculated using the CMS-416 method and indicates the extent to which EPSDT enrolled receive any initial or periodic screening services during the year, as required by the State’s periodicity schedule, prorated by the proportion of the year for which they are Medicaid enrolled.

**BL 2021 Definition**

This measure reports the percentage of Texas Health Steps (THSteps) Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) clients receiving at least one medical check-up using the CMS-416 method.

**BL 2021 Data Limitations**

There are several limitations. The data reported only reflect the percentage of medical check-ups reported and completely processed as of the reporting timeframe. The THSteps (EPSDT) providers have 95 days in which to submit a claim after the date of service and if a claim is denied the provider has 180 days in which to appeal; therefore, all claims for a reporting period may not have been processed at the time of reporting. Complete data may not be available for the reporting period at the time the report is due, therefore, estimates or projections may be included based on available data.

**BL 2021 Data Source**

The data source, HISR303A, is generated by the Medicaid Claims Administrator. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

**BL 2021 Methodology**
The calculation is the result of dividing the number of THSteps enrolled children who received at least one initial or periodic medical check-up by the number of children enrolled in Medicaid, then multiplying by 100.

**Purpose**

The purpose of the measure is to monitor the THSteps (EPSDT) clients served for children receiving medical check-ups in Medicaid, as calculated using the CMS-416 method and indicates the extent to which EPSDT enrolled receive any initial or periodic screening services during the year, as required by the State’s periodicity schedule, prorated by the proportion of the year for which they are Medicaid enrolled.
OBJECTIVE OUTCOME DEFINITIONS REPORT
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529  Agency: Health and Human Services Commission

Goal No.  1  Medicaid
Objective No.  1  Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Outcome No.  7  Avg # of Members Receiving Waiver Services through Managed Care

Calculation Method: N  Target Attainment: H  Priority: H  Cross Reference: Agy 529 085-R-S70-1 01-01 OC 07

Key Measure: Y  New Measure: N  Percent Measure: N

BL 2020 Definition
ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. This measure reports the monthly average number of STAR+PLUS members, enrolled in the 1915(c) component of STAR+PLUS or the Dual Demonstration, who received Medicaid Community Care services. The STAR+PLUS program integrates preventive, primary, acute care and long term care into a single managed care model.

BL 2020 Data Limitations
This measure only includes STAR+PLUS or Dual Demonstration members who are enrolled in the 1915(c) waiver component of Long-Term Services and Supports. This measure does not describe the level, type or amount of community care received by members.

BL 2020 Data Source
The Premiums Payable System.

BL 2020 Methodology
Divide the sum of managed care recipient months for members receiving 1915(c) waiver community care services for all months of the reporting period, by the number of months in the reporting period. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose
This measure shows the impact of managed care on community care caseloads for clients who are enrolled in the 1915(c) waiver component of STAR+PLUS or Dual Demonstration. This data is a useful tool for projecting future funding needs.

BL 2021 Definition
This measure reports the monthly average number of STAR+PLUS members, enrolled in the 1915(c) component of STAR+PLUS or the Dual Demonstration, who received Medicaid Community Care services. The STAR+PLUS program integrates preventive, primary, acute care and long term care into a single managed care model.

BL 2021 Data Limitations
This measure only includes STAR+PLUS or Dual Demonstration members who are enrolled in the 1915(c) waiver component of Long-Term Services and Supports. This measure does not describe the level, type or amount of community care received by members.

BL 2021 Data Source
The Premiums Payable System.

BL 2021 Methodology
Divide the sum of managed care recipient months for members receiving 1915(c) waiver community care services for all months of the reporting period, by the number of months in the reporting period. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose
This measure shows the impact of managed care on community care caseloads for clients who are enrolled in the 1915(c) waiver component of STAR+PLUS or Dual Demonstration. This data is a useful tool for projecting future funding needs.
Objective

Outcome

Definitions

Reporting

Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 1
Objective No. 1
Outcome No. 8

Medicaid
Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Percent of Full Benefit Medicaid Eligible Population Enrolled

Calculation Method: N
Target Attainment: H
Priority: H
Cross Reference: Agy 529 085-R-S70-1 01-01 OC 09

Key Measure: N
New Measure: N
Percent Measure: Y

BL 2020 Definition

ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. This is a measure of the percentage of the population estimated to be eligible for Medicaid that enrolls in the program.

BL 2020 Data Limitations

A portion of the data used for this measure is statistically estimated based on the results of demographics surveys that are subject tolerable/acceptable levels of sampling and non-sampling variance (error). Limited comparable data are available for the nation and the other states.

BL 2020 Data Source

Measure is estimated using demographic (population) surveys such as the Current Population Survey, the Survey of Income and Program Participation, the American Community Survey and other data from the Texas State Data Center. Data Source for actual Medicaid enrollment information is the final 8-month Medicaid enrollment files.

BL 2020 Methodology

Divide the number of persons enrolled in Medicaid on a monthly average basis, per fiscal year, by the estimated monthly average number of potential eligibles. Multiply the result by 100. As the single state agency designated to oversee and administer the state's Medicaid program, HHSC serves as the liaison to the federal government and is responsible for establishing agreements with other state agencies in carrying-out the technical operations and service delivery for the Medicaid program. This measure indicates the effectiveness of outreach efforts to eligible populations and is of increased importance with implementation of the Children's Health Insurance Program.

BL 2021 Definition


BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1  
Objective No. 1  
Outcome No. 9

**Objective No. 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients**

**Outcome No. 9 Avg # Members Receiving Nursing Facility Care through Managed Care**

<table>
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<th>Calculation Method: N</th>
<th>Target Attainment: H</th>
<th>Priority: H</th>
<th>Cross Reference:</th>
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<tr>
<td>Key Measure: Y</td>
<td>New Measure: Y</td>
<td>Percent Measure: N</td>
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</tbody>
</table>

**BL 2020 Definition**

This is the average monthly number of Nursing Facility clients enrolled in a Medicaid Managed Care health plan. This includes both the STAR+Plus and Dual Demonstration program.

**BL 2020 Data Limitations**

None

**BL 2020 Data Source**

The Premiums Payable System.

**BL 2020 Methodology**

The average monthly number of Nursing Facility residents for all months of the reporting period divided by the number of months in the reporting period. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure reflects the average monthly number of Nursing Facility residents receiving services through Medicaid Managed Care.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 3  
Children's Health Insurance Program Services

Objective No. 1  
CHIP Services

Outcome No. 1  
Percent of CHIP-eligible Children Enrolled

**BL 2020 Definition**

This is a measure of the percentage of children estimated to be eligible for the Children’s Health Insurance Program (CHIP) that are enrolled in the program. Excludes Perinatal clients.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

The source of data on the number of children eligible for the CHIP program is the March Current Population Survey (CPS) for Texas published during September-October of every year. Specifically, the identified population consists of children ages 0-18 that are not Medicaid-eligible but are from families with incomes of 200 percent of poverty or less. The data sources on the number of children enrolled in the program are the CHIP program PPS data maintained in electronic format and compiled by HHSC on a continuous basis.

**BL 2020 Methodology**

1) Determine the number of children eligible from the latest available CPS.  
2) Determine the number of children enrolled as of the end of the last month of the state fiscal year (i.e., the count of enrollees for the month of August).  
3) Divide by the total number of children enrolled in the program by the total number of children eligible.  
4) Multiply by 100.

**BL 2020 Purpose**

This is a measure of the effectiveness of the outreach efforts of the CHIP program. CHIP is a federal program administered by HHSC to provide health insurance to children who do not qualify for Medicaid. Federal law requires extensive outreach efforts by states to enroll eligible children.

**BL 2021 Definition**

This is a measure of the percentage of children estimated to be eligible for the Children’s Health Insurance Program (CHIP) that are enrolled in the program. Excludes Perinatal clients.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

The source of data on the number of children eligible for the CHIP program is the March Current Population Survey (CPS) for Texas published during September-October of every year. Specifically, the identified population consists of children ages 0-18 that are not Medicaid-eligible but are from families with incomes of 200 percent of poverty or less. The data sources on the number of children enrolled in the program are the CHIP program PPS data maintained in electronic format and compiled by HHSC on a continuous basis.

**BL 2021 Methodology**

1) Determine the number of children eligible from the latest available CPS.  
2) Determine the number of children enrolled as of the end of the last month of the state fiscal year (i.e., the count of enrollees for the month of August).  
3) Divide by the total number of children enrolled in the program by the total number of children eligible.  
4) Multiply by 100.

**BL 2021 Purpose**
This is a measure of the effectiveness of the outreach efforts of the CHIP program. CHIP is a federal program administered by HHSC to provide health insurance to children who do not qualify for Medicaid. Federal law requires extensive outreach efforts by states to enroll eligible children.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 3  
Children's Health Insurance Program Services

Objective No. 1  
CHIP Services

Outcome No. 2  
Average CHIP Programs Recipient Months Per Month

Calculation Method: N  
Target Attainment: H  
Priority: H  
Cross Reference: Agy 529 085-R-S70-1 03-01 OC 02

Key Measure: Y  
New Measure: N  
Percent Measure: N

BL 2020 Definition

The measure provides the average Children’s Health Insurance Program (CHIP) recipient months per month, including all CHIP-enrolled children (including CHIP Phase II children, and Perinatal clients).

BL 2020 Data Limitations

None.

BL 2020 Data Source

Integrated Eligibility staff produces monthly CHIP II enrollment reports, which includes the number of all CHIP enrollees.

BL 2020 Methodology

Divide the cumulative number of CHIP recipient months (CHIP II and Perinatal clients) from the enrollment report by the number of months in the period for which the measure is reported. Perinatal recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

To provide an overall average monthly CHIP caseload across all CHIP categories (CHIP II, and Perinatal clients) regardless of the method of finance or eligibility.

BL 2021 Definition

The measure provides the average Children’s Health Insurance Program (CHIP) recipient months per month, including all CHIP-enrolled children (including CHIP Phase II children, and Perinatal clients).

BL 2021 Data Limitations

NONE.

BL 2021 Data Source

Integrated Eligibility staff produces monthly CHIP II enrollment reports, which includes the number of all CHIP enrollees.

BL 2021 Methodology

Divide the cumulative number of CHIP recipient months (CHIP II and Perinatal clients) from the enrollment report by the number of months in the period for which the measure is reported. Perinatal recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

To provide an overall average monthly CHIP caseload across all CHIP categories (CHIP II, and Perinatal clients) regardless of the method of finance or eligibility.
**BL 2020 Definition**

The measure provides the average monthly benefit cost paid to Children’s Health Insurance Program (CHIP) enrolled medical (including immunizations and including prescription drugs) and dental providers on behalf of all CHIP-enrolled children (which includes CHIP Phase II and CHIP Perinatal). Benefit costs are understood to include amounts paid to health plans, the dental contractor, and Department of State Health Services (DSHS) to cover vaccines.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

Integrated Eligibility staff furnishes a monthly report to HHSC containing the caseload for which each health and dental plan will incur costs during the following month. The numbers in that report are multiplied by the premium amount to be paid to the respective plans (including the portion for drug premiums, effective March 2012). For vaccine costs, HHSC receives a quarterly invoice from DSHS (or successor agency), which shows the amount used for vaccinating CHIP-enrolled children. The data source for prescription drug costs paid via Fee-For-Service is the monthly MH 494 report, provided by the state Medicaid contractor.

**BL 2020 Methodology**

The amounts incurred by HHSC in relation to the health and dental carriers and to DSHS (or successor agency) for benefit expenditures related to all CHIP-enrolled children (CHIP II and CHIP Perinatal) are totaled for the reporting period. This total is divided by the total number of CHIP-enrolled children (CHIP II and CHIP Perinatal) during the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This will provide an overall CHIP benefit cost per CHIP-enrolled child regardless of the eligibility category for CHIP.

**BL 2021 Definition**

The measure provides the average monthly benefit cost paid to Children’s Health Insurance Program (CHIP) enrolled medical (including immunizations and including prescription drugs) and dental providers on behalf of all CHIP-enrolled children (which includes CHIP Phase II and CHIP Perinatal). Benefit costs are understood to include amounts paid to health plans, the dental contractor, and Department of State Health Services (DSHS) to cover vaccines.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

Integrated Eligibility staff furnishes a monthly report to HHSC containing the caseload for which each health and dental plan will incur costs during the following month. The numbers in that report are multiplied by the premium amount to be paid to the respective plans (including the portion for drug premiums, effective March 2012). For vaccine costs, HHSC receives a quarterly invoice from DSHS (or successor agency), which shows the amount used for vaccinating CHIP-enrolled children. The data source for prescription drug costs paid via Fee-For-Service is the monthly MH 494 report, provided by the state Medicaid contractor.

**BL 2021 Methodology**
The amounts incurred by HHSC in relation to the health and dental carriers and to DSHS (or successor agency) for benefit expenditures related to all CHIP-enrolled children (CHIP II and CHIP Perinatal) are totaled for the reporting period. This total is divided by the total number of CHIP-enrolled children (CHIP II and CHIP Perinatal) during the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2021 Purpose**

This will provide an overall CHIP benefit cost per CHIP-enrolled child regardless of the eligibility category for CHIP.
Goal No. 4 Provide Additional Health-related Services

Objective No. 1 Provide Primary Health and Specialty Care

Outcome No. 1 Percent of Population under Age Three Served by ECI Program

Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529  085-R-S70-1  04-01  OC 01

Key Measure: Y  New Measure: N  Percent Measure: Y

BL 2020 Definition
The number of children who received comprehensive intervention services through ECI service providers expressed as a percentage of the total number of Texas children under three years of age.

BL 2020 Data Limitations
The accuracy of local program reporting is periodically verified through monitoring. Accurate reporting requires local programs to meet timelines for data entry into Texas Kids Intervention Data System (TKIDS).

BL 2020 Data Source
Local providers enter data into TKIDS. Using TKIDS data, determine the number of children receiving comprehensive services in the fiscal year. Population projections are obtained from data files provided by the Texas State Data Center.

BL 2020 Methodology
Determine the total number of children served by counting the number of cases that were in the enrolled disposition anytime during the reporting period. Exclude from the count cases that were closed with a reason indicating invalid data entry and cases in which children turned three years old before the first day of the reporting period. Count only once cases that transferred from one local program to another. Determine an estimate of the Texas birth-to-three population for the year using a four-year cohort of children age 0-1, 1-2 and 2-3 for the year and children 0-1 for the following year. Divide the total number of children served by the Texas birth-to-three population estimate. Multiply by 100 to obtain a percentage.

BL 2020 Purpose
This performance measure is important because it evaluates progress towards serving the number of children targeted for intervention.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission  
Goal No. 4  
Provide Additional Health-related Services  
Objective No. 1  
Provide Primary Health and Specialty Care  
Outcome No. 2  
Percent of Children Successfully Completing Services

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** Y  
**Cross Reference:** Agy 529 085-R-S70-1 04-01 OC 02

**Key Measure:** N  
**New Measure:** N  
**Percent Measure:** Y

**BL 2020 Definition**

Measures the proportion of Blind Children’s Vocational Discovery and Development Program consumers exiting the program during the reporting period after a plan of services has been initiated who have successfully completed the plan of services.

**BL 2020 Data Limitations**

None

**BL 2020 Data Source**

Data is from the DBS automated consumer statistical system. Field staff who work with consumers indicate in this system whether a consumer has successfully or unsuccessfully completed services.

**BL 2020 Methodology**

The total number of consumer cases closed successfully during the reporting period is divided by the total number of consumer cases closed during the reporting period after receiving planned services.

**BL 2020 Purpose**

Successfully completing program services is the desired outcome of service for each consumer. DBS establishes a projection for the percentage of consumers who successfully complete services. This measure tracks and demonstrates the progress toward meeting that projection.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No.  4  
Provide Additional Health-related Services

Objective No.  1  
Provide Primary Health and Specialty Care

Outcome No.  3  
Percent of ECI Clients Enrolled in Medicaid

<table>
<thead>
<tr>
<th>Calculation Method: N</th>
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<th>Priority:</th>
<th>Cross Reference: Agy 529 085-R-S70-1 04-01 OC 03</th>
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<td>Key Measure: Y</td>
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<td>Percent Measure: Y</td>
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</tr>
</tbody>
</table>

**BL 2020 Definition**

Of the average monthly number of children receiving ECI comprehensive services, the percent enrolled in Medicaid.

**BL 2020 Data Limitations**

The accuracy of local program reporting is periodically verified through monitoring. Accurate reporting requires local programs to meet timelines for data entry into Texas Kids Intervention Data System (TKIDS).

**BL 2020 Data Source**

Local contract providers enter data into TKIDS. Determine the total number of unduplicated children receiving comprehensive services in each month, as indicated by cases in the enrolled disposition in the reporting period, and of those, the number with Medicaid.

**BL 2020 Methodology**

The monthly number of children for each month of the reporting period is summed, and then divided by the number of months in the reporting period to calculate the average monthly number of children for that reporting period. Divide the average monthly number of ECI children with Medicaid by the average monthly number of children who receive comprehensive intervention services through ECI service providers to calculate Percent of Clients Enrolled in Medicaid.

**BL 2020 Purpose**

This measure identifies the percent of children who have access to Medicaid. However, it is important to note that the percentage of children with Medicaid will not be the same as the percentage of funding from Medicaid, as not all types of ECI services can be billed to Medicaid.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4
Objective No. 1
Outcome No. 4

Provide Additional Health-related Services
Provide Primary Health and Specialty Care
Percent of ECI Program Funded by Medicaid

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 04-01 OC 04

Key Measure: Y  
New Measure: N  
Percent Measure: Y

BL 2020 Definition
Total ECI Medicaid, which includes HHSC appropriated Medicaid, dollars divided by total ECI State and federal dollars. State and federal funds are revenues ECI receives from the Texas Legislature, the U.S. Department of Education, Title XIX, and other State and Federal sources specifically for early childhood intervention services.

BL 2020 Data Limitations
Contractor's reimbursements are not available until December and finalized after complete reconciliation in February.

BL 2020 Data Source
The Health and Human Services Accounting System (HHSAS), which is reconciled to Uniform Statewide Accounting System (USAS) for DARS ECI dollars. For "Medicaid Local Funds", the data source is quarterly and annual financial reports, financial report item: Medicaid funds collected by ECI providers. Local Funds include Medicaid Therapy funds (state and federal) residing at HHSC.

BL 2020 Methodology
Total ECI Medicaid dollars, which includes HHSC appropriated Medicaid, divided by total ECI state and federal dollars, which includes HHSC appropriated Medicaid.

BL 2020 Purpose
This measure identifies the percent of the ECI program funded by Medicaid. However, it is important to note that the percentage of the program funded by Medicaid will not be the same as the percent of children with Medicaid, as not all types of ECI services can be billed to Medicaid.
### Goal No. 4 Provide Additional Health-related Services

#### Objective No. 2 Provide Community Behavioral Health Services

#### Outcome No. 1 % Adults Receiving Community MH Svcs Whose Functional Level Improved

<table>
<thead>
<tr>
<th>Calculation Method: N</th>
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<td>BL 2020 Definition</td>
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</table>

**BL 2020 Definition**

One goal of community mental health services is to maintain or improve the consumer’s level of functioning in the community. The desired outcome of community mental health services is to improve level of functioning to the highest level of independence possible. This measure provides information about this outcome for adults receiving community mental health services through an authorized level of care as determined by the Adult Needs and Strengths Assessment.

**BL 2020 Data Limitations**

Collection of data is dependent upon completion of the Uniform Assessment for Texas Resilience and Recovery as prescribed.

**BL 2020 Data Source**

Level of functioning is measured by the Life Functioning Domain of the Adult Needs and Strengths Assessment which measures an individual’s lack of ability to function in various community settings over the past three months. This scale is used for persons with severe and persistent mental illnesses. Clinical staff are expected to administer Uniform Assessment at admission to community services, every 180 days and at planned discharges. Greater functional impairment scores reflect greater problems functioning in the community. The results of this assessment are entered into the department’s data warehouse by staff at the local authority.

**BL 2020 Methodology**

For this calculation, the first Uniform Assessment upon admission and the latest Uniform Assessment which must have been completed at least 180 days after the initial Uniform Assessment are utilized. A decrease of 1 or more points in the second Life Functioning Domain score indicates improvement. The numerator is the number of adult consumers over the fiscal year with a minimum of two Uniform Assessments for Texas Resilience and Recovery with a decrease of 1 or more points in the second Life Functioning Domain score. The denominator is the total number of adult consumers over the fiscal year with a minimum of two Uniform Assessments for Texas Resilience and Recovery. The formula is numerator/denominator *100.

**BL 2020 Purpose**

Improved functioning in the community is an important indication that treatment is effective in reducing the functional deterioration associated with mental illness. There are four levels of care a mental health consumer may be assigned, level of care 1, 2, 3, or 4. Each level of care has a designated service package that the mental health consumer may receive. Persons receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
Objective Outcome Definitions Report

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

Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  
Objective No. 2  
Outcome No. 2  
Provide Additional Health-related Services  
Provide Community Behavioral Health Services  
% Children Receiving Community MH Svcs Whose Functional Level Improved

Calculation Method: N  
Target Attainment: Y  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 04-02 OC 03

Key Measure: Y  
New Measure: N  
Percent Measure: Y

BL 2020 Definition

One goal of community mental health services is to maintain or improve the consumer’s level of functioning in the community. The desired outcome of community mental health services is to improve level of functioning to the highest level of independence possible. This measure provides information about this outcome for children as measured by the Child and Adolescent Needs and Strengths assessment during the fiscal year.

BL 2020 Data Limitations

Collection of data is dependent upon completion of the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery as prescribed.

BL 2020 Data Source

The evaluation instrument for this measure is the Child and Adolescent Needs and Strengths assessment which is part of the Child and Adolescent Uniform Assessment completed for all children at admission, every 90 days thereafter, and at termination of services. Level of functioning is measured by the Child and Adolescent Needs and Strengths assessment, which measures an individual’s functioning in various community settings over the past thirty days. For this calculation, the first Child and Adolescent Needs and Strengths assessment on the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery and any subsequent administrations of the Child and Adolescent Needs and Strengths assessment during the fiscal year are utilized.

BL 2020 Methodology

The Reliable Change Index will be used to measure change in Child & Adolescent Needs & Strengths assessment (asst) scores. During the 1st yr of Tx Resilience & Recovery roll out, adequate data points will be collected to est the Reliable Chg Index for Child & Adolescent Needs & Strengths asst domain items. Comparing initial & subsequent Child & Adolescent Needs & Strengths asst scores will yield a Reliable Chg Index score that will or will not show statistically significant imprv on specific domain items. Calculation: Num=Total number of children/youth authorized into levels of care 1,2,3,4 or Young Child(YC) who show reliable imprv on at least one Child & Adolescent Needs & Strengths asst domain as compared to the Reliable Chg Index identified for that domain whose last two Uniform Assessments are at least 90 days apart. Den= Total number of children/youth authorized into LOC 1,2,3,4 or YC whose last two Uniform Assessments are at least 90 days apart. The formula is num/den.

BL 2020 Purpose

Stabilized or improved functioning in the community is an important indication that treatment is effective in reducing the functional deterioration associated with mental illness. There are five levels of care a mental health consumer may be assigned: 1: Medication Maintenance, 2: Targeted Svcs (counseling or skills development training), 3: Complex Svcs (counseling and skills development training), 4: Intensive Family Svcs (Wraparound Svcs), or YC. Each level of care has a flexible array of services that the consumer may receive. There may be children whose authorized level of care does not match the level of care recommended by the Child and Adolescent Needs and Strengths assessment; however, these exceptions are usually due to clinical judgment, resource issues, continuity of care per Utilization Mgmt guidelines and/or consumer refusal. Children receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs.

BL 2021 Definition

BL 2021 Data Limitations
BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  
Provide Additional Health-related Services

Objective No. 2  
Provide Community Behavioral Health Services

Outcome No. 3  
% Children & Adolescents Receiving Community Mental Health Services Averting Rearrest

<table>
<thead>
<tr>
<th>Calculation Method: N</th>
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<th>Priority:</th>
<th>Cross Reference: Agy 529 085-R-S70-1 04-02 OC 04</th>
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<td>Key Measure: N</td>
<td>New Measure: N</td>
<td>Percent Measure: Y</td>
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</table>

**BL 2020 Definition**

This measure is an indication of the effectiveness of treatment strategies with children and adolescents who have a history of arrest involvement with the juvenile justice system.

**BL 2020 Data Limitations**

Collection of data is dependent upon the completion of the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery as prescribed.

**BL 2020 Data Source**

The evaluation instrument for this measure is the Child and Adolescent Needs and Strengths assessment which is part of the Child and Adolescent Uniform Assessment completed for all children at admission, every 90 days thereafter, and at termination of services. Staff at the local authorities enter this assessment data into the department’s data warehouse. During the first year of Texas Resilience and Recovery roll out, adequate data points will be collected to establish the Reliable Change Index for Child and Adolescent Needs and Strengths assessment domain items. Comparing initial and subsequent Child and Adolescent Needs and Strengths assessment scores will yield a Reliable Change Index score that will or will not show statistically significant improvement on specific domain items. Children who received services for one quarter or more are included in this measure.

**BL 2020 Methodology**

For this calculation, the first Child and Adolescent Needs and Strengths assessment on the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery and any subsequent administrations of the Child and Adolescent Needs and Strengths assessment during the fiscal year are utilized. Numerator = The number of children and youth recommended and authorized into levels of care 1, 2, 3, 4 or Young Child, whose latest number of arrests is 0 and whose previous number of arrests is 0. Denominator = All children and youths recommended and authorized into levels of care 1, 2, 3, 4 or Young Child who have at least two “number of arrests” ratings.

The formula is (numerator/denominator) * 100.

**BL 2020 Purpose**

Children receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs. Juvenile justice involvement is often related to severe emotional disturbance. This measure will provide information on the department’s efforts to provide treatment to children involved with the juvenile justice system in order to prevent further involvement with the juvenile justice system.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  
Objective No. 2  
Outcome No. 4

Provide Additional Health-related Services  
Provide Community Behavioral Health Services  
% Rcvng Crisis Svcs Who Avoid Psychiatric Hospitalization w/in 30 days

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 04-02 OC 05

Key Measure: Y  
New Measure: N  
Percent Measure: Y

BL 2020 Definition

This measure reports the percent of persons (regardless of age) with one or more crisis episodes, none of which were followed by a psychiatric hospitalization at a State or Community psychiatric hospital within 30 days of the first day of each crisis episode. A crisis episode is defined as all crisis services received from Community Mental Health Centers including NorthSTAR with no break longer than 7 days. A crisis service occurring after another crisis service by 8+ days is considered a separate crisis episode. The crisis services include both residential and outpatient.

BL 2020 Data Limitations

The accuracy of the Department’s client databases is dependent upon accurate and timely information being entered into the data warehouses by Community Mental Health Centers and ValueOptions (NorthSTAR). For NorthSTAR, while the majority of paid records are available within 30 days of service, some information lags up to 90 days. Values in ABEST will be updated the quarter following the initial entry to ensure the most accurate data are available.

BL 2020 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) and NorthSTAR data warehouse. The State and Community hospitalization information is entered into the DSHS Client Assignment and Registration System (CARE).

BL 2020 Methodology

The numerator is the number of persons with one or more crisis episodes, none of which were followed by a State or Community psychiatric hospitalization within 30 days of the first day of each crisis episode. The denominator is the number of persons with one or more crisis episodes. The formula is numerator/denominator * 100.

BL 2020 Purpose

Providing less restrictive and more appropriate mental health crisis services in the community is an important function of Crisis Redesign. Appropriate interventions for persons in mental health crisis should reduce their need to access State or Community psychiatric hospitals.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**Objective Outcome Definitions Report**

**Agency Submission**

**Automated Budget and Evaluation System of Texas (ABEST)**

---

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

**Goal No.** 4  
Provide Additional Health-related Services

**Objective No.** 2  
Provide Community Behavioral Health Services

**Outcome No.** 5  
% of Persons Rcvng Crisis Services That is Followed by a Jail Booking

---

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 04-02 OC 06

**Key Measure:** N  
**New Measure:** N  
**Percent Measure:** Y

---

**BL 2020 Definition**

ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. This measure reports the percent of persons (regardless of age) receiving a residential or outpatient crisis service from Community Mental Health Centers, including NorthSTAR, who had a jail booking within 7 days of a crisis service. The same crisis service lasting more than one day is considered a separate crisis service.

**BL 2020 Data Limitations**

This measure is dependent upon timely compliance to Texas Senate Bill 839, passed during the 80th Legislative Session, which requires DSHS and the Texas Department of Public Safety’s Bureau of Identification and Records to establish a contemporaneous identification system that cross-references persons booked into jails with persons in the DSHS Client Assignment and Registration (CARE) System. Thus, DSHS is not able to propose a target for this measure until compliance with Texas Senate Bill 839 is achieved.

**BL 2020 Data Source**

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse and NorthSTAR data warehouse. Jail booking information is from local and county jails statewide and will be cross-referenced with the DSHS CARE system.

**BL 2020 Methodology**

The numerator is the number of persons with a crisis service that have a jail booking within 7 days of a crisis service. The denominator is the number of persons with one or more crisis services.

The formula is numerator/denominator * 100.

**BL 2020 Purpose**

Providing less restrictive and more appropriate mental health crisis services in the community is an important function of Crisis Redesign. Appropriate interventions for persons in mental health crisis should prevent persons from being placed in jail settings.
Goal No. 4 Provide Additional Health-related Services
Objective No. 2 Provide Community Behavioral Health Services
Outcome No. 6 % Adults Who Complete Treatment Program and Report No Past Month Substance Use

Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 04-02 OC 07
Key Measure: Y  New Measure: N  Percent Measure: Y

BL 2020 Definition
ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. The percent of adults, age 18 or above, who complete a treatment program for substance abuse and report no past month substance use at the time of discharge.

BL 2020 Data Limitations
This only reflects clients from DSHS funded programs. Completion of treatment in this measure refers only to the completion of a level of care (service) at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service (episode).

BL 2020 Data Source
Provider staff complete an end-service or discharge assessment in the Clinical Management for Behavioral Health Services system (CMBHS) between each level of care and at discharge. Data is entered by client ID number directly into CMBHS.

BL 2020 Methodology
Total number of adults, age 18 or above, who complete a treatment service for substance abuse and report no past month substance use on the end-service or discharge assessment, divided by the total number of adults who complete a treatment service.

BL 2020 Purpose
Abstinence is an objective of ongoing recovery for addiction.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  Provide Additional Health-related Services
Objective No. 2  Provide Community Behavioral Health Services
Outcome No. 7  % of Youth Successfully Completing a Substance Abuse Prevention Pgm

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 04-02 OC 08

Key Measure: Y  
New Measure: N  
Percent Measure: Y

BL 2020 Definition
This measures the percentage of youth enrolled that successfully completed a substance abuse prevention program. Successful completion among youth will evidence reduced identified risk(s) and/or increased protective factors that minimize their probabilities of getting involved in the use of alcohol, tobacco and other drugs.

BL 2020 Data Limitations
Youth prevention programs and related activities are voluntary. The success rate may be limited by the number of youth that attended the required number of prevention education sessions and maintained or improved scores on the pre/posttests. Although a high rate of participation in testing is expected, circumstances beyond the providers’ control may affect this rate (e.g., school regulations disallowing testing, low youth participation in voluntary testing).

BL 2020 Data Source
Providers will report the Curriculum Outcome Reports in the Clinical Management for Behavioral Health Services system. The reports include: the number of youth enrolled, the number of youth who are pre- and post-tested, the number of youth who complete the program, and the number of youth who complete the programs successfully.

BL 2020 Methodology
The formula is numerator/denominator * 100.

BL 2020 Purpose
To measure program effectiveness in reducing substance abuse risk factors and increasing protective factors.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 4 Provide Additional Health-related Services
Objective No. 2 Provide Community Behavioral Health Services
Outcome No. 8 % Youth Who Complete Trtmnt Pgm and Report No Past Month Substance Use

Calculation Method: N
Target Attainment: H
Priority: H
Cross Reference:

Key Measure: Y
New Measure: Y
Percent Measure: Y

BL 2020 Definition

The percent of youth, age 17 or below, who complete a treatment service for substance abuse and report no past month substance use at the time of discharge.

BL 2020 Data Limitations

Completion of treatment in this measure refers only to the completion of a level of care (service) at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service (episode). Accuracy of the data is dependent upon accurate and timely information being entered into the data warehouse system by providers.

BL 2020 Data Source

Provider staff complete an end-service or discharge assessment in The Clinical Management for Behavioral Health Services system (CMBHS) between each level of care and at discharge. Data is entered by client identification number directly into CMBHS. Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

This measure is an annual percent of persons who complete a youth substance abuse treatment program and report abstinence. The numerator is the total number of persons who complete a youth substance abuse treatment service and report no past month substance use on the end-service or discharge assessment. The denominator is the total number of persons who complete a youth substance abuse treatment service. The formula is numerator/denominator * 100.

BL 2020 Purpose

Abstinence is an objective of ongoing recovery for addiction.
<table>
<thead>
<tr>
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<td>Percent Measure: Y</td>
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</table>

**BL 2020 Definition**

The percent of youth, age 17 or below, who complete a treatment service for substance abuse and report improvement in school attendance at discharge.

**BL 2020 Data Limitations**

This only reflects clients from DSHS funded programs. Completion of treatment in this measure refers only to the completion of a level of care (service) at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service (episode).

**BL 2020 Data Source**

Provider staff complete an end-service or discharge assessment in The Clinical Management for Behavioral Health Services system (CMBHS) between each level of care and at discharge. Data is entered by client identification number directly into CMBHS.

**BL 2020 Methodology**

Total number of youth, age 17 and below, who complete a treatment service for substance abuse and report being in school on the end-service or discharge assessment, divided by the total number of youth who complete a treatment service.

**BL 2020 Purpose**

Reduction in absenteeism is highly correlated to recovery from substance abuse.

**BL 2021 Definition**


**BL 2021 Data Limitations**


**BL 2021 Data Source**


**BL 2021 Methodology**


**BL 2021 Purpose**


Objective 5

Goal No. 5: Encourage Self-Sufficiency

Objective No. 1: Financial and Other Assistance

Outcome No. 1: Percent of Total Children in Poverty Receiving Cash Assistance

**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 05-01 OC 01

**Key Measure:** N  
**New Measure:** N  
**Percent Measure:** Y

**BL 2020 Definition**

This measure reports the number of children receiving Temporary Assistance for Needy Families (TANF) and the State Two-Parent Cash Assistance program benefits expressed as a percent of all children in Texas living in poverty.

**BL 2020 Data Limitations**

The estimated number of children in poverty is subject to change as a result of updates/revisions to the population estimates and projections.

**BL 2020 Data Source**

The number of children receiving TANF and State Two-Parent Cash Assistance is from ad hoc computer runs against the Warrant history file. The number of children under age 18 in poverty is estimated using baseline family income information obtained from the last two March Current Population Surveys administered by the U.S. Census Bureau. The baseline information is extrapolated using standard demographic and other statistical techniques that rely on data provided by the population estimates and projections program of the Texas State Data Center.

**BL 2020 Methodology**

Data are computed by dividing the monthly average number of children receiving TANF and State Two-Parent Cash Assistance by the total number of children in Texas under 18 years of age whose family's income is at or below 100 percent of poverty, and then multiplying this result by 100.

**BL 2020 Purpose**

This measure is an expression of the percent of need being met as it pertains to providing financial assistance through the TANF and State Two-Parent Cash Assistance programs to children who are living in poverty. It is an indicator of the impact the agency is having on reaching this target population (children in poverty).

**BL 2021 Definition**

This measure reports the number of children receiving Temporary Assistance for Needy Families (TANF) and the State Two-Parent Cash Assistance program benefits expressed as a percent of all children in Texas living in poverty.

**BL 2021 Data Limitations**

The estimated number of children in poverty is subject to change as a result of updates/revisions to the population estimates and projections.

**BL 2021 Data Source**

The number of children receiving TANF and State Two-Parent Cash Assistance is from ad hoc computer runs against the Warrant history file. The number of children under age 18 in poverty is estimated using baseline family income information obtained from the last two March Current Population Surveys administered by the U.S. Census Bureau. The baseline information is extrapolated using standard demographic and other statistical techniques that rely on data provided by the population estimates and projections program of the Texas State Data Center.

**BL 2021 Methodology**

Data are computed by dividing the monthly average number of children receiving TANF and State Two-Parent Cash Assistance by the total number of children in Texas under 18 years of age whose family's income is at or below 100 percent of poverty, and then multiplying this result by 100.

**BL 2021 Purpose**
This measure is an expression of the percent of need being met as it pertains to providing financial assistance through the TANF and State Two-Parent Cash Assistance programs to children who are living in poverty. It is an indicator of the impact the agency is having on reaching this target population (children in poverty).
### OBJECTIVE OUTCOME DEFINITIONS REPORT

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

<table>
<thead>
<tr>
<th>Objective No.</th>
<th>Financial and Other Assistance</th>
</tr>
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<tbody>
<tr>
<td>Outcome No.</td>
<td>Number of Adults Exhausting Cash Assistance Benefits</td>
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<table>
<thead>
<tr>
<th>Calculation Method:</th>
<th>N</th>
<th>Target Attainment:</th>
<th>L</th>
<th>Priority:</th>
<th>H</th>
<th>Cross Reference:</th>
<th>Agy 529 085-R-S70-1 05-01 OC 02</th>
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<tbody>
<tr>
<td>Key Measure:</td>
<td>N</td>
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<td>N</td>
<td>Percent Measure:</td>
<td>N</td>
<td></td>
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</tr>
</tbody>
</table>

**BL 2020 Definition**

This measure reports the unduplicated number of adult Temporary Assistance for Needy Families (TANF) and the state Two-Parent Cash Assistance clients who exhausted their eligibility for state or federal time-limited benefits during the fiscal year. TANF clients who exhausted their time limited benefits and continue to receive TANF and the state Two-Parent Cash Assistance because of personal or economic hardship are not included in the counts. State time limits are 12, 24, or 36 months, depending on education and work history. Federal time limits are 60 months.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

Ad hoc computer runs using benefit and client eligibility files.

**BL 2020 Methodology**

Data run results represent the cumulative numbers who have exhausted their time limited benefits if they have 0 months remaining and are inactive. To determine the number exhausting time limited benefits for the applicable fiscal year, the cumulative number through the end of the prior fiscal year is subtracted from the cumulative number through the applicable fiscal year.

**BL 2020 Purpose**

This measure quantifies the adult population who may need but no longer are eligible for financial assistance through the TANF block grant and the state Two-Parent Cash Assistance because they have utilized the maximum number of service months for which they were eligible to receive benefits as stipulated in welfare reform legislation. This data is useful in projecting future funding needs.

---

**BL 2021 Definition**

This measure reports the unduplicated number of adult Temporary Assistance for Needy Families (TANF) and the state Two-Parent Cash Assistance clients who exhausted their eligibility for state or federal time-limited benefits during the fiscal year. TANF clients who exhausted their time limited benefits and continue to receive TANF and the state Two-Parent Cash Assistance because of personal or economic hardship are not included in the counts. State time limits are 12, 24, or 36 months, depending on education and work history. Federal time limits are 60 months.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

Ad hoc computer runs using benefit and client eligibility files.

**BL 2021 Methodology**

Data run results represent the cumulative numbers who have exhausted their time limited benefits if they have 0 months remaining and are inactive. To determine the number exhausting time limited benefits for the applicable fiscal year, the cumulative number through the end of the prior fiscal year is subtracted from the cumulative number through the applicable fiscal year.

**BL 2021 Purpose**
This measure quantifies the adult population who may need but no longer are eligible for financial assistance through the TANF block grant and the state Two-Parent Cash Assistance because they have utilized the maximum number of service months for which they were eligible to receive benefits as stipulated in welfare reform legislation. This data is useful in projecting future funding needs.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No.  5  
Encourage Self-Sufficiency

Objective No.  1  
Financial and Other Assistance

Outcome No.  3  
% TANF Caretakers Leaving Due to Increased Employment Earnings

Calculation Method: N  
Target Attainment: H  
Priority: H  
Cross Reference: Agy 529 085-R-S70-1 05-01 OC 03

Key Measure: N  
New Measure: N  
Percent Measure: Y

BL 2020 Definition
This measure reports the number of Temporary Assistance for Needy Families (TANF) and State Two-Parent Cash Assistance caretakers who are denied TANF and State Two-Parent Cash Assistance during the fiscal year because of increased employment earnings expressed as a percent of the total number of caretakers who leave the program during the same time period.

BL 2020 Data Limitations
Time-limited benefits and implementation of full family sanctions impact this measure. The measure is impacted by the level of activity of Local Workforce Development Boards and the state of the economy.

BL 2020 Data Source
Data is obtained from reports in the eligibility determination system.

BL 2020 Methodology
Data is computed by taking the total number of TANF and State Two-Parent Cash Assistance families who leave the TANF and State Two-Parent Cash Assistance programs per year because of increased employment earnings, including those denied for earnings and those transferred to transitional Medicaid because of earnings. This number is divided by the total number of TANF and State Two-Parent Cash Assistance families who leave the TANF and State Two-Parent Cash Assistance programs during the same time period, and then multiplied by 100 to obtain the reported percentage.

BL 2020 Purpose
This measure assesses the impact of the agency's efforts to effectively move clients from welfare to work.

BL 2021 Definition
This measure reports the number of Temporary Assistance for Needy Families (TANF) and State Two-Parent Cash Assistance caretakers who are denied TANF and State Two-Parent Cash Assistance during the fiscal year because of increased employment earnings expressed as a percent of the total number of caretakers who leave the program during the same time period.

BL 2021 Data Limitations
Time-limited benefits and implementation of full family sanctions impact this measure. The measure is impacted by the level of activity of Local Workforce Development Boards and the state of the economy.

BL 2021 Data Source
Data is obtained from reports in the eligibility determination system.

BL 2021 Methodology
Data is computed by taking the total number of TANF and State Two-Parent Cash Assistance families who leave the TANF and State Two-Parent Cash Assistance programs per year because of increased employment earnings, including those denied for earnings and those transferred to transitional Medicaid because of earnings. This number is divided by the total number of TANF and State Two-Parent Cash Assistance families who leave the TANF and State Two-Parent Cash Assistance programs during the same time period, and then multiplied by 100 to obtain the reported percentage.

BL 2021 Purpose
This measure assesses the impact of the agency's efforts to effectively move clients from welfare to work.
<table>
<thead>
<tr>
<th>Calculation Method: N</th>
<th>Target Attainment:</th>
<th>Priority:</th>
<th>Cross Reference: Agy 529 085-R-S70-1 05-01 OC 04</th>
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<tr>
<td>Key Measure: Y</td>
<td>New Measure: N</td>
<td>Percent Measure: Y</td>
<td></td>
</tr>
</tbody>
</table>

**BL 2020 Definition**

This measure represents the percent of potentially eligible clients that are provided services during the most recent month for which data are available. To be certified and participate in the WIC program, infants, children, and pregnant, postpartum, and breast-feeding women shall reside within the jurisdiction of the state, meet certain income and nutritional risk criteria.

**BL 2020 Data Limitations**

Most recent data available is used at reporting deadlines.

**BL 2020 Data Source**

Participation is reported in the output measure "Number of WIC Participants Provided Supplemental Food per Month". Potential eligibles come from the Texas WIC Program County Potential Eligible Estimates Report, which is produced by the Texas Department of State Health Services. Potential eligibles are an estimate of the number of pregnant, postpartum or breast-feeding women, as well as children up to the age of 5 whose family incomes are at or below 185% of the Federal Poverty Level.

**BL 2020 Methodology**

The percentage is calculated by dividing the most recent month's number of WIC participants by the estimated number of persons eligible for WIC services at the time the report is due. This calculation is based on a federal fiscal year.

**BL 2020 Purpose**

Measures the percentage of eligible WIC population served.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
BL 2020 Definition

This measure reports the percent of adult victims of family violence who requested shelter and were denied due to lack of space in the shelter they contacted. Adult victims denied shelter at an original site may find shelter (with assistance from the original site) at another location. A family member, friend, or another shelter may fill the need. Victims denied shelter may receive non-residential services.

BL 2020 Data Limitations

In rare instances, this count may be duplicated when a victim denied shelter at the original site seeks services in another location and is denied again due to lack of space. Data does not include walk-in clients or nonresidential clients who are seeking shelter.

BL 2020 Data Source

Data are obtained from the automated data collection system maintained by the Family Violence Program. Contractors not able to participate in this system submit their data manually to the Family Violence Program where it is combined with the automated data for reporting.

BL 2020 Methodology

Staff receives data from the automated system maintained by the Family Violence Program and queries data according to program requirements to obtain the total denied due to lack of space.

BL 2020 Purpose

This measure is an indicator of the need for shelter services.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
<table>
<thead>
<tr>
<th>Agency Code</th>
<th>Agency:</th>
<th>Health and Human Services Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal No.</td>
<td>7</td>
<td>Mental Health State Hospitals, SSLCs and Other Facilities</td>
</tr>
<tr>
<td>Objective No.</td>
<td>1</td>
<td>State Supported Living Centers</td>
</tr>
<tr>
<td>Outcome No.</td>
<td>1</td>
<td>Avg # Days SSLC Residents Wait for Community Placement</td>
</tr>
</tbody>
</table>

**BL 2020 Definition**

As campus residents are recommended for community placement, the Health and Human Services Commission (HHSC) begins a process of locating and/or developing community locations. Placement is a dynamic process with the individual, family or guardian and community providers involved in the placement process. There is high variability in the amount of time needed for actual community placement due to the uniqueness of the individual's needs and the location preferences of the individual and family or guardian.

**BL 2020 Data Limitations**

With the implementation of the standardized instrument for recommending that individuals currently residing in state ID campus-based facilities be placed in the community, the data collected for this measure should have inter-rater reliability.

**BL 2020 Data Source**

The recommendation for placement in the community is from each individual's annual review. Recommendations for community placements are entered into the commission's Client Assignment and Registration (CARE) system with the recommended movement code 5 (move from campus to community). Actual placement in the community is entered into the CARE system with the Assignment/Absence code of CP (Community Placement). Persons employed by the SSLCs enter the annual review recommendations into the department's CARE system.

**BL 2020 Methodology**

For the numerator, the sum of days between community placement recommendation and actual placement for each state ID campus resident recommended for community placement and placed in the community during the fiscal year are added together. The denominator is the number of individuals placed in community during the fiscal year. The formula is numerator/denominator.

**BL 2020 Purpose**

Ideally, campus residents recommended for community placement would be placed within 180 days. (Movement within 180 days of an individuals recommendation for community placement is a requirement of the Promoting Independence Plan.) A shorter average wait indicates success in developing community placements for campus residents who can benefit from community placement.

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**BL 2021 Definition**
Objectives Outcome Definitions Report

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

Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 7 Mental Health State Hospitals, SSLCs and Other Facilities
Objective No. 1 State Supported Living Centers
Outcome No. 2 Number of Individuals with IDD Who Moved from Campus to Community

Calculation Method: N  Target Attainment: N  Priority:  Cross Reference: Agy 529 085-R-S70-1 07-01 OC 02
Key Measure: N  New Measure: N  Percent Measure: N

**BL 2020 Definition**
This outcome is based on individuals with intellectual and developmental disabilities who prefer community placement obtaining such placement. It is actually a measure of the availability of Medicaid Waiver funded services (Home and Community-based Services and any others directly administered by the Health and Human Services Commission (HHSC) in the future) and ICF/IID funding for new capacity. Movement from campus (i.e. state ID facilities which are large self-contained areas where individuals live and receive 24-hour supervised care) to community tends to be from one type of residential setting to another residential setting.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
Movement of individuals served by the HHSC campus-based system is recorded in the commission’s data warehouse system by staff at the facilities. The source of data is the “CAM3 Campus-Based Discharge/Community Placement” Client Assignment and Registration (CARE) system from which indicates actual date of community placement. These forms are located in records available from the State Supported Living Centers. The Community Placement Living Plan is available in the clinical record and projects a date for community placement that may be changed based on a variety of factors. Assignment/Absence codes are used for these movements in the CARE system. The Community Placement (CP) code is used to indicate a community placement from a state ID facility.

**BL 2020 Methodology**
This is a simple count of persons with an Assignment/Absence code of CP over the fiscal year.

**BL 2020 Purpose**
The implementation of the Governor's Executive Order, RP 13 and the Health and Human Services Commission's Promoting Independence Plan should have significant impact on this measure. Persons residing in state ID facilities that want community placement and for whom staff recommends community placement should have the opportunity for community placement.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
BL 2020 Definition

This measure reports the percentage of residents, families and advocates expressing satisfaction with the resolution from the Ombudsman.

BL 2020 Data Limitations

Data for this measure is available and updated on the 15th of each month.

BL 2020 Data Source

The number of residents, families and advocates who filed a concern, Consumer Rights and Services (CRS) Ombudsman Reports, with the Ombudsman.

BL 2020 Methodology

The percentage of consumers who expressed satisfaction is based on final evaluation of the case.

BL 2020 Purpose

This measure is a satisfaction indicator of the reform effort to provide more oversight and protection for the residents of the living centers.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
A primary goal for inpatient treatment is to assure that quality psychiatric services are provided that meet or exceed the needs and expectations of consumers and their families. This measure is obtained from the consumers (and family members as appropriate) and provides consumer self-report information as an indication of satisfaction.

The Mental Health Statistical Improvement Project Inpatient Consumer Survey is a voluntary survey. The collection of data from survey questionnaires is dependent upon the consumers' completion and submission of the survey. Since not all consumers will complete the survey, this measurement of satisfaction is not able to fully reveal consumer satisfaction.

All adults and adolescents (13 years of age and older) are offered the Mental Health Statistical Improvement Project Inpatient Consumer Survey at discharge, but participation is strictly voluntary. The survey instrument asks for agreement/disagreement ratings along a five-point scale for 28 statements. The survey results are entered into a stand-alone section of the MyAvatar application. The surveys are extracted and submitted as part of the National Research Institute submission where the results are tabulated.

A positive degree of satisfaction is one indicator reflecting success in addressing consumer needs and preferences. This includes achieving desired outcomes and is associated with compliance with treatment.

BL 2020 Definition

BL 2020 Data Limitations

BL 2020 Data Source

BL 2020 Methodology

BL 2020 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No.  7  Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.  2  Mental Health State Hospital Facilities and Services
Outcome No.  2  HHSC-Operated or Purchased Inpatient Bed Re-admission Rate

Calculation Method: C  Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 04-02 OC 01
Key Measure: N  New Measure: N  Percent Measure: N

BL 2020 Definition
A primary goal for inpatient treatment is to assure that quality psychiatric services are provided that meet or exceed the needs and expectations of consumers and their families. This measure is obtained from the consumers (and family members as appropriate) and provides consumer self-report information as an indication of satisfaction.

BL 2020 Data Limitations
The Mental Health Statistical Improvement Project Inpatient Consumer Survey is a voluntary survey. The collection of data from survey questionnaires is dependent upon the consumers’ completion and submission of the survey. Since not all consumers will complete the survey, this measurement of satisfaction is not able to fully reveal consumer satisfaction.

BL 2020 Data Source
All adults and adolescents (13 years of age and older) are offered the Mental Health Statistical Improvement Project Inpatient Consumer Survey at discharge, but participation is strictly voluntary. The survey instrument asks for agreement/disagreement ratings along a five-point scale for 28 statements. The survey results are entered into a stand-alone section of the MyAvatar application. The surveys are extracted and submitted as part of the National Research Institute submission where the results are tabulated.

BL 2020 Methodology
The measure is calculated by averaging the items scored for all adolescent and adult patients combined who completed the Mental Health Statistical Improvement Project Inpatient Consumer Survey during the current fiscal year.

BL 2020 Purpose
A positive degree of satisfaction is one indicator reflecting success in addressing consumer needs and preferences. This includes achieving desired outcomes and is associated with compliance with treatment.
Agency Code: 529  
Agency: Health and Human Services Commission  
Goal No. 8  Regulatory, Licensing and Consumer Protection Services  
Objective No. 1  Long-Term Care and Acute Care Regulation  
Outcome No. 1  Percentage of Licenses Issued within Regulatory Timeframe  

<table>
<thead>
<tr>
<th>Calculation Method: N</th>
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<th>Priority:</th>
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<tr>
<td>Key Measure: N</td>
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**BL 2020 Definition**

Percentage of individuals credentialed and entities licensed within regulatory timeframes (mandated by statute and listed in specific program rules).

**BL 2020 Data Limitations**

The Regulatory Automation System (RAS) reports the total consecutive number days from the fiscal remittance date to the date an application is approved. However, the report does not take into account periods of time when time frames are suspended per regulations when an applicant fails to submit a complete application and/or payment.

**BL 2020 Data Source**

Application records and the Regulatory Automation System (RAS).

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

This efficiency measure reflects the annual percentage of individuals credentialed and entities licensed within regulatory timeframes. Calculated using the total number of individuals and entities licensed/credentialed within the established timeframes divided by the total number of individuals and entities licensed/credentialed during the reporting period.

**BL 2021 Purpose**

Measures the efficiency of licensing activities to ensure compliance with regulatory timeframes.
Objective Outcome Definitions Report

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

Agency Code: **529**
Agency: Health and Human Services Commission

Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 1 Long-Term Care and Acute Care Regulation
Outcome No. 2 % Facilities Complying with Stds at Inspection Licen-Medicare/Medicaid

**Calculation Method:** N  **Target Attainment:**  **Priority:**  **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 07

**Key Measure:** Y  **New Measure:** N  **Percent Measure:** Y

**BL 2020 Definition**
This measure reports the number of facilities (nursing facilities, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), assisted living facilities, adult day care facilities, and Prescribed Pediatric Extended Care Centers (PPECC) complying with standards at time of inspection expressed as a percent of all of these facilities (nursing facilities, ICFs/IID, assisted living facilities, adult day care facilities, and PPECCs). Complying with standards is defined as a recommendation to continue/renew licensure and/or certification. An inspection is defined as a standard survey of a nursing facility, a re-certification survey of an ICF/IID, or a licensing inspection. Licensing inspections conducted in conjunction with a standard or an annual survey are counted as one activity.

**BL 2020 Data Limitations**
Does not apply.

**BL 2020 Data Source**
Data are obtained from the Regulatory Services Compliance, Assessment, Regulation, Enforcement System (CARES) Central Data Repository (CDR) that pulls data from the CARES and other systems. At the end of the reporting period, an ad hoc report will be done containing all of the data elements needed to perform the necessary calculations. The report will be titled “% Facilities Complying with Standards at Inspection Licen-Medicare/Medicaid” in the future.

**BL 2020 Methodology**
The percentage of facilities complying with standards during the state fiscal year is calculated by dividing the number of inspections determined to be in compliance at the time of inspection (numerator) by the total number of inspections completed (denominator) during the reporting period, and multiplying this result by 100.

**BL 2020 Purpose**
This measure quantifies the achievement of the program's objective while also indicating public accountability of facilities.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 1 Long-Term Care and Acute Care Regulation
Outcome No. 3 % Facilities Correcting Adverse Findings by 1st Follow-up Visit

Calculation Method: N  Target Attainment:  Priority: 
Cross Reference: Agy 529 085-R-S70-1 08-01 OC 08
Key Measure: N  New Measure: N  Percent Measure: Y

BL 2020 Definition
This measure reports the percentage of facilities (nursing facilities, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), assisted living facilities, adult day care facilities, and Prescribed Pediatric Extended Care Centers (PPECC)) that have corrected adverse findings/actions by the time of the first follow-up visit. The first follow-up visit is defined as the visit conducted for the purpose of determining correction of deficiencies/violations cited at the time of inspection or investigation. This visit is the first visit conducted for this purpose. A second, third, or subsequent visit would not be counted under this measure. Adverse findings are defined as recommendations other than to continue/renew licensure and/or certification.

BL 2020 Data Limitations
Does not apply

BL 2020 Data Source
Data are obtained from the Central Data Repository (CDR) that pulls nursing facility only data from the Compliance, Assessment, Regulation, Enforcement System (CARES) and other systems. At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “Facilities Correcting Adverse Findings by 1st Follow-up Visit” in the future.

BL 2020 Methodology
The percentage of facilities correcting adverse findings by time of the first follow-up visit after inspection or investigation is calculated by dividing the number of inspections determined to be in compliance with standards at the time of the first follow-up visit (numerator) by the total number of such visits conducted during the reporting period (denominator), and multiplying this result by 100. Data are reported for the state fiscal year.

BL 2020 Purpose
This measure quantifies the achievement of the program's objective while also indicating public accountability of facilities.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 8  
Objective No. 1  
Outcome No. 4  

% NF with More Than Six On-site Monitoring Visits Per Year

Key Measure: N  
Target Attainment: N  
Percent Measure: Y

**BL 2020 Definition**

This measure reports the percentage of nursing facilities that have more than six regulatory visits per year. A regulatory visit is defined as any on-site licensure inspection, certification survey, complaint and incident investigation, or follow-up to inspections, surveys and investigations. Licensure inspections conducted in conjunction with a certification survey are counted as one regulatory visit for purposes of this measure. However, if during a regulatory visit, more than one type of activity is performed (a licensure inspection, a follow-up and an investigation) each type of activity is counted separately for reporting this measure.

**BL 2020 Data Limitations**

Does not apply

**BL 2020 Data Source**

Data are obtained from the Central Data Repository (CDR) that pulls data from the Compliance, Assessment, Regulation, Enforcement System (CARES) and other systems. At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “% NF with More Than Six on-site Monitoring Visits Per Year” in the future.

**BL 2020 Methodology**

The percentage of nursing facilities with more than six regulatory visits is calculated by determining the number of nursing facilities with more than 6 visits per year (numerator) and dividing by the average number of nursing facilities licensed and/or certified (denominator) during the reporting period, and multiplying the result by 100

**BL 2020 Purpose**

This measure quantifies the achievement of the program's objective while indicating the public accountability of nursing facilities.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 1 Long-Term Care and Acute Care Regulation
Outcome No. 5 Incidence of Facility Abuse/Neglect/Exploitation Per 1,000 Persons

BL 2020 Definition
This measure compares the number of confirmed investigations of abuse, neglect, or exploitation of persons receiving mental health, intellectual disability or physical disability services, which include state supported living centers, state hospitals, state centers, community centers, private ICF-IID facilities, and community providers to the total number of persons being served by these entities.

BL 2020 Data Limitations
Due to data being gathered by another agency and reported to FPS, it is difficult to accurately project the number of persons who will be receiving services through mental health, intellectual disability or physical disability programs. CARE counts all individuals enrolled, regardless of whether or not services are received. This may inflate the denominator.

BL 2020 Data Source
IMPACT; Health and Human Services Client Assignment and Registration (CARE) system; and the Home and Community-based services (HCS) Automated Enrollment and Billing system. Due to possible modifications in HHS data systems, the data sources used to calculate this measure are subject to change. Should this occur, the current appropriate data systems will be substituted and documented in the performance folder.

BL 2020 Methodology
Divide the number of confirmed incidents by mental health, intellectual disability or physical disability service providers which are those investigations of abuse, neglect, or exploitation that are coded as 'CON' (confirmed) in IMPACT at the completion of the investigation stage during the reporting period (numerator) by the unduplicated count of clients who are receiving mental health, intellectual disability or physical disability services during the reporting period, as gathered from the CARE report system and the HCS Automated Enrollment and Billing system, or appropriate data system (denominator) and multiply the result by 1,000.

BL 2020 Purpose
Assuming that FPS investigations are prompt, thorough, and accurate, this measure is an indicator of the quality of care being provided by mental health, intellectual disability or physical disability providers.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 8  Regulatory, Licensing and Consumer Protection Services
Objective No. 1  Long-Term Care and Acute Care Regulation
Outcome No. 6  Adult Protective Services Caseworker Turnover Rate

Calculation Method: N  Target Attainment:  Priority: 
Cross Reference: Agy 529 085-R-S70-1 08-01 OC 19

Key Measure: N  New Measure: N  Percent Measure: N

BL 2020 Definition
This measure is the percentage of classified regular full- and part-time APS caseworkers who voluntarily and involuntarily separate from the agency during the fiscal year. The definition is based on the methodology used by the State Auditor's Office to calculate classified employee turnover for fiscal year 2007.

BL 2020 Data Limitations
There may be some minimal loss of data due to data entry transactions occurring after calculation.

BL 2020 Data Source
The HHSAS-HR system is used to identify full- and part-time employees with job class codes that correspond to APS caseworker positions including: 5002 APS Specialist I; 5003 APS Specialist II; 5004 APS Specialist III; 5005 APS Specialist IV; and 5006 APS Specialist V.

Job Class codes are subject to change. Should this occur, current equivalent codes will be substituted and documented in the performance folder.

BL 2020 Methodology
Divide the number of separations during the fiscal year (numerator) by the average number of APS caseworkers during the fiscal year (denominator) and multiply by 100 to achieve a percentage. The average number of APS caseworkers is calculated by totaling the number of APS caseworkers (defined as someone who worked at any time during a quarter) for each quarter of the fiscal year, and then dividing this total by the number of quarters. Should the SAO methodology change, the agency will work with LBB to update the measure definition in ABEST.

BL 2020 Purpose
The purpose of this measure is to provide an annual turnover rate for APS caseworkers. The measure would allow the agency to compare turnover rates across fiscal years to assist in identifying retention trends in the APS caseworkers.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 8  Regulatory, Licensing and Consumer Protection Services
Objective No. 1  Long-Term Care and Acute Care Regulation
Outcome No. 7  Percent of APS Caseworkers Retained for Six Months Following BSD

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 20

**Key Measure:** N  
**New Measure:** N  
**Percent Measure:** Y

**BL 2020 Definition**

This measure calculates the percentage of APS caseworkers retained for at least six months following the completion of Basic Skills Development (BSD) training.

**BL 2020 Data Limitations**

There may be some minimal loss of data due to data entry transactions occurring after calculation.

**BL 2020 Data Source**

Active APS caseworkers providing direct delivery services are identified by the following job class codes: 5002 APS Specialist I; 5003 APS Specialist II; 5004 APS Specialist III; 5005 APS Specialist IV; and 5006 APS Specialist V. The End Date of the training is from HHSAS-HRMS Administrator Training Database where the date is during four quarters. The four quarters would include the last two quarters of the previous fiscal year and the first two quarters of the current fiscal year. The numerator for this measure is the count of APS caseworkers who completed BSD training during the last two quarters of the previous fiscal year and the first two quarters of the current fiscal year and remained with the agency six months or more following the completion of the BSD training. The denominator for this measure is the count of APS caseworkers who completed BSD training during the last two quarters of the previous fiscal year and the first two quarters of the current fiscal year.

**BL 2020 Methodology**

Divide the numerator by the denominator and multiply by 100 to achieve a percentage.

**BL 2020 Purpose**

The purpose of this measure is to provide an annual retention rate for APS caseworkers who have completed BSD.
Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 2 Child Care Regulation
Outcome No. 1 Percent of Investigations with a High Risk Finding

Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 08-01 OC 02
Key Measure: Y  New Measure: N  Percent Measure: Y

BL 2020 Definition
An investigation is conducted when a report is received that alleges a licensed or registered operation has failed to comply with the law, administrative rules, or minimum standards. Each minimum standard has been assigned a weight based on the risk a violation of that standard would present to children in care. Standards that present the most risk to children in care when violated have been assigned a high weight. All administrative rules and laws are weighted high. Children are considered to be at risk when violations of law, rules, or standards with a high weight occur.

BL 2020 Data Limitations
None.

BL 2020 Data Source
Child care investigators enter the results of their investigations into the Child-care Licensing Automation Support System (CLASS). Information is obtained from queries on investigation information contained in the CLASS investigation tables.

BL 2020 Methodology
Divide the number of non-abuse/neglect investigations and abuse/neglect investigations that were completed during the reporting period that have a finding of non-compliance for a law, rule, or standard with a high weight (numerator) by the total number of investigations that were completed within the reporting period (denominator) and multiply by 100 to achieve a percentage.

BL 2020 Purpose
The purpose of this measure is to evaluate the agency's success in protecting children in care from those situations that pose the highest risk. It is an important measure in determining whether the program is meeting its objective.
Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 2 Child Care Regulation
Outcome No. 2 Percent of Licensed Facilities with No Recent Violations

Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 08-01 OC 04
Key Measure: N  New Measure: N  Percent Measure: Y

BL 2020 Definition
An operation is said to be operating in compliance with minimum standards when no violations are observed during an inspection by a licensing representative.

BL 2020 Data Limitations
None

BL 2020 Data Source
Child care licensing representatives enter into the Child-care Licensing Automation Support System (CLASS) the violations of minimum standards which they observe during inspections, non-abuse/neglect investigations or abuse/neglect investigations. A record is kept of the violations that occur at each operation by the date on which they were observed and cited. Data to calculate the numerator and denominator are taken from CLASS.

BL 2020 Methodology
Divide the result of subtracting the total number of licensees and registrants operating at the end of the reporting period that had violations anytime during the previous two-year period from the total number of licensees and registrants operating at the end of the reporting period (numerator) by the total number of licensees and registrants operating at the end of the reporting period (denominator) and multiply the result by 100 to achieve a percentage.

BL 2020 Purpose
The purpose of this measure is to determine what percent of regulated facilities are operating in compliance with agency minimum standards. The information can be used to target facilities that need more regulatory attention, i.e., those which do not fall into this group.
Objective: Child Care Regulation
Outcome: Percent of Facilities with a Remedial Action

Calculation Method: N
Target Attainment: N
Priority: N
Percent Measure: Y

BL 2020 Definition
Remedial actions may occur as a result of a violation, but more often the operation is cited, given a date by which to achieve compliance, and re-inspected to be sure the correction has been made. Only the most serious violations, several non-compliances that create an endangering situation or patterns of repeated non-compliances result in remedial actions. Remedial actions are those that Licensing may impose if an operation is deficient in a minimum standard, rule, law, a specific term associated with the operation's permit, or a condition of evaluation, probation, or suspension. The four types of remedial actions are corrective, adverse, judicial and monetary. Agency homes and CPA branches are not eligible for remedial actions.

BL 2020 Data Limitations
Remedial actions not within the agency's jurisdiction are not entered in CLASS. Each facility will be counted only once per fiscal year, regardless of the number of remedial actions it received during the reporting period.

BL 2020 Data Source
Remedial actions within the agency's jurisdiction are entered into the Child-care Licensing Automation Support System (CLASS) with the date the action occurred.

BL 2020 Methodology
Divide the number of facilities with one or more remedial action (numerator) by the total number of eligible facilities during the reporting period (denominator) and multiply the result by 100 to achieve a percentage.

BL 2020 Purpose
The purpose of this measure is to determine the percentage of facilities with remedial actions. This will assist licensing staff in identifying the most serious violators.
Agency Code: **529**
Agency: **Health and Human Services Commission**
Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 3 Professional and Occupational Regulation
Outcome No. 1 Percent of Licensed/Certified Professionals with No Recent Violations

**Calculation Method:** N  **Target Attainment:**  **Priority:**  **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 03
**Key Measure:** N  **New Measure:** N  **Percent Measure:** Y

**BL 2020 Definition**
Percent of the total licensed, certified, registered, permitted or documented professionals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).

**BL 2020 Data Limitations**
The numbers of violations are dependent on the number of complaints filed and the nature of those violations investigated. The agency has no control over either of these two factors. The agency also has no control over the number of individuals who meet the requirements for professional credentialing and/or professionals who choose to renew their licenses.

**BL 2020 Data Source**
The total number of professionals and the number of professionals who received a sanction is obtained from Regulatory Automation System (RAS).

**BL 2020 Methodology**
The percentage is calculated by dividing the total number of individuals currently licensed, registered, permitted, certified, or documented who have not incurred a violation within the current and preceding two years by the total number of individuals currently licensed, registered, permitted, certified, or documented by the agency.

**BL 2020 Purpose**
Licensing, certifying, registering, permitting, and documenting individuals helps ensure that practitioners meet legal standards for professional education and practice, which is a primary program goal. This measure is an indication of the percentage of individuals who have not committed violations of the laws, and/or rules governing the profession. This measure is important because it indicates how effectively the agency’s activities deter violations of professional standards established by statute and rule.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No.  9  Program Eligibility Determination & Enrollment
Objective No. 2  Community Access and Supports
Outcome No. 1  Percent LTC Ombudsman Complaints Resolved or Partially Resolved

**BL 2020 Definition**

This measure reports the sum of the average monthly number of individuals on an interest list for: Medicaid Community-Based Alternatives (CBA) Waiver services, Medicaid Home and Community-based (HCS) Waiver services, Medicaid Related Conditions (CLASS) Waiver services, Deaf-blind with Multiple Disabilities Waiver services, Medically Dependent Children Program services, non-Medicaid XX Community Services and Supports, Community Services, In-Home and Family Support Services and In-Home Services. See explanatory measures under strategies 1.3.1., 1.3.2., 1.3.3., 1.3.4., 1.3.5., 1.4.1., 1.4.2., and 1.4.4.

**BL 2020 Data Limitations**

See specific data limitations for each of the services that comprise this measure.

**BL 2020 Data Source**

Specific sources from which the data are obtained are listed under each of the component measures that comprise this measure. These measures are identified under the short definition above.

**BL 2020 Methodology**

This measure is derived by summing the component measures that comprise this measure. See explanatory measures under strategies 1.3.1., 1.3.2., 1.3.3., 1.3.4., 1.3.5., 1.4.1., 1.4.2., and 1.4.4.

**BL 2020 Purpose**

This measure is important because it is an indicator of the total unmet need for services provided.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
<table>
<thead>
<tr>
<th>Agency Code: 529</th>
<th>Agency: Health and Human Services Commission</th>
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</thead>
<tbody>
<tr>
<td>Goal No. 10</td>
<td>Provide Disability Determination Services within SSA Guidelines</td>
</tr>
<tr>
<td>Objective No. 1</td>
<td>Increase Decisional Accuracy and Timeliness of Determinations</td>
</tr>
<tr>
<td>Outcome No. 1</td>
<td>Percent of Case Decisions That Are Accurate</td>
</tr>
</tbody>
</table>

**Calculation Method:** N  **Target Attainment:** N  **Priority:** N  **Cross Reference:** Agy 529 085-R-S70-1 10-01 OC 01

**Key Measure:** Y  **New Measure:** N  **Percent Measure:** Y

**BL 2020 Definition**

The percentage of cases that can be processed without being returned to the State agency for further development or for correction of decisions based on evidence in the file as reported monthly by the SSA Office of Quality Performance.

**BL 2020 Data Limitations**

Quality attributes are determined by SSA policy. The cases receiving a quality review are a random sample and do not include all case categories. The guidance for this review is found in SSA's Programs Operations Manual System (POMS), Section 30005.001ff. For example, "Group I" (Decisional Errors) are the only errors that affect the DDS accuracy rate. "Group II" (Onset) and "Group III" (Technical) are not factored into the DDS's accuracy rate. The reviews are done by SSA components.

**BL 2020 Data Source**

Based on evidence reported monthly by the SSA Office of Quality Performance.

**BL 2020 Methodology**

Determined by SSA formula. Figures are non-cumulative.

**BL 2020 Purpose**

Shows improvement in the accuracy in disability determination decisions.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
OBJECTIVE OUTCOME DEFINITIONS REPORT
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529  |  Agency: Health and Human Services Commission
Goal No. 11  |  Office of Inspector General
Objective No. 1  |  Client and Provider Accountability
Outcome No. 1  |  Net State Dollars Recovered Per Dollar Expended from All Funds

Calculation Method: N  |  Target Attainment: H  |  Priority: M  |  Cross Reference: Agy 529 085-R-S70-1 11-01 OC 01
Key Measure: N  |  New Measure: N  |  Percent Measure: N

BL 2020 Definition
This measures the return on investment achieved by the Inspector General relative to the agency's costs. "Recoveries" include all dollars collected, recouped, or otherwise recovered as a result of IG activities. Cost savings and dollars identified for recovery that have not yet been collected (such as negotiated settlements and court-ordered restitutions) are not included in this measure.

BL 2020 Data Limitations
No limitations.

BL 2020 Data Source
The sources of recovery data include IG case management systems, the claims administrator system and databases, and data reported from IG partners who directly recover funds based on IG activities (such as DSHS WIC recoupments and certain MCO collections). IG expenditure data is reflected, in coordination with HHSC Central Budget, in the HHS financial system of record. IG staff compile recovery data from the respective source systems and activities in a consolidated IG-wide tracking system on a monthly basis, and that data is then compared to total expenditure data across the IG for the same reporting period.

BL 2020 Methodology
For the given reporting period, the sum of IG dollars recovered from all IG divisions (including Investigations, Inspections, Audit, and Litigation) is reduced by total IG expenditures in all funds. This quantity is then divided by the total IG expenditures in all funds. The result is then reported as a dollar figure. Calculation: (Recoveries - Expenditures) / Expenditures, expressed as a percentage. The percentage is then converted to a dollar figure (e.g. 30% ROI = $1.30 Recovered per $1 Expended).

BL 2020 Purpose
This is a measure of the effectiveness of the IG's efforts to maximize recoveries to HHSC programs, demonstrating how the dollars allocated to the IG's office result in an overall savings.

BL 2021 Definition
The return on investment of combined Federal and State dollars that fund the Office of Inspector General (OIG). "Recoveries" refers to payments received by HHSC to satisfy financial obligations due the state. Recoveries include dollars actually recovered. Recoveries are handled by various programs in OIG.

BL 2021 Data Limitations
No Limitation.

BL 2021 Data Source
The sources of data are the OIG case management system and the claims administrator system and databases. OIG staff collects data on recoveries on a monthly basis, entering the information in the appropriate system and/or database.

BL 2021 Methodology
For the given reporting period, the sum of OIG dollars recovered is reduced by the sum of all OIG expenditures in all funds. This quantity is then divided by the sum of all OIG expenditures in all funds. The result is then reported as a dollar figure.

BL 2021 Purpose
This is a measure of the effectiveness of OIG's efforts to maximize recoveries to HHSC programs.
Goal No.  529
Objective No.  1
Strategy No.  1
Measure Type  EF
Measure No.  1

Agency Code:  529
Agency:  Health and Human Services Commission

Goal No.  1
Objective No.  1
Strategy No.  1
Measure Type  EF
Measure No.  1

Calculation Method:  N
Target Attainment:  L
Priority:  H

Cross Reference: Agy 529  085-R-S70-1  01-01-01  EF 01

Key Measure:  Y
New Measure:  N
Percentage Measure:  N

BL 2020 Definition
The average monthly cost paid per Aged and Medicare-Related recipient month.

BL 2020 Data Limitations
None.

BL 2020 Data Source
PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars include STAR+PLUS premiums for long term services and supports. Dollars exclude costs for Texas Health Steps dental, prescription drugs, and Medical Transportation Program.

BL 2020 Methodology
The average monthly cost for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include Managed Care & Non Managed Care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose
This measure reflects the amount paid for each recipient month for the named group.

BL 2021 Definition
The average monthly cost paid per Aged and Medicare-Related recipient month.

BL 2021 Data Limitations
None.

BL 2021 Data Source
PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars include STAR+PLUS premiums for long term services and supports. Dollars exclude costs for Texas Health Steps dental, prescription drugs, and Medical Transportation Program.

**BL 2021 Methodology**

The average monthly cost for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include Managed Care & Non Managed Care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2021 Purpose**

This measure reflects the amount paid for each recipient month for the named group.
Goal No. 1 Medicaid
Objective No. 1 Acute Care Svs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No. 1 Aged and Medicare-related Eligibility Group
Measure Type OP
Measure No. 1 Average Aged and Medicare-Related Recipient Months Per Month: Total

BL 2020 Definition

The average monthly number of Aged and Medicare Related recipient months, including managed care. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition

The average monthly number of Aged and Medicare Related recipient months, including managed care. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System.
BL 2021 Methodology
Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose
This measure reflects the average monthly number of recipient months for the named group.
<table>
<thead>
<tr>
<th>Agency Code</th>
<th>Agency</th>
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<tbody>
<tr>
<td>529</td>
<td>Health and Human Services Commission</td>
</tr>
</tbody>
</table>

**Goal No.** 1  Medicaid

**Objective No.** 1  Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

**Strategy No.** 2  Disability-Related Eligibility Group

**Measure Type**  EF  Average Disability-Related Cost Per Recipient Month

<table>
<thead>
<tr>
<th>Calculation Method: N</th>
<th>Target Attainment: L</th>
<th>Priority: H</th>
<th>Cross Reference: Agy 529 085-R-S70-1 01-01-02 EF 01</th>
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<tbody>
<tr>
<td>Key Measure: Y</td>
<td>New Measure: N</td>
<td>Percentage Measure: N</td>
<td></td>
</tr>
</tbody>
</table>

**BL 2020 Definition**

The average monthly expenditure per Disability-Related recipient month.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs for Texas Health Steps dental, prescription drugs, and Medical Transportation Program. Dollars include STAR+PLUS and STAR kids long term support and services.

**BL 2020 Methodology**

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months during the reporting period. The measure will include managed care & non managed Care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure reflects the amount paid for each recipient month for the named group.

**BL 2021 Definition**

The average monthly expenditure per Disability-Related recipient month.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**
PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs for Texas Health Steps dental, prescription drugs, and Medical Transportation Program. Dollars include STAR+PLUS and STAR kids long term support and services.

**BL 2021 Methodology**

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months during the reporting period. The measure will include managed care & non managed Care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2021 Purpose**

This measure reflects the amount paid for each recipient month for the named group.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1  
Objective No. 1  
Strategy No. 2  
Measure Type EX  
Measure No. 1  

**Calculation Method:** N  
**Target Attainment:** L  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 01-01-02 EX 01

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** Y

**BL 2020 Definition**
This measure reports the number of Disability-Related clients under age 21 as a percent of the state's total Medicaid population. This includes clients receiving full benefit Medicaid services only, limited benefit beneficiaries are excluded.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
Premiums Payable System

**BL 2020 Methodology**
Data are computed by totaling the number of Disability-Related recipients under 21 over all months in the reporting period, and dividing by the number of months in the reporting period to determine the average monthly number of recipients. This result is divided by the total average monthly recipients on Medicaid over the same time period and then multiplied by 100. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

**BL 2020 Purpose**
This measure reflects the percent of full benefit clients on Medicaid for the named group.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
### Measure 1: Average Disability-Related Recipient Months Per Month: Total

**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

The average monthly number of Disability-Related recipient months, including managed care program clients. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

The Premiums Payable System.

**BL 2020 Methodology**

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed Care and Fee For Service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure reflects the average monthly number of recipient months for the named group.

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**BL 2021 Definition**

The average monthly number of Disability-Related recipient months, including managed care program clients. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

The Premiums Payable System.
BL 2021 Methodology
Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed Care and Fee For Service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose
This measure reflects the average monthly number of recipient months for the named group.
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 1 Medicaid
Objective No. 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No. 2 Disability-Related Eligibility Group
Measure Type OP
Measure No. 2 Average Disability-Related Recipient Months Per Month: STAR+PLUS

Calculation Method: N
Target Attainment: L
Priority: H
Cross Reference: Agy 529 085-R-S70-1 01-01-02 OP 02

Key Measure: N
New Measure: N
Percentage Measure: N

BL 2020 Definition
The average monthly cost paid per Disability-related recipient month in STAR+PLUS. The Non Medicare category includes members who are aged, blind, or disabled who are not qualified for Medicare. The STAR+PLUS program integrates preventive, primary, acute care and long term care into a single managed care model. This measure does not include premiums paid for drug benefits.

BL 2020 Data Limitations
When new client groups or costs are added into STAR+PLUS capitation, the average cost will fluctuate.

BL 2020 Data Source
The source for expenditure data is the capitation rates set by the HHSC Actuarial Analysis Division. Recipient month data is from the Premium Payment System.

BL 2020 Methodology
The average monthly premium per non Medicare recipient month is calculated by dividing the total premiums paid to the STAR+PLUS Health Maintenance Organization (HMOs) including administrative fees on behalf of non-Medicare members for the months in the reporting period by the total number of recipient months projected to be incurred in the reporting period. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose
The average monthly long term care cost paid per Disability-related recipient month in STAR+PLUS. The Non Medicare category includes members who are aged, blind, or disabled who are not qualified for Medicare. The STAR+PLUS program integrates preventive, primary, acute care and long term care into a single managed care model.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source
BL 2021 Methodology

BL 2021 Purpose
### Strategy-Related Measures Definitions

**86th Regular Session, Agency Submission, Version 1**

Automated Budget and Evaluation System of Texas (ABEST)

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>1</td>
<td>Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients</td>
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<tr>
<td>Strategy No.</td>
<td>3</td>
<td>Pregnant Women Eligibility Group</td>
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<td>Measure Type</td>
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<tr>
<td>Measure No.</td>
<td>1</td>
<td>Average Pregnant Women Cost Per Recipient Month</td>
</tr>
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**Calculation Method:** N  
**Target Attainment:** L  
**Priority:** H

Cross Reference: Agy 529 085-R-S70-1 01-01-03 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

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**BL 2020 Definition**

The average monthly expenditure per Pregnant Women recipient month.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

PREM report (incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs in Texas Health Steps Dental, Medical Transportation Program, and prescription drug.

**BL 2020 Methodology**

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed Care and fee-for-service are included. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure reflects the amount paid for each recipient month for the named group.

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**BL 2021 Definition**

The average monthly expenditure per Pregnant Women recipient month.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

PREM report (incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs in Texas Health Steps Dental, Medical Transportation Program, and prescription drug.
BL 2021 Methodology
The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed Care and fee-for-service are included. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose
This measure reflects the amount paid for each recipient month for the named group.
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

<table>
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<th>Goal No.</th>
<th>Objective No.</th>
<th>Strategy No.</th>
<th>Measure Type</th>
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<th>Calculation Method</th>
<th>Target Attainment</th>
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<td>085-R-S70-1</td>
<td>Y</td>
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</table>

**BL 2020 Definition**

The average monthly number of Pregnant Women recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

The Premiums Payable System.

**BL 2020 Methodology**

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed Care and Fee for Service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure reflects the average monthly number of recipient months for the named group.

**BL 2021 Definition**

The average monthly number of Pregnant Women recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

The Premiums Payable System.
**BL 2021 Methodology**

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed Care and Fee for Service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2021 Purpose**

This measure reflects the average monthly number of recipient months for the named group.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1  
Objective No. 1  
Strategy No. 4  
Measure Type EF  
Measure No. 1

Calculation Method: N  
Target Attainment: L  
Priority: H  
Cross Reference: Agy 529 085-R-S70-1 01-01-04 EF 01

Key Measure: Y  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**

The average monthly expenditure per Other Adult recipient month. The Other Adults group includes TANF-Level Adults, Medically Needy clients, and Medicaid for Breast and Cervical Cancer clients.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

PREM report. The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude Texas Health Steps Dental, Medical Transportation Program, and prescription drug. Dollars include STARPlus long term support and services for Breast and Cervical Cancer clients.

**BL 2020 Methodology**

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include Managed Care & Non Managed Care costs and caseloads for TANF Adults, Medically Needy, and Breast and Cervical Cancer clients. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure reflects the amount paid for each recipient month for the named group.

**BL 2021 Definition**

The average monthly expenditure per Other Adult recipient month. The Other Adults group includes TANF-Level Adults, Medically Needy clients, and Medicaid for Breast and Cervical Cancer clients.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**
PREM report. The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude Texas Health Steps Dental, Medical Transportation Program, and prescription drug. Dollars include STARPlus long term support and services for Breast and Cervical Cancer clients.

**BL 2021 Methodology**

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include Managed Care & Non Managed Care costs and caseloads for TANF Adults, Medically Needy, and Breast and Cervical Cancer clients. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2021 Purpose**

This measure reflects the amount paid for each recipient month for the named group.
Goal No. 1 Medicaid
Objective No. 1 Acute Care SvcS (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No. 4 Other Adults Eligibility Group
Measure Type OP
Measure No. 1 Average Other Adult Recipient Months Per Month

**BL 2020 Definition**

The average monthly number of Temporary Assistance for Needy Families (TANF)-Level Adult, Medically Needy, and Medicaid for Breast and Cervical Cancer (MBCC). A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

The Premium Payable System.

**BL 2020 Methodology**

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure reflects the average monthly number of recipient months for the named group.

**BL 2021 Definition**

The average monthly number of Temporary Assistance for Needy Families (TANF)-Level Adult, Medically Needy, and Medicaid for Breast and Cervical Cancer (MBCC). A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

The Premium Payable System.
**BL 2021 Methodology**
Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2021 Purpose**
This measure reflects the average monthly number of recipient months for the named group.
### Strategy-Related Measures Definitions

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

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Goal No. 1: Medicaid**
**Objective No. 1: Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients**
**Strategy No. 5: Children Eligibility Group**
**Measure No. 1: Average Income-Eligible Children Cost Per Recipient Month**

**Calculation Method:** N  
**Target Attainment:** L  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 01-01-05 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

The average monthly expenditure per Child recipient month for clients in the Children strategy, excluding STAR Health children. The Children group includes all age-group related children. It does not include SSI children, medically needy children, children in the STAR Health program or members under 19 in the Pregnant Women risk group.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

PREM report. The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs for Texas Health Steps Dental, Medical Transportation and prescription drug.

**BL 2020 Methodology**

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed Care & Non Managed Care are included for the aged-based Children’s groups in the non-disabled children strategy. (This excludes Supplemental Security Income kids and STAR Health.). Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure reflects the amount paid for each recipient month for the named group.

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**BL 2021 Definition**

The average monthly expenditure per Child recipient month for clients in the Children strategy, excluding STAR Health children. The Children group includes all age-group related children. It does not include SSI children, medically needy children, children in the STAR Health program or members under 19 in the Pregnant Women risk group.
**BL 2021 Data Limitations**
None.

**BL 2021 Data Source**
PREM report. The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs for Texas Health Steps Dental, Medical Transportation and prescription drug.

**BL 2021 Methodology**
The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed Care & Non Managed Care are included for the aged-based Children’s groups in the non-disabled children strategy. (This excludes Supplemental Security Income kids and STAR Health.). Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2021 Purpose**
This measure reflects the amount paid for each recipient month for the named group.
### Calculation Method: N  
### Target Attainment: L  
### Priority: H  
### Cross Reference: Agy 529  085-R-S70-1  01-01-05  EF 02  

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N  

#### BL 2020 Definition
Average monthly expenditure per Foster care children recipient months in STAR Health.

#### BL 2020 Data Limitations
None.

#### BL 2020 Data Source
PREM report (currently with incurred data). The PREM consists of data from the statistical reports (STMR/STRR 650/750) compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Costs exclude prescription drugs and Medical Transportation Program. Because STAR Health premiums include dental costs, dental is included in this measure.

#### BL 2020 Methodology
The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from HMO capitation rates by the total recipient months to be incurred. The measure includes Managed Care for the Foster Care Children served in the statewide STAR Health program. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

#### BL 2020 Purpose
This measure reflects the amount paid for each recipient month for the named group.

#### BL 2021 Definition
Average monthly expenditure per Foster care children recipient months in STAR Health.

#### BL 2021 Data Limitations
None.

#### BL 2021 Data Source
PREM report (currently with incurred data). The PREM consists of data from the statistical reports (STMR/STRR 650/750) compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Costs exclude prescription drugs and Medical Transportation Program. Because STAR Health premiums include dental costs, dental is included in this measure.
BL 2021 Methodology
The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from HMO capitation rates by the total recipient months to be incurred. The measure includes Managed Care for the Foster Care Children served in the statewide STAR Health program. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose
This measure reflects the amount paid for each recipient month for the named group.
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1  
Objective No. 1  
Strategy No. 5  
Measure Type OP  
Measure No. 1  

Calculation Method: N  
Target Attainment: H  
Priority: H  

Cross Reference: Agy 529 085-R-S70-1 01-01-05  OP 01  

Key Measure: Y  
New Measure: N  
Percentage Measure: N

BL 2020 Definition
The average monthly number of recipient months for clients in the Children strategy, excluding STAR Health children. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. The Children group includes all age-group related children. It does not include Supplemental Security Income children, medically needy children, and children in the STAR Health program or members under 19 in the Pregnant Women risk group.

BL 2020 Data Limitations
None.

BL 2020 Data Source
The Premiums Payable System.

BL 2020 Methodology
Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included for the age-based Children's groups in the non-disabled Children's strategy. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose
This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition
The average monthly number of recipient months for clients in the Children strategy, excluding STAR Health children. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. The Children group includes all age-group related children. It does not include Supplemental Security Income children, medically needy children, and children in the STAR Health program or members under 19 in the Pregnant Women risk group.

BL 2021 Data Limitations
None.
BL 2021 Data Source
The Premiums Payable System.

BL 2021 Methodology
Average recipient months per month is calculated by summing the named group’s recipient months by month and dividing by the number of months summed. Managed care and fee for service are included for the age-based Children's groups in the non-disabled Children's strategy. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose
This measure reflects the average monthly number of recipient months for the named group.
Goal No. | 1 | Medicaid
---|---|---
Objective No. | 1 | Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No. | 5 | Children Eligibility Group
Measure Type | OP | 
Measure No. | 2 | Average STAR Health Foster Care Children Recipient Months Per Month

**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**  
The average monthly number of Foster Care Children in statewide Managed Care recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

**BL 2020 Data Limitations**  
None.

**BL 2020 Data Source**  
The Premiums Payable System.

**BL 2020 Methodology**  
Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months. Managed care only is included; these children are Foster Care children served in the statewide managed care STAR Health program.

**BL 2020 Purpose**  
This measure reflects the average monthly number of recipient months for the named group.

**BL 2021 Definition**  
The average monthly number of Foster Care Children in statewide Managed Care recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

**BL 2021 Data Limitations**  
None.

**BL 2021 Data Source**  
The Premiums Payable System.
BL 2021 Methodology
Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months. Managed care only is included; these children are Foster Care children served in the statewide managed care STAR Health program.

BL 2021 Purpose
This measure reflects the average monthly number of recipient months for the named group.
BL 2020 Definition

This measure is the total Medicaid prescription cost incurred divided by the total number of recipient months incurred in the reporting period for a given state fiscal year.

BL 2020 Data Limitations

The Medicaid Prescription Drug dollars do not include any rebates or Clawback expenses.

BL 2020 Data Source

PREM report. Drug costs for drugs paid fee-for-service (FFS) comes from monthly MH 492 reports provided by the Medicaid contractor. Costs for Health Maintenance Organization (HMO) clients are based on caseload from the Premiums Payable System and capitation rates set by HHSC. Other drug expenditures include payments to MCOs for pass-through payments for dual-eligible clients enrolled in STAR+PLUS and non-risk based payments for high cost medications. Reports come from the Vendor Drug Program via the Medicaid claims contractor.

BL 2020 Methodology

This measure is the total Medicaid prescription cost (for FFS and managed care clients) incurred divided by the number of recipient months for the reporting period. Managed Care & Non Managed Care are included for all full benefit Medicaid clients. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future costs and caseload.

BL 2020 Purpose

Captures the total prescription cost incurred divided by the total number of recipient months incurred in the reporting period.
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 1
Objective No. 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No. 7 Health Steps (EPSDT) Dental
Measure Type EF
Measure No. 1 Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month

Calculation Method: N  Target Attainment:  Priority:
Key Measure: Y  New Measure: N  Percentage Measure: N

Cross Reference: Agy 529 085-R-S70-1 01-01-07 EF 01

BL 2020 Definition
This is the average cost per recipient month per month of Texas Health Steps (THSteps) Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) of dental and orthodontic recipients eligible for dental and orthodontic services during the reporting period. Measure excludes STAR Health Clients as their dental is part of STAR Health capitation.

BL 2020 Data Limitations
None.

BL 2020 Data Source
The STM650 report compiled monthly by the state Medicaid contractor is used for fee-for-service dental costs, and the Premium Payable System and rates set by HHSC is used for Dental Maintenance Organization dental costs (starting March 2012).

BL 2020 Methodology
This cost is calculated by dividing the total dental and orthodontic expenditures in the reporting period by the total number of THSteps Dental recipient months in the same reporting period. (THSteps Dental recipient months are the same group of eligible persons as the THSteps Orthodontic recipient months, so do not sum). Clients eligible include all Medicaid children under age 21 excluding foster care children in the STAR Health program. (STAR Health includes dental care.) Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, retr determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2020 Purpose
Measures the average cost per eligible for THSteps (EPSDT) dental and orthodontic services.
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>Average THSteps (EPSDT) Dental Recipient Months Per Month</td>
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**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:**

**Key Measure:** Y  
**New Measure:** Y  
**Percentage Measure:** N

**BL 2020 Definition**

This is the average monthly number of recipient month for Texas Health Steps (THSteps) recipients eligible for dental and orthodontic services during the reporting period. Excludes STAR Health clients as their dental is part of the overall program benefits and capitation.

**BL 2020 Data Limitations**

None

**BL 2020 Data Source**

The Premium Payable System

**BL 2020 Methodology**

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care & fee for service are included. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure reflects the average monthly number of recipient months for the named group.
### Strategy-Related Measures Definitions

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

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<td>Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients</td>
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<td>Measure No.</td>
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<td>Average Nonemergency Transportation (NEMT) Cost Per Recipient Month</td>
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**Calculation Method: N**  
**Target Attainment:**  
**Priority:**  
**Cross Reference: Agy 529 085-R-S70-1 01-01-08 EF 01**  
**Key Measure: Y**  
**New Measure: N**  
**Percentage Measure: N**

**BL 2020 Definition**

NEMT Cost Per Recipient Month is the average amount paid for NEMT for each recipient month incurred. It is a blended per-member-per-month for all fee for service and managed care model costs.

**BL 2020 Data Limitations**

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

**BL 2020 Data Source**

Medicaid recipient month data are obtained from the Premiums Payable System (PPS) For managed care, NEMT cost data is calculated from Premium Payable System enrollment and rates set by HHSC. Fee-for Service (FFS) cost data is from claims administrator reports and the accounting system.

**BL 2020 Methodology**

This measure is the total NEMT cost (for FFS and managed care) incurred divided by the number of recipient months for the reporting period. Managed Care & fee for service are included. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future costs and caseload.

**BL 2020 Purpose**

This measure determines the average cost per recipient month.
**Strategy-Related Measures Definitions**

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

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Goal:** Medicaid  
**Objective:** Community Services and Supports - Entitlement  
**Strategy No. 1:** Community Attendant Services  
**Measure No. 1:** Average Mthly Cost Per Individual Served: Community Attendant Services

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 01-02-01 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

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**BL 2020 Definition**

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Community Attendant Services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as amounts incurred for services delivered but not yet paid. The average monthly number of Medicaid non-waiver community attendant services individuals is defined under output measure 1 of this strategy.

**BL 2020 Data Limitations**

Completion factors must be used to estimate data for months that have not been closed out.

**BL 2020 Data Source**

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims administrator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**

Units of service paid to date for a given service month are divided by the number of individuals with claims approved-to-pay for the month of service to yield an “average units per individual to date,” which is then adjusted by adding the average amount of change expected to occur over the remaining payment months, using moving averages to calculate historical average amounts of change for each additional payment period. The amount paid for a given month is divided by the units of service paid to date for the month of service to yield an “average cost per unit to date.” The adjusted units of service per individual is multiplied by the average cost per unit times the number of individuals served (as reported in 1.2.2 OP 1). The sum of the expenditures for all months in the reporting period is then divided by the sum of the number of CAS individuals for all months of the reporting period.

**BL 2020 Purpose**

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Community Attendant Services per individual per month.
Goal No. 1 Medicaid
Objective No. 2 Community Services and Supports - Entitlement
Strategy No. 1 Community Attendant Services
Measure Type OP
Measure No. 1 Average # of Individuals Served Per Mnth: Community Attendant Services

**BL 2020 Definition**

This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received the Medicaid-funded non-waiver Community Services and Supports, Community Attendant Services (CAS) (formerly referred to as Frail Elderly).

**BL 2020 Data Limitations**

Completion factors must be used to estimate data for months that have not been closed out.

**BL 2020 Data Source**

The number of individuals authorized to receive CAS services, as well as the number of units of service authorized, are obtained from the Commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**

The monthly average for the reporting period is calculated by dividing the sum of the monthly number of individuals for all months of the reporting period, by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available (or for additional months if necessary, based upon analyst judgment.)

For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

**BL 2020 Purpose**

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals served with the funding that has been appropriated.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1  
Objective No. 2  
Strategy No. 2  
Measure Type EF  
Measure No. 1

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 01-02-02 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Primary Home Care services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as amounts incurred for services delivered but not yet paid. This is a fee-for-service only. The average monthly number of Medicaid non-waiver primary home care individuals is defined under output measure 1 of this strategy.

**BL 2020 Data Limitations**

Completion factors must be used to estimate data for months that have not been closed out.

**BL 2020 Data Source**

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims administrator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**

The units of service paid to date for a given service month are divided by the number of individuals for whom claims have been approved-to-pay for the corresponding month of service to yield an “average units per individual to date” for a given month of service. The average units per individual to-date amounts for each service month are then adjusted by adding the average amount of change expected to occur over the remaining payment months, using moving averages to calculate historical average amounts of change for each additional payment period.

The average monthly expenditure for the named group is calculated by dividing total expenditures by the total by the number of projected recipient months to be incurred for the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

This measure quantifies the unit cost for providing eligible individuals with services available under this strategy. This unit cost is a tool for projecting future funding needs.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1  
Objective No. 2  
Strategy No. 2  
Measure Type OP  
Measure No. 1  

Measure No. 1 Average Number of Individuals Served Per Month: Primary Home Care

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 01-02-02 OP 01

Key Measure: Y  
New Measure: N  
Percentage Measure: N

BL 2020 Definition
This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received Medicaid-funded non-waiver Community Services and Supports, Primary Home Care. This is a fee-for-service only.

BL 2020 Data Limitations
Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source
The number of individuals authorized to receive Primary Home Care services, as well as the number of units of service authorized, are obtained from the Commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology
Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly ind. count (as described above) for all months of the reporting period, by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the completion factor method are over-ridden for service months in which fewer than three payment periods of data is available (or for additional months if necessary, based on analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

BL 2020 Purpose
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals served with the funding that has been appropriated.
**Strategy-Related Measures Definitions**
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

**Goal No.** 1  
**Objective No.** 2  
**Strategy No.** 3  
**Measure Type** EF  
**Measure No.** 1  
**Agency:** Health and Human Services Commission

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 01-02-03 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure reports the average cost of Medicaid non-waiver Community Services and Supports Day Activity and Health Services (XIX) per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as amounts incurred for services delivered but not yet paid. This is a fee-for-service only. The average monthly number of Medicaid non-waiver day activity and health services individuals is defined under output measure 1 of this strategy.

**BL 2020 Data Limitations**
Completion factors must be used to estimate data for months that have not been closed out.

**BL 2020 Data Source**
Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims administrator) that is accessed and reported through and agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**
The average monthly expenditure for the named group is calculated by dividing the total expenditures by the total by the number of projected recipient months to be incurred for the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**
This measure reports the average cost of Medicaid non-waiver Community Services and Supports Day Activity and Health Services (XIX) per individual per month.
**Goal No. 1 Medicaid**

**Objective No. 2 Community Services and Supports - Entitlement**

**Strategy No. 3 Day Activity and Health Services (DAHS)**

**Measure No. 1 Average Number of Individuals Per Month: Day Activity/Health Services**

**Calculation Method:** N

**Target Attainment:**

**Priority:**

**Cross Reference:** Agy 529 085-R-S70-1 01-02-03 OP 01

**Key Measure:** Y

**New Measure:** N

**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received Medicaid-funded non-waiver Community Services and Supports Day Activity and Health Services (XIX).

**BL 2020 Data Limitations**

Completion factors must be used to estimate data for months that have not been closed out.

**BL 2020 Data Source**

The number of individuals authorized to receive the above services, as well as the number of units of service authorized, are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through and agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual count for all months of the reporting period by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the completion factor method are over-ridden for service months in which fewer than three payment periods of data is available (or additional months if necessary, based upon analyst judgment). For these service months, the census values are estimated by using the historical ratio of individual served (based upon claims data) to individuals authorized to receive the service (per SAS). Please note that using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.

**BL 2020 Purpose**

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals served with the funding that has been appropriated.
### Calculation Method: N

**Target Attainment:**

**Priority:**

**Cross Reference:** Agy 529 085-R-S70-1 01-02-04 EF 01

**Key Measure:** Y

**New Measure:** N

**Percentage Measure:** N

### BL 2020 Definition

This measure reports the average net nursing facility cost per Medicaid nursing facility resident (individual) per month. This is a measure of fee-for-service only.

### BL 2020 Data Limitations

Because it takes up to 36 months to close out 100% of the days of service billed for a month of service, the Medicaid payments as well as the amount of individual income contribution ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

### BL 2020 Data Source

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved-to-pay are obtained from claims payment data provided to the agency by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

### BL 2020 Methodology

The average daily nursing home rate for the reporting period less the applied income per day for the reporting period equals the net cost per Medicaid resident per day for each month in the reporting period. The net cost per Medicaid resident per day is then multiplied by the calendar days in the month to obtain the value for that service month.

The average value for each reporting period is calculated by taking the sum of the product of the “net nursing facility cost per average daily rate” for each month in the reporting period (as calculated above), times the estimated “average number of individuals receiving Medicaid-funded nursing facilities per month” for each month of the reporting period, and dividing that sum by the sum of the estimated “average number of individuals receiving Medicaid-funded nursing facilities per month” for all months of the reporting period.

### BL 2020 Purpose

This measure is important because it is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the total unit cost to HHSC for providing Medicaid reimbursed services in a nursing facility. This data is a useful tool for projecting future funding needs.
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>Measure No.</td>
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**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529  085-R-S70-1  01-02-04  OP 02

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**  
This measure reports the monthly average number of individuals receiving Medicaid-funded nursing facility services during the reporting period. This is a fee-for-service only.

**BL 2020 Data Limitations**  
Completion factors must be used to estimate data for months that have not been closed out.

**BL 2020 Data Source**  
Month-of-service to-date data that reports, by type of service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

**BL 2020 Methodology**  
Data are computed by taking the number of Medicaid days of nursing facility services ultimately incurred for a month of service and dividing by the number of calendar days in the month to derive an average daily census. This result is the average number of individuals receiving services during the month. The reported data are calculated by dividing the sum of the monthly number of individuals receiving Medicaid-funded nursing facility services for all months of the reporting period, by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the completion factor method are over-ridden for service months in which fewer than three payment periods of data is available.

**BL 2020 Purpose**  
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals receiving the service that expends the majority of funding appropriated to this strategy. This count is an indication of service demand and is a useful tool for projecting future funding needs.
**Strategy-Related Measures Definitions**

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<td>Measure Type</td>
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<td>Measure No.</td>
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<td></td>
<td>2</td>
<td>Average Number Receiving Personal Needs Allowance Per Month</td>
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**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:**  
**Key Measure:** Y  
**New Measure:** Y  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports the monthly average unduplicated number of Medicaid eligible, Supplemental Security Income (SSI) institutional individuals who received a 100% state-funded payment to enhance their "Personal Needs Allowance" (PNA) above the SSI standard payment amount. The PNA is the amount of funds an individual is allowed to retain in order to pay for incidentals that are not provided by the institution. The standard SSI payment for an individual in an institution is only $30 per month. This is a fee-for-service only. All eligible individuals receive a supplemental payment of $15 per month.

**BL 2020 Data Limitations**

Does not apply.

**BL 2020 Data Source**

Individual counts are obtained from the department’s Health and Human Services Administrative System (HHSAS) Financials. The payment amount is established by rule and does not vary by individual.

**BL 2020 Methodology**

Monthly individual counts for this measure are derived each month by dividing the monthly amount expended for this service by $15. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts for all months in the reporting period, by the number of months in the reporting period.

**BL 2020 Purpose**

This measure is important because it quantifies the number of individuals who receive this service, which was mandated by the Texas Legislature.
### BL 2020 Definition

This measure reports the net monthly payment per individual receiving co-paid Medicaid/Medicare nursing facility services. The department pays the daily Medicare skilled nursing facility co-insurance payments for individuals who are eligible for both Medicare and Medicaid. This is a fee-for-service only.

### BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

### BL 2020 Data Source

Month-of-service to-date data that reports, by type of service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

### BL 2020 Methodology

Units of service paid to date for a given service month are divided by the number of individuals for whom claims have been approved-to-pay for the corresponding month of service to yield an avg units per ind. to date for a given month of service. The avg. units per ind. to-date amts for each service month are adjusted by adding the avg. amount of change expected to occur over the remaining pymt months, using moving averages to calculate historical avg. amts. of change for each additional pymt period. For each service month, the avg net cost per day of service is calculated by subtracting the avg. amt. of client income per patient day from the Medicare co-payment rate. The est.expenditure for each service month is calculated as follows: the (adjusted) units of service per ind. times the avg cost per unit times the number of individuals served (as calculated and reported in 1.2.5.OP-1).

### BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to providing services in this strategy. It quantifies the unit cost for the Medicare co-payment for eligible nursing facility residents. This data is a tool for projecting future funding needs.

### BL 2021 Methodology

Methodology (continued) - The sum of the monthly expenditures for all months in the reporting period is divided by the sum of the number of SNF individuals for all months of the reporting period.
BL 2020 Definition
This measure reports the monthly average number of persons receiving co-paid Medicaid/Medicare nursing facility services during the reporting period. The department pays the daily Medicare skilled nursing facility co-insurance payments for persons who are eligible for both Medicare and Medicaid. This is a fee-for-service only.

BL 2020 Data Limitations
Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source
Month-of-service to-date data that reports, by type of service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

BL 2020 Methodology
The data are calculated by dividing the sum of the monthly number of persons receiving co-paid Medicaid/Medicare nursing facility services for all months of the reporting period by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the completion factor method are over-ridden for service months in which fewer than four payment periods of data is available (or additional months if necessary.) For these service months, the census values are estimated by using the "completion factor"-generated estimate from the preceding month, plus the average monthly change for the two prior years.

BL 2020 Purpose
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of persons receiving one of the services funded under this strategy. This count is an indication of service demand and is a useful tool for projecting future funding needs.
**Strategy-Related Measures Definitions**

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<td>Average Net Payment Per Individual Per Month for Hospice</td>
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**Calculation Method:** N  
Target Attainment: N  
Priority: N  
Cross Reference: Agy 529 085-R-S70-1 01-02-06 EF 01

**Key Measure:** Y  
New Measure: N  
Percentage Measure: N

---

**BL 2020 Definition**

This measure reports the average net cost per individual per month for Hospice Services. Expenditures are defined as payments made to providers for services delivered to clients, as well as incurred amounts for services delivered but not yet paid. The average monthly number of Medicaid Hospice clients is defined under output measure 1.

**BL 2020 Data Limitations**

Completion factors must be used to estimate data for months that have not been closed out.

**BL 2020 Data Source**

Month-of-service to-date data that reports by type-of-service, the number of clients for whom claims have been approved-to-pay, the number of units of service approved-to-pay, the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes COGNOS software.

**BL 2020 Methodology**

Units of service paid to date for a given service month are divided by the number of inds with claims approved-to-pay for the month of service to yield an “avg. units per ind to date,” which is then adjusted by adding the avg amt of change expected to occur over the remaining pymt months, using moving avgs to calculate historical avg amts of change for each additional pymt period. The amt paid for a given month is divided by the units of service paid to date for the month of service to yield an “avg. cost per unit to date.” The avg. cost per ind to-date amts for each service month are then adjusted by adding the avg. amt of change expected to occur over the remaining pymt months, using moving avgs to calculate historical avg. amts of change for each additional pymt period. The adjusted units of service per ind are multiplied by the avg cost per unit multiplied by the number of inds served.

**BL 2020 Purpose**

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the total unit cost to the agency for providing Medicaid reimbursed hospice services. This data is a useful tool for projecting future funding needs.

**BL 2021 Methodology**

Methodology (continued) The sum of the expenditures for all months in the reporting period is then divided by the sum of the number of Hospice inds for all months of the reporting period.
**Strategy-Related Measures Definitions**

86th Regular Session, Agency Submission, Version 1

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

**Goal No. 1 Medicaid**

**Objective No. 2 Community Services and Supports - Entitlement**

**Strategy No. 6 Hospice**

**Measure No. 1 Average Number of Individuals Receiving Hospice Services Per Month**

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**Key Measure: Y**

**New Measure: N**

**Percentage Measure: N**

---

**BL 2020 Definition**

This measure reports the average of the unduplicated monthly number of individuals receiving Hospice services during the reporting period.

**BL 2020 Data Limitations**

Completion factors must be used to estimate data for months that have not been closed out.

**BL 2020 Data Source**

Month-of-service to-date data that reports, by type of service, the number of clients for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes COGNOS software.

**BL 2020 Methodology**

The data are calculated by dividing the sum of the monthly number of persons receiving Hospice services for all months of the reporting period by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the “completion factor” method are over-ridden for service months in which fewer than four payment periods of data is available. (Or additional months if necessary.) For these service months, the census values are estimated by using the “completion factor”-generated estimate from the preceding month, plus the average monthly change for the two prior years.

**BL 2020 Purpose**

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals receiving one of the services funded under this strategy. This count is an indication of service demand and is a useful tool for projecting future funding needs.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1 Medicaid
Objective No. 2 Community Services and Supports - Entitlement
Strategy No. 7 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)
Measure Type EF
Measure No. 1 Monthly Cost Per ICF/IID Medicaid Eligible Individual

Calculation Method: N  
Target Attainment: Priority: Cross Reference: Agy 529 085-R-S70-1 01-02-07 EF 01
Key Measure: Y  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**
This efficiency measure is the average monthly cost per individual in Community Intermediate Care Facilities for Individuals With an Intellectual Disability or Related Conditions (ICF/IID).

**BL 2020 Data Limitations**
Because it takes several months to close out 100% of the days of service billed for a month of service, the Medicaid payments as well as the amount of individual income contribution ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

**BL 2020 Data Source**
Month-of-service to-date data that reports, by facility size, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software. In addition, the numbers of individuals authorized to receive ICF-ID services by facility size are obtained from the commission's Service Authorization System (SAS).

**BL 2020 Methodology**
For each facility size grouping, the average daily rate for the reporting period less the applied income per patient day for the reporting period equals the net cost per resident per day for each month in the reporting period. The net cost per resident per day is then multiplied by the calendar days in the month to obtain the value for that service month. The average value for each reporting period is calculated by taking the sum of the products of the "monthly (net) cost per ICF-IID individual" for each month in the reporting period (as calculated above), times the estimated "number of (Medicaid-funded) persons in ICF/IID Medicaid beds" (as defined in 1.2.7 OP 1)" for each month of the reporting period, and dividing that sum by the sum of the estimated "number of (Medicaid-funded) persons in ICF/IID Medicaid beds for all months of the reporting period.

**BL 2020 Purpose**
This measure allows the agency to track the cost, over time, of ICF/IID services provided to individuals served by state operated and non-state operated providers.
Agency Code: 529  
Agency: Health and Human Services Commission

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**Goal No. 1 Medicaid**

**Objective No. 2 Community Services and Supports - Entitlement**

**Strategy No. 7 Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)**

**Measure No. 1 Average Number of Persons in ICF/IID Medicaid Beds Per Month**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 01-02-07 OP 01  
**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This output measure is the average number of Medicaid-funded individuals who reside in all Community ICFs/IID.

**BL 2020 Data Limitations**

Completion factors must be used to estimate data for months that have not been closed out.

**BL 2020 Data Source**

Month-of-service to-date data that reports, by facility size, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

In addition, the numbers of individuals authorized to receive ICF-ID services by facility size are obtained from the commission's Service Authorization System (SAS).

**BL 2020 Methodology**

The number of individuals served is defined as an “average daily census”, i.e. the number of days of service incurred in a month divided by the the number of calendar days in that month. Data includes all bed size groupings; small (6 beds or less), medium (7 to 14 beds), and large (15 beds or more). Census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available. (or additional months if necessary.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

**BL 2020 Purpose**

This measure reflects the system-wide level of activity occurring over time and allows the agency to associate ICF/IID Medicaid beds with related costs and outcomes.
**BL 2020 Definition**

This output measure is the average number of certified beds in all Community ICFs/IID.

**BL 2020 Data Limitations**

None

**BL 2020 Data Source**

Client Assignment and Registration (CARE) system database of ICF/IID provider that contains information about location and size of each facility. HHSC staff certifies beds for the purpose of Medicaid reimbursement.

**BL 2020 Methodology**

The total number of Medicaid certified beds in all ICFs/IID each month is determined for the last day of the month. The measure is the average number of beds each month as calculated for the reporting quarter and year-to-date. The numerator is the sum of the monthly bed count for each month of the reporting period. The denominator is the number of months in the reporting period. The formula is numerator/denominator.

**BL 2020 Purpose**

This measure reflects the system-wide level of activity occurring over time and allows the agency to associate ICF/IID Medicaid beds with related costs and outcomes.
### Strategy-Related Measures Definitions
#### Acknowledgments
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Automated Budget and Evaluation System of Texas (ABEST)

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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- **Goal No. 1 Medicaid**
- **Objective No. 3 Long-term Care - Non-entitlement**
- **Strategy No. 1 Home and Community-based Services (HCS)**
- **Measure Type EF**
- **Measure No. 1 Avg Mthly Cost Per Individual Served: Home & Community Based Services**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

- **Key Measure:** Y  
- **New Measure:** N  
- **Percentage Measure:** N

**Cross Reference:** Agy 529 085-R-S70-1 01-03-01 EF 01

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**BL 2020 Definition**

This measure captures the average cost per month for serving Medicaid Home and Community-Based Services waiver (HCS) individuals.

**BL 2020 Data Limitations**

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. Therefore, for the current quarter, the numerator is an estimated expenditure amount based on prior period billing data and the denominator is the actual enrollments for the current quarter.

**BL 2020 Data Source**

Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

**BL 2020 Methodology**

Units of service paid to date for a given service month are divided by the number of individuals with claims approved-to-pay for the month of service to yield an "average units per individuals to date", which is then adjusted by adding the average amount of change expected to occur over the remaining payment months, using moving averages to calculate historical average amounts of change for each additional payment period. The average value for each report period is calculated by taking the sum of the product of the adj.monthly cost per ind. for each month in the rept. period, times the est. "average number of ind. receiving HCS per month" for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the est."average number of individuals receiving HCS per month" for each month of the reporting period times the number of months in the reporting period.

**BL 2020 Purpose**

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of HCS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.
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<td>Measure No.</td>
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<td>Avg Mthly Cost Indiv Served: Home and Community-Based SvcS Residential</td>
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**Calculation Method:** N  **Target Attainment:** H  **Priority:** H  **Cross Reference:**

**Key Measure:** Y  **New Measure:** Y  **Percentage Measure:** N

**BL 2020 Definition**

This measure captures the average cost per month for serving Medicaid Non-Residential Home and Community-Based Services waiver (HCS) individuals.

**BL 2020 Data Limitations**

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. Therefore, for the current quarter, the numerator is an estimated expenditure amount based on prior period billing data and the denominator is actual enrollments for the current quarter.

**BL 2020 Data Source**

This measure is derived from enrollment and billing data, which are provided on a monthly basis. The calculation uses the average billing rate per individual from the HCS billing system for the Residential slot type. Since there is a 95-day billing window for the waiver programs, the average billing rate is an average of the prior months that are complete. The calculation also uses the monthly number of individuals enrolled from the Client Assignment and Registration (CARE) system for the Residential slot type. The enrollment report provides the number of individuals entering and leaving by slot type. The ending enrollment balance at the end of the month represents the beginning balance for the next month by slot type. This combination of enrollments and average billing rates is used rather than utilizing the billing system alone because of the 95 day billing window for submitting claims.

**BL 2020 Methodology**

For the Residential slot type within the HCS program, the average billing rate for each month is multiplied by the number enrolled for those same months to determine a monthly expenditure amount. The monthly expenditure amount and number of individuals enrolled for the Residential slot type within HCS are aggregated into a total monthly expenditure amount and total number of individuals enrolled. The aggregated monthly expenditure amount for each of the three months in the reporting quarter is summed. The aggregated number of individuals for each of the three months in the reporting quarter is also summed. The quarterly aggregated expenditure amount is divided by the quarterly aggregated number of individuals enrolled for an average monthly cost per individual for the reporting quarter. Once the billing data for previously reported quarters is complete, the values reported in ABEST will be updated using only the aggregated average monthly billing rate for all waivers.

**BL 2020 Purpose**

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of HCS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.
**Strategy-Related Measures Definitions**

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**Measure No. 3 Avg Mthly Cost Indiv: Home & Community-Based Svcs Non Residential**

**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:**

**Key Measure:** Y  
**New Measure:** Y  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure captures the average cost per month for serving Medicaid Non-Residential Home and Community-Based Services waiver (HCS) individuals.

**BL 2020 Data Limitations**

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. Therefore, for the current quarter, the numerator is an estimated expenditure amount based on prior period billing data and the denominator is actual enrollments for the current quarter.

**BL 2020 Data Source**

This measure is derived from enrollment and billing data, which are provided on a monthly basis. The calculation uses the average billing rate per individual from the HCS billing system for the Non-Residential slot type. Since there is a 95-day billing window for the waiver programs, the average billing rate is an average of the prior months that are complete. The calculation also uses the monthly number of individuals enrolled from the Client Assignment and Registration (CARE) system for the Non-Residential slot type. The enrollment report provides the number of individuals entering and leaving by slot type. The ending enrollment balance at the end of the month represents the beginning balance for the next month by slot type. This combination of enrollments and average billing rates is used rather than utilizing the billing system alone because of the 95 day billing window for submitting claims.

**BL 2020 Methodology**

For the Non-Residential slot type within the HCS program, the average billing rate for each month is multiplied by the number enrolled for those same months to determine a monthly expenditure amount. The monthly expenditure amount and number of individuals enrolled for the Non-Residential slot type within HCS are aggregated into a total monthly expenditure amount and total number of individuals enrolled. The aggregated monthly expenditure amount for each of the three months in the reporting quarter is summed. The aggregated number of individuals for each of the three months in the reporting quarter is also summed. The quarterly aggregated expenditure amount is divided by the quarterly aggregated number of individuals enrolled for an average monthly cost per individual for the reporting quarter. Once the billing data for previously reported quarters is complete, the values reported in ABEST will be updated using only the aggregated average monthly billing rate for all waivers.

**BL 2020 Purpose**

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of HCS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.
BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
BL 2020 Definition
This measure provides an unduplicated workload count of priority population eligible individuals receiving intellectual disability Medicaid Home and Community-Based Services waiver (HCS) funded services at the end of the fiscal year.

BL 2020 Data Limitations
Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. If the original claim is rejected for payment for any reason, the provider has up to 180 days from the end of the original service month to correct the claim and re-bill it. Since the documentation of a service being provided to an individual is based on these claims, accurate counts of numbers served during a fiscal year may not be available for several months past the fiscal year. Values reported in the Automated Budget and Evaluation System of Texas (ABEST) can be updated when the appropriation year closes and the LBB reopens the system.

BL 2020 Data Source
The providers of HCS waiver services submit Medicaid claims for the services provided during each month. The numbers of individuals served is taken from a standard production report.

BL 2020 Methodology
This is a simple unduplicated count of individuals that received HCS waiver services at the end of the fiscal year.

BL 2020 Purpose
Due to the high demand for these services, as indicated by the number of individuals waiting for waiver services, it is critical for the department to monitor how many individuals are receiving the service annually in order to determine the service level that will be carried into the next Fiscal Year and/or Biennium.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source
BL 2021 Methodology

BL 2021 Purpose
### BL 2020 Definition

This measure provides a simple count of individuals who express an interest in Home and Community-Based Waiver services (HCS). For purposes of this measure, interest is defined as placing one’s name on the interest list with the local authority for HCS waiver services. The count only includes those individuals on the list who are in “open” status (i.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.)

### BL 2020 Data Limitations

The accuracy of the HCS interest list is dependent upon the submission of accurate data by the Local Authorities (LAs). There may be duplication of names between interest lists for ID services.

### BL 2020 Data Source

An individual seeking ID services or an individual seeking ID services on behalf of another individual with intellectual or developmental disabilities begins the review of service options with the local authority staff. If the individual, legal representative or family member decides they are interested in HCS waiver services, the name of the individual is entered onto the interest list for HCS waiver services in the CARE system.

### BL 2020 Methodology

This is a simple count on the last day of the month of individuals whose names have been entered into the Client Assignment and Registration (CARE) system as interested in HCS waiver services. When calculating the average monthly number of individuals on the interest for a given fiscal year, the average of the months in the fiscal year is calculated. When necessary, future and past periods are estimated based on the counts of the available months.

### BL 2020 Purpose

This measure is an indicator of the unmet need for services provided under the HCS waiver as currently funded by this strategy and is a tool for projecting future funding needs.

### BL 2021 Definition

### BL 2021 Data Limitations

### BL 2021 Data Source

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<td>2</td>
<td>Avg # Individs on Interest List Per Month: Home &amp; Commity Based Svcs</td>
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**Calculation Method:** N  **Target Attainment:**  **Priority:**  
Cross Reference: Agy 529  085-R-S70-1  01-03-01  EX 02

**Key Measure:** Y  **New Measure:** N  **Percentage Measure:** N
BL 2021 Methodology

BL 2021 Purpose
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<td>Key Measure: Y</td>
<td>New Measure: N</td>
<td>Percentage Measure: N</td>
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This measure reports the average number of clients per month, who were receiving other long-term services and supports (LTSS), while on the Interest List.

**BL 2020 Data Limitations**
Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

**BL 2020 Data Source**
Regional Staff enters data into a reporting database known as Community Services Interest List (CSIL) that is maintained by State Office Program, but matching up with SAS data to include people receiving other services.

**BL 2020 Methodology**
This Measure is calculated by taking the number of clients receiving other long-term services and supports while on the interest list divided by the number of months.

**BL 2020 Purpose**
This measure is a mechanism for tracking those clients on the interest list who receive other long-term services and supports while waiting.
### Measure 4: % Declined Svcs or Found to Be Ineligible Svcs at the EOY HCS Waiver

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 01-03-01 EX 05

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** Y

#### BL 2020 Definition

This measure reports the annual number of individuals whose name was released from the HCS interest list, resulting in a non-enrollment closure expressed as a percentage of all individuals whose name was released from a HCS interest list. As individuals come to the top of the interest list, they are either deemed ineligible, or there is no affirmative response to enroll.

#### BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

#### BL 2020 Data Source

Community Services Interest List (CSIL) that is maintained by Agency Staff. Each month, reports are generated from this system that provide the number of individuals released from the interest list, the number of individuals enrolled, the number of non-enrollment enclosures, and the number of individuals in release status for whom the final disposition is still pending.

#### BL 2020 Methodology

The measure is calculated by dividing the number of individuals whose names were released from the HCS interest list and where the HCS interest list record for those individuals were closed during the fiscal year without the individuals being enrolled for HCS, by the total number of individuals whose names were released from the HCS interest list and where the HCS interest list record for those individuals were closed during the fiscal year.

#### BL 2020 Purpose

This measure is a mechanism for tracking the percentage of those individuals that come to the top of the interest list, that are either deemed ineligible, or from whom there is no affirmative response to enroll.

#### BL 2021 Definition

#### BL 2021 Data Limitations

#### BL 2021 Data Source
BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**

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**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:**

**Key Measure:** Y  
**New Measure:** Y  
**Percentage Measure:** Y

**BL 2020 Definition**

This measure reports the number of HCS recipients, per month, who are receiving residential services, expressed as a percentage of all individuals receiving HCS services.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

**BL 2020 Data Source**

Month-of-service data that reports the number of individuals for whom claims have been approved -to-pay are obtained from a claims payment report provided by HHSC, using data from the CARE system. This report breaks down the data into individuals who received residential services vs individuals who received services in non-residential settings.

**BL 2020 Methodology**

The measure is calculated by dividing the number of individuals who received HCS residential services by the total number of individuals who received any HCS service, based upon claims payment data.

**BL 2020 Purpose**

This measure is a mechanism for tracking the percentage of those individuals in the HCS program that choose to live in a residential setting, as opposed to other alternatives.

**BL 2021 Definition**

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BL 2021 Methodology

BL 2021 Purpose
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<td>Measure No. 1</td>
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**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 01-03-01 OP 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure captures the unduplicated count of priority population eligible individuals who receive Home and Community-Based Services waiver (HCS) funded services on a monthly basis.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

**BL 2020 Data Source**

Two types of data are used to calculate this measure. The number of individuals authorized to receive HCS services is obtained from the commission's Client Assignment and Registration (CARE) system. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

**BL 2020 Methodology**

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to-month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available. (Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per CARE).

**BL 2020 Purpose**

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate HCS waiver-funded services with related costs and outcomes.
**Strategy-Related Measures Definitions**
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<td>Measure No.</td>
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<td>Average Monthly Cost Per Individual: CLASS Waiver</td>
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**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 01-03-02 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

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**BL 2020 Definition**

This measure reports the average cost of Medicaid Related Conditions Waiver (CLASS) services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals, as well as incurred amounts for services delivered but not yet paid. The average monthly number of CLASS individuals is defined under output measure 1 of this strategy.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the days of service billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

**BL 2020 Data Source**

Month-of-service to-date data that reports by type-of-service the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**

Estimates are derived by first dividing the exp. to-date for a given month of service by the number of ind. for who claims have been approved-to-pay to-date for the same month of service to yield an average monthly cost per ind. served to date for a given month of service. The average monthly cost per ind. to-date for each service month is then adjusted by adding the average amount of change in cost expected to occur over the remaining payment months, using moving averages to calculate hist. average amounts of change for each add. payment period. However, because of the normal amount of variation which occurs in processing billings from month-to-month, an alt. method is used for service months in which fewer than three payment periods of data is available. For these service months, the values are est. by using the average of the value generated by the methodology explained above, and the est. from the preceding month, plus the average monthly change for the two prior years.

**BL 2020 Purpose**

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of CLASS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

**BL 2021 Definition**
BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
### BL 2020 Definition

This measure reports the average monthly unduplicated number of individuals who have requested CLASS waiver services, but are placed on an interest list for CLASS due to funding constraints.

### BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

### BL 2020 Data Source

Data are captured by means of a reporting database maintained by State Office program staff. Individuals are placed on an interest list by means of a telephone call to the State Office Interest List Hotline or by completion of Form 3620, Intake Summary of Individual’s Need for Services. The count only includes those individuals on the list who are in “open” status (i.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.) The count may include individuals who are waiting for CLASS while receiving other Community Services and Supports.

### BL 2020 Methodology

Counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly counts of individuals on the interest list for CLASS (as described above) for all months of the reporting period, by the number of months in the reporting period.

### BL 2020 Purpose

This measure is an indicator of the unmet need for services provided under the Medicaid CLASS waiver as currently funded by this strategy and is a tool for projecting future funding needs.
**Strategy-Related Measures Definitions**

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**Goal No. 1 Medicaid**  
**Objective No. 3 Long-term Care - Non-entitlement**  
**Strategy No. 2 Community Living Assistance and Support Services (CLASS)**

**Measure No. 2 # of Persons Receiving Svcs at the End of the Fiscal Year: CLASS**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-02 EX 02

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Community Living Assistance & Support Services (CLASS) waiver during the last month of the fiscal year being reported.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

**BL 2020 Data Source**

Two types of data are used to report this measure. The number of individuals authorized to receive CLASS waiver services is obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

**BL 2020 Methodology**

This is a simple unduplicated count of individuals who received CLASS waiver services during the last month of the fiscal year being reported.

**BL 2020 Purpose**

By reporting the number of persons served at the end of the fiscal year, this measure allows the State to determine the service level that will be carried into the next fiscal year and/or biennium.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

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Strategy-Related Measures Definitions
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<td>Community Living Assistance and Support Services (CLASS)</td>
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<td>Measure No.</td>
<td>3</td>
<td>Avg # on CLASS Interest List Receiving Other Svs Per Mth</td>
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Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 01-03-02 EX 04
Key Measure: Y  New Measure: N  Percentage Measure: N

BL 2020 Definition
This measure reports the average number of clients per month, who were receiving other long-term services and supports (LTSS), while on the Interest List.

BL 2020 Data Limitations
Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source
Regional Staff enters data into a reporting database known as Community Services Interest List (CSIL) that is maintained by State Office Program, but matching up with SAS data to include people receiving other services.

BL 2020 Methodology
This Measure is calculated by taking the number of clients receiving other long-term services and supports while on the interest list divided by the number of months.

BL 2020 Purpose
This measure is a mechanism for tracking those clients on the interest list who receive other long-term services and supports while waiting.
### BL 2020 Definition

This measure reports the annual number of individuals whose name was released from the CLASS interest list, resulting in a non-enrollment closure expressed as a percentage of all individuals whose name was released from a CLASS interest list. As individuals come to the top of the interest list, they are either deemed ineligible, or there is no affirmative response to enroll.

### BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

### BL 2020 Data Source

Community Services Interest List (CSIL) that is maintained by Agency Staff. Each month, reports are generated from this system that provide the number of individuals released from the interest list, the number of individuals enrolled, the number of non-enrollment enclosures, and the number of individuals in release status for whom the final disposition is still pending.

### BL 2020 Methodology

The measure is calculated by dividing the number of individuals whose names were released from the CLASS interest list and where the CLASS interest list record for those individuals were closed during the fiscal year without the individuals being enrolled for CLASS, by the total number of individuals whose names were released from the CLASS interest list and where the CLASS interest list record for those individuals were closed during the fiscal year.

### BL 2020 Purpose

This measure is a mechanism for tracking the percentage of those individuals that come to the top of the interest list, that are either deemed ineligible, or from whom there is no affirmative response to enroll.
BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 1 Medicaid
Objective No. 3 Long-term Care - Non-entitlement
Strategy No. 2 Community Living Assistance and Support Services (CLASS)
Measure Type OP
Measure No. 1 Average Number of Individuals Served Per Month: CLASS Waiver

Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 01-03-02 OP 01
Key Measure: Y  New Measure: N  Percentage Measure: N

BL 2020 Definition
This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims by month of service, received services under the Medicaid Related Conditions waiver (CLASS). CLASS offers people of all ages, who have severe disabilities, the opportunity to live in their own home and to work and socialize in their communities. CLASS is a cost effective alternative to institutional care with a service array that includes case management, habilitation, respite care, physical therapy, occupational therapy, speech therapy, nursing services, psychological services, adaptive aids/supplies, minor home modifications, and unlimited prescriptions.

BL 2020 Data Limitations
Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source
Two types of data are used to report this measure. The number of individuals authorized to receive CLASS waiver services is obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology
Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to-month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available. (Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).
BL 2020 Purpose
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate CLASS waiver-funded services with related costs and outcomes.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**

Agencies and Submissions, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<tr>
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**Goal No. 1:** Medicaid  
**Objective No. 3:** Long-term Care - Non-entitlement  
**Strategy No. 3:** Deaf-Blind Multiple Disabilities (DBMD)

**Measure No. 1:** Average Monthly Cost Per Individual: Deaf-Blind Waiver

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 01-03-03 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the average cost of Deaf-blind with Multiple Disabilities Waiver services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals, as well as incurred amounts for services delivered but not yet paid. The average monthly number of Deaf-blind with Multiple Disabilities Waiver individuals is defined under output measure 1 of this strategy.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the days of service billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

**BL 2020 Data Source**

Month-of-service to-date data that reports by type-of-service the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**

First divide expenditures for a given month by the number of ind. to yield an avg monthly cost. This is then adj. by adding the avg change in cost expected over the remaining payment months, using moving avgs to calculate hist. average amounts of change for each additional payment period. When fewer than 3 payment periods of data is avail, the values are est. by using the avg of the value generated by the methodology above, and the est. from the preceding month, plus the avg monthly change for the 2 prior years.

The avg value for each report period is calculated by taking the sum of the product of the adj.monthly cost per ind. for each month in the rept. period, times the est. “average number of ind. receiving DBMD per month” for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the est. “average number of individuals receiving DBMD per month” for each month times the number of months in the reporting period.

**BL 2020 Purpose**

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of Deaf-blind with Multiple Disabilities waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.
Agency Code: 529  
Agency: Health and Human Services Commission

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**Goal No. 1 Medicaid**  
**Objective No. 3 Long-term Care - Non-entitlement**  
**Strategy No. 3 Deaf-Blind Multiple Disabilities (DBMD)**

**Measure Type EX**  
**Measure No. 1 Average Number on Interest List: Deaf-Blind Multiple Disabilities Waiver**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

Cross Reference: Agy 529 085-R-S70-1 01-03-03 EX 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the average monthly unduplicated number of individuals who have requested Deaf-blind with Multiple Disabilities Waiver services, but are placed on an interest list for Deaf-blind with Multiple Disabilities Waiver services due to funding constraints.

**BL 2020 Data Limitations**

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

**BL 2020 Data Source**

Data are reported by means of a reporting database maintained by State Office program staff. Individuals are placed on an interest list by means of a telephone call to the State Office Interest List Hotline or by completion and submittal of Form 6501 Deaf-Blind Medicaid Waiver Interest List Form. The count only includes those individuals on the list who are in “open” status (i.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.) The count may include individuals who are waiting for Deaf-blind with Multiple Disabilities Waiver services while receiving other Community Services and Supports.

**BL 2020 Methodology**

Counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly counts of individuals on the interest list for Deaf-blind with Multiple Disabilities Waiver (as described above) for all months of the reporting period, by the number of months in the reporting period.

**BL 2020 Purpose**

This measure is an indicator of the unmet need for services provided under the Deaf-blind with Multiple Disabilities Waiver as currently funded by this strategy and is a tool for projecting future funding needs.
### Automated Budget and Evaluation System of Texas (ABEST)

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Medicaid Deaf-blind with Multiple Disabilities waiver during the last month of the fiscal year being reported.</td>
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</table>

**BL 2021 Definition**  
This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Medicaid Deaf-blind with Multiple Disabilities waiver during the last month of the fiscal year being reported.

**BL 2021 Data Limitations**  
Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

**BL 2021 Data Source**  
Two types of data are used to report this measure. The number of individuals authorized to receive services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

**BL 2021 Methodology**  
This is a simple unduplicated count of individuals who received Medicaid Deaf-blind with Multiple Disabilities waiver services during the last month of the fiscal year being reported.

**BL 2021 Purpose**  
By reporting the number of individuals served at the end of the fiscal year, this measure allows the State to determine the service level that will be carried into the next fiscal year and/or biennium.

### BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

### BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

### BL 2020 Methodology

This is a simple unduplicated count of individuals who received Medicaid Deaf-blind with Multiple Disabilities waiver services during the last month of the fiscal year being reported.

### BL 2020 Purpose

By reporting the number of individuals served at the end of the fiscal year, this measure allows the State to determine the service level that will be carried into the next fiscal year and/or biennium.
BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1  
Objective No. 3  
Strategy No. 3  
Measure Type EX  
Measure No. 3  

Calculation Method: N  
Target Attainment: Priority: Cross Reference: Agy 529 085-R-S70-1 01-03-03 EX 04  
Key Measure: Y New Measure: N Percentage Measure: N

BL 2020 Definition
This measure reports the average number of clients per month, who were receiving other long-term services and supports (LTSS), while on the Interest List.

BL 2020 Data Limitations
Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source
Regional Staff enters data into a reporting database known as Community Services Interest List (CSIL) that is maintained by State Office Program, but matching up with SAS data to include people receiving other services.

BL 2020 Methodology
This Measure is calculated by taking the number of clients receiving other long-term services and supports while on the interest list divided by the number of months.

BL 2020 Purpose
This measure is a mechanism for tracking those clients on the interest list who receive other long-term services and supports while waiting.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1  
Objective No. 3  
Strategy No. 3  
Measure Type EX  
Measure No. 4

Measure Definition: % Declined Svcs or Found to Be Ineligible Svcs at the EOY DBMD Waiver

Calculation Method: N  
Target Attainment: H  
Priority: H  
Cross Reference:

Key Measure: Y  
New Measure: Y  
Percentage Measure: Y

BL 2020 Definition
This measure reports the number of clients who were waiting on interest lists and either then declined services when they became available or were deemed to be ineligible for those particular waiver services. As clients come to the top of the interest list, they are either deemed ineligible, or there is no affirmative response to enroll.

BL 2020 Data Limitations
Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

BL 2020 Data Source
Regional Staff enters data into a reporting database known as Community Services Interest List (CSIL) that is maintained by State Office Program

BL 2020 Methodology
The measure is calculated by subtracting the number of clients enrolled on Interest Lists in various waiver programs from the total number of clients enrolled and denied to get total number of clients declined or ineligible for services.

BL 2020 Purpose
This measure is a mechanism for tracking those clients waiting on an interest list and then for multiple reasons had to come off of them.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology
BL 2021 Purpose
**BL 2020 Definition**
This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received one or more services under the Deaf-blind with Multiple Disabilities Waiver.

**BL 2020 Data Limitations**
Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

**BL 2020 Data Source**
Two types of data are used to report this measure. The number of individuals authorized to receive services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**
Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to-month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available. (Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

**BL 2020 Purpose**
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate Medicaid Deaf-blind with Multiple Disabilities waiver-funded services with related costs and outcomes.

Please note that using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.
Goal No. 1 Medicaid
Objective No. 3 Long-term Care - Non-entitlement
Strategy No. 4 Texas Home Living Waiver
Measure Type EF
Measure No. 1 Average Monthly Cost Per Individual Served: Texas Home Living Waiver

Calculation Method: N Target Attainment: N Priority: Cross Reference: Agy 529 085-R-S70-1 01-03-04 EF 01
Key Measure: Y New Measure: N Percentage Measure: N

**BL 2020 Definition**
This measure captures the average cost per month for serving Texas Home Living (TxHmL) Waiver individuals.

**BL 2020 Data Limitations**
Because it takes several months to close out 100% of the services billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date

**BL 2020 Data Source**
Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

**BL 2020 Methodology**
First divide expenditures for a given month by the number of ind. to yield an avg monthly cost. This is then adj. by adding the avg change in cost expected over the remaining payment months, using moving avgs to calculate hist. average amounts of change for each additional payment period. When fewer than 3 payment periods of data is avail, the values are est. by using the avg of the value generated by the methodology above, and the est. from the preceding month, plus the avg monthly change for the 2 prior years.

The average value for each report period is calculated by taking the sum of the product of the adj.monthly cost per ind. for each month in the rept. period, times the est. “average number of ind. receiving HCS per month” for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the est. “average number of individuals receiving HCS per month” for each month times the number of months in the reporting period.

**BL 2020 Purpose**
This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of TxHmL waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.
### BL 2020 Definition

This measure provides an unduplicated workload count of priority population eligible individuals receiving ID Texas Home Living (TxHmL) waiver funded services at the end of the fiscal year.

### BL 2020 Data Limitations

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. If the original claim is rejected for payment for any reason, the provider has up to 180 days from the end of the original service month to correct the claim and re-bill it. Since the documentation of a service being provided to an individual is based on these claims, accurate counts of numbers served may not be available for several months past the fiscal year.

Updates to the values reported in the Automated Budget and Evaluation System of Texas (ABEST) will be available when the appropriation year closes.

### BL 2020 Data Source

The providers of waiver services submit Medicaid claims for the services provided during each month. The numbers of individuals served is taken from a standard production report.

### BL 2020 Methodology

This is a simple unduplicated count of individuals that received TxHmL waiver services at the end of the fiscal year.

### BL 2020 Purpose

Due to the very high demand for these services, as indicated by the number of individuals waiting for TxHmL waiver services, it is critical that the commission monitors how many individuals are receiving the service annually.

---

### Measure Definition

**Agency Code:** 529  
**Agency:** Health and Human Services Commission  
**Goal No. 1:** Medicaid  
**Objective No. 3:** Long-term Care - Non-entitlement  
**Strategy No. 4:** Texas Home Living Waiver  
**Measure Type:** EX  
**Measure No. 1:** # of Individuals Receiving Svcs at the End of the Fiscal Year: Tx HML

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**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
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Automated Budget and Evaluation System of Texas (ABEST)

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Goal No. 1** Medicaid  
**Objective No. 3** Long-term Care - Non-entitlement  
**Strategy No. 4** Texas Home Living Waiver  
**Measure Type** EX  
**Measure No. 2** Average Number Individuals on Interest List Per Month: TXHMLV Waiver

**Calculation Method:** N  
**Target Attainment:** L  
**Priority:** M  
**Cross Reference:**

**Key Measure:** Y  
**New Measure:** Y  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure provides a simple count of individuals who express an interest in Texas Home Living Waiver services (TxHmL). For purposes of this measure, interest is defined as placing one’s name on the interest list with the local authority for TxHmL waiver services. The count only includes those individuals on the list who are in “open” status (i.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.)

**BL 2020 Data Limitations**

The accuracy of the TxHmL interest list is dependent upon the submission of accurate data by the Local Authorities (LAs). There may be duplication of names between interest lists for ID services.

**BL 2020 Data Source**

An individual seeking ID services or an individual seeking ID services on behalf of another individual with intellectual or developmental disabilities begins the review of service options with the local authority staff. If the individual, legal representative or family member decides they are interested in TxHmL waiver services, the name of the individual is entered onto the interest list for TxHmL waiver services in the CARE system.

**BL 2020 Methodology**

This is a simple count on the last day of the month of individuals whose names have been entered into the Client Assignment and Registration (CARE) system as interested in TxHmL waiver services. When calculating the average monthly number of individuals on the interest list for a given fiscal year, the average of the months in the fiscal year is calculated. When necessary, future and past periods are estimated based on the counts of the available months.

**BL 2020 Purpose**

This measure is an indicator of the unmet need for services provided under the TxHmL waiver as currently funded by this strategy and is a tool for projecting future funding needs.
Goal No. 1 Medicaid
Objective No. 3 Long-term Care - Non-entitlement
Strategy No. 4 Texas Home Living Waiver
Measure Type EX
Measure No. 3 Avg # on TXHL Waiver Interest List Receiving Other Services Per Month

Calculation Method: N Target Attainment: L Priority: M Cross Reference:
Key Measure: Y New Measure: Y Percentage Measure: N

BL 2020 Definition
This measure reports the average number of clients per month, who were receiving other LTSS Services, while on the Interest List.

BL 2020 Data Limitations
Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source
Local Authority Staff enters individuals names into the CARE interest list. These names are then matched against service authorization data from the Service Authorization System to determine whether individuals on the Texas Home Living Interest list are receiving other services.

BL 2020 Methodology
This Measure is calculated by taking the annual number of clients receiving other HHSC services while on the interest list divided by the number of months.

BL 2020 Purpose
This measure is a mechanism for tracking those clients on the interest list who receive other HHSC services while waiting.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1: Medicaid  
Objective No. 3: Long-term Care - Non-entitlement  
Strategy No. 4: Texas Home Living Waiver

Measure Type: EX  
Measure No. 4: % Declined Svcs or Found to Be Ineligible Svcs at the EOY TXHL Waiver

Calculation Method: N  
Target Attainment: L  
Priority: M  
Cross Reference:

Key Measure: Y  
New Measure: Y  
Percentage Measure: Y

**BL 2020 Definition**

This measure reports the number of individuals whose name was released from the TxHmL interest list, resulting in a non-enrollment closure, expressed as a percentage of all individuals whose name was released from a TxHmL interest list and for whom a final disposition has been reached. As individuals come to the top of the interest list, they are either enrolled, deemed ineligible, determined there is no affirmative response to enroll, or still in process. This measure excludes from the calculation those individuals who are still in process.

**BL 2020 Data Limitations**

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

**BL 2020 Data Source**

Local Authority Staff enters data into the CARE Interest List system. Each month, reports are generated from this system that provide the number of individuals released from the interest list, the number of individuals enrolled, the number of non-enrollment enclosures, and the number of individuals in release status for whom the final disposition is still pending.

**BL 2020 Methodology**

The measure is calculated by dividing the number of individuals whose names were released from the TxHmL interest list and where the TxHmL interest list record for those individuals were closed during the fiscal year without the individuals being enrolled for TxHmL, by the total number of individuals whose names were released from the TxHmL interest list and where the TxHmL interest list record for those individuals were closed during the fiscal year.

**BL 2020 Purpose**

This measure is a mechanism for tracking the percentage of those individuals that come to the top of the interest list, that are either deemed ineligible, or from whom there is no affirmative response to enroll.

**BL 2021 Definition**

**BL 2021 Data Limitations**
BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**Goal No. 1 Medicaid**

**Objective No. 3 Long-term Care - Non-entitlement**

**Strategy No. 4 Texas Home Living Waiver**

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<tr>
<td>OP</td>
<td>1</td>
<td>Avg Number of Individuals Served Per Month: Texas Home Living Waiver</td>
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**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 01-03-04 OP 01

**BL 2020 Definition**

This measure captures the unduplicated count of priority population eligible individuals who receive Texas Home Living (TxHmL) Waiver funded services on a monthly basis.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

**BL 2020 Data Source**

Two types of data are used to calculate this measure. The number of individuals authorized to receive Texas Home Living services is obtained from the commission’s Client Assignment and Registration (CARE) system. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

**BL 2020 Methodology**

For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to-month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available. (Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per CARE).

Please note that using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.

**BL 2020 Purpose**

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate TxHmL waiver-funded services with related costs and outcomes.
### Goal No. 1 Medicaid

#### Objective No. 3 Long-term Care - Non-entitlement

#### Strategy No. 5 Program of All-inclusive Care for the Elderly (PACE)

#### Measure No. 1 Avg Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

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<tr>
<td>529</td>
<td>1</td>
<td>Avg Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)</td>
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</table>

**Cross Reference:** Agy 529 085-R-S70-1 01-03-05 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the average cost for providing a month of care for a PACE individual. PACE provides community-based services for frail and aging individuals who would qualify for nursing facility placement. A comprehensive care approach is used to provide an array of medical, functional, and day activity services for a capitated monthly fee that is below the cost of comparable institutional care.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

**BL 2020 Data Source**

Two types of data are used to report this measure. The number of individuals authorized to receive PACE services are obtained from the commission’s Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**

First, the expenditures to-date for a given month of service are divided by the number of individuals for whom claims have been approved-to-pay to-date for the same month of service to yield an average monthly cost per individual served to date for a given month of service. The average value for each reporting period is then calculated by taking the sum of the product of the adjusted monthly cost per individual for each month in the reporting period (as calculated above), times the estimated “average number of individuals receiving PACE per month” (as calculated in 1.3.5 Output measure 1) for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the estimated “average number of individuals receiving PACE per month” for each month of the reporting period.

**BL 2020 Purpose**

This measure is important because it provides the unit cost associated with providing long-term care and acute care services to PACE recipients. This data is a useful tool for projecting future funding needs.
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>Measure Type</td>
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<tr>
<td>Measure No.</td>
<td>1</td>
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</tbody>
</table>

**Measure No. 1: Number of Persons Receiving Svcs End of Fiscal Year: PACE**

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 01-03-05 EX 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Program of All-Inclusive Care for the Elderly (PACE) during the last month of the fiscal year being reported.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

**BL 2020 Data Source**

The source for expenditure and recipient data is approved-to-pay data from the Claims Management System (CMS) by means of ad hoc query.

**BL 2020 Methodology**

This is a simple unduplicated count of individuals who received Program of All-inclusive Care for the Elderly (PACE) services during the last month of the fiscal year being reported.

**BL 2020 Purpose**

This measure provides a count of individuals served through the agency's PACE project. This data is a useful tool for projecting future funding needs.

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**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**

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**Automated Budget and Evaluation System of Texas (ABEST)**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Goal No. 1 Medicaid**  
**Objective No. 3 Long-term Care - Non-entitlement**  
**Strategy No. 5 Program of All-inclusive Care for the Elderly (PACE)**  
**Measure Type OP**  
**Measure No. 1 Avg # of Recipients Per Month: Program for All Inclusive Care (PACE)**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 01-03-05 OP 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the monthly average number of individuals who are enrolled in a Program for All Inclusive Care For the Elderly (PACE) managed care model.  
PACE is a national demonstration project that provides community-based services to frail and aging individuals who qualify for nursing facility placement. It uses a comprehensive care approach, furnishing an array of services for a monthly fee that is below the cost of comparable institutional care. All PACE individuals are dually eligible (Medicare and Medicaid) long-term-care utilizers.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

**BL 2020 Data Source**

Two types of data are used to report this measure. The number of individuals authorized to receive PACE services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**

The sum of the monthly number of PACE recipients for all months of the reporting period is divided by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to-month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available. (Or additional months if necessary.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS). Using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.
BL 2020 Purpose
This measure provides a count of individuals served through the agency's PACE project. This data is a useful tool for projecting future funding needs.
Goal No. 1 Medicaid
Objective No. 3 Long-term Care - Non-entitlement
Strategy No. 6 Medically Dependent Children Program (MDCP)
Measure Type EF
Measure No. 1 Average Monthly Cost Per Individual: MDCP Waiver

**BL 2020 Definition**
This measure reports the average cost of Medically Dependent Children Program (MDCP) Waiver services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as incurred amounts for services delivered but not yet paid. The average monthly number of children served is defined under output measure 1 of this strategy.

**BL 2020 Data Limitations**
Because it takes several months to close out 100% of the days of service billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

**BL 2020 Data Source**
Month-of-service to-date data that reports, by type of service, the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**
First divide expenditures for a given month by the number of ind. to yield an avg monthly cost. This is then adj. by adding the avg change in cost expected over the remaining payment months, using moving avgs to calculate hist. average amounts of change for each additional payment period. When fewer than 3 payment periods of data is avail, the values are est. by using the avg of the value generated by the methodology above, and the est. from the preceding month, plus the avg monthly change for the 2 prior years.
The avg value for each report period is calculated by taking the sum of the product of the adj.monthly cost per ind. for each month in the rept. period, times the est. “average number of ind. receiving MDCP per month” for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the est.”average number of individuals receiving MDCP per month” for each month times the number of months in the reporting period.

**BL 2020 Purpose**
This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of MDCP-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.
### Measure No. 1: Average Number on Interest List Per Month: MDCP Waiver

**Calculation Method:** N  
**Cross Reference:** Agy 529 085-R-S70-1 01-03-06 EX 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure reports the average monthly unduplicated number of individuals who have requested Medically Dependent Children Program (MDCP) services, but are placed on an interest list for these services due to funding constraints. Individuals are placed on an interest list by means of a telephone call to the State Office Interest List Hotline or through completion of a Form 3620, Intake/Summary of Individuals Need for Services. The count only includes those individuals on the list who are in “open” status (i.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.)

**BL 2020 Data Limitations**
Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

**BL 2020 Data Source**
Counts are collected on a monthly basis. Data are reported by means of a reporting database maintained by State Office program staff.

**BL 2020 Methodology**
The monthly average for the reporting period is calculated by dividing the sum of the monthly counts of individuals on the interest list for MDCP (as described above) for all months of the reporting period, by the number of months in the reporting period.

**BL 2020 Purpose**
This measure is an indicator of the unmet need for services provided under the MDCP as currently funded by this strategy and is a tool for projecting future funding needs.

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**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

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**BL 2020 Definition**

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Medically Dependent Children Program (MDCP) during the last month of the fiscal year being reported.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

**BL 2020 Data Source**

Two types of data are used to report this measure. The number of individuals authorized to receive MDCP services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

**BL 2020 Methodology**

This is a simple unduplicated count of individuals who received MDCP services during the last month of the fiscal year being reported.

**BL 2020 Purpose**

By reporting the number of individuals served at the end of the fiscal year, this measure allows the State to determine the service level that will be carried into the next fiscal year and/or biennium.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 1 Medicaid
Objective No. 3 Long-term Care - Non-entitlement
Strategy No. 6 Medically Dependent Children Program (MDCP)
Measure Type EX
Measure No. 3 % Declined Svcs or Found to Be Ineligible Svcs at the EOY MDCP Waiver

Calculation Method: N
Target Attainment: Priority: Cross Reference: Agy 529 085-R-S70-1 01-03-06 EX 05
Key Measure: Y  New Measure: N  Percentage Measure: Y

BL 2020 Definition
The measure is calculated by counting the number of individuals whose name was released from the MDCP interest list and where the MDCP interest list record for that individual was closed during the fiscal year without the individual being enrolled for MDCP expressed as a percentage of all individuals whose name was released from a MDCP interest list.

BL 2020 Data Limitations
Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

BL 2020 Data Source
Community Services Interest List (CSIL) that is maintained by Agency Staff. Each month, reports are generated from this system that provide the number of individuals released from the interest list, the number of individuals enrolled, the number of non-enrollment enclosures, and the number of individuals in release status for whom the final disposition is still pending.

BL 2020 Methodology
The measure is calculated by dividing the number of individuals whose names were released from the MDCP interest list and where the MDCP interest list record for those individuals were closed during the fiscal year without the individuals being enrolled for MDCP, by the total number of individuals whose names were released from the MDCP interest list and where the MDCP interest list record for those individuals were closed during the fiscal year.

BL 2020 Purpose
This measure is a mechanism for tracking those individuals that come to the top of the interest list, they are either deemed ineligible, or there is no affirmative response to enroll expressed as a percentage of all individuals whose name was released from a MDCP interest list.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source
BL 2021 Methodology

BL 2021 Purpose
### Agency Code: 529

**Agency:** Health and Human Services Commission

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<td>N</td>
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#### BL 2020 Definition

This measure reports the monthly average unduplicated number of individuals who received one or more services under the Medically Dependent Children Program (MDCP) Waiver.

#### BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

#### BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive MDCP services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

#### BL 2020 Methodology

The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available.(Or additional months if necessary.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

#### BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate MDCP-funded services with related costs and outcomes.
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529  Agency: Health and Human Services Commission

Goal No. 1 Medicaid
Objective No. 4 Other Medicaid Services
Strategy No. 1 Non-Full Benefit Payments
Measure Type EF
Measure No. 1 Average Emergency Services for Non-citizens Cost Per Recipient Month

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BL 2020 Definition
The average monthly costs of providing Medicaid to non-citizens residing in the United States, who are in need of medical services due to an emergency condition. TP 30 eligible persons are aliens residing in the United States who do not meet citizenship requirements for TANF or other medical programs. These persons are non-immigrants, undocumented persons, and certain legal permanent residents (LPR). This measure involves Type 30 (TP 30) program recipient months and expenditures.

BL 2020 Data Limitations
None.

BL 2020 Data Source
The Premiums Payable System and the STMR 647A provided by the state Medicaid Contractor.

BL 2020 Methodology
The total TP 30 expenditures incurred are divided by the total number of TP 30 recipient months. Data is provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose
Captures the average monthly cost of providing Medicaid to TP 30 non-citizens residing in the U.S., who are in need of medical services due to an emergency condition.

BL 2021 Definition
The average monthly costs of providing Medicaid to non-citizens residing in the United States, who are in need of medical services due to an emergency condition. TP 30 eligible persons are aliens residing in the United States who do not meet citizenship requirements for TANF or other medical programs. These persons are non-immigrants, undocumented persons, and certain legal permanent residents (LPR). This measure involves Type 30 (TP 30) program recipient months and expenditures.

BL 2021 Data Limitations
None.

BL 2021 Data Source
The Premiums Payable System and the STMR 647A provided by the state Medicaid Contractor.
BL 2021 Methodology
The total TP 30 expenditures incurred are divided by the total number of TP 30 recipient months. Data is provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose
Captures the average monthly cost of providing Medicaid to TP 30 non-citizens residing in the U.S., who are in need of medical services due to an emergency condition.
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 1
Objective No. 4
Strategy No. 1
 Measure Type OP
Measure No. 1 Average Monthly Number of Non-citizens Receiving Emergency Services

Calculation Method: N
Target Attainment: L
Priority: H
Cross Reference: Agy 529 085-R-S70-1 01-04-01 OP 02

Key Measure: Y
New Measure: N
Percentage Measure: N

**BL 2020 Definition**

This measure reflects the number of Type 30 (TP 30) aliens residing in the United States who have an emergency medical condition and meet all Medicaid eligibility criteria except citizenship. TP 30 eligible persons are aliens residing in the United States who do not meet citizenship requirements for Temporary Assistance for Needy Families (TANF) or other medical programs. These persons are undocumented aliens and certain legal permanent resident aliens. This measure includes all TP 30 program recipient months.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

The Premium Payable System.

**BL 2020 Methodology**

The Average Number of Undocumented Persons Recipient Months Per Month is the sum of the monthly TP 30 recipient months divided by the number of months summed. Data is provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

**BL 2020 Purpose**

This measure reflects the average monthly number of TP 30 aliens residing in the U.S. who have an emergency medical condition covered by Medicaid.

**BL 2021 Definition**

This measure reflects the number of Type 30 (TP 30) aliens residing in the United States who have an emergency medical condition and meet all Medicaid eligibility criteria except citizenship. TP 30 eligible persons are aliens residing in the United States who do not meet citizenship requirements for Temporary Assistance for Needy Families (TANF) or other medical programs. These persons are undocumented aliens and certain legal permanent resident aliens. This measure includes all TP 30 program recipient months.

**BL 2021 Data Limitations**

None.
BL 2021 Data Source
The Premium Payable System.

BL 2021 Methodology
The Average Number of Undocumented Persons Recipient Months Per Month is the sum of the monthly TP 30 recipient months divided by the number of months summed. Data is provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2021 Purpose
This measure reflects the average monthly number of TP 30 aliens residing in the U.S. who have an emergency medical condition covered by Medicaid.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 1  
Objective No. 4  
Strategy No. 2  
Measure Type EF  
Measure No. 1

**Calculation Method:** N  
**Target Attainment:** L  
**Priority:** H  

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

The average monthly premium paid for Supplemental Medical Insurance Benefits (SMIB) Part B Premium for Medicare eligible Medicaid clients. The SMIB Part B premium is set by the Social Security Administration and is effective for each calendar year.

**BL 2020 Data Limitations**

This measure includes Qualified Medicare Beneficiary Qualifying Individuals (QMB QI-1s). The MF 232-01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.

**BL 2020 Data Source**

Social Security Act and report MF 232-01

**BL 2020 Methodology**

The average is calculated by taking the total estimated dollar value of claims projected to be incurred for this type of client and dividing the total by the number of projected recipient months to be incurred. The SMIB Part B premium is set by the Social Security Administration and is effective for each calendar year. Caseload data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

HHSC pays the Social Security Administration a premium for coverage of physician and other related services.

**BL 2021 Definition**

The average monthly premium paid for Supplemental Medical Insurance Benefits (SMIB) Part B Premium for Medicare eligible Medicaid clients. The SMIB Part B premium is set by the Social Security Administration and is effective for each calendar year.

**BL 2021 Data Limitations**

This measure includes Qualified Medicare Beneficiary Qualifying Individuals (QMB QI-1s). The MF 232-01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.
BL 2021 Data Source
Social Security Act and report MF 232-01

BL 2021 Methodology
The average is calculated by taking the total estimated dollar value of claims projected to be incurred for this type of client and dividing the total by the number of projected recipient months to be incurred. The SMIB Part B premium is set by the Social Security Administrations and is effective for each calendar year. Caseload data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose
HHSC pays the Social Security Administration a premium for coverage of physician and other related services.
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Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 1 Medicaid
Objective No. 4 Other Medicaid Services
Strategy No. 2 For Clients Dually Eligible for Medicare and Medicaid
Measure Type EF
Measure No. 2 Average Part A Premium Per Month

Calculation Method: N
Target Attainment: L
Priority: L
Cross Reference: Agy 529 085-R-S70-1 01-04-02 EF 02

Key Measure: N
New Measure: N
Percentage Measure: N

BL 2020 Definition
The average monthly premium paid for Medicare Part A coverage for Medicare eligible Medicaid clients. The Medicare Part A premium is set by the Social Security Administration and is effective for each calendar year. Medicare Part A is hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

BL 2020 Data Limitations
None.

BL 2020 Data Source
Social Security Act and report MF832 01.

BL 2020 Methodology
The average is calculated by taking the total estimated dollar value of claims projected to be incurred by clients and dividing this total by the number of projected recipient months to be incurred. The numerator will be the sum of full and reduced rate Part A dollars; the denominator will be the sum of full and reduced rate Part A recipient months. The Medicare Part A premium is set by the Social Security Administration and is effective for each calendar year.

BL 2020 Purpose
HHSC pays the Social Security Administration a premium for coverage of inpatient hospital stays and other related services.

BL 2021 Definition
The average monthly premium paid for Medicare Part A coverage for Medicare eligible Medicaid clients. The Medicare Part A premium is set by the Social Security Administration and is effective for each calendar year. Medicare Part A is hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

BL 2021 Data Limitations
None.

BL 2021 Data Source
Social Security Act and report MF832 01.
BL 2021 Methodology
The average is calculated by taking the total estimated dollar value of claims projected to be incurred by clients and dividing this total by the number of projected recipient months to be incurred. The numerator will be the sum of full and reduced rate Part A dollars; the denominator will be the sum of full and reduced rate Part A recipient months. The Medicare Part A premium is set by the Social Security Administration and is effective for each calendar year.

BL 2021 Purpose
HHSC pays the Social Security Administration a premium for coverage of inpatient hospital stays and other related services.
### BL 2020 Definition

This measure is the average monthly cost for the payment of Medicare deductible and coinsurance benefits for eligible Medicaid clients. This is for Qualified Medicare Beneficiaries (QMBs).

### BL 2020 Data Limitations

None.

### BL 2020 Data Source

The Premiums Payable System and monthly STMR650 provided by the Medicaid contractor.

### BL 2020 Methodology

The calculation is made by taking the total yearly deductible and coinsurance payments paid and dividing this by the total monthly number of QMB recipient months for the year. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

### BL 2020 Purpose

This measure is the average monthly cost for the payment of deductible and coinsurance benefits for Medicare eligible Medicaid clients.

### BL 2021 Definition

This measure is the average monthly cost for the payment of Medicare deductible and coinsurance benefits for eligible Medicaid clients, Qualified Medicare Beneficiaries (QMBs).

### BL 2021 Data Limitations

None.

### BL 2021 Data Source

The Premiums Payable System and monthly STMR650 provided by the Medicaid contractor.
**BL 2021 Methodology**

The calculation is made by taking the total yearly deductible and coinsurance payments paid and dividing this by the total monthly number of QMB recipient months for the year. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2021 Purpose**

This measure is the average monthly cost for the payment of deductible and coinsurance benefits for Medicare eligible Medicaid clients.
Goal No. 1 Medicaid
Objective No. 4 Other Medicaid Services
Strategy No. 2 For Clients Dually Eligible for Medicare and Medicaid
Measure Type OP
Measure No. 1 Average Part B Recipient Months Per Month

Calculation Method: N  Target Attainment: H  Priority: H  Cross Reference: Agy 529  085-R-S70-1  01-04-02  OP 01
Key Measure: Y  New Measure: N  Percentage Measure: N

BL 2020 Definition
The average monthly number of recipient months of eligibility for which a premium payment is made for supplemental medical insurance benefits (SMIB) Part B coverage. Medicare Part B is medical insurance that helps pay for physician services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A. This measure includes both full-benefit and qualified partial-benefit clients.

BL 2020 Data Limitations
This measure includes Qualified Medicare Beneficiary Qualifying Individuals (QMB QI-1s). The MF 232-01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.

BL 2020 Data Source
Monthly MF 232-01 report, which provides the number of premiums for each month on an incurred basis.

BL 2020 Methodology
The average is the sum of the monthly recipient months in the reporting period divided by the number of months summed. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose
HHSC pays the Social Security Administration a premium for Medicare Part B coverage for Qualified Medicare Beneficiaries (QMB), and Specified Low-Income Medicare Beneficiaries (SLMB), which covers physician and other related services.

BL 2021 Definition
The average monthly number of recipient months of eligibility for which a premium payment is made for supplemental medical insurance benefits (SMIB) Part B coverage. Medicare Part B is medical insurance that helps pay for physician services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A. This measure includes both full-benefit and qualified partial-benefit clients.

BL 2021 Data Limitations
This measure includes Qualified Medicare Beneficiary Qualifying Individuals (QMB QI-1s). The MF 232-01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.

**BL 2021 Data Source**
Monthly MF 232-01 report, which provides the number of premiums for each month on an incurred basis.

**BL 2021 Methodology**
The average is the sum of the monthly recipient months in the reporting period divided by the number of months summed. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2021 Purpose**
HHSC pays the Social Security Administration a premium for Medicare Part B coverage for Qualified Medicare Beneficiaries (QMB), and Specified Low-Income Medicare Beneficiaries (SLMB), which covers physician and other related services.
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>Agy 529 085-R-S70-1 01-04-02 OP 02</td>
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**BL 2020 Definition**

The average monthly number of Medicare eligible recipients for which a Medicare Part A premium is paid. HHSC pays the Social Security Administration a premium for Part A coverage for Qualified Medicare Beneficiaries (QMB) and Medicaid Qualified Medicare Beneficiaries (MQMB). The premium covers hospitalizations and other related services.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

Monthly MF 832-01 report, which provides the number of premiums for each month on an incurred basis.

**BL 2020 Methodology**

The average is the sum of the monthly recipient months in the reporting period divided by the number of months summed. Part A full rate and reduced rate recipient months are included. Data are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

**BL 2020 Purpose**

HHSC pays the Social Security Administration a premium for Part A coverage for Qualified Medicare Beneficiaries (QMB) and Medicaid Qualified Medicare Beneficiaries (MQMB). The premium covers hospitalizations and other related services.

**BL 2021 Definition**

The average monthly number of Medicare eligible recipients for which a Medicare Part A premium is paid. HHSC pays the Social Security Administration a premium for Part A coverage for Qualified Medicare Beneficiaries (QMB) and Medicaid Qualified Medicare Beneficiaries (MQMB). The premium covers hospitalizations and other related services.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

Monthly MF 832-01 report, which provides the number of premiums for each month on an incurred basis.
BL 2021 Methodology
The average is the sum of the monthly recipient months in the reporting period divided by the number of months summed. Part A full rate and reduced rate recipient months are included. Data are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose
HHSC pays the Social Security Administration a premium for Part A coverage for Qualified Medicare Beneficiaries (QMB) and Medicaid Qualified Medicare Beneficiaries (MQMB). The premium covers hospitalizations and other related services.
### Calculation Method: N  Target Attainment: H  Priority: H

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#### BL 2020 Definition

This measure is the average monthly number of Medicare eligible partial benefit Medicaid clients who meet the criteria established by federal legislation.

#### BL 2020 Data Limitations

None.

#### BL 2020 Data Source

The Premiums Payable System.

#### BL 2020 Methodology

The quarterly average is the sum of the recipient months for the 3 months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months divided by the number of months summed. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

#### BL 2020 Purpose

HHSC is required to pay Medicare premiums, deductibles, and coinsurance liabilities for Qualified Medicare Beneficiaries whose income is at or below certain eligibility criteria. These clients are not eligible for other Title XIX services.

#### BL 2021 Definition

This measure is the average monthly number of Medicare eligible partial benefit Medicaid clients who meet the criteria established by federal legislation.

#### BL 2021 Data Limitations

None.

#### BL 2021 Data Source

The Premiums Payable System.
The quarterly average is the sum of the recipient months for the 3 months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months divided by the number of months summed. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

HHSC is required to pay Medicare premiums, deductibles, and coinsurance liabilities for Qualified Medicare Beneficiaries whose income is at or below certain eligibility criteria. These clients are not eligible for other Title XIX services.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 3  
Objective No. 1  
Strategy No. 1  
Measure Type EF  
Measure No. 1  

Measure No. 1: Average CHIP Children Benefit Cost Per Recipient Month

Calculation Method: N  
Target Attainment: L  
Priority: H  

BL 2020 Definition
This measure is the average monthly cost per recipient month of health premiums plus newborn screening and vaccine costs (excluding prescription drugs) for the Children’s Health Insurance Program (CHIP) for a reporting period.

BL 2020 Data Limitations
None.

BL 2020 Data Source
The Administrative Services Contractor furnishes a monthly report to HHSC containing the costs each health plan have incurred during the month. For vaccine and newborn screening costs, HHSC receives a quarterly invoice from Department of State Health Services.

BL 2020 Methodology
The amounts owed to the health carriers are totaled for the reporting period. This total is divided by the number of recipient months in the CHIP II program during the reporting period. This measure does not include prescription drugs and CHIP Perinatal costs or recipient months.

BL 2020 Purpose
The measure provides the average monthly benefit cost paid to CHIP enrolled medical (including immunizations and excluding prescription drugs) providers on behalf of CHIP federally funded clients.

BL 2021 Definition
This measure is the average monthly cost per recipient month of health premiums plus newborn screening and vaccine costs (excluding prescription drugs) for the Children’s Health Insurance Program (CHIP) for a reporting period.

BL 2021 Data Limitations
None.

BL 2021 Data Source
The Administrative Services Contractor furnishes a monthly report to HHSC containing the costs each health plan have incurred during the month. For vaccine and newborn screening costs, HHSC receives a quarterly invoice from Department of State Health Services.
BL 2021 Methodology
The amounts owed to the health carriers are totaled for the reporting period. This total is divided by the number of recipient months in the CHIP II program during the reporting period. This measure does not include prescription drugs and CHIP Perinatal costs or recipient months.

BL 2021 Purpose
The measure provides the average monthly benefit cost paid to CHIP enrolled medical (including immunizations and excluding prescription drugs) providers on behalf of CHIP federally funded clients.
Agency Code: 529  
Agency: Health and Human Services Commission

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**BL 2020 Definition**
This measure is the average monthly recipient months in the CHIP Phase II program.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
The Premiums Payable System.

**BL 2020 Methodology**
The measure is calculated by totaling the recipient months for CHIP II eligibles from the enrollment report and dividing that number by the number of months in the period covered by the report. This measure does not include CHIP Perinatal recipient months. Recipient months are accounted for on an incurred basis and are estimated using completion factors. Forecasting models and trends are used to project future counts.

**BL 2020 Purpose**
Measures the average number of Traditional CHIP recipient months.

**BL 2021 Definition**
This measure is the average monthly recipient months in the CHIP Phase II program.

**BL 2021 Data Limitations**
None.

**BL 2021 Data Source**
The Premiums Payable System.

**BL 2021 Methodology**
The measure is calculated by totaling the recipient months for CHIP II eligibles from the enrollment report and dividing that number by the number of months in the period covered by the report. This measure does not include CHIP Perinatal recipient months. Recipient months are accounted for on an incurred basis and are estimated using completion factors. Forecasting models and trends are used to project future counts.
BL 2021 Purpose
Measures the average number of Traditional CHIP recipient months.
### BL 2020 Definition

This measure is the average monthly cost of health premiums (excluding dental and prescription drugs) for the Children’s Health Insurance Program (CHIP) Perinatal program for a reporting period.

### BL 2020 Data Limitations

Data is on an incurred basis. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques.

### BL 2020 Data Source

HHSC programs furnish a monthly report showing the costs each health plan has incurred during the month. For vaccine and newborn screening costs, HHSC receives a quarterly invoice from Department of State Health Services.

### BL 2020 Methodology

The amounts owed to the health carriers are totaled for the reporting period. Prescription drugs are excluded. Divide the total cost by the total number of CHIP Perinatal recipient months (both pre-and post-natal) in the same reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

### BL 2020 Purpose

Captures the average cost of CHIP Perinatal recipients per month, excluding dental and drug costs.

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission
HHSC programs furnish a monthly report showing the costs each health plan has incurred during the month. For vaccine and newborn screening costs, HHSC receives a quarterly invoice from Department of State Health Services.

**BL 2021 Methodology**

The amounts owed to the health carriers are totaled for the reporting period. Prescription drugs are excluded. Divide the total cost by the total number of CHIP Perinatal recipient months (both pre-and post-natal) in the same reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

**BL 2021 Purpose**

Captures the average cost of CHIP Perinatal recipients per month, excluding dental and drug costs.
Strategy-Related Measures Definitions
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**BL 2020 Definition**

This measure is the average monthly number of children enrolled in coverage under the Children’s Health Insurance Program (CHIP) Perinatal program for a reporting period.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

The Premiums Payable System.

**BL 2020 Methodology**

The measure is calculated by totaling the number of CHIP Perinatal recipient months (both pre- and post-natal) from the enrollment report and dividing that number by the number of months in the period covered by the report. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

**BL 2020 Purpose**

Captures the average number of CHIP Perinatal recipients month.

**BL 2021 Definition**

This measure is the average monthly number of children enrolled in coverage under the Children’s Health Insurance Program (CHIP) Perinatal program for a reporting period.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

The Premiums Payable System.
BL 2021 Methodology
The measure is calculated by totaling the number of CHIP Perinatal recipient months (both pre- and post-natal) from the enrollment report and dividing that number by the number of months in the period covered by the report. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2021 Purpose
Captures the average number of CHIP Perinatal recipients month.
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 3: Children's Health Insurance Program Services
Objective No. 1: CHIP Services
Strategy No. 3: CHIP Prescription Drugs
Measure Type: EF
Measure No. 1: Average Cost/CHIP Recipient Month: Pharmacy Benefit

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**BL 2020 Definition**
This measure is the total Children’s Health Insurance Program (CHIP) prescription costs (which includes CHIP, and Perinatal clients) incurred during the reporting period divided by the total number of recipient months incurred during the reporting period.

**BL 2020 Data Limitations**
The CHIP prescription dollars do not include any rebates.

**BL 2020 Data Source**
CHIP PREM. Enrollment data is taken from the enrollment reports provided by the Administrative Services Contractor. All prescription drug costs in CHIP became capitated in March 2012, so drug costs are calculated based on premium rates set by HHSC.

**BL 2020 Methodology**
Divide the total CHIP prescription costs incurred during the reporting period by the total number of CHIP recipient months for traditional CHIP and CHIP Perinatal programs incurred during the reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

**BL 2020 Purpose**
The measure captures the total CHIP prescription cost incurred divided by the total number of CHIP recipient months.

**BL 2021 Definition**
This measure is the total Children’s Health Insurance Program (CHIP) prescription costs (which includes CHIP, and Perinatal clients) incurred during the reporting period divided by the total number of recipient months incurred during the reporting period.

**BL 2021 Data Limitations**
The CHIP prescription dollars do not include any rebates.

**BL 2021 Data Source**
CHIP PREM. Enrollment data is taken from the enrollment reports provided by the Administrative Services Contractor. All prescription drug costs in CHIP became capitated in March 2012, so drug costs are calculated based on premium rates set by HHSC.
BL 2021 Methodology
Divide the total CHIP prescription costs incurred during the reporting period by the total number of CHIP recipient months for traditional CHIP and CHIP Perinatal programs incurred during the reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2021 Purpose
The measure captures the total CHIP prescription cost incurred divided by the total number of CHIP recipient months.
Goal No. 3: Children's Health Insurance Program Services
Objective No. 1: CHIP Services
Strategy No. 4: CHIP Dental Services
Measure Type: EF
Measure No. 1: Average Monthly Cost of the Dental Benefit Per Chip Program Recipient

**Calculation Method:** N  
**Target Attainment:** L  
**Priority:** M  

**Cross Reference:** Agy 529  085-R-S70-1  03-01-04  EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure is the average monthly cost per recipient month of dental premiums for the Children’s Health Insurance Program (CHIP) program for a reporting period.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
The Administrative Services Contractor furnishes a monthly report to HHSC containing the premiums incurred for dental during the month.

**BL 2020 Methodology**
The amounts incurred for dental services are totaled for the reporting period and divided by the number of recipient months in the CHIP program during the reporting period. This measure includes CHIP Perinatal costs or recipient months for infants in the CHIP Perinatal program.

**BL 2020 Purpose**
The measure provides the average monthly benefit cost paid to CHIP enrolled dental plan providers on behalf of traditional CHIP program clients.
### Strategy-Related Measures Definitions

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<tr>
<td>Measure No.</td>
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<td>Average Monthly Cost Per Healthy Texas Women Client</td>
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#### BL 2020 Definition
This measure reports the average monthly expenditure per Healthy Texas Women Program recipient month.

#### BL 2020 Data Limitations
None

#### BL 2020 Data Source
This measure consists of expenditure data from the monthly STMR 650A (Non Managed Care) statistical reports compiled by the Medicaid contractor and recipient month data from the Premiums Payable System. Also included are contract costs from CAPPS Financials and System of Contract Operation & Reporting (SCOR).

#### BL 2020 Methodology
The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from the stat report (claims) and contract costs by the number of projected recipient months to be incurred. The measure includes both fee-for-service and contract costs. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

#### BL 2020 Purpose
This measure reflects the amount paid for each recipient month for the named group.

#### BL 2021 Definition
This measure reports the average monthly expenditure per Healthy Texas Women Program recipient month.

#### BL 2021 Data Limitations
None

#### BL 2021 Data Source
This measure consists of expenditure data from the monthly STMR 650A (Non Managed Care) statistical reports compiled by the Medicaid contractor and recipient month data from the Premiums Payable System. Also included are contract costs from CAPPS Financials and System of Contract Operation & Reporting (SCOR).

#### BL 2021 Methodology
The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from the stat report (claims) and contract costs by the number of projected recipient months to be incurred. The measure includes both fee-for-service and contract costs. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the average amount paid for each recipient month for the named group.
Goal No. 4 Provide Additional Health-related Services  
Objective No. 1 Provide Primary Health and Specialty Care  
Strategy No. 1 Women's Health Programs  
Measure Type EF  
Measure No. 2 Average Monthly Cost Per Family Planning Client  

Calculation Method: N  
Target Attainment: L  
Priority: L  
Cross Reference: Agy 529 085-R-S70-1 04-01-01 EF 02  
Key Measure: Y  
New Measure: N  
Percentage Measure: N  

BL 2020 Definition  
This measure reports the average monthly cost of providing family planning services to eligible clients with HHSC family planning funds.

BL 2020 Data Limitations  
Complete data may not be available for the reporting period at the time the report is due.

BL 2020 Data Source  
Client data are from the TMHP Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe. Expenditures data are from the Health and Human Services Contract Administration and Tracking System.

BL 2020 Methodology  
For each reporting time period, the total funds expended for family planning contracts is summed and divided by the sum of the monthly unduplicated number of clients receiving family planning services from contracting and/or enrolled entities.

BL 2020 Purpose  
This measure reports the average monthly cost of providing family planning services for eligible clients with HHSC family planning funds.

BL 2021 Definition  
This measure reports the average monthly cost of providing family planning services to eligible clients with HHSC family planning funds.

BL 2021 Data Limitations  
Complete data may not be available for the reporting period at the time the report is due.

BL 2021 Data Source  
Client data are from the TMHP Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe. Expenditures data are from the Health and Human Services Contract Administration and Tracking System.

BL 2021 Methodology  
For each reporting time period, the total funds expended for family planning contracts is summed and divided by the sum of the monthly unduplicated number of clients receiving family planning services from contracting and/or enrolled entities.
BL 2021 Purpose

This measure reports the average monthly cost of providing family planning services for eligible clients with HHSC family planning funds.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  
Objective No. 1  
Strategy No. 1  
Measure Type EX  
Measure No. 1  

Calculation Method: N  
Target Attainment: L  
Priority: M  

Cross Reference: Agy 529 085-R-S70-1 04-01-01 EX 01

Key Measure: Y  
New Measure: N  
Percentage Measure: N

This measure reports the number of certified clinical providers enrolled and eligible to provide Healthy Texas Woman (HTW) services to HTW clients.

Data only reports on providers who have certified and who can provide an annual women's health examination and prescribe family planning drugs and/or devices.

Data are from the certified clinical provider universe held in the claims administrator's database or any newly developed reporting and analytic systems (e.g., Enterprise Data Warehouse).

The provider count includes only those certified clinical providers who are certified and would perform the annual family planning exam and prescribe family planning drugs and devices. This includes physicians, physician extenders (e.g., physician assistants and advance practice nurses), FQHCs, ASCs, family planning agencies, and health clinics.

This measure can be used to determine the number of certified clinical providers who can treat HTW clients and to determine multi-year trends in provider enrollment.
Goal No. 4 Provide Additional Health-related Services
Objective No. 1 Provide Primary Health and Specialty Care
Strategy No. 1 Women's Health Programs
Measure Type EX
Measure No. 2 Number of Clinical Providers Enrolled in Family Planning

BL 2020 Definition
This measure reports the number of certified providers enrolled and eligible to provide Family Planning (FP) services to FP clients.

BL 2020 Data Limitations
Data only reports on providers who have been certified and who can provide an annual women’s health examination and prescribe family planning drugs and/or devices.

BL 2020 Data Source
Data are from the certified provider universe held in the claims administrator's database or any newly developed reporting and analytic systems (e.g. Enterprise Data Warehouse)

BL 2020 Methodology
The provider count includes only those certified clinical providers who are certified and would perform the annual family planning exam and prescribe family planning drugs and devices. This includes physicians, physician extenders (e.g., physician assistants and advance practice nurses), FQHCs, ASCs, family planning agencies, and health clinics.

BL 2020 Purpose
This measure can be used to determine the number of certified clinical providers who can treat FP clients and to determine multi-year trends in provider enrollment.
### Measure No. 1 Avg Monthly # Women Enrolled in Services through Healthy Texas Women

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 04-01-01 OP 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**  
This measure reports the average monthly number of Healthy Texas Women recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for HTW.

**BL 2020 Data Limitations**  
None

**BL 2020 Data Source**  
The Premium Payable System.

**BL 2020 Methodology**  
Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

**BL 2020 Purpose**  
This measure reflects the average monthly number of recipient months for clients enrolled in the HTW program.

**BL 2021 Definition**  
This measure reports the average monthly number of Healthy Texas Women recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for HTW.

**BL 2021 Data Limitations**  
None

**BL 2021 Data Source**  
The Premium Payable System.
BL 2021 Methodology
Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2021 Purpose
This measure reflects the average monthly number of recipient months for clients enrolled in the HTW program.
Goal No. 4 Provide Additional Health-related Services
Objective No. 1 Provide Primary Health and Specialty Care
Strategy No. 1 Women's Health Programs
Measure Type OP
Measure No. 2 Average Monthly Number of Family Planning Clients

Calculation Method: N  Target Attainment:  Priority:  
Key Measure: Y  New Measure: N  Percentage Measure: N

BL 2020 Definition
This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.

BL 2020 Data Limitations
Complete data may not be available for the reporting period at the time the report is due.

BL 2020 Data Source
Client data is from the Texas Medicaid Health Partnership Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe.

BL 2020 Methodology
The average monthly number of adults receiving FP services is calculated by summing the monthly unduplicated client served counts and dividing by the number of summed months. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2020 Purpose
This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.

BL 2021 Definition
This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.

BL 2021 Methodology
The average monthly number of adults receiving FP services is calculated by summing the monthly unduplicated client served counts and dividing by the number of summed months. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2021 Purpose
This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  
Provide Additional Health-related Services

Objective No. 1  
Provide Primary Health and Specialty Care

Strategy No. 1  
Women's Health Programs

Measure Type OP  

Measure No. 3  
Number of Women over 21 Provided Title V Services

Calculation Method: C  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 04-01-01 OP 03

Key Measure: Y  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**

This measure reports the unduplicated number of women over 21 receiving prenatal, dysplasia, and genetics, and laboratory services through contracting agencies funded with Title V and/or related general revenue.

**BL 2020 Data Limitations**

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

**BL 2020 Data Source**

System reports for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

**BL 2020 Methodology**

Reported data is calculated by adding the number of clients from reports for the contracting agencies.

**BL 2020 Purpose**

This measure reports the unduplicated number of women aged 21 and over receiving prenatal, dysplasia, and genetics, and laboratory services through contracting agencies funded with Title V and/or related general revenue.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
### Agency Code: 529
### Agency: Health and Human Services Commission

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<td>H</td>
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</table>

**Measure No. 4 Average Monthly Number of Women Receiving HTW Services**

**Calculation Method:** N

**Target Attainment:** H

**Priority:** H

**Cross Reference:**

- **Key Measure:** Y

- **New Measure:** Y

- **Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the average monthly number of Healthy Texas Women receiving a service covered under the Healthy Texas Women program.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

Ad Hoc Query Platform (AHQP) Claims Universe, TMHP.

**BL 2020 Methodology**

Average monthly number of women receiving a service in HTW is calculated by summing the number of monthly utilizers and dividing by the number of months summed. Number of women served are accounted for based on claims data and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

**BL 2020 Purpose**

This measure reflects the average monthly number of women receiving services in HTW, this is a measure of utilization.
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>4</td>
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**Goal No. 4:** Provide Additional Health-related Services  
**Objective No. 1:** Provide Primary Health and Specialty Care  
**Strategy No. 2:** Alternatives to Abortion. Nontransferable.

**BL 2020 Definition**  
This measure reports the number of clients who receive services as an alternative to abortion. The Alternatives to Abortion program provides assistance which includes providing women with pregnancy and parenting information, connecting them with mentoring and social service programs, and providing them with time-limited material goods (e.g., car seats, clothing, etc.).

**BL 2020 Data Limitations**  
HHSC must rely on the Alternatives to Abortion contractor to maintain information in their data collection system. The contractor depends on its subcontractors to timely and accurately enter data into the data collection system. Also, there is a gap between the due date for quarterly LBB reporting and the date the contractor is required to submit final program reports to the contract manager. To assist HHSC in timely reporting LBB measures, the contractor provides HHSC with unfiltered information that may include duplicate client counts.

**BL 2020 Data Source**  
The data source is the Alternatives to Abortion contractor's data collection system.

**BL 2020 Methodology**  
The Alternatives to Abortion contractor completes and submits a standardized template with required data elements on a monthly, quarterly and annual basis. The information is derived from the contractor's data collection system. This data is re-calculated each quarter to ensure an unduplicated count of clients is reflected in the year-to-date total.

**BL 2020 Purpose**  
This measure reports the number of clients who receive services as an alternative to abortion. The Alternatives to Abortion program provides assistance which includes providing women with pregnancy and parenting information, connecting them with mentoring and social service programs, and providing them with time-limited material goods (e.g., car seats, clothing, etc.).

**BL 2021 Definition**  

**BL 2021 Data Limitations**
BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
### BL 2020 Definition

The number provided is an unduplicated count of services provided to clients of the Alternatives to Abortion program. The Alternatives to Abortion program provides assistance which includes providing women with pregnancy and parenting information, connecting them with mentoring and social service programs, and providing them with time-limited material goods (e.g., car seats, clothing, etc.).

### BL 2020 Data Limitations

HHSC must rely on the Alternatives to Abortion contractor to maintain information in their data collection system. The contractor depends on its subcontractors to timely and accurately enter data into the data collection system.

### BL 2020 Data Source

The date source is the Alternatives to Abortion contractor's data collection system.

### BL 2020 Methodology

The Alternatives to Abortion contractor completes and submits a standardized template with required data elements on a monthly, quarterly and annual basis. The information is derived from the data collection system maintained by the contractor.

### BL 2020 Purpose

This measure indicates the number of unduplicated services provided to clients of the Alternatives to Abortion program.

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**Table: Measure Definitions**

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<td>Measure Type</td>
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<tr>
<td>Measure No.</td>
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<td>Number of Alternatives to Abortion Services Provided</td>
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**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 04-01-02 OP 02

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N
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<td>New Measure: N</td>
<td>Percentage Measure: N</td>
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**BL 2020 Definition**
A monthly average of only HHSC appropriated state and federal funds expended for services divided by the monthly average of children receiving comprehensive services in the reporting period. State and federal funds are revenues ECI receives from the Texas Legislature, the U.S. Department of Education, Title XIX, and other State and Federal sources specifically for early childhood intervention services. The funds ECI contractors receive that are not directly appropriated for HHSC ECI are not included.

**BL 2020 Data Limitations**
The accuracy of state and federal funds expended for ECI services is verified periodically through monitoring and reviews of annual audits. State and federal funds expenditure data may not be complete as provider monthly requests for reimbursement are not submitted until 30 days after the end of the month.

**BL 2020 Data Source**
The Health and Human Services Accounting System (HHSAS), which is reconciled to Uniform Statewide Accounting System (USAS). Quarterly and annual financial reports, financial report items: State and Federal funds, expended by quarter for ECI services. TKIDS: number served in comprehensive services.

**BL 2020 Methodology**
HHSC appropriation authority includes all general revenue and federal funds allocated to the HHSC ECI services strategy. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9 or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund ECI services. The denominator is the average monthly number of comprehensive children served in ECI services. The formula is numerator/denominator.

**BL 2020 Purpose**
This measure provides information regarding the HHSC ECI expenditures for providing comprehensive services to eligible children. This data can be used for projecting future expenditures and evaluating performance.
Strategy-Related Measures Definitions
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Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  
Objective No. 1  
Strategy No. 3  
Measure Type EF  
Measure No. 2

Provide Additional Health-related Services  
Provide Primary Health and Specialty Care  
Early Childhood Intervention Services  
Average Monthly Cost Per Child: Comprehensive Services/Local

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 04-01-03 EF 02

Key Measure: N  
New Measure: N  
Percentage Measure: N

BL 2020 Definition
A monthly average of local funds collected and expended for comprehensive services divided by the monthly average of children receiving comprehensive services in the reporting period. Local funds include all revenue expended by ECI providers for comprehensive services other than the State and Federal funds described in the efficiency measure for Comprehensive Services/State and Federal funds. Local funds include the Medicaid Therapy funds (state and federal) residing at HHSC.

BL 2020 Data Limitations
The accuracy of local funds expended for ECI services is periodically verified through monitoring and reviews of annual audits. Local funds expenditure data may not be complete as provider quarterly and annual reports are not submitted until 30 days after the end of each quarter.

BL 2020 Data Source
Quarterly and annual financial reports, financial report items: funding sources that comprise local funds expended for ECI services. TKIDS: number served in comprehensive services.

BL 2020 Methodology
HHSC appropriation authority includes all local funds allocated to the ECI Services. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9 or 12 for year to date. The numerator is the total local funds utilized to fund the ECI Services program. The denominator is the average monthly number of comprehensive children served in ECI services. The formula is numerator/denominator.

BL 2020 Purpose
This measure is important because it provides the agency with information regarding the cost of providing comprehensive services to eligible children from sources other than ECI. This data can be used for projecting future expenditures and comparing local costs and performance.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source
BL 2021 Methodology

BL 2021 Purpose
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<td>Early Childhood Intervention Services</td>
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<td>Measure No.</td>
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<td>Average Monthly Number of Hrs of Service Delivered Per Child Per Month</td>
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**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

Cross Reference: Agy 529 085-R-S70-1 04-01-03 EX 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

The number of hours of service delivered per child per month for children in ECI comprehensive services.

**BL 2020 Data Limitations**

The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring. Services do not include eligibility services or other activities that occur prior to the child's enrollment in ECI, case management, or transition activities.

**BL 2020 Data Source**

Local providers enter data into the Texas Kids Intervention Data System (TKIDS). Delivered services are those provided to the child/family according to each child's Individualized Family Service Plan (IFSP). The number of children receiving comprehensive services is determined by the cases in the enrolled disposition at any time in the reporting period.

**BL 2020 Methodology**

The numerator is the total number of hours of delivered service in the reporting period divided by the number of months in the reporting period. The denominator is the average monthly number of children receiving comprehensive services for the reporting period, calculated by dividing the total unduplicated number of children receiving comprehensive services for each month of the reporting period by the number of months in the reporting period. The formula is numerator/denominator.

**BL 2020 Purpose**

This measure is important because it reflects services provided to children and families to help support and promote the child's development and functioning. This data may be used to project future service, staffing, and fiscal needs.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**

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<td>Measure Type</td>
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<td>Measure No.</td>
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<td>Average Monthly Number of Referrals to Local Programs</td>
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</table>

**Calculation Method:** N  **Target Attainment:** H  **Priority:** H  **Cross Reference:**

**Key Measure:** Y  **New Measure:** Y  **Percentage Measure:** N

**BL 2020 Definition**

The average monthly number of children referred to local ECI service providers.

**BL 2020 Data Limitations**

The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

**BL 2020 Data Source**

Local contract providers enter data into the Texas Kids Intervention Data System (TKIDS). Determine the total number of unduplicated monthly referrals, as identified by cases that entered the referral disposition in the reporting period.

**BL 2020 Methodology**

The unduplicated number of referrals is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

**BL 2020 Purpose**

This measure is important because it aids the agency in evaluating the impact of state and local public awareness and child find activities, and because higher referrals reflect more effective outreach activities.
### Measure 2: Avg Monthly Number of Children Determined Eligible for ECI Services

<table>
<thead>
<tr>
<th>Calculation Method: N</th>
<th>Target Attainment:</th>
<th>Priority:</th>
<th>Cross Reference: Agy 529 085-R-S70-1 04-01-03 OP 02</th>
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<tbody>
<tr>
<td>Key Measure: Y</td>
<td>New Measure: N</td>
<td>Percentage Measure: N</td>
<td></td>
</tr>
</tbody>
</table>

**BL 2020 Definition**
This measure provides the average monthly number of children determined eligible for ECI services.

**BL 2020 Data Limitations**
The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

**BL 2020 Data Source**
Local contract providers enter data into the Texas Kids Intervention Data System (TKIDS). This data includes the number of children who have received an eligibility determination disposition, and the number of those children who have been determined eligible for services.

**BL 2020 Methodology**
The average monthly number of children is calculated by taking the average of the monthly counts in the reporting period. The sum of unduplicated monthly counts of children determined eligible for ECI services in the reporting period is divided by the number of months in the reporting period.

**BL 2020 Purpose**
This measure informs the agency with one metric of the level of effort directed towards identifying children eligible for ECI services.
Goal No. 4  Provide Additional Health-related Services
Objective No. 1  Provide Primary Health and Specialty Care
Strategy No. 3  Early Childhood Intervention Services
Measure Type  OP
Measure No. 3  Average Monthly Number of Children Served in Comprehensive Services

BL 2020 Definition
A monthly average of children who receive comprehensive intervention services (unduplicated by month) in ECI programs.

BL 2020 Data Limitations
The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

BL 2020 Data Source
Local contract providers enter data into TKIDS. Determine the total number of unduplicated children receiving comprehensive services monthly, as indicated by cases in the enrolled disposition in the reporting period.

BL 2020 Methodology
The unduplicated number of children receiving comprehensive services is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

BL 2020 Purpose
This measure is important because it is an indication of the number of children eligible for and receiving comprehensive services. This measure is a reflection of the level of performance of the agency and local providers.
BL 2021 Purpose
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

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<tr>
<th>Agency Code</th>
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<th>Health and Human Services Commission</th>
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<tbody>
<tr>
<td>Goal No.</td>
<td>4</td>
<td>Provide Additional Health-related Services</td>
</tr>
<tr>
<td>Objective No.</td>
<td>1</td>
<td>Provide Primary Health and Specialty Care</td>
</tr>
<tr>
<td>Strategy No.</td>
<td>3</td>
<td>Early Childhood Intervention Services</td>
</tr>
<tr>
<td>Measure Type</td>
<td>OP</td>
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</tr>
<tr>
<td>Measure No.</td>
<td>4</td>
<td>Average Monthly Number of Eligibility Determinations Completed</td>
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**Calculation Method:** N
**Target Attainment:** H
**Priority:** H
**Cross Reference:**

**Key Measure:** Y
**New Measure:** Y
**Percentage Measure:** N

**BL 2020 Definition**
A monthly average of children who receive comprehensive intervention services (unduplicated by month) in ECI programs.

**BL 2020 Data Limitations**
The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

**BL 2020 Data Source**
Local contract providers enter data into TKIDS. Determine the total number of unduplicated children receiving comprehensive services monthly, as indicated by cases in the enrolled disposition in the reporting period.

**BL 2020 Methodology**
The unduplicated number of children receiving comprehensive services is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

**BL 2020 Purpose**
This measure is important because it is an indication of the number of children eligible for and receiving comprehensive services. This measure is a reflection of the level of performance of the agency and local providers.
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 4 Provide Additional Health-related Services
Objective No. 1 Provide Primary Health and Specialty Care
Strategy No. 3 Early Childhood Intervention Services
Measure Type OP
Measure No. 5 Average Monthly Number of Children Newly Enrolled in ECI

Calculation Method: N  Target Attainment: H  Priority: H  Cross Reference:
Key Measure: Y  New Measure: Y  Percentage Measure: N

**BL 2020 Definition**
The average monthly number of new children enrolled in ECI services.

**BL 2020 Data Limitations**
The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

**BL 2020 Data Source**
Local contract providers enter data into the Texas Kids Intervention Data System (TKIDS).

**BL 2020 Methodology**
The average monthly number of children is calculated by tacking the average of the individual monthly counts in the reporting period. The sum of the undeuplicated monthly counts of children newly enrolled in ECI services in the reporting period is then divided by the number of months in the reporting period.

**BL 2020 Purpose**
This measure is important because it is an indication of the number of children newly enrolling for comprehensive services. This measure is a reflection of the level of performance of the agency and local providers.
Agency Code: 529  
Agency: Health and Human Services Commission

<table>
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<tr>
<th>Goal No.</th>
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<tbody>
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<td>Objective No.</td>
<td>1</td>
<td>Provide Primary Health and Specialty Care</td>
</tr>
<tr>
<td>Strategy No.</td>
<td>4</td>
<td>Ensure ECI Respite Services &amp; Quality ECI Services</td>
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<tr>
<td>Measure Type</td>
<td>EF</td>
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<tr>
<td>Measure No.</td>
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<td>Average Time for Complaint Resolution</td>
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**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
Cross Reference: Agy 529 085-R-S70-1 04-01-04 EF 01

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

The number of calendar days per complaint resolved, summed for all complaints resolved, that elapsed from receipt of a request for agency investigation to the date upon which final action on the complaint was taken by the agency, divided by the number of complaints resolved. The calculation excludes complaints determined to be not under the jurisdiction of the agency's statutory authority.

**BL 2020 Data Limitations**

This measure applies only to jurisdictional complaints.

**BL 2020 Data Source**

Entries are made in the ECI Complaint Log. The ECI Complaint Log is a list, by fiscal year, of complaints filed against the agency or its local providers, and the date of final disposition. Issuance of a letter of findings or documentation of complaint withdrawal is considered final disposition and resolution.

**BL 2020 Methodology**

The number of days required for the final disposition of a complaint is determined by the number of calendar days from the date the written complaint was received by the ECI state office staff to the date of the complaint's final disposition. Final disposition is determined by the date of the findings letter or letter verifying complaint withdrawal.

**BL 2020 Purpose**

This measure is important because it provides the agency with information regarding the time state staff spend investigating formal complaints in order to evaluate the efficiency of the process and the agency's compliance with federal statute.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

**Goal No.** 4 Provide Additional Health-related Services  
**Objective No.** 1 Provide Primary Health and Specialty Care  
**Strategy No.** 4 Ensure ECI Respite Services & Quality ECI Services  
**Measure Type** OP  
**Measure No.** 1 Average Monthly Number of Children Receiving Respite Services

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 04-01-04 OP 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**  
A monthly average of children (and their families) who receive respite services in ECI programs.

**BL 2020 Data Limitations**  
The accuracy of the data is dependent upon the accurate and timely submission of respite reports by local contractors. Counts cannot be unduplicated across contractors because the State does not collect this data at the client-level.

**BL 2020 Data Source**  
Local contract providers submit Respite Reports at the end of each quarter. These reports include an item that identifies the number of children receiving respite each month in the quarter.

**BL 2020 Methodology**  
The number of children receiving respite is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

**BL 2020 Purpose**  
Some families of children with developmental delays and disabilities need respite. Monitoring the level of respite services provided to ECI families is important to project future service needs and fiscal needs.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
Goal No. 4 Provide Additional Health-related Services
Objective No. 1 Provide Primary Health and Specialty Care
Strategy No. 5 Children's Blindness Services
Measure Type EF
Measure No. 1 Average Monthly Cost Per Child: Children's Blindness Services

### BL 2020 Definition
Measures the average monthly cost per consumer served in the Blind Children's Vocational Discovery and Development Program (BCVDDP).

### BL 2020 Data Limitations
None.

### BL 2020 Data Source
The data sources are the program related expenditures and encumbrances during the reporting period from the HHSC Accounting System (HHSAS and the DBS automated consumer statistical system); and the number of consumers served (Performance Measure 04-01-05-OP-01: “Average Monthly Number of Children Receiving Blindness Services”).

### BL 2020 Methodology
The formula is numerator/denominator. The numerator is the total HHSC expenditures and encumbrances utilized during the reporting period to fund the habilitative services for children strategy. The denominator is the average monthly number of consumers receiving habilitative services (Performance Measure 04-01-05-OP-01: “Average Monthly Number of Children Receiving Blindness Services”).

### BL 2020 Purpose
This measure tracks the average monthly cost per consumer served through the Blindness Services for Children strategy. It provides one indication of the efficiency of the program.
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 4
Objective No. 1
Strategy No. 5
Measure Type EX
Measure No. 1

Goal: Provide Additional Health-related Services
Objective: Provide Primary Health and Specialty Care
Strategy: Children's Blindness Services
Measure No. 1: Number of Children Receiving Blindness Services Per Year

**Cross Reference:** Agy 529 085-R-S70-1 04-01-05 EX 01

**BL 2020 Definition**

Measures the unduplicated number of consumers served for the fiscal year in the DBS automated consumer statistical system for the Blind Children’s Vocational Discovery and Development Program. Cases must have been in one or more of the following phases at any time during the reporting period: initial contact, application, eligibility, plan development, service delivery, or post closure services.

**BL 2020 Data Limitations**

The number of consumers served in a given reporting period is affected by consumers that are carried over from the previous fiscal year as well as the uneven flow of consumers entering and exiting the program during the reporting period.

**BL 2020 Data Source**

Data is from the DBS automated consumer statistical system. Field staff who work with consumers collect, input, and update consumer data in this system.

**BL 2020 Methodology**

Data is from the DBS automated consumer statistical system. Field staff who work with consumers collect, input, and update consumer data in this system.

**BL 2020 Purpose**

DBS establishes a projection for the population in need of services that can reasonably be served within available resources. This measure tracks and demonstrates progress toward meeting that projected target.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
### BL 2020 Definition
A monthly average of state funds expended for services divided by the average monthly number of children receiving focused autism services in the reporting period.

### BL 2020 Data Limitations
Data reliability is dependent on the accuracy of information submitted to HHSC by the autism grantees.

### BL 2020 Data Source
Data sources for this measure are 1) HHSAS Financial data and invoices, and 2) Consumer Data Report.

### BL 2020 Methodology
HHSC appropriation authority includes all general revenue funds allocated to the Autism Program strategy. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund focused autism services in the autism program for the reporting period. The denominator is the unduplicated number of children receiving focused autism services for the reporting period. The formula is numerator/denominator/number of months in the reporting period.

### BL 2020 Purpose
This measure allows HHSC to monitor grant funds expended and to ensure costs are in line with monthly projections.

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### BL 2021 Definition

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### BL 2021 Data Limitations

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### BL 2021 Data Source

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### BL 2021 Methodology
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 4: Provide Additional Health-related Services
Objective No. 1: Provide Primary Health and Specialty Care
Strategy No. 6: Autism Program
Measure Type: EX
Measure No. 1: Number of Children Receiving Focused Autism Services Per Year

Calculation Method: N  Target Attainment:  Priority: 
Key Measure: Y  New Measure: N  Percentage Measure: N

BL 2020 Definition
Measures the unduplicated number of children served with focused services for the fiscal year by the HHSC Autism Program.

BL 2020 Data Limitations
Data reliability is dependent on the accuracy of information submitted to HHSC by autism grantees.

BL 2020 Data Source
Data source for this measure is: Consumer Data Report.

BL 2020 Methodology
Sum of unduplicated children served with focused autism services for the fiscal year.

BL 2020 Purpose
Autism grantees establish a target for the number of children with autism to be served with focused autism services within available resources. This measure tracks progress toward meeting that target.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

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<th>Agency Code:</th>
<th>529</th>
<th>Agency:</th>
<th>Health and Human Services Commission</th>
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<tbody>
<tr>
<td>Goal No.</td>
<td>4</td>
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</tr>
<tr>
<td>Objective No.</td>
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<td>Provide Primary Health and Specialty Care</td>
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<td>Measure Type</td>
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<tr>
<td>Measure No.</td>
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<td>Average Monthly Number of Children Receiving Focused Autism Services</td>
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</table>

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 04-01-06 OP 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**
A monthly average of unduplicated children who are receiving or who have received focused autism services in the HHSC Autism Program.

**BL 2020 Data Limitations**
Data reliability is dependent on the accuracy of information submitted to HHSC by autism grantees.

**BL 2020 Data Source**
Data source for this measure is the Consumer Data Report.

**BL 2020 Methodology**
Cases in open status at any time during the reporting period are included in the calculated average. The numerator is the total unduplicated number of cases receiving focused services each month in the reporting period. The denominator is the number of months in the reporting period. The formula is numerator/denominator.

**BL 2020 Purpose**
Autism grantees establish a target for the number of children with autism to be served with focused autism services within available resources. This measure tracks progress toward meeting that target.

---

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
## Measure No. 1 Average Monthly Cost Per CSHCN Client Receiving Health Care Benefits

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N  

### BL 2020 Definition
This measure reports the average paid for eligible Children with Special Health Care Needs (CSHCN) Services Program clients receiving health care benefits. For purposes of this measure, health care benefits as defined in rule include medical services, enabling services (excluding transportation), and family support services.

### BL 2020 Data Limitations
The number of clients with paid claims is reported based on the date of service. Providers have 95 days to file claims from the date of service and 180 days to submit appeals. Therefore, payment data for a given period may change through time. Due to the definition, the number of clients used for this measure may be duplicated in subsequent quarters. Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

### BL 2020 Data Source
The average monthly cost per client receiving health care benefits is obtained from the program’s automated data system.

### BL 2020 Methodology
The average monthly cost per CSHCN Services Program client is calculated by dividing the amount paid for receiving health care benefits by the number of CSHCN Services Program clients who received health care benefits and averaging across the reporting period. Estimates may be included based on the data available.

### BL 2020 Purpose
This measure is used to monitor trends in the cost of care for the clients receiving health care benefits reimbursed by the CSHCN Services Program and reflects the program's ability to meet some of the needs of clients.

### BL 2021 Definition

### BL 2021 Data Limitations

### BL 2021 Data Source
BL 2021 Methodology

BL 2021 Purpose
**Goal No. 4 Provide Additional Health-related Services**

**Objective No. 1 Provide Primary Health and Specialty Care**

**Strategy No. 7 Children with Special Health Care Needs**

**Measure No. 1 Avg Mon Caseload CSHCN Clients Receiving Health Care Benefits**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

**Cross Reference:** Agy 529 085-R-S70-1 04-01-07 OP 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports the average monthly caseload of clients in the Children with Special Health Care Needs (CSHCN) Services Program who receive health care benefits paid by the program. For purposes of this measure, health care benefits, as defined in rule, include medical services, enabling services, (excluding transportation), and family support services.

**BL 2020 Data Limitations**

The number of clients with paid claims is reported based on the date of service. Providers have 95 days to file claims from the date of service and 180 days to submit appeals. Therefore, payment data for a given period may change through time. This measure may be affected by factors such as the number of individuals enrolled in the program, the clients' needs, and the availability of other healthcare resources. Due to the definition, the number of clients used for this measure may be duplicated in subsequent quarters. Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

**BL 2020 Data Source**

The average monthly caseload of clients receiving health care benefits is obtained from the program's automated data system.

**BL 2020 Methodology**

This measure is calculated by summing the number of clients with paid claims for health care benefits in a month and averaging such across the reporting period. Estimates may be used for quarters in which claims data is incomplete.

**BL 2020 Purpose**

This measure is used to monitor trends in the cost of care for clients receiving health care benefits reimbursed by the CSHCN Services Program and reflects the program's ability to meet some of the needs of clients.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
Goal No. 4 Provide Additional Health-related Services
Objective No. 1 Provide Primary Health and Specialty Care
Strategy No. 8 Title V Children's Dental and Health Services
Measure Type OP
Measure No. 1 Number of Infants <1 and Children Age 1-21 Years Provided Services

Calculation Method: C  Target Attainment: L  Priority: L  Cross Reference: Agy 529 085-R-S70-1 04-01-08 OP 01
Key Measure: Y  New Measure: N  Percentage Measure: N

**BL 2020 Definition**
This measure reports the unduplicated number of infants <1 and children (ages 1 through 21) receiving dental and child health services, such as well child checkups, immunizations, newborn hearing and metabolic screenings, vision and hearing screening, and comprehensive and periodic oral health care through contracting agencies funded with Title V and/or related general revenue.

**BL 2020 Data Limitations**
Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

**BL 2020 Data Source**
System reports for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

**BL 2020 Methodology**
Reported data is calculated by adding the number of clients from reports for the contracting agencies.

**BL 2020 Purpose**
This measure reports the unduplicated number of infants <1 and children (ages 1 through 21) receiving dental and child health services, such as well child checkups, immunizations, newborn hearing and metabolic screenings, vision and hearing screening, and comprehensive and periodic oral health care through contracting agencies funded with Title V and/or related general revenue.
### Measure: Average Cost Per Chronic Disease Service - Kidney Health Care

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<thead>
<tr>
<th>Goal No.</th>
<th>Objective No.</th>
<th>Strategy No.</th>
<th>Measure Type</th>
<th>Measure No.</th>
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<tr>
<td>4</td>
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<td>9</td>
<td>EF</td>
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</table>

**Description:** Provide Additional Health-related Services  
Provide Primary Health and Specialty Care  
Kidney Health Care

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N

**BL 2020 Definition:**
This measure includes Kidney Health Care (KHC) allowable chronic disease services, including medical, drug and transportation services and payment of Medicare Part D premiums. This measure is the average amount paid per KHC client per fiscal year.

**BL 2020 Data Limitations:**
Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

**BL 2020 Data Source:**
Data are derived from the KHC claims processing and budget reporting systems.

**BL 2020 Methodology:**
The average cost per chronic disease service will be determined per client served per fiscal year by dividing the total client services expenditures by the total number of unduplicated clients.

**BL 2020 Purpose:**
To measure the average amount paid per KHC client per fiscal year.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
**Goal No. 4 Provide Additional Health-related Services**

**Objective No. 1 Provide Primary Health and Specialty Care**

**Strategy No. 9 Kidney Health Care**

**Measure No. 1 Number of Kidney Health Clients Provided Services**

**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 04-01-09 OP 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

The measure is the total number of unduplicated clients for whom Kidney Health Care (KHC) made payment or reimbursed for chronic disease services received during the fiscal year. This includes medical, drugs and transportation services and payment of Medicare Part D premiums.

**BL 2020 Data Limitations**

Complete data may not be available at the time the report is due; therefore, projections may be included based on the data available.

**BL 2020 Data Source**

Data are derived from KHC claims processing and budget reporting systems.

**BL 2020 Methodology**

The measure is the total number of unduplicated clients for whom KHC made payment or reimbursed for chronic disease services received during the fiscal year. Data are non-cumulative, and the reported values will be updated on a quarterly basis.

**BL 2020 Purpose**

The measure is the total number of unduplicated clients for whom KHC made payment or reimbursed for services received during the fiscal year.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  Provide Additional Health-related Services
Objective No. 1  Provide Primary Health and Specialty Care
Strategy No. 10 Additional Specialty Care
Measure Type: EX
Measure No. 1 Number of Epilepsy Program Clients Provided Services

Calculation Method: N  
Target Attainment:  
Priority: Cross Reference: Agy 529 085-R-S70-1 04-01-10 EX 01

Key Measure: N  New Measure: N  Percentage Measure: N

BL 2020 Definition
Number of epilepsy program clients provided outreach activities, case management, and (direct) medical services by HHSC funded contractors.

BL 2020 Data Limitations
None

BL 2020 Data Source
Information is obtained from the Epilepsy Contractor Quarterly Reports.

BL 2020 Methodology
The number of persons receiving epilepsy services through funded programs is derived from a quarterly tabulation based on information obtained from the Epilepsy Contractor Quarterly Reports.

BL 2020 Purpose
Measures the number of epilepsy program clients provided services which include outreach activities, case management, and (direct) medical services.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
<table>
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<td>Provide Additional Health-related Services</td>
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<tr>
<td>Objective No.</td>
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<td>Strategy No.</td>
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<tr>
<td>Measure No.</td>
<td>2</td>
<td>Number of Hemophilia Assistance Program Clients</td>
<td></td>
</tr>
</tbody>
</table>

**BL 2020 Definition**
Number of Hemophilia Assistance Program (HAP) clients that receive financial assistance for blood factor products through HHSC approved providers.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
HAP history files.

**BL 2020 Methodology**
The measure is the total number of unduplicated clients for whom the HAP made payment for services received during the fiscal year.

**BL 2020 Purpose**
Measures the number of HAP clients that receive financial assistance for blood factor products through HHSC approved providers.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
### BL 2020 Definition

This measure reports the average cost per Primary Health Care eligible patient provided access to primary care services. The cost includes service and administrative dollars spent by contractors.

### BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

### BL 2020 Data Source

The sources for this measure are the contractor monthly and annual reports.

### BL 2020 Methodology

Average cost per Primary Health Care eligible patient provided access to primary care services per year is calculated by dividing the unduplicated number of patients who are screened and found eligible for services into the available contract funding for the fiscal year.

### BL 2020 Purpose

Measures average cost per Primary Health Care eligible patients provided access to primary care services per year.

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<table>
<thead>
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Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  Provide Additional Health-related Services
Objective No. 1  Provide Primary Health and Specialty Care
Strategy No. 11  Community Primary Care Services
Measure Type  OP
Measure No. 1  # of Primary Hlth Care Eligible Patients Provided Primary Care Svs

Calculation Method: C  
Target Attainment: 
Priority: 
Cross Reference: Agy 529 085-R-S70-1 04-01-11 OP 01

Key Measure: Y  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**

This measure is the unduplicated number of Primary Health Care clients provided primary care services.

**BL 2020 Data Limitations**

Complete data may not be available for the reporting period at the time the report is due.

**BL 2020 Data Source**

The sources for this measure are the contractor monthly and annual reports.

**BL 2020 Methodology**

This is the unduplicated number of Primary Health Care clients receiving services as reported by contractors.

**BL 2020 Purpose**

Measures the number of Primary Health Care Program clients provided primary health care services.
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<tr>
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<th>Health and Human Services Commission</th>
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**Calculation Method:** C  
**Target Attainment:** C  
**Priority:** |

Cross Reference: Agy 529 085-R-S70-1 04-01-12 OP 01

**BL 2020 Definition**

Number of Persons receiving services delivered by the Abstinence Education Program.

**BL 2020 Data Limitations**

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data.

**BL 2020 Data Source**

Summary report derived from bi-annual activity reports. Numbers served will be totaled from the data reports from the Abstinence Education program.

**BL 2020 Methodology**

The total number of persons served will be the unduplicated count of individuals receiving services from contractors, parents in state-wide services, teachers and community members in coalitions and trainings, and students in youth clubs or leadership camps during the reporting period.

**BL 2020 Purpose**

Measures the number of persons receiving services.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
Goal No. 4  Provide Additional Health-related Services
Objective No. 2  Provide Community Behavioral Health Services
Strategy No. 1  Community Mental Health Services (MHS) for Adults
Measure Type  EF
Measure No. 1  Average Monthly Cost Per Adult: Community Mental Health Services

**BL 2020 Definition**
This measure captures the Health and Human Services Commission (HHSC) appropriation authority monthly cost per adult receiving community mental health services in a full level of care.

**BL 2020 Data Limitations**
The accuracy of the commission's data is dependent upon accurate and timely information being entered into data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

**BL 2020 Data Source**
Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

**BL 2020 Methodology**
The cost for providing adult community mental health services in each month of the quarter is averaged. The numerator is the total HHSC appropriation authority funds utilized to fund adult mental health community services/the number of months in the reporting period. The denominator is the average monthly number of adults receiving mental health community services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

**BL 2020 Purpose**
This measure is used to determine efficiency and cost effectiveness of the programs over time.
**Strategy-Related Measures Definitions**

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Automated Budget and Evaluation System of Texas (ABEST)

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<tr>
<th>Goal No.</th>
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**Goal No. 4:** Provide Additional Health-related Services  
**Objective No. 2:** Provide Community Behavioral Health Services  
**Strategy No. 1:** Community Mental Health Services (MHS) for Adults  
**Measure Type:** EX  
**Measure No. 1:** Number of Adults Receiving Community Mental Health Services Per Year

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 04-02-01 EX 01

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure captures an unduplicated count of eligible adults who receive community mental health services through a full level of care service package as part of Texas Resilience and Recovery during one fiscal year.

**BL 2020 Data Limitations**

The accuracy of the commission's data is dependent upon accurate and timely information being entered into data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

**BL 2020 Data Source**

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

**BL 2020 Methodology**

This measure is an annual count of adults who receive community mental health services. The total unduplicated number of adults that receive community mental health services through a full level of care service package as part of Texas Resilience and Recovery during the fiscal year is summed.

**BL 2020 Purpose**

The number of persons served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
### BL 2020 Definition
This measure captures the average monthly unduplicated count of eligible adults whose services are funded with Health and Human Services Commission (HHSC) appropriation authority funds and who receive mental health community services through a full level of care service package as part of Texas Resilience and Recovery.

### BL 2020 Data Limitations
The accuracy of the commission's client database is dependent upon accurate and timely information being entered into the data warehouse by the Local Mental Health Authorities/Local Behavioral Health Authorities.

### BL 2020 Data Source
Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

### BL 2020 Methodology
To obtain the number of adults served with HHSC appropriation authority funds, the percentage of total expenditures that were funded through the commission's appropriation authority in the previous fiscal year is calculated. This percentage is applied to the average monthly number served for the specified quarter to yield the average monthly number served for the specified quarter with HHSC appropriation authority funds. The numerator is the sum of the number of adults receiving community Mental Health services through a full level of care service package as part of Texas Resilience and Recovery levels of care each month of the reporting period *state funded percentage. The state funded percentage is the expenditures financed through the HHSC appropriation authority for any adult Mental Health community service/Total expenditures for any adult Mental Health community service *100. The denominator is the number of months in the period. The formula is numerator/denominator.

### BL 2020 Purpose
Monthly number of persons served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
**Goal No. 4 Provide Additional Health-related Services**

**Objective No. 2 Provide Community Behavioral Health Services**

**Strategy No. 2 Community Mental Health Services (MHS) for Children**

**Measure Type EF**

**Measure No. 1 Average Monthly Cost Per Child Receiving Community MH Services**

**BL 2020 Definition**

This measure captures the Health and Human Services Commission (HHSC) appropriation authority monthly cost per child receiving community mental health services in a full level of care.

**BL 2020 Data Limitations**

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

**BL 2020 Data Source**

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

**BL 2020 Methodology**

The cost for providing child community mental health services in each month of the quarter is averaged. The numerator is the total HHSC appropriation authority funds utilized to fund child mental health community services/ the number of months in the reporting period. The denominator is the total monthly number of children receiving mental health services in the community that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

**BL 2020 Purpose**

This measure captures the HHSC appropriation authority monthly cost per child receiving community mental health services in a full level of care.
Goal No. 4  Provide Additional Health-related Services
Objective No. 2  Provide Community Behavioral Health Services
Strategy No. 2  Community Mental Health Services (MHS) for Children
Measure Type  EX
Measure No. 1  Number of Children Receiving Community MH Services Per Year

**BL 2020 Definition**
This measure captures an unduplicated count of eligible children who receive community mental health services through a full level of care service package as part of Texas Resilience and Recovery during one fiscal year.

**BL 2020 Data Limitations**
The accuracy of the commission's data is dependent upon accurate and timely information being entered into data warehouse system by the local mental health authorities/local behavioral health authorities.

**BL 2020 Data Source**
Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

**BL 2020 Methodology**
This measure is an annual count of children who receive community mental health services. The total unduplicated number of children that receive community mental health services through a full level of care service package as part of Texas Resilience and Recovery during the fiscal year is summed.

**BL 2020 Purpose**
The number of persons served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
Goal No. 4 Provide Additional Health-related Services
Objective No. 2 Provide Community Behavioral Health Services
Strategy No. 2 Community Mental Health Services (MHS) for Children
Measure Type OP
Measure No. 1 Average Monthly Number of Children Receiving Community MH Services

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-02 OP 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure captures the average monthly unduplicated count of eligible children (under age 18) whose services are funded with Health and Human Services Commission (HHSC) appropriation authority funds and who receive mental health community services through a full level of care service package as part of Texas Resiliency and Recovery (levels of care 1,2,3,4, or Young Child) on a monthly basis. The mental health services in the levels of care may be provided on a monthly or quarterly basis depending upon the service.

**BL 2020 Data Limitations**
The accuracy of the commission's data is dependent upon accurate and timely information being entered into data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

**BL 2020 Data Source**
Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

**BL 2020 Methodology**
To obtain the number of children served with HHSC appropriation authority funds, the percentage of total expenditures that were funded through the commission's appropriation authority in the previous year is calculated. This percentage is applied to the average monthly numbers served for the specified quarter to yield the average monthly number served for the specified quarter with HHSC appropriation authority funds. The numerator is the sum of the number of children receiving community Mental Health services through a full level of care service package as part of Texas Resilience and Recovery each month of the reporting period * state funded percentage. The state funded percentage is the expenditures financed through the HHSC appropriation authority for any child's community Mental Health services / Total expenditures for any child's community Mental Health services *100. The denominator is the number of months in the period. The formula is numerator/denominator.

**BL 2020 Purpose**
Monthly number of children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
**Goal No. 4 Provide Additional Health-related Services**

**Objective No. 2 Provide Community Behavioral Health Services**

**Strategy No. 3 Community Mental Health Crisis Services (CMHCS)**

**Measure Type EF**

**Measure No. 1 Avg GR Spent Per Person for Crisis Residential Services**

**Calculation Method: N**

**Target Attainment:**

**Priority:**

**Cross Reference: Agy 529 085-R-S70-1 04-02-03 EF 01**

**Key Measure: Y**

**New Measure: N**

**Percentage Measure: N**

**BL 2020 Definition**

This measure captures the average amount of General Revenue (GR) spent per person for a crisis residential services (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board) during the fiscal year.

**BL 2020 Data Limitations**

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

**BL 2020 Data Source**

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

**BL 2020 Methodology**

The numerator is the total year-to-date GR expenditures for crisis residential services. The denominator is the unduplicated year-to-date number of persons who receive a crisis residential service funded by GR.

**BL 2020 Purpose**

This measure is used to determine efficiency and cost effectiveness of the programs over time.
Goal No. 4 Provide Additional Health-related Services
Objective No. 2 Provide Community Behavioral Health Services
Strategy No. 3 Community Mental Health Crisis Services (CMHCS)
Measure Type EF
Measure No. 2 Avg GR Spent Per Person for Crisis Outpatient Services

**BL 2020 Definition**
This measure captures the average amount of General Revenue (GR) spent per person for a crisis outpatient services (i.e., mobile crisis outreach team, walk-in crisis, or crisis follow-up) during the fiscal year.

**BL 2020 Data Limitations**
The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

**BL 2020 Data Source**
Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

**BL 2020 Methodology**
The numerator is the total year-to-date GR expenditures for crisis outpatient services. The denominator is the unduplicated year-to-date number of persons who receive a crisis outpatient service funded by GR. The formula is numerator/denominator.

**BL 2020 Purpose**
This measure is used to determine efficiency and cost effectiveness of the programs over time.
### BL 2020 Definition

This measure captures the unduplicated year-to-date number of persons (regardless of age) who receive a crisis residential services (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board), and whose services are funded by General Revenue.

### BL 2020 Data Limitations

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

### BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

### BL 2020 Methodology

The unduplicated number of persons who receive a residential crisis service, where the source of funding was General Revenue, is summed for the fiscal year.

### BL 2020 Purpose

Providing mental health crisis residential services as alternatives to service in more restrictive and less appropriate settings (e.g., Emergency Room, psychiatric hospital and jail) is an important function. This measure provides an unduplicated count of the number of individuals served in residential crisis services as less restrictive and more appropriate alternatives per year.
**Health and Human Services Commission**

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<tr>
<th>Agency Code</th>
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**Goal No.** 4

Provide Additional Health-related Services

**Objective No.** 2

Provide Community Behavioral Health Services

**Strategy No.** 3

Community Mental Health Crisis Services (CMHCS)

**Measure Type** OP

**Measure No.** 2

# Persons Receiving Crisis Outpatient Services Per Year Funded by GR

**Calculation Method:** C

**Target Attainment:**

**Priority:**

Cross Reference: Agy 529 085-R-S70-1 04-02-03 OP 02

**Key Measure:** Y

**New Measure:** N

**Percentage Measure:** N

**BL 2020 Definition**

This measure captures the unduplicated year-to-date number of persons (regardless of age) who receive a crisis outpatient services (i.e., mobile crisis outreach team, walk-in crisis, or crisis follow-up), and whose services are funded by General Revenue.

**BL 2020 Data Limitations**

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

**BL 2020 Data Source**

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

**BL 2020 Methodology**

The unduplicated number of persons who receive an outpatient crisis service, where the source of funding was General Revenue, is summed for the fiscal year.

**BL 2020 Purpose**

Providing mental health crisis outpatient services as alternatives to service in more restrictive and less appropriate settings (e.g., Emergency Room, psychiatric hospital and jail) is an important function. This measure provides an unduplicated count of the number of individuals served in outpatient crisis services as less restrictive and more appropriate alternatives per year.
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

<table>
<thead>
<tr>
<th>Goal No.</th>
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**Goal No. 4: Provide Additional Health-related Services**

**Objective No. 2: Provide Community Behavioral Health Services**

**Strategy No. 4: Substance Abuse Prevention, Intervention, and Treatment**

**Measure Type EF**

**Measure No. 1: Average Mo Cost Per Youth for Substance Abuse Prevention Services**

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 04-02-04 EF 01

**BL 2020 Definition**

This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded youth substance abuse prevention services.

**BL 2020 Data Limitations**

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

**BL 2020 Data Source**

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

**BL 2020 Methodology**

The numerator is sum of prevention service expenditures reported by providers. The denominator is the number served. The formula is numerator/denominator. The number served is the total number of persons receiving HHSC-funded youth substance abuse prevention services.

**BL 2020 Purpose**

This measure is used to determine efficiency and cost effectiveness of the programs over time.
### Agency Code: 529
### Agency: Health and Human Services Commission

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**BL 2020 Definition**

This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded adult substance abuse intervention services.

**BL 2020 Data Limitations**

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

**BL 2020 Data Source**

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

**BL 2020 Methodology**

The sum of direct service expenditures and HHSC non-service expenditures for the intervention programs divided by the total number of persons served. Number served is the total number of persons receiving HHSC-funded adult substance abuse intervention services.

**BL 2020 Purpose**

This measure is used to determine efficiency and cost effectiveness of the programs over time.
### BL 2020 Definition
This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded youth substance abuse intervention services.

### BL 2020 Data Limitations
The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

### BL 2020 Data Source
Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

### BL 2020 Methodology
The sum of direct service expenditures and HHSC non-service expenditures for the intervention programs divided by the total number of persons served. Number served is the total number of persons receiving youth intervention services.

### BL 2020 Purpose
This measure is used to determine efficiency and cost effectiveness of the programs over time.

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

Goal No. 4: Provide Additional Health-related Services  
Objective No. 2: Provide Community Behavioral Health Services  
Strategy No. 4: Substance Abuse Prevention, Intervention, and Treatment  
Measure Type: EF  
Measure No. 3: Average Mo Cost Per Youth for Substance Abuse Intervention Services
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
Cross Reference: Agy 529 085-R-S70-1 04-02-04 EF 04

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded adult substance abuse treatment services.

**BL 2020 Data Limitations**
The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

**BL 2020 Data Source**
Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

**BL 2020 Methodology**
The sum of substance abuse treatment claims divided by the total number of persons served. Number served is the total number of persons receiving adult substance abuse treatment services.

**BL 2020 Purpose**
This measure is used to determine efficiency and cost effectiveness of the programs over time.
Strategy-Related Measures Definitions
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Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4: Provide Additional Health-related Services
Objective No. 2: Provide Community Behavioral Health Services
Strategy No. 4: Substance Abuse Prevention, Intervention, and Treatment
Measure Type: EF
Measure No. 5: Average Mo Cost Per Youth Served in Treatment Programs for SA

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 04-02-04 EF 05

Key Measure: N  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**
This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded youth substance abuse treatment services.

**BL 2020 Data Limitations**
The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

**BL 2020 Data Source**
Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

**BL 2020 Methodology**
The sum of substance abuse treatment claims divided by the total number of persons served. Number served is the total number of persons receiving youth substance abuse treatment services.

**BL 2020 Purpose**
This measure is used to determine efficiency and cost effectiveness of the programs over time.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  
Provide Additional Health-related Services

Objective No. 2  
Provide Community Behavioral Health Services

Strategy No. 4  
Substance Abuse Prevention, Intervention, and Treatment

Measure Type EX  
% of Adults Completing Treatment Programs for Substance Abuse

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<tr>
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BL 2020 Definition
This measure captures the percent of persons completing an adult substance abuse treatment service during one fiscal year.

BL 2020 Data Limitations
The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source
Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

BL 2020 Methodology
This measure is an annual percent of persons who complete an adult substance abuse treatment program. The numerator is the total number of persons who complete an adult substance abuse treatment program during the reporting period. The denominator is the total number of persons discharged or ending the service during the reporting period. The formula is numerator/denominator.

BL 2020 Purpose
This measure is used to determine efficiency and cost effectiveness of the programs over time.
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529  
Agency: Health and Human Services Commission  

Goal No. 4  Provide Additional Health-related Services  
Objective No. 2  Provide Community Behavioral Health Services  
Strategy No. 4  Substance Abuse Prevention, Intervention, and Treatment  
Measure Type EX  
Measure No. 2  % of Youth Completing Treatment Programs for SA

Calculation Method: N  
Target Attainment:  
Priority:  

Key Measure: N  
New Measure: N  
Percentage Measure: Y  

Cross Reference: Agy 529 085-R-S70-1 04-02-04 EX 02

BL 2020 Definition
This measure captures the percent of persons completing a youth substance abuse treatment service during one fiscal year.

BL 2020 Data Limitations
The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source
Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

BL 2020 Methodology
This measure is an annual percent of persons who complete a youth substance abuse treatment program. The numerator is the total number of persons who complete a youth substance abuse treatment program during the reporting period. The denominator is the total number of persons discharged or ending the service during the reporting period. The formula is numerator/denominator.

BL 2020 Purpose
This measure is used to determine efficiency and cost effectiveness of the programs over time.
**BL 2020 Definition**

This measure captures the average monthly count of persons served through Health and Human Services Commission (HHSC) funded youth substance abuse prevention program service types.

**BL 2020 Data Limitations**

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers. Program measures are aggregate reports and not based on individual level services for each strategy. Due to the nature of the prevention activities within each of the strategies, it is not possible to capture an unduplicated count of the services provided.

**BL 2020 Data Source**

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

**BL 2020 Methodology**

The total number of persons served with HHSC youth substance abuse prevention funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded youth substance abuse prevention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

**BL 2020 Purpose**

Monthly number of youth served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
Goal No. 4 Provide Additional Health-related Services  
Objective No. 2 Provide Community Behavioral Health Services  
Strategy No. 4 Substance Abuse Prevention, Intervention, and Treatment  
Measure Type OP  
Measure No. 2 Avg Mo Number of Youth Served in Treatment Programs for SA  

**BL 2020 Definition**  
This measure captures the average monthly unduplicated count of persons served through Health and Human Services Commission (HHSC) funded youth substance abuse treatment program service types.  

**BL 2020 Data Limitations**  
The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.  

**BL 2020 Data Source**  
Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.  

**BL 2020 Methodology**  
The total number of persons served with HHSC youth substance abuse treatment funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded youth substance abuse intervention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.  

**BL 2020 Purpose**  
Monthly number of youth served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
Goal No. 4 Provide Additional Health-related Services
Objective No. 2 Provide Community Behavioral Health Services
Strategy No. 4 Substance Abuse Prevention, Intervention, and Treatment
Measure Type OP
Measure No. 3 Avg Mo Number of Adults Served in SA Intervention Programs

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
Cross Reference: Agy 529 085-R-S70-1 04-02-04 OP 03

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure captures the average monthly count of persons served through Health and Human Services Commission (HHSC) funded adult substance abuse intervention program service types.

**BL 2020 Data Limitations**
The accuracy of the HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers. Program measures are aggregate reports and not based on individual level services for each strategy. Due to the nature of the intervention activities within each of the strategies, it is not possible to capture an unduplicated count of the services provided.

**BL 2020 Data Source**
Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

**BL 2020 Methodology**
The total number of persons served with HHSC adult substance abuse intervention funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded adult substance abuse intervention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

**BL 2020 Purpose**
Monthly number of adults served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
BL 2020 Definition
This measure captures the count of persons served through Health and Human Services Commission (HHSC) funded youth substance abuse intervention program service types.

BL 2020 Data Limitations
The accuracy of the HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers. Program measures are aggregate reports and not based on individual level services for each strategy. Due to the nature of the intervention activities within each of the strategies, it is not possible to capture an unduplicated count of the services provided.

BL 2020 Data Source
Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

BL 2020 Methodology
The total number of persons served with HHSC youth substance abuse treatment funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded youth substance abuse intervention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose
Monthly number of youth served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
**Goal No. 4 Provide Additional Health-related Services**

**Objective No. 2 Provide Community Behavioral Health Services**

**Strategy No. 4 Substance Abuse Prevention, Intervention, and Treatment**

**Measure No. 5 Avg Mo Number of Adults Served in Treatment Programs for SA**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

**Cross Reference:** Agy 529 085-R-S70-1 04-02-04 OP 05

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure captures the count of persons served through Health and Human Services Commission (HHSC) funded adult substance abuse treatment program service types.

**BL 2020 Data Limitations**

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

**BL 2020 Data Source**

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

**BL 2020 Methodology**

The total number of persons served with HHSC adult substance abuse treatment funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded adult substance abuse treatment services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

**BL 2020 Purpose**

Monthly number of adults served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 4  Provide Additional Health-related Services
Objective No. 3  Build Community Capacity
Strategy No. 1  Indigent Health Care Reimbursement (UTMB)
Measure Type EX
Measure No. 1  Number Indigent Patients Receiving Health Care Services

Calculation Method: N  
Target Attainment: H  
Priority: M  
Cross Reference: Agy 529 085-R-S70-1 04-03-02 EX 01

Key Measure: N  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**

This measure reflects the unduplicated number of indigent patients receiving health care services through the University of Texas Medical Branch (UTMB), paid for with funds from the State-Owned Multi-Categorical Teaching Hospital Account.

**BL 2020 Data Limitations**

Health and Human Services Commission depends on UTMB to provide the documentation of voucher billing.

**BL 2020 Data Source**

Data are submitted to HHSC as documentation of voucher billing from UTMB.

**BL 2020 Methodology**

Sum the number of unduplicated indigent patients receiving services paid for through the State-Owned Multi-Categorical Teaching Hospital Account.

**BL 2020 Purpose**

Measures the number of indigent patients receiving health care services through UTMB. These services are funded through the State-Owned Multi-Categorical Teaching Hospital Account.
BL 2020 Definition
This measure reports the dollar amount of the average monthly Temporary Assistance for Needy Families (TANF) Basic grant per recipient for the federally funded TANF program. The TANF Basic program provides a monthly financial assistance payment to eligible families with children and with no or one certified adult.

BL 2020 Data Limitations
Data are incomplete at initial reporting due to cancellations and supplemental payments.

BL 2020 Data Source
Data is obtained from the “TANF Warrant History” file, based on eligibility determination system.

BL 2020 Methodology
This measure is calculated by dividing the total dollar amount of grants to TANF Basic recipients in reporting period by total number of TANF Basic recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2020 Purpose
This measure provides the unit cost of one of the service components funded under this strategy.

BL 2021 Definition
This measure reports the dollar amount of the average monthly Temporary Assistance for Needy Families (TANF) Basic grant per recipient for the federally funded TANF program. The TANF Basic program provides a monthly financial assistance payment to eligible families with children and with no or one certified adult.

BL 2021 Data Limitations
Data are incomplete at initial reporting due to cancellations and supplemental payments.

BL 2021 Data Source
Data is obtained from the “TANF Warrant History” file, based on eligibility determination system.

BL 2021 Methodology
This measure is calculated by dividing the total dollar amount of grants to TANF Basic recipients in reporting period by total number of TANF Basic recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

**BL 2021 Purpose**

This measure provides the unit cost of one of the service components funded under this strategy.
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<th>Goal No.</th>
<th>Objective No.</th>
<th>Strategy No.</th>
<th>Measure Type</th>
<th>Measure No.</th>
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- **Encourage Self-Sufficiency**
- **Financial and Other Assistance**
- **Temporary Assistance for Needy Families Grants**
- **Average Monthly Grant: State Two-Parent Cash Assistance Program**

**Calculation Method:** N  
**Target Attainment:** L  
**Priority:** L  
**Cross Reference:** Agy 529 085-R-S70-1 05-01-01 EF 02

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports the dollar amount of the average monthly State Two-Parent Cash Assistance Program grant per recipient. The State Two-Parent Cash Assistance Program provides a monthly financial assistance payment to eligible families with two certified adults.

**BL 2020 Data Limitations**

Data are incomplete at initial reporting due to cancellations and supplemental payments.

**BL 2020 Data Source**

Data is obtained from the 'TANF Warrant History' file, based on eligibility determination system.

**BL 2020 Methodology**

Data is derived by dividing total dollar amount of grants to State Two Parent Cash Assistance Program recipients in reporting period by the total number of State Two Parent Cash Assistance Program recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

**BL 2020 Purpose**

This measure provides the unit cost of one of the service components funded under this strategy.

**BL 2021 Definition**

This measure reports the dollar amount of the average monthly State Two-Parent Cash Assistance Program grant per recipient. The State Two-Parent Cash Assistance Program provides a monthly financial assistance payment to eligible families with two certified adults.

**BL 2021 Data Limitations**

Data are incomplete at initial reporting due to cancellations and supplemental payments.

**BL 2021 Data Source**

Data is obtained from the 'TANF Warrant History' file, based on eligibility determination system.

**BL 2021 Methodology**
Data is derived by dividing total dollar amount of grants to State Two Parent Cash Assistance Program recipients in reporting period by the total number of State Two Parent Cash Assistance Program recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

**BL 2021 Purpose**

This measure provides the unit cost of one of the service components funded under this strategy.
**Strategy-Related Measures Definitions**

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<th>529</th>
<th>Agency:</th>
<th>Health and Human Services Commission</th>
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<tr>
<td>Goal No.</td>
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<tr>
<td>Objective No.</td>
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<td>Financial and Other Assistance</td>
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<td>Strategy No.</td>
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<tr>
<td>Measure No.</td>
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<td>Percent of TANF Applications Approved</td>
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**Calculation Method:** N  
**Target Attainment:** L  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 05-01-01 EX 01  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** Y

**BL 2020 Definition**

This measure is the total number of initial applications for TANF Basic, TANF State Two-Parent, One-Time TANF Basic and One-Time TANF Two-Parent programs approved for benefits, expressed as a percentage of all initial TANF applications disposed within the reporting quarter. A disposed application is one that has been worked to a decision as either approved or denied for eligibility for the program.

**BL 2020 Data Limitations**

There may be more than one disposition for a TANF application during the reporting quarter.

**BL 2020 Data Source**

Data are obtained from DataMart, the interface for TIERS reporting

**BL 2020 Methodology**

Determine the total number of initial applications disposed for TANF each month of the reporting quarter. Of these, identify the total number that were approved. Calculate the percentage by dividing the total number of approvals by the total number of dispositions for each quarter and for the cumulative quarters as the year progresses.

**BL 2020 Purpose**

Determine the total number of initial applications disposed for TANF each month of the reporting quarter.
**Strategy-Related Measures Definitions**

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Automated Budget and Evaluation System of Texas (ABEST)

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<th>Goal No.</th>
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<td>Objective No.</td>
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<td>Financial and Other Assistance</td>
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<tr>
<td>Strategy No.</td>
<td>1</td>
<td>Temporary Assistance for Needy Families Grants</td>
</tr>
<tr>
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<tr>
<td>Measure No.</td>
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<td>Average Number of TANF Basic Cash Assistance Recipients Per Month</td>
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**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 05-01-01 OP 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**
This measure reports the monthly average number of persons who received a Temporary Assistance for Needy Families (TANF) grant from the federally funded TANF program during the reporting period. The TANF program provides a monthly financial assistance payment to low income families with children and with no or one certified parent.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
Data is obtained from the "TANF Warrant History" file based on an eligibility determination system.

**BL 2020 Methodology**
The number of TANF recipient month in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant; hence, this measure does not report an unduplicated count of recipients over time. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

**BL 2020 Purpose**
This measure provides an average monthly count of persons receiving federally funded TANF cash assistance.

---

**BL 2021 Definition**
This measure reports the monthly average number of persons who received a Temporary Assistance for Needy Families (TANF) grant from the federally funded TANF program during the reporting period. The TANF program provides a monthly financial assistance payment to low income families with children and with no or one certified parent.

**BL 2021 Data Limitations**
None.

**BL 2021 Data Source**
Data is obtained from the "TANF Warrant History" file based on an eligibility determination system.
BL 2021 Methodology
The number of TANF recipient month in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant; hence, this measure does not report an unduplicated count of recipients over time. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2021 Purpose
This measure provides an average monthly count of persons receiving federally funded TANF cash assistance.
### Agency Code: 529
#### Agency: Health and Human Services Commission

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<tr>
<th>Goal No.</th>
<th>Objective No.</th>
<th>Strategy No.</th>
<th>Measure Type</th>
<th>Measure No.</th>
<th>Description</th>
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<tr>
<td>5</td>
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<td>Avg Number of State Two-Parent Cash Assist Recipients Per Month</td>
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<table>
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<th>Calculation Method: N</th>
<th>Target Attainment: H</th>
<th>Priority: H</th>
<th>Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 02</th>
</tr>
</thead>
</table>

**BL 2020 Definition**

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period. The State Two-Parent Cash Assistance program provides a monthly financial assistance payment to eligible families with two certified adults.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

Data is obtained from the 'TANF Warrant History' file based on an eligibility determination system.

**BL 2020 Methodology**

The number of State Two Parent Cash Assistance Program recipient months for each month in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

**BL 2020 Purpose**

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period.

---

**BL 2021 Definition**

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period. The State Two-Parent Cash Assistance program provides a monthly financial assistance payment to eligible families with two certified adults.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

Data is obtained from the 'TANF Warrant History' file based on an eligibility determination system.
The number of State Two Parent Cash Assistance Program recipient months for each month in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

**BL 2021 Purpose**

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period.
Goal No. 5  
Objective No. 1  
Strategy No. 1  
Measure Type OP  
Measure No. 3  

**Strategy No. 1: Temporary Assistance for Needy Families Grants**

**Measure No. 3: Average Number of TANF One-time Payments Per Month**

**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports the number of One Time (OT) payments issued. Temporary Assistance for Needy Families (TANF) One Time payments provides a $1000 emergency cash payment to families not receiving monthly TANF/two parent benefits and who meet all TANF eligibility requirements. In order to receive a one-time payment, families must meet all TANF requirements and at least one of the crisis criteria as outlined in the Texas Works Handbook.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

Data is obtained from the 'TANF Warrant History' file based on an eligibility determination system.

**BL 2020 Methodology**

The number of average payments per month is computed by summing the number of TANF One time payments in all months of the reporting period and dividing by the number of months in the reporting period. Because data is reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

**BL 2020 Purpose**

This measure provides an average monthly count of persons receiving a TANF one-time payment.

**BL 2021 Definition**

This measure reports the number of One Time (OT) payments issued. Temporary Assistance for Needy Families (TANF) One Time payments provides a $1000 emergency cash payment to families not receiving monthly TANF/two parent benefits and who meet all TANF eligibility requirements. In order to receive a one-time payment, families must meet all TANF requirements and at least one of the crisis criteria as outlined in the Texas Works Handbook.

**BL 2021 Data Limitations**

None.

**BL 2021 Data Source**

Data is obtained from the 'TANF Warrant History' file based on an eligibility determination system.
BL 2021 Methodology
The number of average payments per month is computed by summing the number of TANF One time payments in all months of the reporting period and dividing by the number of months in the reporting period. Because data is reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2021 Purpose
This measure provides an average monthly count of persons receiving a TANF one-time payment.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 5  Encourage Self-Sufficiency
Objective No. 1  Financial and Other Assistance
Strategy No. 1  Temporary Assistance for Needy Families Grants
Measure Type OP
Measure No. 4  Number of Children Receiving $30 Once a Year Grant

Calculation Method: C  Target Attainment: L  Priority: H  
Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 04

BL 2020 Definition

This measure reports the number of children who received the once a year grant of $30 per child. Children are eligible to receive this grant if they were eligible to receive TANF or State Two Parent Cash Assistance benefits for the month of August.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Data is obtained from the "TANF Warrant History" file based on an eligibility determination system.

BL 2020 Methodology

An ad hoc report will provide a count of children who received the once a year grant.

BL 2020 Purpose

This measure shows the number of children in Texas impacted by the funds appropriated in this strategy for a once a year grant that is to be provided each August to assist TANF and two parent families purchase school clothes and supplies.

BL 2021 Definition

This measure reports the number of children who received the once a year grant of $30 per child. Children are eligible to receive this grant if they were eligible to receive TANF or State Two Parent Cash Assistance benefits for the month of August.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Data is obtained from the "TANF Warrant History" file based on an eligibility determination system.

BL 2021 Methodology

An ad hoc report will provide a count of children who received the once a year grant.
BL 2021 Purpose

This measure shows the number of children in Texas impacted by the funds appropriated in this strategy for a once a year grant that is to be provided each August to assist TANF and two parent families purchase school clothes and supplies.
Goal No. 5 Encourage Self-Sufficiency
Objective No. 1 Financial and Other Assistance
Strategy No. 1 Temporary Assistance for Needy Families Grants
Measure Type OP
Measure No. 5 Average Monthly Number of TANF Grandparent Payments

Calculation Method: N Target Attainment: L Priority: H Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 05
Key Measure: N New Measure: N Percentage Measure: N

BL 2020 Definition
This measure reports the monthly average number of TANF One time Grandparent payments made during the reporting period. The 76th session of the Texas Legislature authorized the department to provide assistance payments to qualified grandparents on behalf of dependent children. The eligible grandparent population was expanded by SB297 of the 77th Legislature to include grandparents age 45 and older with an income of 200% of poverty or under.

BL 2020 Data Limitations
Only one TANF One time Grandparent payment is counted per TANF Grandparent case.

BL 2020 Data Source
TANF One time Grandparent payment data are from the agency's Client Server Support System Grandparent Payment System database.

BL 2020 Methodology
The number of monthly TANF Grandparent payments is summed for all months in the reporting period, then divided by the number of months in the reporting period to determine the average per month.

BL 2020 Purpose
This measure provides information on the utilization of TANF One time Grandparent payments.

BL 2021 Definition
This measure reports the monthly average number of TANF One time Grandparent payments made during the reporting period. The 76th session of the Texas Legislature authorized the department to provide assistance payments to qualified grandparents on behalf of dependent children. The eligible grandparent population was expanded by SB297 of the 77th Legislature to include grandparents age 45 and older with an income of 200% of poverty or under.

BL 2021 Data Limitations
Only one TANF One time Grandparent payment is counted per TANF Grandparent case.

BL 2021 Data Source
TANF One time Grandparent payment data are from the agency's Client Server Support System Grandparent Payment System database.
BL 2021 Methodology

The number of monthly TANF Grandparent payments is summed for all months in the reporting period, then divided by the number of months in the reporting period to determine the average per month.

BL 2021 Purpose

This measure provides information on the utilization of TANF One time Grandparent payments.
### Strategy-Related Measures Definitions

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Automated Budget and Evaluation System of Texas (ABEST)

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<th>Objective No.</th>
<th>Strategy No.</th>
<th>Measure Type</th>
<th>Measure No.</th>
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<td>This measure reports the average number of adults receiving Temporary Assistance for Needy Families (TANF) or State Two Parent Cash Assistance in the month who have used one or more state time limited months. The term &quot;time limited&quot; refers to the maximum length of time that a client is eligible to receive benefits. State time limits are determined based on education, functional literacy and work history, and are for 12, 24 or 36 months.</td>
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**Calculation Method:** N  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 05-01-01 OP 06

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Data Limitations**

Mandatory clients (those w/o employment services exemptions or good cause for not participating) begin using their state time limited benefits 1 month after they are contacted by TX Workforce Commission (TWC) or a local entity directly or indirectly under contract with TWC for participation in the Choices program if they have a 12 or 24 month limit. Clients with a 36 month limit are given 12 months before their state time limited benefits begin, to correct basic educational deficiencies. All of these clients continue to use state time limited benefits unless they are given good cause not to participate, move outside the area served by the Choices program, their Choices case is closed, or they cease receiving TANF or State Two Parent Cash Assistance. Exempt clients who participate in the Choices program use their state time limited benefits only in the months in which they participate in Choices.

**BL 2020 Data Source**

Data are obtained from computer runs using monthly eligibility files. These files are used to establish the number of months that are counted toward a person's state time limit.

**BL 2020 Methodology**

Data is calculated by adding the monthly number of TANF and State Two Parent Cash Assistance adults who have used one or more state time limited months, and dividing by the number of months in the reporting period. Data are unduplicated within the month.

**BL 2020 Purpose**

This measure quantifies the population at risk of losing TANF funded financial assistance or State Two Parent Cash Assistance due to the state time limited eligibility criteria stipulated in recent state welfare reform laws.

**BL 2021 Definition**

This measure reports the average number of adults receiving Temporary Assistance for Needy Families (TANF) or State Two Parent Cash Assistance in the month who have used one or more state time limited months. The term "time limited" refers to the maximum length of time that a client is eligible to receive benefits. State time limits are determined based on education, functional literacy and work history, and are for 12, 24 or 36 months.
BL 2021 Data Limitations
Mandatory clients (those w/o employment services exemptions or good cause for not participating) begin using their state time limited benefits 1 month after they are contacted by TX Workforce Commission (TWC) or a local entity directly or indirectly under contract with TWC for participation in the Choices program if they have a 12 or 24 month limit. Clients with a 36 month limit are given 12 months before their state time limited benefits begin, to correct basic educational deficiencies. All of these clients continue to use state time limited benefits unless they are given good cause not to participate, move outside the area served by the Choices program, their Choices case is closed, or they cease receiving TANF or State Two Parent Cash Asst. Exempt clients who participate in the Choices program use their state time limited benefits only in the months in which they participate in Choices.

BL 2021 Data Source
Data are obtained from computer runs using monthly eligibility files. These files are used to establish the number of months that are counted toward a person's state time limit.

BL 2021 Methodology
Data is calculated by adding the monthly number of TANF and State Two Parent Cash Assistance adults who have used one or more state time limited months, and dividing by the number of months in the reporting period. Data are unduplicated within the month.

BL 2021 Purpose
This measure quantifies the population at risk of losing TANF funded financial assistance or State Two Parent Cash Assistance due to the state time limited eligibility criteria stipulated in recent state welfare reform laws.
Goal No. 5 Encourage Self-Sufficiency
Objective No. 1 Financial and Other Assistance
Strategy No. 1 Temporary Assistance for Needy Families Grants
Measure Type OP
Measure No. 7 Avg # TANF/State Cash Adults/Month with Federal Time-limited Benefits

Agency Code: 529 Agency: Health and Human Services Commission

Calculation Method: N Target Attainment: H Priority: H
Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 07
Key Measure: N New Measure: N Percentage Measure: N

BL 2020 Definition
This measure reports the average number of adults receiving Temporary Assistance for Needy Families (TANF) or State Two Parent Cash Assistance in the month who have used one or more time limited months. The term "time limited" refers to the maximum length of time that a client is eligible to receive benefits. TANF and State Two-Parent Cash Assistance programs allow a maximum of 60 months of benefits.

BL 2020 Data Limitations
All adult clients begin using their time limited benefits effective October 1999 or their first month on TANF or State Two-Parent Cash Assistance, if later. Months counted toward the state time limit from November 1996 through September 1999 also count toward the 60 month time limit.

BL 2020 Data Source
Data are obtained from computer runs using monthly eligibility files. These files are used to establish the number of months that are counted toward a person’s Federal time limit.

BL 2020 Methodology
Data is calculated by summing for all months of the reporting period, the monthly number of TANF and State Two-Parent Cash Assistance adults who have used one or more 60 month time limited months, and dividing by the number of months in the reporting period. Data are unduplicated within the month.

BL 2020 Purpose
This measure quantifies the population at risk of losing TANF funded financial assistance or State Two Parent Cash Assistance due to the 60 month time limited eligibility criteria stipulated in recent federal welfare reform laws.

BL 2021 Definition
This measure reports the average number of adults receiving Temporary Assistance for Needy Families (TANF) or State Two Parent Cash Assistance in the month who have used one or more time limited months. The term "time limited" refers to the maximum length of time that a client is eligible to receive benefits. TANF and State Two-Parent Cash Assistance programs allow a maximum of 60 months of benefits.

BL 2021 Data Limitations
All adult clients begin using their time limited benefits effective October 1999 or their first month on TANF or State Two-Parent Cash Assistance, if later. Months counted toward the state time limit from November 1996 through September 1999 also count towards the 60 month time limit.
BL 2021 Data Source
Data are obtained from computer runs using monthly eligibility files. These files are used to establish the number of months that are counted toward a person’s Federal time limit.

BL 2021 Methodology
Data is calculated by summing for all months of the reporting period, the monthly number of TANF and State Two-Parent Cash Assistance adults who have used one or more 60 month time limited months, and dividing by the number of months in the reporting period. Data are unduplicated within the month.

BL 2021 Purpose
This measure quantifies the population at risk of losing TANF funded financial assistance or State Two Parent Cash Assistance due to the 60 month time limited eligibility criteria stipulated in recent federal welfare reform laws.
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>Provide WIC Services: Benefits, Nutrition Education &amp; Counseling</td>
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<td>Measure Type</td>
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<tr>
<td>Measure No.</td>
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<td>Average Food Costs Per Person Receiving Services</td>
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**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 05-01-02 EF 01

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

The average food cost per person is the average cost of supplemental allowable foods purchased as part of the services to eligible WIC program participants.

**BL 2020 Data Limitations**

The most recent data available is used at reporting deadline.

**BL 2020 Data Source**

Actual food costs are obtained from the HHSC automated accounting records, which aggregate payments made to vendors with food funds. Rebates are calculated within the WIC automated system using the effective contract rebate rates as specified in the respective contracts.

**BL 2020 Methodology**

To calculate the post-rebate average cost per participant, the total food cost for the reporting period less the total rebate dollars received during the reporting period is divided by the total number of participants served during the reporting period. This calculation is based on a federal fiscal year.

**BL 2020 Purpose**

Measures the average food costs per person receiving services.

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**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
**Goal No. 5: Encourage Self-Sufficiency**

**Objective No. 1: Financial and Other Assistance**

**Strategy No. 2: Provide WIC Services: Benefits, Nutrition Education & Counseling**

**Measure Type: EX**

**Measure No. 1: WIC Breastfeeding Initiation Rate**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

Cross Reference: Agy 529 085-R-S70-1 05-01-02 EX 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure represents the percent of infants whose mothers were participants in the program during pregnancy and initiated breastfeeding at or before the time of the infant’s certification of eligibility.

**BL 2020 Data Limitations**

Mothers must return to WIC after their child's birth to be included in the data.

**BL 2020 Data Source**

The Texas WIC management information system. This performance measure is derived from the number of infants born to WIC mothers that initiated breastfeeding with the infant.

**BL 2020 Methodology**

The percent is calculated by dividing the most recently completed month’s unduplicated number of infants, whose mothers were participants in the program during pregnancy, breastfed at or before the time of their certification of eligibility by the total unduplicated number of infants whose mothers were participants in the program during pregnancy.

**BL 2020 Purpose**

This measure is intended to show the effectiveness of the program’s efforts to encourage pregnant women to initiate breastfeeding. It is not intended to measure duration of breastfeeding.
Goal No. 5 Encourage Self-Sufficiency
Objective No. 1 Financial and Other Assistance
Strategy No. 2 Provide WIC Services: Benefits, Nutrition Education & Counseling
Measure Type OP
Measure No. 1 Number of WIC Families Provided Nutrition Education & Counseling

**Calculation Method:** C  **Target Attainment:**  **Priority:**

- **Key Measure:** N  **New Measure:** N  **Percentage Measure:** N

### BL 2020 Definition

The total number of times WIC families receive either group nutrition education or individual nutrition counseling during the reporting period. WIC participants are typically seen at the WIC clinic every 3 months and are offered group education or individual counseling during each of these visits. This is a duplicative count because participants may receive 4 or more educational contacts per year.

### BL 2020 Data Limitations

Estimates may be used at reporting deadlines.

### BL 2020 Data Source

The WIC automated data system is the data source. Local WIC agencies document nutrition education and counseling contacts on the system at the clinic level and transmit this data to the central WIC office at HHSC.

### BL 2020 Methodology

The WIN system is queried at the central WIC office to derive this total for the reporting period. This calculation is based on a federal fiscal year.

### BL 2020 Purpose

Measures the total number of times WIC families receive either group nutrition education or individual nutrition counseling during the reporting period.

### BL 2021 Definition

### BL 2021 Data Limitations

### BL 2021 Data Source

### BL 2021 Methodology
BL 2021 Purpose
### Agency Code: 529
### Agency: Health and Human Services Commission

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<tr>
<td>Key Measure: Y</td>
<td>New Measure: N</td>
<td>Percentage Measure: N</td>
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</table>

**BL 2020 Definition**

This output measures actual state-wide monthly participation determined by the number of WIC clients provided with supplemental foods for a particular month. The United States Department of Agriculture (USDA) and HHSC define WIC client participation as: the sum of the number of persons who have received supplemental foods or food instruments plus the number of totally breastfed infants (i.e., receiving no supplemental foods or food instruments) whose mothers were WIC participants and received food benefits during the reporting period plus the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the reporting period.

**BL 2020 Data Limitations**

Most recent data available is used at reporting deadlines.

**BL 2020 Data Source**

Participation counts are collected through the WIC automated system.

**BL 2020 Methodology**

The most recent available monthly participation count at the time the report is due will be reported for both the quarterly and year-to-date performance. This calculation is based on a federal fiscal year.

**BL 2020 Purpose**

This output measures actual state-wide monthly participation determined by the number of WIC clients provided with supplemental food for a particular month.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
## BL 2020 Definition
Reports unduplicated number of Federal Emergency Management Agency (FEMA) referrals for Other Needs Assistance (ONA) under the Individual and Households Program (IHP) approved for a grant during a presidentially declared disaster. Grants are provided for disaster-related serious needs and necessary expenses not met by the victim's insurance, voluntary organizations or other relief organizations. For property losses, the victim must be denied loan assistance by the Small Business Administration. IHP grants may consist of Housing Assistance provided directly by FEMA and ONA (for repair or replacement of personal property and vehicles or for medical or funeral assistance) provided by HHSC. Victims must apply for assistance within 60 days after the President declares a major disaster.

## BL 2020 Data Limitations
The measurement is limited in determining operational success in that each incident is an individual incident that cannot be benchmarked. The target is to measure the impact of the incident. In that we have to acknowledge the scope, type(s), impact area(s), and number of disasters will limit the agency in measuring success in dollars awarded. Knowing this amount is important to measuring the agency response or impact on public recovery from disaster.

## BL 2020 Data Source
Data is obtained from reports on applications approved from the Disaster Assistance Reporting Information System, which interfaces with the federal National Emergency Management Information System.

## BL 2020 Methodology
Reported data are computed as follows: The number of applications approved is summed for each state fiscal year based either on the month of payment or the date the disaster is declared as determined for each disaster by HHSC executive leadership.

## BL 2020 Purpose
This measure is a mechanism for assessing in the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the services delivered.

## BL 2021 Definition
Reports unduplicated number of Federal Emergency Management Agency (FEMA) referrals for Other Needs Assistance (ONA) under the Individual and Households Program (IHP) approved for a grant during a presidentially declared disaster. Grants are provided for disaster-related serious needs and necessary expenses not met by the victim's insurance, voluntary organizations or other relief organizations. For property losses, the victim must be denied loan assistance by the Small Business Administration. IHP grants may consist of Housing Assistance provided directly by FEMA and ONA (for repair or replacement of personal property and vehicles or for medical or funeral assistance) provided by HHSC. Victims must apply for assistance within 60 days after the President declares a major disaster.

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BL 2021 Methodology
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BL 2021 Purpose
This measure is a mechanism for assessing in the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the services delivered.
Strategy-Related Measures Definitions
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<td>Measure No.</td>
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<td>Average Mthly Cost Per Adult Guardianship Ward Served</td>
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Calculation Method: N
Target Attainment: N
Priority: N
Cross Reference: Agy 529 085-R-S70-1 06-01-01 EF 01

Key Measure: N
New Measure: N
Percentage Measure: N

BL 2020 Definition
This measure reports the average monthly cost of providing direct delivery guardianship services by the Health and Human Services Commission (HHSC) staff and providing contracted guardianship services by private guardianship programs.

BL 2020 Data Limitations
None

BL 2020 Data Source
Actual expenditures are from the Health and Human Services Administrative System – Financials System (HHSAS-FS) for Program Activity Code (PAC) 580 (Guardianship Staff Services). The number of wards receiving HHSC and contracted guardianship services is currently from the Guardianship Online Database (GOLD) system; where the guardianship letter was issued on or before the end of the reporting month. This measure includes both new and on-going guardianship services provided directly by HHSC staff and contractors. GOLD has replaced the Information Management Protecting Adults and Children in Texas (IMPACT) data source for the number of guardianships.

BL 2020 Methodology
Annual expenditure projections for PAC 580 are made using an internal budget document that includes actual expenditures reported on HHSAS-FS for the reporting period, annualizing those expenditures and adding estimates for accruals and encumbrances. These amounts are totaled and the total is divided by the number of months in the reporting period to arrive at the average monthly cost. The average monthly cost per HHSC direct delivery and contracted guardianship ward served is calculated by dividing the average monthly cost by the average monthly number of HHSC direct delivery and contracted wards served.

BL 2020 Purpose
This measure is useful as a benchmark and to monitor changes in costs for serving direct delivery Guardianship wards.
Goal No. 6 Community & Independent Living Services & Coordination
Objective No. 1 Long-term Care Services & Coordination
Strategy No. 1 Guardianship

Measure Type EX
Measure No. 1 Avg Mthly # Referrals DFPS to HHSC for Assessment/Need Guardianship

Calculation Method: N
Target Attainment: 
Priority: 

Cross Reference: Agy 529 085-R-S70-1 06-01-01 EX 02

Key Measure: N
New Measure: N
Percentage Measure: N

BL 2020 Definition
The measure shows the count of individuals for whom the Department of Family and Protective (DFPS) has validated abuse, neglect or exploitation and made a referral to the Health and Human Services Commission (HHSC), and for whom HHSC guardianship staff must perform an assessment to determine whether or not to apply for guardianship.

BL 2020 Data Limitations
The measure does not reflect the outcome of the assessment process; however, in combination with the measure showing the average number of guardianships, it provides a more complete picture of staff workloads.

BL 2020 Data Source
Data are currently captured electronically in the Guardianship Online Database (GOLD). The guardianship data system produces a standard monthly report of the number of referrals received. The numerator is the total number of referrals received for the year to date. The denominator is the number of months in the year to date.

BL 2020 Methodology
Divide the numerator by the denominator. When calculating the second quarter, third quarter, and fourth quarter, the year-to-date total is recalculated.

BL 2020 Purpose
The purpose of this measure is to show the average number of new cases that HHSC guardianship staff must review each month and conduct a capacity assessment for.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 6 Community & Independent Living Services & Coordination
Objective No. 1 Long-term Care Services & Coordination
Strategy No. 1 Guardianship
Measure Type OP
Measure No. 1 Avg Number of Wards Receiving Guardianship Services

Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 06-01-01 OP 01
Key Measure: N  New Measure: N  Percentage Measure: N

**BL 2020 Definition**
The measure shows the count of wards for which guardianship has been established through court order. The count includes both new and on-going guardianships that will be served by the Health and Human Services Commission (HHSC) staff and contracted private guardianship programs. On-going guardianships refers to guardianships initiated in previous months and without closure dates.

**BL 2020 Data Limitations**
Documentation can be delayed by the volume of work, which is impacted by vacancies, sick leave, vacation leave, turnover, Guardianship Online Database (GOLD) system downtime, etc.

**BL 2020 Data Source**
Using GOLD, the data are gathered by counting HHSC’s cases and contracted private guardianship cases open during the reporting period and cases closed during the reporting period, the number of cases as documented on the guardianship detail table in which wards' guardianship letters were issued on or before the end of the report month and the event activity type was coded as 'GUA' (numerator). The count includes direct-delivery and contracted guardianships. The denominator is the sum of months in the reporting period. The IMPACT detail table was replaced with a report from GOLD system.

**BL 2020 Methodology**
Divide the numerator by the denominator. When calculating the second quarter, third quarter, and fourth quarter, the year-to-date total is recalculated.

**BL 2020 Purpose**
The purpose of this measure is to show the average number of adults for whom HHSC was directly serving as guardian during the reporting period. It indicates part of the workload volume in the guardianship program.
Bl 2020 Definition

This measure reports the average cost of non-Medicaid Title XX-funded Community Care Services Eligibility per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as incurred amounts for services delivered but not yet paid.

Bl 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals as well as cost per individual per month ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services, the units of service approved-to-pay to-date, and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

Bl 2020 Data Source

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

Bl 2020 Methodology

The sum of monthly expenditures for non-Medicaid Title XX-funded Community Care Services Eligibility by month-of-service for all months in the reporting period is divided by the average monthly number of non-Medicaid Title XX-funded Community Care Services Eligibility individuals for the months of the reporting period; this is then divided by the number of months in the reporting period.

Bl 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services funded under this strategy. This unit cost is a tool for projecting future funding needs.
### Strategy-Related Measures Definitions

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<td>Measure No.</td>
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<td>Average Cost Per Home-delivered Meal (SSBG)</td>
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**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  

**Cross Reference:** Agy 529 085-R-S70-1 06-01-02 EF 02

**BL 2020 Definition**

This measure reports the average cost of a home-delivered meal funded by the Social Services Block Grant (SSBG). Expenditures are defined as payments made to providers for services delivered to individuals, as well as incurred amounts for services delivered but not yet paid.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of clients approved-to-pay to-date and/or the number of individuals authorized to receive services, the units of service approved-to-pay to-date, and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

**BL 2020 Data Source**

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

**BL 2020 Methodology**

The sum of monthly expenditures for meals services by month-of-service for all months in the reporting period is divided by the average monthly number of meals served during the months of the reporting period; this is then divided by the number of months in the reporting period.

**BL 2020 Purpose**

This measure quantifies the average unit cost for one of the services (home-delivered meals) provided under this strategy. This unit cost is a tool for projecting future funding needs.
### BL 2020 Definition

The statewide average State Unit on Aging (HHSC) cost per congregate meal is a measure of the statewide average per meal cost to provide congregate meals to individual's age 60 and older and other eligible individuals. Congregate meals are hot or other appropriate meals served in a setting, which promotes social interaction as well as improved nutrition. Congregate meals provide one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences - National Research Council and are served in a congregate setting. These meals include standard meals, which are regular meals that are served to the majority of participants. Additionally, therapeutic meals or liquid supplements, which are special meals or liquid supplements that have been prescribed by a physician (i.e., diabetic diets, renal diets, pureed diets, tube feeding) may be served in the congregate setting.

### BL 2020 Data Limitations

Only State Unit on Aging HHSC funded units are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in this measure's calculation.

### BL 2020 Data Source

The number of meals is based on data reported to the Commission by area agencies on aging (AAAs). Expenditures are reported by the AAAs and include accrued expenses.

### BL 2020 Methodology

The statewide average State Unit on Aging HHSC cost per meal is calculated by dividing State Unit on Aging HHSC appropriated expenditures reported by the AAAs used to provide congregate meals to individuals age 60 or older and other eligible individuals by the number of congregate meals funded by the State Unit on Aging HHSC during the fiscal year.

### BL 2020 Purpose

This measure identifies the statewide average cost per congregate meal.

### BL 2021 Definition

### BL 2021 Data Limitations
BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
Strategy-Related Measures Definitions
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<td>Measure Type</td>
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<td>Measure No.</td>
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Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 06-01-02 EF 04

Key Measure: N  New Measure: N  Percentage Measure: N

**BL 2020 Definition**

The statewide average State Unit on Aging HHSC cost per home delivered meal is a measure of the statewide average per meal cost to provide home delivered meals to individuals age 60 and older and other eligible individuals. Home delivered meals are hot, cold, frozen, dried, canned or supplemental food (with a satisfactory storage life), which provide one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences - National Research Council and are delivered to an eligible individual in his/her place of residence.

**BL 2020 Data Limitations**

Only State Unit on Aging HHSC funded units are considered for this measure. While some units funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in this measure's calculation.

**BL 2020 Data Source**

The number of home delivered meals is based on data reported to the Commission by area agencies on aging (AAAs). Data is reported only for those individuals for whom an intake form is completed. Expenditures are reported by the AAAs and include accrued expenses.

**BL 2020 Methodology**

The statewide average State Unit on Aging HHSC cost per meal is calculated by dividing State Unit on Aging HHSC appropriated expenditures reported by the AAAs used to provide home delivered meals to individuals age 60 or older and other eligible individuals by the number of home delivered meals funded by State Unit on Aging HHSC during the fiscal year.

**BL 2020 Purpose**

This measure identifies the statewide average cost per home delivered meal.

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**BL 2021 Definition**

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**BL 2021 Data Limitations**

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**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**
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**Agency Code:** 529
**Agency:** Health and Human Services Commission

**Goal No.** 6  Community & Independent Living Services & Coordination
**Objective No.** 1  Long-term Care Services & Coordination
**Strategy No.** 2  Non-Medicaid Services
**Measure Type** EF
**Measure No.** 5  Statewide Average Cost Per Person Receiving Homemaker Services (AAA)

**Calculation Method:** N  **Target Attainment:** N  **Priority:** N

**Cross Reference:** Agy 529  085-R-S70-1  06-01-02  EF 05

**Key Measure:** N  **New Measure:** N  **Percentage Measure:** N

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**BL 2020 Definition**
This is a measure of the statewide average program cost per individual to provide homemaker services to individual age 60 and older funded by the State Unit on Aging HHSC. Homemakers provide services that involve the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance for individuals who need assistance with these activities in their place of residence.

**BL 2020 Data Limitations**
Only State Unit on Aging HHSC funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in the measure calculation.

**BL 2020 Data Source**
The number of individuals receiving homemaker services is based on data reported to the Commission by area agencies on aging (AAAs). Data is reported only for those individuals for whom an intake form is completed. Expenditures are reported by the AAAs and include accrued expenses.

**BL 2020 Methodology**
The statewide average cost per person receiving homemaker services is calculated by dividing expenditures reported by the AAAs used to provide homemaker services to individuals age 60 or older by the unduplicated number of individuals receiving homemaker services funded by the State Unit on Aging HHSC.

**BL 2020 Purpose**
This measure identifies the State Unit on Aging HHSC average cost per individual receiving homemaker services.

---

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 6  
Objective No. 1  
Strategy No. 2  
Measure Type EF  
Measure No. 6  

Statewide Avg Cost Per Person Rec Personal Assistance Services (AAA)

Calculation Method: N  
Target Attainment:  
Priority:  

Cross Reference: Agy 529 085-R-S70-1 06-01-02 EF 06

Key Measure: N  
New Measure: N  
Percentage Measure: N

BL 2020 Definition

The statewide average cost per individual receiving personal assistance services is a measure of the statewide average program cost per individual used to provide personal assistance services to people age 60 and older. Personal assistance is the act of assisting another person with tasks that the individual would typically do if he or she were able. This covers hands-on assistance in all activities of daily living. Personal assistance staff are trained and supervised.

BL 2020 Data Limitations

Only State Unit on Aging HHSC funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in the measure calculation.

BL 2020 Data Source

The number of individuals receiving personal assistance services is based on data reported to the Commission by the area agencies on aging (AAAs). Data is reported only for those individuals for whom an intake form is completed. Expenditures are reported by the AAAs and include accrued expenses.

BL 2020 Methodology

The statewide average cost per individual receiving personal assistance services is calculated by dividing State Unit on Aging (HHSC) expenditures reported by the AAAs used to provide personal assistance services to individuals age 60 or older by the unduplicated number of individuals receiving personal assistance services funded by the State Unit on Aging (HHSC).

BL 2020 Purpose

This measure identifies the statewide average cost per individual receiving personal assistance services.
### Calculation Method

| Key Measure: N | New Measure: N | Percentage Measure: N |

#### BL 2020 Definition

This is a measure of the statewide average program cost per home to provide home repair or modification for the dwellings of individual age 60 and older. Residential repair services consist of repairs or modifications of client-occupied dwellings essential for the health and safety of the occupants. This service can also include limited housing, counseling, and moving expenses where repairs of modifications will not attain reasonable standards of health and safety.

#### BL 2020 Data Limitations

Only State Unit on Aging HHSC funded units are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in the measure calculation.

#### BL 2020 Data Source

The number of homes is based on data reported to the Commission by area agencies on aging (AAAs). Expenditures are reported by the AAAs and include accrued expenses.

#### BL 2020 Methodology

The statewide average cost per modified home is calculated by dividing State Unit on Aging HHSC expenditures reported by the AAAs used to provide these services to individuals age 60 or older by the unduplicated number of homes receiving home repair/ modification funded by the State Unit on Aging HHSC.

#### BL 2020 Purpose

This measure identifies the statewide average State Unit on Aging HHSC cost per modified home.

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Agency Code: **529**  
Agency: **Health and Human Services Commission**

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**Goal No. 6 Community & Independent Living Services & Coordination**  
**Objective No. 1 Long-term Care Services & Coordination**  
**Strategy No. 2 Non-Medicaid Services**

**Measure No. 7 Statewide Average Cost Per Modified Home (AAA)**  
**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 06-01-02 EF 07

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Objective No.** 1  
**Strategy No.** 2  
**Measure Type** EX  
**Measure No.** 1  
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

**Goal No.** 6  
**Objective No.** 1  
**Strategy No.** 2  
**Measure Type** EX  
**Measure No.** 1  
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

**Goal No.** 6  
**Objective No.** 1  
**Strategy No.** 2  
**Measure Type** EX  
**Measure No.** 1  
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 06-01-02 EX 02

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

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**BL 2020 Definition**

This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received one or more non-Medicaid Title XX-funded Community Care Services Eligibility and did not receive either entitlement or waiver services. Services included under this category are: Family Care, Home-delivered Meals, Emergency Response Services, Adult Foster Care, Day Activities and Health Services (funded through Social Services Block Grant), Consumer Managed Personal Attendant Services, Residential Care, and Special Services for Individuals with Disabilities.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

**BL 2020 Data Source**

Two types of data are used to report this measure. The number of individuals authorized to receive the above services, as well as the number of units of service authorized, are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service-to-date data that reports the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

**BL 2020 Methodology**

Since a high percentage of individuals who receive Meals and/or Emergency Response Services also receive other services, an unduplicated monthly count of individuals receiving one or more non-Medicaid Title XX-funded community care services must be estimated. This is accomplished by multiplying counts for these two services by the percentage of individuals who are authorized to receive these services only, as opposed to these services in addition to other services, according to information obtained from SAS authorization data. Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period.

**BL 2020 Purpose**

This measure provides a count of individuals who received Non-Medicaid Title XX funded community care services, who did not receive other community services and supports (Medicaid entitlement or Medicaid Waiver services).
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**BL 2020 Definition**
This measure provides an unduplicated workload count of priority population eligible adults and children who receive ID community services at the end of the fiscal year. ID community services include non-residential services including: vocational services, training services, respite services, and specialized therapies.

**BL 2020 Data Limitations**
This measure provides the actual number of individuals who receive community services and provides information about the total system activity during one fiscal year. It is a frequently requested number used to compare system activity over a period of two or more fiscal years. The accuracy of the commission's CARE system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities.

**BL 2020 Data Source**
As individuals enter the community programs, registration information is entered into the commission's Client Assignment and Registration (CARE) system portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. Individuals who receive more than one community service during the year are counted only once for the year.

**BL 2020 Methodology**
The total unduplicated number of individuals that receive a ID community service during the fiscal year regardless of how the services for the individuals were funded is tallied for each local authority and system-wide.

**BL 2020 Purpose**
This measure provides the actual unduplicated number of persons who receive ID community services and provides information about the total system activity during one fiscal year.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
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BL 2021 Purpose
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**Goal No. 6 Community & Independent Living Services & Coordination**

**Objective No. 1 Long-term Care Services & Coordination**

**Strategy No. 2 Non-Medicaid Services**

**Measure No. 1 Average # of Individuals Per Mth Receiving Home-delivered Meals (SSBG)**

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
Cross Reference: Agy 529  085-R-S70-1  06-01-02  OP 01

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

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**BL 2020 Definition**

This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received a home-delivered meal funded through the Social Services Block Grant (SSBG). Individuals are provided with hot, nutritious meals delivered directly to their home.

**BL 2020 Data Limitations**

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

**BL 2020 Data Source**

Two types of data are used to report this measure. The number of individuals authorized to receive home delivered meals, as well as the number of meals authorized, are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, the number of meals approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

**BL 2020 Methodology**

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period.

**BL 2020 Purpose**

This measure provides a count of eligible individuals who are receiving home-delivered meals, a service that contributes to enabling them to remain in their own home as opposed to being placed in another more restrictive setting.

**BL 2021 Definition**

**BL 2021 Data Limitations**

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Agency: Health and Human Services Commission

Goal No. 6: Community & Independent Living Services & Coordination
Objective No. 1: Long-term Care Services & Coordination
Strategy No. 2: Non-Medicaid Services
Measure Type: OP
Measure No. 2: Average Number of Home-delivered Meals Provided Per Month (SSBG)

Calculation Method: N
Target Attainment: N
Priority: N
Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 02

Key Measure: N
New Measure: N
Percentage Measure: N

**BL 2020 Definition**
This measure reports the monthly average number of home-delivered meals on approved-to-pay claims submitted by Meals providers and funded through the Social Services Block Grant (SSBG).

**BL 2020 Data Limitations**
Because it takes several months to close out 100% of the claims for a month of service, the number of meals ultimately provided must be estimated for months that have not yet closed out, by using "completion factors" applied to the number of meals approved-to-pay to-date and/or the number of meals authorized. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of meals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of meals ultimately provided.

**BL 2020 Data Source**
Two types of data are used to report this measure. The number of individuals authorized to receive home delivered meals, as well as the number of meals authorized, are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, the number of meals approved-to-pay, and the amounts approved-to-pay, are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

**BL 2020 Methodology**
Data are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the number of home-delivered meals provided (as described above) for all months of the reporting period, by the number of months in the reporting period.

**BL 2020 Purpose**
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the volume of services delivered (meals).

**BL 2021 Definition**

**BL 2021 Data Limitations**
BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**BL 2020 Definition**

The measure is the unduplicated number of individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as receiving congregate meals funded by the State Unit on Aging (HHSC). Congregate meals are hot or other appropriate meals served to eligible individuals which meets one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences B National Research Council and which is served in a congregate setting. There are two types of congregate meals. These are standard meals which are regular meals from the standard menu that are served to the majority of all of the participants and therapeutic meals or liquid supplements that have been prescribed by a physician and are planned specifically for an individual participant by a dietician (i.e., diabetic diets, renal diets, pureed diets, tube feeding) may be served in the congregate setting.

**BL 2020 Data Limitations**

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

**BL 2020 Data Source**

The number of individuals is based on data reported to the Commission by the AAAs.

**BL 2020 Methodology**

This measure is the total unduplicated count, as reported by AAA, of individuals receiving a congregate meal funded by the State Unit on Aging (HHSC).

**BL 2020 Purpose**

This is an output measure that identifies an unduplicated count of individuals receiving a congregate meal funded by the State Unit on Aging (HHSC).
The measure is the number of congregate meals provided to individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as congregate meals funded by the State Unit on Aging (HHSC). Congregate meals are hot or other appropriate meals served to eligible individuals which meets one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences B National Research Council and which is served in a congregate setting. There are two types of congregate meals. These are standard meals which are regular meals from the standard menu that are served to the majority of all the participants and therapeutic meals or liquid supplements that have been prescribed by a physician and are planned specifically for an individual participant by a dietician (i.e., diabetic diets, renal diets, pureed diets, tube feeding) may be served in the congregate setting.

**BL 2020 Data Limitations**

Only State Unit on Aging (HHSC) funded units are considered for this measure. While some units funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in this measure's calculation.

**BL 2020 Data Source**

The number of congregate meals is based solely on data reported to the Commission by the AAAs.

**BL 2020 Methodology**

The measure is the total congregate meals served to individuals age 60 and older and other eligible individuals.

**BL 2020 Purpose**

This is an output measure that identifies the total congregate meals served to individuals age 60 and older and other eligible individuals.
**Goal No. 6 Community & Independent Living Services & Coordination**

**Objective No. 1 Long-term Care Services & Coordination**

**Strategy No. 2 Non-Medicaid Services**

**Measure No. 5 Number of Individuals Receiving Home-delivered Meals (AAA)**

**BL 2020 Definition**

The measure is the unduplicated number of individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as receiving home delivered meals funded by the State Unit on Aging (HHSC). Home delivered meals are hot, cold, frozen, dried, canned or supplemental food (with a satisfactory storage life) which provide a minimum of one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences B National Research Council, and are delivered to an eligible individual in his/her place of residence.

**BL 2020 Data Limitations**

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

**BL 2020 Data Source**

The number of individuals receiving home delivered meals is based on data reported to the Commission by the AAAs.

**BL 2020 Methodology**

The measure is the total unduplicated number, by AAA, of individuals age 60 and older and other eligible individuals receiving a home delivered meal.

**BL 2020 Purpose**

This measure identifies the unduplicated number of individuals receiving home delivered meals.
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 6 Community & Independent Living Services & Coordination
Objective No. 1 Long-term Care Services & Coordination
Strategy No. 2 Non-Medicaid Services
Measure Type OP
Measure No. 6 Number of Home-delivered Meals Served (AAA)

Calculation Method: C  Target Attainment:  Priority: Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 06
Key Measure: N  New Measure: N  Percentage Measure: N

BL 2020 Definition
The measure is the number of home delivered meals served to individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as receiving home delivered meals funded by the State Unit on Aging (HHSC). Home delivered meals are hot, cold, frozen, dried, canned or supplemental food (with a satisfactory storage life) which provide a minimum of one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences B National Research Council, and are delivered to an eligible individual in his/her place of residence.

BL 2020 Data Limitations
Only State Unit on Aging (HHSC) funded units are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

BL 2020 Data Source
The number of home delivered meals served to individuals age 60 and older is based on data reported to the Commission by the AAAs. Data is reported only for those individuals for whom an intake form is completed.

BL 2020 Methodology
The measure is the total number of meals served to individuals age 60 and older and other eligible individuals.

BL 2020 Purpose
This measure identifies the number of home delivered meals served.
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Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 6 Community & Independent Living Services & Coordination
Objective No. 1 Long-term Care Services & Coordination
Strategy No. 2 Non-Medicaid Services
Measure Type OP
Measure No. 7 Number of Individuals Receiving Homemaker Services (AAA)

Calculation Method: C  Target Attainment: Priority:  Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 07
Key Measure: N  New Measure: N  Percentage Measure: N

BL 2020 Definition
The measure is the unduplicated number of individuals age 60 and older, who are receiving homemaker services funded by the State Unit on Aging HHSC, as reported to the Commission by area agencies on aging (AAAs). Trained and supervised homemakers provide services that involve the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance for individuals who need assistance with these activities in their place of residence.

BL 2020 Data Limitations
Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

BL 2020 Data Source
The number of unduplicated individuals receiving homemaker services is based on data reported to the Commission by AAAs. Data is reported only for those individuals for whom an intake form is completed.

BL 2020 Methodology
The number of individuals 60 and older receiving homemaker services is the unduplicated total reported to the Commission by the AAAs.

BL 2020 Purpose
This measure identifies the total unduplicated number of individuals 60 and over who have received homemaker services funded by the State Unit on Aging (HHSC).
### BL 2020 Definition

The measure is the unduplicated number of individuals age 60 and older who have received personal assistance services funded by the State Unit on Aging (HHSC). Personal assistance is the act of assisting another person with tasks that that individual would typically do if he or she were able. This covers hands-on assistance in all activities of daily living. Trained and supervised home health staffs provide the services for individuals who need assistance with these activities in their place of residence.

### BL 2020 Data Limitations

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

### BL 2020 Data Source

The number of unduplicated individuals receiving personal assistance services is based on data reported to the Commission by the AAAs. Data is reported only for those individuals for whom an intake form is completed.

### BL 2020 Methodology

The number of persons 60 and older receiving personal assistance services is the unduplicated total reported to the Commission by the AAAs.

### BL 2020 Purpose

This measure identifies the total unduplicated number of individuals 60 and over who have received personal assistance services funded by the State Unit on Aging (HHSC).
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**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
*Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 09*

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
The measure is the unduplicated number of homes reported to the Commission by area agencies on aging (AAAs) as receiving repair or modification services funded by the State Unit on Aging HHSC. Residential repair services consist of repairs or modifications of an individual-occupied dwelling that are essential for the health and safety of the occupants.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
The unduplicated number of homes receiving repair/modification is based on data reported to the Commission by the AAAs. Data is reported only for those individuals for whom an intake form is completed.

**BL 2020 Methodology**
The number of homes receiving repair/modification is the unduplicated total reported to the Commission by the AAAs.

**BL 2020 Purpose**
This measure identifies the number of homes receiving repair/modification services funded by the State Unit on Aging HHSC.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
**Strategy-Related Measures Definitions**

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**Goal No. 6 Community & Independent Living Services & Coordination**

**Objective No. 1 Long-term Care Services & Coordination**

**Strategy No. 2 Non-Medicaid Services**

**Measure No. 10 Number of One-way Trips (AAA)**

** Calculation Method:** C  
** Target Attainment:**  
** Priority:**  
** Cross Reference:** Agy 529 085-R-S70-1 06-01-02 OP 10

**Key Measure:** N  
** New Measure:** N  
** Percentage Measure:** N

**BL 2020 Definition**

The measure is the number of one-way trips provided to individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as receiving demand-response transportation services. Transportation services consist of taking an elderly individual from one location to another. Demand-response transportation carries elderly individuals from a specific origin to a specific destination upon advance request (usually 24 hours).

**BL 2020 Data Limitations**

Only State Unit on Aging HHSC funded units are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in the measure calculation. In addition, AAAs determine the level and the types of transportation services that they will provide.

**BL 2020 Data Source**

The number of one-way demand-response trips is based on data reported to the Commission by the AAAs. Data is reported only for those individuals for whom an intake form is completed.

**BL 2020 Methodology**

The number of one-way demand-response trips is the total reported to the State Unit on Aging HHSC by the AAAs.

**BL 2020 Purpose**

This measure identifies the total number of one-way trips that are funded by the State Unit on Aging HHSC.

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**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
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Goal No. 6 Community & Independent Living Services & Coordination
Objective No. 1 Long-term Care Services & Coordination
Strategy No. 2 Non-Medicaid Services
Measure No. 11 Avg # of Individuals Served Per Month: Non Medicaid Comm Care (XX/GR)

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 12

BL 2020 Definition
This measure reports the monthly average unduplicated number of individuals who received one or more of the following Non Medicaid Community Care (XX / GR) services: adult foster care, client managed personal assistance services (CMPAS), day activity and health services (DAHS), emergency response services, home-delivered meals, personal assistance services (Family Care), residential care, and special services for persons with disabilities.

BL 2020 Data Limitations
Because it takes several months to close out 100% of the claims for a month of service, the number of individuals as well as cost per individual per month ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-to-date and/or the number of individuals authorized to receive services, the units of service approved-to-pay to-date, and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

BL 2020 Data Source
Month-of-service to-date data that reports the unduplicated number of individuals for whom claims have been approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology
For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to-month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available. (Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

Please note that using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.

BL 2020 Purpose
This measure provides a count of eligible persons who are receiving Non Medicaid Community Care (XX / GR) services that contribute to enabling them to remain in their own home as opposed to being placed in another more restrictive setting.
Agency Code: 529  
Agency: Health and Human Services Commission  

Goal No. 6  
Objective No. 1  
Strategy No. 3  
Measure Type EF  
Measure No. 1  

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**BL 2020 Definition**

This measure captures information regarding what it costs the state each month, on average, to provide community ID services to each individual who is assigned to these services regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

**BL 2020 Data Limitations**

The accuracy of the commission’s database is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

**BL 2020 Data Source**

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

**BL 2020 Methodology**

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund ID community services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual or developmental disabilities receiving community services that are served with HHSC appropriation authority funds. The formula is numerator/denominator

**BL 2020 Purpose**

This measure captures HHSC appropriation authority cost per person for adult and child community ID services.

**BL 2021 Definition**
BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
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### Agency Code: 529

**Agency:** Health and Human Services Commission

**Goal No. 6** Community & Independent Living Services & Coordination

**Objective No. 1** Long-term Care Services & Coordination

**Strategy No. 3** Non-Medicaid Developmental Disability Community Services

**Measure Type EF**

**Measure No. 2** Average Monthly Cost Per Individual Receiving Employment Services

---

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 06-01-03 EF 02

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

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**BL 2020 Definition**

This measure captures information regarding what it costs the state each month, on average, to provide employment services to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission HHSC appropriation authority cost per individual as defined by the companion output measure.

**BL 2020 Data Limitations**

The accuracy of the commission’s database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

**BL 2020 Data Source**

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

**BL 2020 Methodology**

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund employment services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving employment services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

**BL 2020 Purpose**

This measure captures HHSC appropriation authority cost per individuals for adult and child in employment services.

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**BL 2021 Definition**
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BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
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**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
Cross Reference: Agy 529 085-R-S70-1 06-01-03 EF 03

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure captures information regarding what it costs the state each month, on average, to provide day training services to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

**BL 2020 Data Limitations**
The accuracy of the commission’s database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

**BL 2020 Data Source**
At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

**BL 2020 Methodology**
HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund employment services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving day training services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

**BL 2020 Purpose**
This measure captures HHSC appropriation authority cost per individuals for adult and child in day training services.

**BL 2021 Definition**
BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**
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**Agency Code:** 529  
**Agency:** Health and Human Services Commission  
**Goal No. 6** Community & Independent Living Services & Coordination  
**Objective No. 1** Long-term Care Services & Coordination  
**Strategy No. 3** Non-Medicaid Developmental Disability Community Services  
**Measure Type** EF  
**Measure No. 4** Average Monthly Cost Per Individual Receiving Therapies

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**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 06-01-03 EF 04  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

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**BL 2020 Definition**

This measure captures information regarding what it costs the state each month, on average, to provide therapy to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

**BL 2020 Data Limitations**

The accuracy of the commission’s database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

**BL 2020 Data Source**

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

**BL 2020 Methodology**

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund employment services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving therapies that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

**BL 2020 Purpose**

This measure captures HHSC appropriation authority cost per individuals for adult and child in therapy.

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**BL 2021 Definition**
BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
BL 2020 Definition
This measure captures information regarding what it costs the state each month, on average, to provide respite to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

BL 2020 Data Limitations
The accuracy of the commission’s database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

BL 2020 Data Source
At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

BL 2020 Methodology
HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund respite as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving respite that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

BL 2020 Purpose
This measure captures HHSC appropriation authority cost per individuals for adult and child in respite.

BL 2021 Definition
BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**BL 2020 Definition**

This measure captures information regarding what it costs the state each month, on average, to provide independent living services to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

**BL 2020 Data Limitations**

The accuracy of the commission's database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

**BL 2020 Data Source**

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

**BL 2020 Methodology**

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund employment services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving independent living services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

**BL 2020 Purpose**

This measure captures HHSC appropriation authority cost per individuals for adult and child in independent living.
### BL 2020 Definition
This measure provides an unduplicated workload count of priority population eligible adults and children who receive ID community services at the end of the fiscal year. ID community services include non-residential services including: vocational services, training services, respite services, and specialized therapies.

### BL 2020 Data Limitations
This measure provides the actual number of individuals who receive community services and provides information about the total system activity during one fiscal year. It is a frequently requested number used to compare system activity over a period of two or more fiscal years. The accuracy of the department's CARE system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities.

### BL 2020 Data Source
As individuals enter the community programs, registration information is entered into the department's Client Assignment and Registration (CARE) system portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. Individuals who receive more than one community service during the year are counted only once for the year.

### BL 2020 Methodology
The total unduplicated number of individuals that receive a ID community service during the fiscal year regardless of how the services for the individuals were funded is tallied for each local authority and system-wide.

### BL 2020 Purpose
This measure provides the actual unduplicated number of persons who receive ID community services and provides information about the total system activity during one fiscal year.

### BL 2021 Definition

### BL 2021 Data Limitations

### BL 2021 Data Source

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Goal:** Community & Independent Living Services & Coordination  
**Objective:** Long-term Care Services & Coordination  
**Strategy:** Non-Medicaid Developmental Disability Community Services  
**Measure Type:** EX  
**Measure No.:** Number Individuals with ID Receiving Community Svcs End of Fiscal Year  

**Calculation Method:** N  
**Target Attainment:**  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 EX 01  
**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N
BL 2021 Methodology

BL 2021 Purpose
**BL 2020 Definition**

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive ID community services. ID community services include vocational services, training services, respite services, specialized therapies and excludes residential services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period.

**BL 2020 Data Limitations**

The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

**BL 2020 Data Source**

As individuals enter the comm. progs, registration info is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total unduplicated number of individuals assigned to receive any ID community service each month is calculated. To obtain an unduplicated number of individuals, each individual is counted only once each period regardless of the number of different community services to which assigned. For each quarter of the fiscal year, the unduplicated number of individuals served in each month of the quarter is averaged. The production report lists total number of adults and children assigned to a particular service each month regardless of how the services for the individuals were funded.

**BL 2020 Methodology**

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving ID community service each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

**BL 2020 Purpose**

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
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Agency: Health and Human Services Commission

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**Goal No. 6** Community & Independent Living Services & Coordination  
**Objective No. 1** Long-term Care Services & Coordination  
**Strategy No. 3** Non-Medicaid Developmental Disability Community Services  
**Measure Type** OP  
**Measure No. 2** Avg Mthly # Indiv w/Intellectual Disability (ID) Recv Employment Svcs

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 OP 02  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive employment services.

**BL 2020 Data Limitations**

The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

**BL 2020 Data Source**

As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities employment service each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

**BL 2020 Methodology**

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving employment services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

**BL 2020 Purpose**

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

**BL 2021 Definition**

**BL 2021 Data Limitations**
BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**Measure 3: Avg Mthly # Indiv w/Intellectual Disability (ID) Recv Day Train Svcs**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
Cross Reference: Agy 529 085-R-S70-1 06-01-03 OP 03

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive day training services.

**BL 2020 Data Limitations**
The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

**BL 2020 Data Source**
As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities day training service each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

**BL 2020 Methodology**
To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving day training services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

**BL 2020 Purpose**
Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

**BL 2021 Definition**

**BL 2021 Data Limitations**
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Agency: Health and Human Services Commission

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<td>Measure No.</td>
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<td>Avg Mthly # Indiv with Intellectual Disability (ID) Rec Therapies</td>
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BL 2020 Definition
This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive therapies.

BL 2020 Data Limitations
The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

BL 2020 Data Source
As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities therapy each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

BL 2020 Methodology
To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving therapies each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose
Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

BL 2021 Definition

BL 2021 Data Limitations
### BL 2020 Definition

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive respite.

### BL 2020 Data Limitations

The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

### BL 2020 Data Source

As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities respite each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

### BL 2020 Methodology

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving respite each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

### BL 2020 Purpose

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

### BL 2021 Definition

### BL 2021 Data Limitations
BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**Calculation Method:** N  
**Target Attainment:**  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 OP 06  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive independent living services.

**BL 2020 Data Limitations**
The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

**BL 2020 Data Source**
As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities independent living services each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

**BL 2020 Methodology**
To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving independent living services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

**BL 2020 Purpose**
Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
Strategy-Related Measures Definitions

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

Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 6 Community & Independent Living Services & Coordination
Objective No. 2 Provide Rehabilitation Services to Persons with General Disabilities
Strategy No. 1 Independent Living Services (General, Blind, and CILs)
Measure Type EF
Measure No. 1 Cost Per Person Served by Centers for Independent Living

Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 06-02-01 EF 01
Key Measure: N  New Measure: N  Percentage Measure: N

BL 2020 Definition
Estimated Independent Living contract amounts expended by HHSC supported Centers for Independent Living divided by the number of persons served in HHSC supported Centers for Independent Living.

BL 2020 Data Limitations
The number of consumers served by IL Centers is provided by the centers. HHSC does not control the data that is submitted.

BL 2020 Data Source
Consumer information is provided by monthly reports from HHSC supported Centers for Independent Living, and estimated expenditures are based upon data from HHSC financial information system.

BL 2020 Methodology
Estimated IL contract amounts expended by HHSC supported Centers for Independent Living divided by the number of persons served in HHSC supported Centers for Independent Living. Non-cumulative

BL 2020 Purpose
The purpose of this measure is to calculate the financial resources (costs) needed to serve each consumer.
### BL 2020 Definition

Measures the average cost per person receiving HHSC contracted Independent Living Services.

### BL 2020 Data Limitations

Consumer data is dependent on the timeliness and accuracy of data entry by contractors.

### BL 2020 Data Source

Independent Living Program and HHSAS.

### BL 2020 Methodology

Total expenditures in Independent Living Strategy divided by total consumers served for the reporting period.

### BL 2020 Purpose

This measure tracks the average monthly cost per person served through the Independent Living contractors. It provides one indication of the efficiency of the program.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 6  
Community & Independent Living Services & Coordination

Objective No. 2  
Provide Rehabilitation Services to Persons with General Disabilities

Strategy No. 1  
Independent Living Services (General, Blind, and CILs)

Measure Type OP

Measure No. 1  
# People Receiving Services from Centers for Independent Living

Calculation Method: C  
Target Attainment: Cross Reference: Agy 529 085-R-S70-1 06-02-01 OP 01

Priority: 

Key Measure: Y  
New Measure: N  
Percentage Measure: N

BL 2020 Definition
Number of people receiving services from HHSC-supported Centers for Independent Living as reported in monthly reports received from HHSC-supported Centers for Independent Living.

BL 2020 Data Limitations
Timeliness and accuracy of center data entry.

BL 2020 Data Source
Data collected by the Centers is sent to HHSC monthly.

BL 2020 Methodology
Centers are responsible for maintaining demographics on consumers served and monthly reports submitted provide a total count served for the month and on a fiscal year-to-date basis.

BL 2020 Purpose
HHSC provides funds to centers through contracts in order for them to provide independent living core services within their catchments areas. The volume of consumers receiving services is an indicator that centers are achieving their intended purpose.
Goal No.  6  Community & Independent Living Services & Coordination
Objective No.  2  Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.  1  Independent Living Services (General, Blind, and CILs)
Measure Type  OP
Measure No.  2  Number of Consumers Who Achieved Independent Living Center Goals

BL 2020 Definition
Measures the number of consumers who exited the Independent Living program during the reporting period who achieved an Independent Living goal(s).

BL 2020 Data Limitations
None

BL 2020 Data Source
Data is from the automated consumer statistical system. Field staff who work with consumers indicate in this system whether a consumer has achieved an employment outcome

BL 2020 Methodology
All consumers identified as having successfully achieved an independent living goal(s) in the automated consumer statistical system during the reporting period are included in the count.

BL 2020 Purpose
Achieving an independent living goal(s) is the desired result of the Independent Living program.
BL 2020 Definition
Number of consumers receiving services from Independent Living Center contractors.

BL 2020 Data Limitations
Reporting is dependent on timeliness and accuracy of contractor data entry.

BL 2020 Data Source
Independent Living Data Reporting System.

BL 2020 Methodology
Count of consumers with plan or waived plan in the Independent Living Data Reporting System for the reporting period. The served count, in accordance with the Rehabilitation Services Administration (RSA) 704 State Independence Living Services Annual Performance Report, is all consumers who have a signed or waived plan, including those who have closed with goals met as well as those who have closed without plan goals met. This will include individuals who have a signed or waived plan but are waiting for one or more purchased services.

BL 2020 Purpose
The purpose of the Independent Living Services is to increase the independence of people with disabilities in their daily activities. The measure shows the number of consumers provided services.
**Goal No.** 6  Community & Independent Living Services & Coordination  
**Objective No.** 2  Provide Rehabilitation Services to Persons with General Disabilities  
**Strategy No.** 1  Independent Living Services (General, Blind, and CILs)  
**Measure Type** OP  
**Measure No.** 4  Number of Consumers Who Achieved Independent Living Goals

**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 06-02-01 OP 04  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**  
Count of consumers receiving HHSC contracted Independent Living services with cases closed because goals have been met.

**BL 2020 Data Limitations**  
Timeliness and accuracy of contractor data entry.

**BL 2020 Data Source**  
Independent Living Data Reporting System.

**BL 2020 Methodology**  
All consumers whose cases are closed with reason "goal met" in the Independent Living Data Reporting system during the reporting period are included in the count.

**BL 2020 Purpose**  
Achieving an independent living goal(s) is the desired result of the Independent Living program.
### Strategy-Related Measures Definitions

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<td>Measure Type</td>
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<tr>
<td>Measure No.</td>
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<td>Average Cost Per Individual Treated in BEST Program</td>
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</table>

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 06-02-02 EF 01

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

Measures the average cost per individual receiving treatment services through the Blindness Education, Screening and Treatment (BEST) program.

**BL 2020 Data Limitations**

Limited by timeliness and accuracy of contractor reporting.

**BL 2020 Data Source**

The data sources are the program related expenditures and encumbrances during the reporting period from HHSC’s Accounting System (HHSAS); and the number of consumers treated (Performance Measure 05-02-02-OP-01: “Number of Individuals Receiving Treatment Services in BEST Program”).

**BL 2020 Methodology**

The formula is numerator/denominator. The numerator is the total HHSC expenditures and encumbrances utilized during the reporting period to fund treatment services for the BEST program. The denominator is the number of individuals receiving treatment services during the reporting period (Performance Measure 05-02-02-OP-01: “Number of Individuals Receiving Treatment Services in BEST Program”).

**BL 2020 Purpose**

This measure tracks the average cost per individual treated in BEST program. It provides one indication of the efficiency of the program.
Strategy-Related Measures Definitions
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<td>Strategy No.</td>
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<tr>
<td>Measure No.</td>
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<td>Average Cost Per Individual Screened in BEST Program</td>
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Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529  085-R-S70-1  06-02-02  EF 02
Key Measure: N  New Measure: N  Percentage Measure: N

BL 2020 Definition
Measures the average cost per individual receiving screening or treatment services through the Blindness Education, Screening and Treatment (BEST) program.

BL 2020 Data Limitations
Limited by timeliness and accuracy of reporting.

BL 2020 Data Source
The data sources are the program related expenditures and encumbrances during the reporting period from HHSC’s Accounting System and the number of consumers screened (Performance Measure 05-02-02-OP-02: “Number of Individuals Receiving Screening Svcs in BEST Program”).

BL 2020 Methodology
The formula is numerator/denominator. The numerator is the total HHSC expenditures and encumbrances utilized during the reporting period to fund screening services for the BEST Program. The denominator is the number of individuals receiving screening services during the reporting period (Performance Measure 05-02-02-OP-02:“Number of Individuals Receiving Screening Svcs in BEST Program”).

BL 2020 Purpose
This measure tracks the average cost per individual screened by the BEST Program. It provides one indication of the efficiency of the program.
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Goal No. 6 Community & Independent Living Services & Coordination**

**Objective No. 2 Provide Rehabilitation Services to Persons with General Disabilities**

**Strategy No. 2 Blindness Education, Screening and Treatment (BEST) Program**

**Measure No. 1 Number of Individuals Receiving Treatment Services in BEST Program**

**Calculation Method:** C    **Target Attainment:**  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-02 OP 01

**Key Measure:** Y    **New Measure:** N    **Percentage Measure:** N

---

**BL 2020 Definition**

Measures the number of individuals receiving treatment services during the reporting period through the Blindness Education, Screening and Treatment (BEST) program.

**BL 2020 Data Limitations**

Reporting is impacted by timeliness and accuracy of data entry.

**BL 2020 Data Source**

Data for the treatment services comes from HHSC’s automated consumer statistical system.

**BL 2020 Methodology**

This is a count of the number of individuals receiving eye treatment services during the reporting period.

**BL 2020 Purpose**

BEST establishes a projection for the population in need of BEST services that can reasonably be served within the available resources. This measure tracks and demonstrates progress toward meeting the projected target.
Strategy-Related Measures Definitions

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Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 6 Community & Independent Living Services & Coordination
Objective No. 2 Provide Rehabilitation Services to Persons with General Disabilities
Strategy No. 2 Blindness Education, Screening and Treatment (BEST) Program
Measure Type OP
Measure No. 2 Number of Individuals Receiving Screening Services in BEST Program.

Calculation Method: C
Target Attainment: Priority: Cross Reference: Agy 529 085-R-S70-1 06-02-02 OP 02
Key Measure: Y New Measure: N Percentage Measure: N

BL 2020 Definition
Measures the number of individuals receiving screening services during the reporting period through the Blindness Education, Screening and Treatment (BEST) program.

BL 2020 Data Limitations
Reporting is impacted by timeliness and accuracy of data entry.

BL 2020 Data Source
Contractor monthly reporting.

BL 2020 Methodology
This is a count of the number of individuals receiving eye screenings as reported by the contractor during the reporting period.

BL 2020 Purpose
BEST establishes a projection for the population in need of BEST services that can reasonably be served within the available resources. This measure tracks and demonstrates progress toward meeting the projected target.
## BL 2020 Definition

Measures the average monthly cost per person receiving Comprehensive Rehabilitation Services.

## BL 2020 Data Limitations

The agency cannot control rising costs of service. Reimbursements from comparable benefits can be difficult to predict. This affects the actual dollars spent and the average cost per consumer.

## BL 2020 Data Source

Agency financial system (HHSAS) and automated consumer statistical system.

## BL 2020 Methodology

HHSC appropriation authority includes all general revenue funds allocated to the Comprehensive Rehabilitation Services (CRS) strategy. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9 or 12 for year to date. The numerator is total amount expended and encumbered, and the denominator is defined in 02-03-04-OP-01.

## BL 2020 Purpose

This measure provides information that shows the efficiency of how funds are used. It is important because it provides information on changes in the cost of services. As costs per CRS consumer increases, the number of consumers served decreases.
### BL 2020 Definition

Unduplicated number of people receiving Comprehensive Rehabilitative Services for the fiscal year.

### BL 2020 Data Limitations

None.

### BL 2020 Data Source

Timeliness and accuracy of data entry.

### BL 2020 Methodology

For the fiscal year, the sum of unduplicated people served. People served is defined as consumers noted in the consumer statistical system whose status in the reporting period was:

- Successful closure,
- Post closure,
- Post closure completed,
- Unsuccessful closure plan initiated with funds allocated, or
- Plan initiated with funds allocated.

### BL 2020 Purpose

The measure demonstrates provision of critical rehabilitation services to eligible Texans. It is important because an estimated 80% of the consumers age 16 and above who suffer and survive a traumatic spinal cord or traumatic brain injury do not have the resources necessary to pay for inpatient and outpatient comprehensive rehabilitation services and Post Acute Brain Injury rehabilitation services. Research indicates that those who have access to appropriate rehabilitation services tend to experience greater independence and productivity over their lifetime. This results in lowered dependence on public services and an overall savings to the public.
Strategy-Related Measures Definitions
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Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 6 Community & Independent Living Services & Coordination
Objective No. 2 Provide Rehabilitation Services to Persons with General Disabilities
Strategy No. 3 Provide Services to People with Spinal Cord/Traumatic Brain Injuries
Measure Type OP
Measure No. 1 Avg Monthly # of People Receiving Comprehensive Rehabilitation Svc

Calculation Method: N  Target Attainment:  Priority:  Cross Reference: Agy 529  085-R-S70-1  06-02-03  OP 01
Key Measure: Y  New Measure: N  Percentage Measure: N

BL 2020 Definition
A monthly average of people receiving Comprehensive Rehabilitation Services as reported by automated caseload statistical system

BL 2020 Data Limitations
Timeliness and accuracy of data entry.

BL 2020 Data Source
HHSC automated caseload system.

BL 2020 Methodology
The numeric average of unduplicated people served. For each quarter of the fiscal year, the number of people served in each month of the quarter is averaged. For the second, third, and fourth quarters, year-to-date calculations are also obtained. The numerator is the total unduplicated number of people receiving Comprehensive Rehabilitation Services each month in the reporting period. The denominator is the number of months in the reporting period. The formula is numerator/denominator.

People served is defined as consumers noted in the consumer statistical system whose status in the reporting period was:
• Successful closure,
• Post closure,
• Post closure completed,
• Unsuccessful closure plan initiated with funds allocated, or
• Plan initiated with funds allocated.

BL 2020 Purpose
The measure demonstrates provision of critical rehabilitation services to eligible Texans. It is important because an estimated 80% of the consumers age 16 and above who suffer and survive a traumatic spinal cord or traumatic brain injuries do not have the resources necessary to pay for inpatient and outpatient comprehensive rehabilitation services and Post Acute Brain Injury rehabilitation services. Research indicates that those who have access to appropriate rehabilitation services tend to experience greater independence and productivity over their lifetime. This results in lowered dependence on public services and an overall savings to the public.
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<td>Strategy No.</td>
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<td>Provide Services to People with Spinal Cord/Traumatic Brain Injuries</td>
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<td>Measure Type</td>
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<td>Number of Consumers Who Achieved CRS Goals</td>
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<tr>
<td>Measure No.</td>
<td>2</td>
<td>Number of Consumers Who Achieved CRS Goals</td>
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**Calculation Method:** C  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 06-02-03 OP 02

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
The number of eligible consumers who achieved CRS goals on their rehabilitation plans, thereby increasing their level of independence.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
Data is from the HHSC consumer reporting system. Staff will input and update consumer data on achievement of CRS plan goals.

**BL 2020 Methodology**
Count of the total number of individuals with CRS cases closed “successful” in the reporting period.

**BL 2020 Purpose**
This measure establishes a standard of accountability that HHSC can monitor in support of the CRS program for persons receiving services.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
Strategy-Related Measures Definitions
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Agency: Health and Human Services Commission

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<td>Strategy No.</td>
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<td>Measure Type</td>
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<tr>
<td>Measure No.</td>
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Calculation Method: N  
Target Attainment: N  
Priority: N  
Cross Reference: Agy 529 085-R-S70-1 06-02-04 EF 02

Key Measure: N  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**
This measures the average cost per interpreter certificate issued.

**BL 2020 Data Limitations**
There are no data limitations anticipated.

**BL 2020 Data Source**
Agency records of program costs and a personal computer database showing number of certificates issued are the data sources.

**BL 2020 Methodology**
The total amount of funds expended for the program divided by the number of certificates issued.

**BL 2020 Purpose**
To assist the agency in assessing actual costs to administer the program and to set fee levels to recover costs.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
**Strategy-Related Measures Definitions**

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<td>Measure Type</td>
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**Calculation Method:** N  **Target Attainment:** N  **Priority:** N  **Cross Reference:** Agy 529 085-R-S70-1 06-02-04 EF 03

**Key Measure:** N  **New Measure:** N  **Percentage Measure:** N

**BL 2020 Definition**

This measures the average number of days to resolve a certified interpreter ethics complaint. This measure is related to attaining customer satisfaction.

**BL 2020 Data Limitations**

This measure is limited by the complexity of the issue to be resolved and the number of individuals involved.

**BL 2020 Data Source**
Agency records of the dates complaints are received and the dates complaints are resolved is the data source

**BL 2020 Methodology**

Count the number of days between the dates complaints are received and the dates complaints are resolved; divide this sum of days by the number of complaints resolved during a fiscal year.

**BL 2020 Purpose**

To ensure interpreter compliance with rules and standards of ethical behavior to eliminate communication barriers and to guarantee equal access for people who are deaf or hard of hearing.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
### Agency: Health and Human Services Commission

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<td>EF</td>
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**Measure No. 3: Average Cost Per Equipment/Service Application Processed**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 06-02-04 EF 04

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measures the average cost for the agency to process each application for specialized telecommunications equipment or services.

**BL 2020 Data Limitations**

There are no data limitations.

**BL 2020 Data Source**

The total amount of funds expended to administer the equipment/service voucher program divided by the number of equipment/service applications processed will give an average cost for the agency to process each application. Reimbursement to vendors for equipment or services is not part of this measure.

**BL 2020 Methodology**

The total amount of funds expended to administer the equipment/service voucher program divided by the number of equipment/service applications processed will give an average cost for the agency to process each application. Reimbursement to vendors for equipment or services is not part of this measure.

**BL 2020 Purpose**

To determine the cost of the program based on the number of applications received.

---

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
### BL 2020 Definition

This calculates the average time to process an application into the database from the date the application was received.

### BL 2020 Data Limitations

There are no data limitations.

### BL 2020 Data Source

Agency database of applications which documents the date the application was received and the date the application was entered into the database.

### BL 2020 Methodology

For applications received during a reporting period, sum the number of days from the date the application was received to the date the application was entered. Divide this sum of days by the number of applications entered during the reporting period.

### BL 2020 Purpose

To provide an indication of the responsiveness of agency staff to process an application and generate a voucher or follow-up letter.

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### BL 2021 Definition

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### BL 2021 Data Limitations

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### BL 2021 Data Source

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### BL 2021 Methodology

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### BL 2021 Purpose
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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- **Goal No. 6:** Community & Independent Living Services & Coordination
- **Objective No. 2:** Provide Rehabilitation Services to Persons with General Disabilities
- **Strategy No. 4:** Provide Services to Persons Who Are Deaf or Hard of Hearing
- **Measure Type:** OP
- **Measure No. 1:** Number Receiving Communication Access Services

---

**Calculation Method:** C  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:**

**Key Measure:** Y  
**New Measure:** Y  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measures the total number of individuals who are deaf or hard of hearing who received communication access services. Communication access includes services such as interpreting, Communications Access Real-time Translation (CART), information and referral, services to senior citizens and case coordination.

**BL 2020 Data Limitations**

This measure is limited to measuring only persons who are deaf or hard of hearing. This measure does not include those individuals with whom persons who are deaf or hard or hearing are trying to communicate. This measure is limited by the type of project proposed by contractors for the various services provided.

**BL 2020 Data Source**

Reports submitted by contractors on the number of individuals receiving some type of communication access service and agency records are the sources of data. Data does not include services provided under the interagency contracts.

**BL 2020 Methodology**

Sum the total number of individuals receiving some type of communication access service.

**BL 2020 Purpose**

To promote an effective system of services to individuals who are deaf or hard of hearing.

---

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Goal No. 6** Community & Independent Living Services & Coordination  
**Objective No. 2** Provide Rehabilitation Services to Persons with General Disabilities  
**Strategy No. 4** Provide Services to Persons Who Are Deaf or Hard of Hearing  
**Measure Type** OP  
**Measure No. 2** Number of Consumers Educated and Interpreters Trained

---

**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 06-02-04 OP 03

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**  
This measures the total number of consumers educated and interpreters trained.

**BL 2020 Data Limitations**  
This measure is limited by the amount of donations/grants the agency may receive, the amount of administrative fees generated from interagency contracts and the types of projects proposed and contracted.

**BL 2020 Data Source**  
Agency records of participant sign-in sheets from each education and training event is the data source.

**BL 2020 Methodology**  
Sum the total number of individuals who were provided education and training.

**BL 2020 Purpose**  
To eliminate communication barriers and to guarantee equal access for people who are deaf or hard of hearing.

---

**BL 2021 Definition**  

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 6  
Objective No. 2  
Strategy No. 4  
Measure Type OP  
Measure No. 3  

Number of Interpreter Certificates Issued

BL 2020 Definition
This measures the number of interpreter certificates issued during a fiscal year.

BL 2020 Data Limitations
None

BL 2020 Data Source
Agency database documenting the effective date and the expiration date of a certificate.

BL 2020 Methodology
Sum the number of certificates issued.

BL 2020 Purpose
To increase the availability and skill levels of interpreters to eliminate communication barriers and to guarantee equal access for people who are deaf or hard of hearing.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**

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### Agency Code: 529

**Agency:** Health and Human Services Commission

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<td>OP</td>
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**Goal No. 6 Community & Independent Living Services & Coordination**

**Objective No. 2 Provide Rehabilitation Services to Persons with General Disabilities**

**Strategy No. 4 Provide Services to Persons Who Are Deaf or Hard of Hearing**

---

**Measure No. 4 Number of Interpreter Tests Given**

**Calculation Method:** C  
**Target Attainment:**  
**Priority:**

Cross Reference: Agy 529 085-R-S70-1 06-02-04 OP 05

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measures the number of interpreter tests given during a fiscal year. This is a measure of productivity.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

Agency records of the number of interpreter tests given during a fiscal year.

**BL 2020 Methodology**

Sum the number of interpreter tests given.

**BL 2020 Purpose**

To increase the availability of interpreters to eliminate communication barriers and to guarantee equal access for people who are deaf or hard of hearing.

---

**BL 2021 Definition**

---

**BL 2021 Data Limitations**

---

**BL 2021 Data Source**

---

**BL 2021 Methodology**

---

**BL 2021 Purpose**

---
### Agency: Health and Human Services Commission

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<td>Measure No.</td>
<td>Number of Equipment/Service Vouchers Issued</td>
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</table>

**BL 2020 Definition**

This measure tracks the number of financial assistance vouchers issued by the agency during the fiscal year to eligible clients enabling them to purchase adaptive equipment or services necessary to access the telephone system.

**BL 2020 Data Limitations**

This measure does not provide an accurate account of the number of multiple vouchers issued for replacement of lost or expired vouchers.

**BL 2020 Data Source**

Agency database documenting voucher print date is the data source.

**BL 2020 Methodology**

Agency database generates a count of vouchers issued for financial assistance.

**BL 2020 Purpose**

To ensure equal access to the telephone system for persons with a disability.

---

**BL 2021 Definition**

---

**BL 2021 Data Limitations**

---

**BL 2021 Data Source**

---

**BL 2021 Methodology**

---

**BL 2021 Purpose**

---
Goal No. 6 Community & Independent Living Services & Coordination
Objective No. 3 Other Community Support Services
Strategy No. 1 Family Violence Services
Measure Type EF
Measure No. 1 HHSC Avg Cost Per Person Receiving Family Violence Services

Calculation Method: N  Target Attainment:  Priority: 
Key Measure: Y  New Measure: N  Percentage Measure: N

BL 2020 Definition
This measure reports the HHSC average cost per person receiving shelter services, non-residential services or both and the average cost per client receiving both services. A "Shelter" provides residential and nonresidential services to victims of family violence including a secure 24-hour-a-day temporary emergency residence, emergency medical care, emergency transportation, intervention services, legal assistance (civil and criminal), information on educational arrangements for children, information about training for and seeking employment and referral to community resources. "Non-resident services" refers to the delivery of the following in a non-live-in environment: Counseling, assistance in obtaining medical care, transportation, legal assistance, employment services, law enforcement liaison, and information and referral to other resources.

BL 2020 Data Limitations
Data is dependent on each contractor timely and accurately entering information into the Family Violence Program data collection system.

BL 2020 Data Source
Data is obtained from the automated data collection system maintained by the Family Violence Program.

BL 2020 Methodology
The program area receives data from the automated system maintained by the Family Violence Program and queries data according to program requirements for all quarters, the annual funding for Family Violence providers is divided by four to get the estimated expenditures attributable to the quarter being reported to determine the average cost for the reporting period. The average cost is the numerator for this measure. The denominator for this measure is the sum of the number of clients specific to the quarter being reported. Divide the numerator by the denominator to calculate the average cost per person receiving family violence services. When calculating the second quarter, third quarter, and fourth quarter, the year to date total is recalculated.

BL 2020 Purpose
This measure quantifies the average cost to the agency for each person receiving Family Violence services. This data is a useful tool for projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations
BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
### Strategy-Related Measures Definitions
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<td>Strategy No.</td>
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<td>Family Violence Services</td>
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<td>Measure Type</td>
<td>EX</td>
<td></td>
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<tr>
<td>Measure No.</td>
<td>1</td>
<td>Percent of Family Violence Program Budgets Funded by HHSC</td>
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</table>

**Calculation Method:** N  **Target Attainment:**  **Priority:**

Cross Reference: Agy 529  085-R-S70-1  06-03-01  EX 01

**Key Measure:** N  **New Measure:** N  **Percentage Measure:** Y

**BL 2020 Definition**

This measure reports the average percent of the cost of centers providing family violence services which is funded by HHSC.

**BL 2020 Data Limitations**

None

**BL 2020 Data Source**

The HHSC allocation amount and the projected total resources to the centers for providing family violence services as recorded on the approved budget submitted by the family violence center.

**BL 2020 Methodology**

Data are computed by taking the total amount of HHSC funding to centers (numerator), and dividing by the sum of the total amount of HHSC funding to centers and the total amount of other resources the centers apply to the shelter/program (denominator).

**BL 2020 Purpose**

This measure is important because it indicates the impact of funding appropriated to the agency on the operating budget of domestic violence centers that contract with the agency.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
### BL 2020 Definition
Reports number of victims of family violence and their children who receive either shelter, or non-residential services, and clients who receive a combination of both services from family violence programs that contract with the state. Shelter services include 24-hour a day shelter emergency medical care, emergency transportation, intervention services, legal assistance (civil and criminal), information on educational arrangements for children, information about training for and seeking employment, and referral to community resources. Non-residential services are the delivery of all of the above services in a non-live-in environment.

### BL 2020 Data Limitations
Data is dependent on each contractor timely and accurately entering information into the Family Violence Program data collection system. Duplication may occur when a client re-enters the program within the reporting period.

### BL 2020 Data Source
Data is obtained from the automated data collection system maintained by the Family Violence Program.

### BL 2020 Methodology
Staff receives data from the automated system maintained by the Family Violence Program and queries data according to program requirements to obtain the unduplicated number of persons served.

### BL 2020 Purpose
This measure provides caseload information for this strategy. It provides a count of the total number of persons receiving services from family violence programs and shelters.

### BL 2021 Definition

### BL 2021 Data Limitations

### BL 2021 Data Source
BL 2021 Methodology

BL 2021 Purpose
### BL 2020 Definition

This measure captures information regarding what it costs the Health and Human Services Commission (HHSC) each month, on average, to provide State Supported Living Centers (SSLC) and State Center services.

### BL 2020 Data Limitations

Data must be current and accurate in HHSC's electronic health record system as of the date the reports are produced.

### BL 2020 Data Source

Funding for SSLC campus residential services includes the federal portion of Medicaid, Medicare, other federal interagency grants and reimbursements, third party/patient fees, state general revenue match for Medicaid, and other funds. The commission's accounting system contains all expenditure data for the state facilities. Costs include both facility administrative and residential operations. Excluded costs include depreciation, employee benefits paid by the Employee Retirement System, Central Office administrative costs and statewide administrative costs.

### BL 2020 Methodology

The numerator is the total expenditures paid for by HHSC for SSLC campus residential services for each month in the reporting period divided by the number of months in the reporting period. The denominator is the average monthly number of state ID campus residents. The formula is numerator/denominator.

### BL 2020 Purpose

This measure allows the agency to track the cost of an occupied bed at an SSLC campus over time. This is of particular importance in light of increased health care costs due to the complex medical and behavioral needs of the current state supported living center residents.
Strategy-Related Measures Definitions
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<td>Objective No.</td>
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<td>Measure Type</td>
<td>EF</td>
</tr>
<tr>
<td>Measure No.</td>
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</table>

### BL 2020 Definition
This measure provides the number of days that individuals with intellectual and developmental disabilities wait for admission to a state supported living center (SSLC), when the individual would only accept admission to a specific center.

### BL 2020 Data Limitations
If an individual submits an application packet for a specific SSLC and subsequently decides to accept admission to any center with an appropriate vacancy, the individual's preference is changed from a specific SSLC in the electronic health record (EHR) system to any SSLC effective on the first day of the month of the change. When the individual is subsequently admitted to a SSLC, the number of days the individual waited for admission will be calculated from the date of initial referral for a specific SSLC. This methodology should not affect the average days persons wait for admission to a specific SSLC.

### BL 2020 Data Source
The source of the data is the completed application packet. Once the packet is received at the local SSLC, center staff will review the packet for completeness. If all required information is included in the application packet, center staff will input the referral information into the EHR.

### BL 2020 Methodology
This is an average of days that all individuals wait for admission to a specified SSLC. The numerator is the total of all days that individuals waited for admission to a specific SSLC for those individuals admitted to a SSLC during the quarter. The denominator is the number of individuals admitted to a center during the reporting period from the waiting list for a specific SSLC. The formula is numerator/denominator. For year-to-date each quarter: The numerator is the sum of days all individuals admitted during the months from the beginning of the fiscal year to the end of the current quarter waited for admission to a specific facility. The denominator is the number of individuals admitted from the waiting list for a specific SSLC since the beginning of the fiscal year. The formula is numerator/denominator.

### BL 2020 Purpose
Admissions to SSLCs are based on specific criteria as defined in Texas Administrative Code (TAC), Title 40, Part 1, Chapter 2, Subchapter F. Individuals are considered to be waiting for admission to a SSLC upon receipt of a completed application packet by the designated SSLC. Responsibility for completion of the application packet to a SSLC rests with the local authority (LA) as provided in TAC, Title 40, Part 1, Rule §2.265. Number of days that an individual waits for admission reflects the availability of services and efficiency of the system in accommodating individual choice.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 7  Mental Health State Hospitals, SSLCs and Other Facilities
Objective No. 1  State Supported Living Centers
Strategy No. 1  State Supported Living Centers
Measure Type EX
Measure No. 1  Number of LC Campus Residents Who Are under 18 Years of Age Per Year

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 07-01-01 EX 01

Key Measure: N  
New Measure: N  
Percentage Measure: N

BL 2020 Definition
This measure provides a snapshot look at the age of residents in state supported living centers (SSLC). Of concern in this measure are those residents who are children and adolescents and require compliance with federal and state regulations pertaining to education.

BL 2020 Data Limitations
None

BL 2020 Data Source
Individuals employed by the SSLC enter the date of birth at the time of admission into the commission's system. A standard production report provides the number of customers served less than 18 years of age.

BL 2020 Methodology
This measure is a simple unduplicated count of SSLC residents between the ages of 0 and 17 (inclusive). It is a point in time measure obtained on the last day of the state fiscal year (8/31).

BL 2020 Purpose
This measure allows the agency to track the proportion of children and adolescents residing in SSLCs for planning purposes. Individuals with intellectual and developmental disabilities who are in residence at SSLCs include school aged youth whose educational needs are largely met by the school system.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology
BL 2021 Purpose
**BL 2020 Definition**

This measure provides the number of individuals enrolled in State Supported Living Center (SSLC) campus residential services each month on average. Enrollment is defined as the total number of individuals residing at the facility or absent for such purposes as home visits, hospitalizations, etc. with the intention of returning to the facility. Intellectual and developmental disability campus services are provided at state supported living centers.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

This is average monthly enrollment. Enrollment is the census plus all absences (individuals are expected to return to the facility). Enrollment data is obtained from the commission's electronic health record (EHR) system.

**BL 2020 Methodology**

The numerator is the total number of individuals absent or present in all state supported living center facilities for each month in the reporting period. The denominator is the number of months in the reporting period, quarter or year to date. The formula is numerator/denominator.

**BL 2020 Purpose**

This measure reflects the system-wide level of activity occurring over time and allows the agency to associate the utilization of state supported living center campus services with related costs and outcomes.
Goal No. 7 Mental Health State Hospitals, SSCLs and Other Facilities
Objective No. 1 State Supported Living Centers
Strategy No. 1 State Supported Living Centers
Measure Type OP
Measure No. 2 Number of Referrals to the Ombudsman

Calculation Method: C  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 07-01-01 OP 05
Key Measure: N  New Measure: N  Percentage Measure: N

BL 2020 Definition
This measure reports the number of reviews/ investigations performed by the Independent Ombudsman.

BL 2020 Data Limitations
Data for this measure is available and updated on the 15th of each month.

BL 2020 Data Source
The numbers of referrals reviewed /investigated are tracked on the Assistant Ombudsman report.

BL 2020 Methodology
Total number of reviews /investigations on a monthly basis; and compiling them to determine a total for the fiscal year.

BL 2020 Purpose
This measure provides a means to establish the baseline for funding levels from biennium to biennium.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose
## Strategy-Related Measures Definitions

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### Automated Budget and Evaluation System of Texas (ABEST)

**Agency Code:** 529  |  **Agency:** Health and Human Services Commission

- **Goal No.** 7  |  Mental Health State Hospitals, SS LCS and Other Facilities
- **Objective No.** 1  |  State Supported Living Centers
- **Strategy No.** 1  |  State Supported Living Centers
- **Measure Type** OP  |  
- **Measure No.** 3  |  Number of Reviews/Investigations Performed by the Ombudsman

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<td>Key Measure: N</td>
<td>New Measure: N</td>
<td>Percentage Measure: N</td>
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**BL 2020 Definition**

This measure reports the number of reviews/ investigations performed by the Independent Ombudsman.

**BL 2020 Data Limitations**

Data for this measure is available and updated on the 15th of each month.

**BL 2020 Data Source**

The numbers of referrals reviewed /investigated are tracked on the Assistant Ombudsman report.

**BL 2020 Methodology**

Total number of reviews /investigations on a monthly basis; and compiling them to determine a total for the fiscal year.

**BL 2020 Purpose**

This measure provides a means to establish the baseline for funding levels from biennium to biennium.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
Goal No. 7 Mental Health State Hospitals, SSLCs and Other Facilities
Objective No. 1 State Supported Living Centers
Strategy No. 1 State Supported Living Centers
Measure Type OP
Measure No. 4 # Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff

BL 2020 Definition
This measure reports the number of unfounded allegations as reported by victims or others against State Supported Living Center (SSLC) staff. An allegation is defined as a report by an individual suspecting or having knowledge that a person served at a SSLC has been or is in a state of abuse, neglect, or exploitation (A/N/E). Victim is defined as a person served who is alleged to have been abused, neglected, or exploited under TAC, Title 40, Part 19, Rule §711.3 (41).

BL 2020 Data Limitations
The source data for this measure is supplied by the Department of Family and Protective Services (DFPS). To ensure confidentiality, DFPS can provide data quarterly in aggregate for the entire SSLC system. The allegations are reported by intake date. The investigation may take some time to complete. Monthly totals may change until all investigations are complete.

BL 2020 Data Source
Information Management Protecting Adults and Children in Texas (IMPACT) at DFPS.

BL 2020 Methodology
The measure is calculated by totaling the number of A/N/E allegations as reported by victims or others deemed unfounded at all state supported living centers by Department of Family and Protective Services investigators during a fiscal year.

BL 2020 Purpose
This measure is a mechanism for tracking unfounded allegations against SSLC staff.
**Goal No. 7 Mental Health State Hospitals, SSLCs and Other Facilities**

**Objective No. 1 State Supported Living Centers**

**Strategy No. 1 State Supported Living Centers**

**Measure Type OP**

**Measure No. 5 # Confirmed Abuse/Neglect/Exploitation Incidents at SSLC**

**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 07-01-01 OP 08

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports confirmed allegations against State Supported Living Center (SSLC) staff. Confirmed is defined as an allegation which is determined to be supported by the preponderance of the evidence.

**BL 2020 Data Limitations**

This data is supplied by the Department of Family and Protective Services (DFPS) and the Health and Human Services Commission (HHSC) will work cooperatively with DFPS to provide the data for compilation. The allegations are reported by intake date. The investigation may take some time to complete. Monthly totals may change until all investigations are complete.

**BL 2020 Data Source**

Information Management Protecting Adults and Children in Texas (IMPACT) at the Department of Family and Protective Services (DFPS).

**BL 2020 Methodology**

The measure is calculated by totaling the number of confirmed allegations of A/N/E at each State Supported Living Center by Department of Family and Protective Services investigators during a fiscal year.

**BL 2020 Purpose**

This measure is a mechanism for assessing confirmed allegations of A/N/E at all State Supported Living Centers.
BL 2021 Purpose
**Goal No. 7 Mental Health State Hospitals, SSLCs and Other Facilities**

**Objective No. 2 Mental Health State Hospital Facilities and Services**

**Strategy No. 1 Mental Health State Hospitals**

**Measure No. 1 Average Daily Cost Per Occupied State Mental Health Facility Bed**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

**Cross Reference:** Agy 529  085-R-S70-1  07-02-01  EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure captures information regarding what it costs the Health and Human Services Commission (HHSC), on average, per occupied state mental health facility bed.

---

**BL 2020 Data Limitations**

Data must be current and accurate in the commission's accounting system as of the date reports are produced.

---

**BL 2020 Data Source**

The expenditures for facility operations are entered into the commission's accounting system for each mental health facility.

---

**BL 2020 Methodology**

This is the average daily HHSC cost, averaged by quarter and year-to-date, for an occupied bed in the state mental health facility program. Costs include both facility administrative and residential operations. Excluded costs include depreciation and employee benefits paid by the Employee Retirement System. The numerator is the total expenditures (less exclusion as above) paid by HHSC for state mental health facilities in the reporting period / Number of days in the reporting period. The denominator is the average daily census of state mental health facilities for the reporting period. The formula is numerator / denominator.

---

**BL 2020 Purpose**

This measure allows the commission to estimate the funding necessary to provide the number of state mental health facilities beds needed by its consumers.
**Strategy-Related Measures Definitions**

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**Goal No. 7 Mental Health State Hospitals, SSLCs and Other Facilities**

**Objective No. 2 Mental Health State Hospital Facilities and Services**

**Strategy No. 1 Mental Health State Hospitals**

**Measure No. 1 Number of Consumers Served by State Mental Health Facilities Per Year**

**Calculation Method:** N

**Target Attainment:**

**Priority:**

Cross Reference: Agy 529 085-R-S70-1 07-02-01 EX 01

**Key Measure:** N

**New Measure:** N

**Percentage Measure:** N

**BL 2020 Definition**

This measure provides an unduplicated count of all adults and children receiving services through the state mental health facilities during one fiscal year.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

As persons are admitted to and discharged from state mental health facilities, this movement activity is entered into the commission's electronic medical record. Production reports of consumer movement are issued monthly based on the information in the electronic medical record. Quarterly information is calculated based on these reports.

**BL 2020 Methodology**

This measure is an unduplicated count of individuals with one day or longer in residence at a state mental health facility during the state fiscal year.

**BL 2020 Purpose**

This measure provides the actual number of persons admitted to all state mental health facilities each year plus the number of persons in residence in all state mental health facilities at the beginning of the year.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
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<td>Objective No.</td>
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<td>Mental Health State Hospital Facilities and Services</td>
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<tr>
<td>Strategy No.</td>
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<td>Mental Health State Hospitals</td>
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<td>Measure Type</td>
<td>OP</td>
<td></td>
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<tr>
<td>Measure No.</td>
<td>1</td>
<td>Average Daily Census of State Mental Health Facilities</td>
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</table>

**BL 2020 Definition**

The state mental health facilities provide services to persons with severe mental illnesses for both acute episodes and longer-term care. The census of the facilities includes persons who have been admitted and not discharged. This measure provides information about the number of persons in state mental health facilities each day on average.

**BL 2020 Data Limitations**

Data is accurate to the extent that it is correctly entered into the data warehouse system.

**BL 2020 Data Source**

As persons are admitted to and discharged from state mental health facilities, this movement activity is entered into the commission's electronic medical record. Production reports of consumer movement are issued monthly based on the information in the electronic medical record. Quarterly information is calculated based on these monthly reports.

**BL 2020 Methodology**

This is an average daily census by quarter where census is defined as the total number of persons occupying a campus bed on any given day. Total bed days are obtained by multiplying the number of persons residing on campus during the reporting period by the number of days each person is on campus. The numerator is the total number of bed days for state mental health facilities for the reporting period. The denominator is the number of days in the reporting period. The formula is numerator/denominator.

**BL 2020 Purpose**

The census of state mental health facilities provides information about the utilization of these facilities. In order to ensure maximum occupancy and ensure availability of beds to meet needs, managers require information about current utilization and utilization trends over time.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

- **Goal No.**: 7  - **Objective No.**: 2  
- **Strategy No.**: 2  - **Measure Type**: EF

**Measure No.** 1  
**Measure Description:** Average Daily Cost Per Occupied MH Community Hospital Bed

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 07-02-02 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure captures the average daily cost per consumer receiving inpatient services at a Community Mental Health Hospital each day whose services are funded by the Health and Human Services Commission (HHSC).

**BL 2020 Data Limitations**

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

**BL 2020 Data Source**

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

**BL 2020 Methodology**

The numerator is the total HHSC provided funding for Community Hospitals utilized to fund Community Hospital inpatient services as reported in the data warehouse divided by the number of days in the reporting period. The denominator is the average daily number of persons receiving Community Hospital inpatient services. The formula is numerator/denominator.

**BL 2020 Purpose**

This measure allows HHSC to estimate the funding necessary to provide the number of Community Mental Health Hospital beds needed by its consumers.
### BL 2020 Definition
This measure captures the average number of consumers receiving inpatient services at a Community Mental Health Hospital each day whose services are funded by the Health and Human Services Commission (HHSC).

### BL 2020 Data Limitations
The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

### BL 2020 Data Source
Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

### BL 2020 Methodology
This is an average daily census by quarter where census is defined as the total number of persons occupying a facility bed on any given day, as financed by HHSC. Total bed days are obtained by multiplying the number of persons who are resident at the facility during the reporting period by the number of days each person is resident at the facility. The numerator is the total number of bed days for Community Mental Health Hospitals for the reporting period. The denominator is the number of days in the reporting period. The formula is numerator/denominator.

### BL 2020 Purpose
The census of Community Mental Health Hospitals provides information about the utilization of these facilities. In order to ensure maximum occupancy and ensure availability of beds to meet needs, managers require information about current utilization and utilization trends over time.
### Strategy-Related Measures Definitions
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<td>Measure Type</td>
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#### Calculation Method: N

**Target Attainment:**

- **Priority:**
  - Cross Reference: Agy 529 085-R-S70-1 07-03-01 EF 02

**Key Measure:** Y

**New Measure:** N

**Percentage Measure:** N

#### BL 2020 Definition

Calculated monthly, this measure reflects the total direct operating cost per patient visit.

#### BL 2020 Data Limitations

None.

#### BL 2020 Data Source

Monthly accounting reports and medical records.

#### BL 2020 Methodology

It is calculated by dividing the total expenses for outpatient services by the total number of outpatient visits.

#### BL 2020 Purpose

Measures the average cost per outpatient visit at the Rio Grande State Center Outpatient Clinic.
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<tr>
<td>Strategy No.</td>
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<tr>
<td>Measure Type</td>
<td>OP</td>
<td></td>
</tr>
<tr>
<td>Measure No.</td>
<td>1</td>
<td>Avg # Outpatient Visits/Day, Rio Grande State Center Outpatient Clinic</td>
</tr>
</tbody>
</table>

**Calculation Method:** C  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:**

**Key Measure:** Y  
**New Measure:** Y  
**Percentage Measure:** N

**BL 2020 Definition**
An outpatient clinic visit is one in which a scheduled or unscheduled individual who is not an inpatient of the hospital is registered to receive non-emergency services. Each registration at the outpatient clinic is considered one outpatient visit. Services can include: 1) those provided by a member of the active medical staff or by a consultant who is paid from hospital funds, or 2) those which do not require a physician but which involve diagnosis and treatment, necessitating use of the administrative services of the outpatient clinic.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
Daily log.

**BL 2020 Methodology**
Total number of outpatient visits.

**BL 2020 Purpose**
Measures the number of outpatient visits to the Rio Grande State Center Outpatient Clinic.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No.  8  Regulatory, Licensing and Consumer Protection Services
Objective No.  1  Long-Term Care and Acute Care Regulation
Strategy No.  1  Health Care Facilities & Community-based Regulation
Measure Type  EF  
Measure No.  1  APS Daily Caseload Per Worker (Facility Investigations)

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529  085-R-S70-1  08-01-01  EF 04

Key Measure: Y  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**

This measure provides the average daily caseload for Facility investigators. Facility investigations require formal written witness statements and often involve multiple alleged victims and perpetrators. Facility investigations must be initiated within 1 hour of intake. With limited exceptions, investigations must be completed within 14 days of intake.

**BL 2020 Data Limitations**

Data from HHSAS-HR is point-in-time at the end of the month, so only the last record for the month is captured.

**BL 2020 Data Source**

For each day during the reporting period count stages from IMPACT that were open at any time during the day and for which the primary assignment is to a Facility Investigator with the appropriate job class and paid out of PAC 445 (APS Facility Investigations) in HHSAS-HR. The following stages are included: Investigation (INV).

For numerator, count stages assigned to caseworkers that were open during the day for each day during the reporting period if the primary assignment is to a Facility investigator with the appropriate job class and paid out of PAC 445 (APS Facility Investigations) in HHSAS-HR.

For the denominator, calculate the total number of caseworkers with primary assignments for each day during the report period, excluding trainees with less than 57 days of service. Trainees with 57 to 152 days of service are counted as half (.5) of a caseworker.

**BL 2020 Methodology**

Divide the numerator (sum of all daily case counts) for the reporting period by the denominator (sum of all daily caseworker counts) during the reporting period. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

**BL 2020 Purpose**

This measure is an indicator of an average amount of work handled each day by investigators in MH and ID settings. The intent is to approximate what a caseworker would state if asked about the workload being managed.
Goal No. 8
Objective No. 1
Strategy No. 1
Measure Type EX
Measure No. 1

**BL 2020 Definition**

This measure reports the number of facilities that are terminated from the Medicare (Title XVIII) and/or the Medicaid (Title XIX) program, the number of facilities that have had their license revoked, and the number of facilities that were denied license renewal during the reporting period. Reasons for denial of a license are described in the rules for nursing facilities (Section 19.214), for ICF/IID (Section 90.17), for assisted living facilities (Section 92.17), for day activity and health services facilities (Section 98.19), and PPECC (Section 40.15).

**BL 2020 Data Limitations**

Does not apply.

**BL 2020 Data Source**

Data are obtained from the Texas Unified Licensure Information Portal (TULIP) and the Automated Survey Processing Environment (ASPEN) system. A report for certification termination will be run from ASPEN and report for licensure terminations will be run from TULIP.

**BL 2020 Methodology**

The number of facilities terminated from licensure and/or certification programs during the months of the reporting period is totaled.

**BL 2020 Purpose**

This measure is a reflection of the agency's performance as it pertains to initiating corrective actions/enforcement of facilities out of compliance.
**Strategy-Related Measures Definitions**

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<tr>
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<td>1</td>
<td>1</td>
<td>EX</td>
<td>2</td>
<td>Number of Medicaid Facility Contracts Terminated</td>
</tr>
</tbody>
</table>

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

Cross Reference: Agy 529 085-R-S70-1 08-01-01 EX 02

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the number of nursing facilities, ICFs/IID, Hospice facilities, and PPECCs that have had their Medicaid provider contract terminated for failure to meet the Medicaid contracting requirements, for revocation or denial of their license, or for termination of their Medicaid certification.

**BL 2020 Data Limitations**

Does not apply.

**BL 2020 Data Source**

Data are obtained from the Texas Health and Human Services Commission (HHSC) Provider Central Data Repository (CDR). At the end of the reporting period, an ad hoc report will be done containing the data elements needed to make the necessary calculations. The report does not have a name or number.

**BL 2020 Methodology**

The number of Medicaid facility contracts terminated during the months of the reporting period is summed.

**BL 2020 Purpose**

This measure is a reflection of the agency's performance as it pertains to initiating corrective actions/enforcement of facilities out of compliance.

---

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
**Goal No. 8 Regulatory, Licensing and Consumer Protection Services**

**Objective No. 1 Long-Term Care and Acute Care Regulation**

**Strategy No. 1 Health Care Facilities & Community-based Regulation**

**Measure Type** EX

**Measure No. 3 Number of Deaths from Abuse/Neglect/Exploitation: Facility Settings**

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports the number of deaths due to abuse or neglect of APS clients receiving mental health or intellectual disability services, which include state supported living centers, state hospitals, state centers, private ICF-IID facilities, community centers, and Medicaid waiver programs.

**BL 2020 Data Limitations**

The data is limited due to self-reporting by mental health or intellectual disability facilities.

**BL 2020 Data Source**

The data are gathered from IMPACT using allegation disposition and serious injury codes.

**BL 2020 Methodology**

The measure equals the count of the number of cases with investigation completion dates within the reporting period in which at least one allegation disposition is coded as 'CON' (confirmed), there is a DOD (date of death) indicated, the reason for death is abuse or neglect and resulting fatality is indicated by the code of 'Fatal' in the seriousness of the injury field.

**BL 2020 Purpose**

This measure captures the number of deaths from maltreatment in mental health and intellectual disability programs. The number of deaths from maltreatment in mental health or intellectual disability programs is an important indicator of problems in the service delivery system, i.e., that care and treatment are substandard.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<tr>
<td>8</td>
<td>1</td>
<td>1</td>
<td>EX</td>
<td>4</td>
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**Goal No. 8** Regulatory, Licensing and Consumer Protection Services  
**Objective No. 1** Long-Term Care and Acute Care Regulation  
**Strategy No. 1** Health Care Facilities & Community-based Regulation

**Measure Type EX**  
**Measure No. 4** Number of APS Caseworkers Who Completed Basic Skills Development

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  

Cross Reference: Agy 529 085-R-S70-1 08-01-01 EX 04

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**  
This measure counts the number of APS Caseworkers who completed Basic Skills Development (BSD) training during the reporting period.

**BL 2020 Data Limitations**  
Fluctuations in this measure can be attributable to additional FTEs appropriated by the legislature and ongoing APS employee retention efforts.

**BL 2020 Data Source**  
HHSAS-HRMS Administrator Training Database

**BL 2020 Methodology**  
The calculation is a count of the number of caseworkers for whom the session end date in the HHSAS-HRMS Administrator Training Database is during the reporting period.

Values reported in ABEST are updated each year-end (“Fifth” Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

**BL 2020 Purpose**  
This measure monitors the volume of APS caseworkers completing BSD.
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>1</td>
<td>1</td>
<td>OP</td>
<td>1</td>
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**Goal No. 8 Regulatory, Licensing and Consumer Protection Services**

**Objective No. 1 Long-Term Care and Acute Care Regulation**

**Strategy No. 1 Health Care Facilities & Community-based Regulation**

**Measure No. 1 Number of Health Care Facility Complaint Investigations Conducted**

**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 08-01-01 OP 01

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

The number of complaint investigations conducted is defined as the total number of investigations under state and federal regulations performed by staff and the total number of self-investigated complaints by acute health facilities, free standing emergency medical care facilities, chemical dependency treatment facilities, and narcotic treatment programs, which are documented by an appropriate investigative report. The professional licensing and certification unit’s investigations are initiated upon notification of possible violations of state laws or rules.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

The data are computed manually and from computerized database information for survey & and investigation documents submitted by staff.

**BL 2020 Methodology**

The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

**BL 2020 Purpose**

A complaint investigation is based on allegations of potential violations of state and federal regulations. The investigative report, completed by the surveyor or the facility, who performs the investigation, shows the allegation(s) considered; the investigative process; the area(s) found to be deficient in meeting any relevant regulations; and the surveyor's finding(s) relating to the validity of the allegation(s).
### Strategy-Related Measures Definitions

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<tbody>
<tr>
<td>8</td>
<td>1</td>
<td>1</td>
<td>OP</td>
<td>2</td>
<td>Number of Health Care Delivery Entity Surveys Conducted</td>
</tr>
</tbody>
</table>

#### BL 2020 Definition
This measure is defined as the number of surveys pertaining to the quality of health care delivery under state and federal regulations conducted by staff, excluding complaint investigations. Health care delivery entities include: acute care facilities, free standing emergency medical care facilities, chemical dependency treatment facilities, and narcotic treatment programs.

#### BL 2020 Data Limitations
None.

#### BL 2020 Data Source
This measure is the total number of surveys pertaining to the quality of health care delivery conducted by staff for each quarter, excluding complaint investigations, and is cumulative for the fiscal year.

#### BL 2020 Methodology
This measure is the total number of surveys pertaining to the quality of health care delivery conducted by staff for each quarter, excluding complaint investigations, and is cumulative for the fiscal year.

#### BL 2020 Purpose
This measure is the total number of surveys pertaining to the quality of health care delivery under state and federal regulations conducted by staff, excluding complaint investigations.
**Strategy-Related Measures Definitions**
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**Agency:** Health and Human Services Commission

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<tr>
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<td>1</td>
<td>1</td>
<td>OP</td>
<td>3</td>
<td>Number of Licenses Issued for Health Care Entities</td>
</tr>
</tbody>
</table>

**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 03

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
The number of licenses issued reflects the number of newly licensed entities, entities renewing licenses, changing ownership (i.e., entities bought and sold), changing address, name, and number of beds. Entities include: general, special, and private psychiatric hospitals; crisis stabilization units; ambulatory surgical and birthing centers; special care, end stage, abortion, free standing emergency medical care facilities, chemical dependency treatment facilities, and narcotic treatment programs.

**BL 2020 Data Limitations**
This measure may be less than the actual workload due to applications received and reviewed where no license is issued (for various reasons). This measure does not reflect the number of licensed entities at any given time (i.e., a count of licensed entities) due to the fact that while initial licenses are being issued to new entities, a number of entities are closing or undergoing a change of ownership.

**BL 2020 Data Source**
After the receipt of a complete application and licensing fee and upon completion of the application review, a license is issued to the entity. All license data is entered into the regulatory databases.

**BL 2020 Methodology**
The licenses issued are totaled each quarter and are cumulative for the fiscal year.

**BL 2020 Purpose**
These counts can be used for analyzing trends in the health care industry and in forecasting future trends, growths, and/or declines in the health care industry as well as showing the significant workload of the programs.
Strategy-Related Measures Definitions
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Agency Code: 529  Agency: Health and Human Services Commission

Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 1 Long-Term Care and Acute Care Regulation
Strategy No. 1 Health Care Facilities & Community-based Regulation
Measure Type OP
Measure No. 4 Number of Long-term Care Facility Certifications Issued

Calculation Method: C  Target Attainment:  Priority: Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 04
Key Measure: N  New Measure: N  Percentage Measure: N

**BL 2020 Definition**
This is the total number of facility certifications issued for nursing facilities (NF) and ICFs/IID. This includes Medicare only nursing facilities, dually certified (Medicare/Medicaid) nursing facilities, Medicaid only nursing facilities, and ICFs/IID.

**BL 2020 Data Limitations**
Does not apply.

**BL 2020 Data Source**
Data are obtained from the federal Automated Survey Processing Environment (ASPEN) system and compiled by Data Management and Analysis Sub-Unit. At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “Number of Long-term Care Facility Certifications Issued” in the future.

**BL 2020 Methodology**
The number of Long Term Care facility certifications issued for each of the components during the months of the reporting period are totaled. The components are then summed.

**BL 2020 Purpose**
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the workload expended by the agency in response to its charge of certifying residential care facilities for participation in the Medicare/Medicaid programs. This data is useful in projecting future funding needs.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 8  Regulatory, Licensing and Consumer Protection Services  
Objective No. 1  Long-Term Care and Acute Care Regulation  
Strategy No. 1  Health Care Facilities & Community-based Regulation  
Measure Type OP  
Measure No. 5  Number of Long-term Care Facility Licenses Issued

Calculation Method: C  
Target Attainment:  
Priority:  
Cross Reference: Agy 529  085-R-S70-1  08-01-01  OP 05

Key Measure: N  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**
This measure reports the total number of facility licenses issued for all types of facilities (nursing facilities, ICFs/IID, assisted living facilities, day activity and health services, and PPECCs). Data includes new and renewed licenses. A license is considered as issued once it has been printed. Each license has a new expiration date printed on it. (This date may differ from the date on which the license is actually printed.) Facilities are licensed for a three-year period.

**BL 2020 Data Limitations**
This measure excludes change of ownership during a licensure period, change of facility name during a licensure period, bed decrease and increase changes, change of facility administrator for nursing facilities and ICFs/IID, and change in ownership of facility stock.

**BL 2020 Data Source**
Data are obtained from the Texas Unified Licensure Information Porta (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “Number of Long-term Care Facility Licenses Issued” in the future.

**BL 2020 Methodology**
The number of Long-term Care facility licenses issued during the months of the reporting period is summed.

**BL 2020 Purpose**
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the workload expended by the agency in response to its charge to license the various types of residential care facilities. This data is a useful tool for projecting future funding needs.
**Strategy-Related Measures Definitions**  
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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>1</td>
<td>OP</td>
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</tr>
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**Objective No.** Long-Term Care and Acute Care Regulation  
**Strategy No.** Health Care Facilities & Community-based Regulation  
**Measure Type** OP  
**Measure No.** # of On-site Nursing Facility/ICF/IID Monitoring Visits Completed

**Calculation Method:** C  
**Target Attainment:**  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 06  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**  
This measure reports the number of monitoring visits to nursing facilities and Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IDD) during the reporting period. A monitoring visit is an on-site visit in addition to the annual inspection/survey to determine financially unstable facilities' compliance with state and federal standards. However, if during a monitoring visit, more than one type of activity is performed (a survey, follow-up to investigation and a new investigation) each type of activity is counted separately for reporting purposes.

**BL 2020 Data Limitations**  
Does not apply.

**BL 2020 Data Source**  
Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “# of on-site Nursing Facility/ICF/IID Monitoring Visits Completed” in the future.

**BL 2020 Methodology**  
The total number of completed monitoring visits is calculated by summing the number of monitoring visits to nursing facilities with visits to ICFs/IID during the months of the reporting period.

**BL 2020 Purpose**  
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy and indicates how many regulatory visits nursing facilities/ICFs/IID average per month to determine compliance with state and federal regulations.
Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 1 Long-Term Care and Acute Care Regulation
Strategy No. 1 Health Care Facilities & Community-based Regulation
Measure Type OP
Measure No. 7 Number of Inspections Completed Per Year

BL 2020 Definition
This measure reports the number of inspections conducted by the Health and Human Services Commission (HHSC), Regulatory Services. An inspection is defined as one of the following: a re-certification survey (ICFs/IID), a standard survey (certified nursing facilities), an initial survey (ICFs/IID or certified nursing facilities), an initial or annual licensing inspection (licensed only nursing facilities, assisted living facilities, day activity and health services, or PPECCs), or change of ownership. A licensing inspection done in conjunction with a survey of a certified facility is not counted as a separate inspection.

BL 2020 Data Limitations
Does not apply.

BL 2020 Data Source
Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “Number of Inspections Completed Per Year” in the future.

BL 2020 Methodology
The numbers of inspections completed in long-term care facilities (nursing facilities, ICFs/IID, assisted living facilities, day activity and health services, and PPECCs) during the months of the reporting period are totaled.

BL 2020 Purpose
This measure is important because it is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency’s workload of inspecting facilities to ensure their compliance with state and federal standards. This data is a useful tool for projecting future funding needs.
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Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 8  Regulatory, Licensing and Consumer Protection Services  
Objective No. 1  Long-Term Care and Acute Care Regulation  
Strategy No. 1  Health Care Facilities & Community-based Regulation  
Measure Type OP  
Measure No. 8  Number of First Follow-up Visits Completed Per Year

Calculation Method: C  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 08

Key Measure: N  
New Measure: N  
Percentage Measure: N

BL 2020 Definition
This measure reports the number of first follow-up visits completed during the fiscal year for all types of facilities (nursing facilities, ICFs/IID, assisted living facilities, day activity and health services, and PPECCs). The number of visits resulting in adverse actions and the number of visits not resulting in adverse actions are both included in the count.

BL 2020 Data Limitations
Does not apply.

BL 2020 Data Source
Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required calculations. The report will be titled “Number of First Follow-up Visits Completed Per Year” in the future.

BL 2020 Methodology
The number of first follow-up visits completed during the months covered by the reporting period is summed.

BL 2020 Purpose
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of conducting first follow-up visits to those long-term care facilities not in compliance with state and federal standards at the time of the initial survey, most recent re-certification survey, most recent licensing inspection or complaint/incident investigation, bed change visits, or facility status verification visit to determine if the facility (usually unlicensed) is in compliance with licensure standards. This data is useful in determining future funding needs.
### BL 2020 Definition

This measure reports the number of complaint investigations and the number of incident investigations completed in nursing facilities, ICFs/IID, assisted living facilities, day activity and health services, PPECCs, and unlicensed facilities. For purposes of this measure, a complaint investigation is defined as the on-site investigation of all allegations associated with an individual complaint intake (assigned an identification number upon intake). An incident investigation is defined as the on-site investigation of all areas of facility compliance associated with an incident as reported by the facility. Facility staff are required to self-report incidents that have resulted in or has the potential of resulting in injury or harm to a resident.

### BL 2020 Data Limitations

Does not apply.

### BL 2020 Data Source

Data is obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the data elements needed to make the necessary calculations. The report will be titled “Number of Investigations Completed” in the future.

### BL 2020 Methodology

The number of complaint and incident investigations completed during the months of the reporting period is summed.

### BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload in pursuing the validity of inappropriate treatment of residents and/or the existence of other sub-standard conditions. This data is useful in determining future funding needs.
Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 1 Long-Term Care and Acute Care Regulation
Strategy No. 1 Health Care Facilities & Community-based Regulation
Measure Type OP
Measure No. 10 Total Dollar Amount Collected from Fines

BL 2020 Definition
This measure reports the total dollar amount of administrative penalties collected for all types of facilities during the reporting period. It also includes the total amount of civil monetary penalties (CMP) collected by the department for nursing facilities participating in the Medicaid program, and the total dollar amount of CMPs collected by the federal Centers for Medicare and Medicaid Services (CMS) for facilities participating in Medicare/Medicaid (dually certified) or Medicare programs. A penalty amount collected is the amount that facilities have actually paid to the State Medicaid agency and/or the CMS for penalties assessed.

BL 2020 Data Limitations
Does not apply.

BL 2020 Data Source
Data are obtained monthly from the Accounting Division reports of accounts received for the payment of administrative penalties and civil monetary penalties. They are derived from a combination of the class (appropriation budget) and the cash account (0004500). The reports are named Administrative Penalties, and Civil Monetary Penalties.

BL 2020 Methodology
The total dollar amounts collected from fines during the months of the reporting period are summed. Monthly data are totaled over the reporting period.

BL 2020 Purpose
This measure quantifies one of the primary administrative tools available to the agency to ensure that residential care facilities implement the necessary actions to correct deficient conditions and practices.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source
BL 2021 Methodology

BL 2021 Purpose
**Strategy-Related Measures Definitions**

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- **Goal No.** 8 Regulatory, Licensing and Consumer Protection Services
- **Objective No.** 1 Long-Term Care and Acute Care Regulation
- **Strategy No.** 1 Health Care Facilities & Community-based Regulation
- **Measure Type** OP
- **Measure No.** 11 Number of Medicaid Facility and Hospice Service Contracts Issued

**Calculation Method:** C  **Target Attainment:**  **Priority:**

Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 13

**Key Measure:** N  **New Measure:** N  **Percentage Measure:** N

**BL 2020 Definition**

This measure reports the number of Medicaid provider contracts issued to nursing facilities, and ICFs/IID. Contracts issued include new facilities or services contracted, ownership changes resulting in a contract issuance, and re-applications after a facility or service's contract is terminated. Enrollment into the Medicaid program involves the facility/service meeting all Medicaid contracting criteria including acceptable completion of the enrollment/application process, compliance with the pertinent state licensing regulations and compliance with the applicable federal and state Medicaid certification regulations. A Medicaid contract is issued after the facility/service is licensed and/or certified. Based on this contract, the facility or service is eligible for vendor payments for the Medicaid individuals residing in the facility.

**BL 2020 Data Limitations**

Does not apply.

**BL 2020 Data Source**

Data are obtained from the Health and Human Services Commission (HHSC) Provider Central Data Repository (CDR). At the end of the reporting period, an ad hoc report will be done containing the data elements needed to make the necessary calculations. The report will be titled “Number of Medicaid Facility Service Contracts Issued” in the future.

**BL 2020 Methodology**

The number of Medicaid nursing facility contracts issued during the months of the reporting period is summed; and the number of ICF/IID contracts issued during the months of the reporting period is summed. These four sums are totaled to obtain the reported data.

**BL 2020 Purpose**

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the workload expended by the agency in response to its charge of issuing contracts to Medicaid certified nursing facility, and ICF/IID. This data is a tool for projecting future funding needs.
### Measure 12: Number of Home and Community Support Services Agency Licenses Issued

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<tr>
<td>Measure No.</td>
<td>12</td>
<td>Number of Home and Community Support Services Agency Licenses Issued</td>
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**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 08-01-01 OP 14

| Key Measure: N | New Measure: N | Percentage Measure: N |

**BL 2020 Definition**

This measure reports the total number of licenses issued by the Health and Human Services Commission (HHSC) Regulatory Services Home and Community Support Services Agency (HCSSA) staff. For reporting purposes, a license is considered as issued once it has been printed. Each license has a new expiration date printed on it. (This date may differ from the date on which the license is actually printed.) HCSSAs are licensed for two years.

**BL 2020 Data Limitations**

Does not apply.

**BL 2020 Data Source**

Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the data elements needed to make the necessary calculations. This report will be titled “Number of Home and Community Support Services Agency Licenses Issued” in the future.

**BL 2020 Methodology**

Data for the appropriate number of months in the reporting period is summed.

**BL 2020 Purpose**

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of inspecting agencies to ensure their compliance with state and federal requirements. This data is a useful tool for projecting future funding needs.
### BL 2020 Definition

This measure reports the total number of inspections conducted during the reporting period by the Health and Human Services Commission (HHSC) Regulatory Services Home and Community Support Services Agency (HCSSA). For reporting purposes, an inspection is defined as one of the following: an initial licensing survey; an initial certification survey (Medicare certified agencies), a re-survey (licensed only). A licensing inspection done in conjunction with a survey of a Medicare certified agency is not counted as a separate inspection.

### BL 2020 Data Limitations

Does not apply.

### BL 2020 Data Source

Data are obtained from the regional HCSSA workload report (Excel worksheet) submitted monthly and compiled by the Data Management and Analysis Sub-Unit. Data will be contained in an ad hoc report done at the end of the reporting period. This report will be titled “Number of Home & Community Support Services Agency Inspections Conducted” in the future.

### BL 2020 Methodology

Monthly data, covering the appropriate months of the reporting period, are totaled.

### BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of inspecting agencies to ensure their compliance with state and federal requirements. This data is a useful tool for projecting future funding needs.

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<td>OP</td>
<td>Number Home &amp; Community Support Services Agency Inspections Conducted</td>
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**Calculation Method:** C  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529  085-R-S70-1  08-01-01  OP 15  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N  

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
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<td>Measure Type</td>
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<tr>
<td>Measure No.</td>
<td>14</td>
<td>Number of Complaint Investigations Conducted: HCSSA</td>
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Calculation Method: C  Target Attainment:  Priority: 
Cross Reference: Agy 529  085-R-S70-1  08-01-01  OP 16
Key Measure: N  New Measure: N  Percentage Measure: N

**BL 2020 Definition**
This measure reports the number of complaint investigations conducted in Home and Community Support Services Agencies (HCSSA). A complaint investigation is defined as an on-site visit conducted for the purpose of determining compliance with federal and state requirements when a complaint has been filed with the department.

**BL 2020 Data Limitations**
Does not apply.

**BL 2020 Data Source**
Data are obtained from the regional HCSSA workload report (Excel worksheet) submitted monthly and compiled by Data Management and Analysis Sub-unit. Data will be contained in an ad hoc report done at the end of the reporting period. This report will be titled “Number of Complaint Investigations Conducted: HCSSA” in the future.

**BL 2020 Methodology**
For reporting purposes, monthly data covering the appropriate months in the reporting period are totaled.

**BL 2020 Purpose**
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of inspecting agencies to ensure their compliance with state and federal requirements. This data is a useful tool for projecting future funding needs.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
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<td>1</td>
<td>OP</td>
<td>15</td>
<td># of Initial HCS and TxHmL Reviews Completed</td>
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**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  

Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 25

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports the number of initial reviews completed on Home and Community Services (HCS) and Texas Home Living (TxHmL) contracts. An initial review is defined as an on-site visit conducted for the purpose of determining compliance with state requirements for certification with the department.

**BL 2020 Data Limitations**

Does not apply.

**BL 2020 Data Source**

Data are obtained from an Access database which records all reviews completed. The Access database is maintained by Waiver Survey and Certification staff. Data is entered into the database as review reports are submitted. Data will be contained in an ad hoc report done at the end of the reporting period. This report has no official name or report number.

**BL 2020 Methodology**

For reporting purposes, monthly data covering the appropriate months in the reporting period are totaled.

**BL 2020 Purpose**

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of certifying HCS and TxHmL contracts to ensure their compliance with state requirements. This data is a useful tool for projecting future funding needs.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
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Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 1 Long-Term Care and Acute Care Regulation
Strategy No. 1 Health Care Facilities & Community-based Regulation
Measure Type OP
Measure No. 16 # of Annual HCS & TxHmL Recertification Reviews Completed

Calculation Method: C  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 26

Key Measure: N  
New Measure: N  
Percentage Measure: N

BL 2020 Definition
This measure reports the number of annual recertification reviews completed on Home and Community Services (HCS) and Texas Home Living (TxHmL) contracts.
An annual recertification review is defined as an on-site visit conducted for the purpose of determining compliance with state requirements for recertification with the department.

BL 2020 Data Limitations
Does not apply.

BL 2020 Data Source
Data are obtained from an Access database which records all reviews completed. The Access database is maintained by Waiver Survey and Certification staff. Data is entered into the database as review reports are submitted. Data will be contained in an ad hoc report done at the end of the reporting period. This report has no official name or report number.

BL 2020 Methodology
For reporting purposes, monthly data covering the appropriate months in the reporting period are totaled.

BL 2020 Purpose
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of recertifying HCS and TxHmL contracts to ensure their compliance with state requirements. This data is a useful tool for projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology
BL 2021 Purpose
BL 2020 Definition

This measure reports the number of monitoring visits to Prescribed Pediatric Extended Care Centers (PPECC) during the reporting period. A monitoring visit is an on-site visit in addition to the annual inspection/survey to determine financially unstable facilities' compliance with state and federal standards. However, if during a monitoring visit, more than one type of activity is performed (a survey, follow-up to investigation and a new investigation) each type of activity is counted separately for reporting purposes.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “# of on-site PPECC Monitoring Visits Completed” in the future.

BL 2020 Methodology

The total number of completed monitoring visits is calculated by summing the number of monitoring visits to PPECCs during the months of the reporting period.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy and indicates how many regulatory visits PPECCs average per month to determine compliance with state and federal regulations.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 1 Long-Term Care and Acute Care Regulation
Strategy No. 1 Health Care Facilities & Community-based Regulation
Measure Type OP
Measure No. 18 Number of Completed Investigations in Facility Settings

Calculation Method: C  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 32

Key Measure: Y  
New Measure: N  
Percentage Measure: N

BL 2020 Definition
This measure reports the number of completed investigations of maltreatment of persons served in mental health or intellectual disability settings, which may include state supported living centers, state hospitals, state centers, private ICF-IID facilities, community centers, and Medicaid waiver programs.

BL 2020 Data Limitations
None

BL 2020 Data Source
An investigation completion is indicated by a closure or completion date during the reporting period. Investigation closures must be counted in order to capture all completed investigations. Due to an IMPACT design problem, the investigation completion date for rapid closures is left blank and a closed date is entered. In Facility investigations, rapid closures are used when investigations determine that situations reported to FPS are not within the purview of FPS to continue to investigate. Examples of such cases include client rights issues, administrative issues, and clinical practice issues appropriate for peer review.

BL 2020 Methodology
The measure is calculated by counting the number of Facility investigations for which an investigation completion date or investigation closure date is entered in IMPACT. The quarterly and annual counts are equal to the sum of the completed and closed investigations in each month of the reporting period. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

BL 2020 Purpose
The purpose of this measure is to track the number of investigations of abuse/neglect/exploitation of persons who are 65 or older or who have disabilities in Facility settings completed during the reporting period. This measure provides useful information for management purposes. The number of completed investigations and the promptness with which they are completed are important indicators of workload and performance in mental health and intellectual disability investigations.

BL 2021 Definition

BL 2021 Data Limitations
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Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 8  
Objective No. 1  
Strategy No. 2  
Measure Type: EX  
Measure No. 1  

% Nurs Homes Have Increased/Fully Implemented Evidence-Based Practices

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 08-01-04 EX 01

Key Measure: N  
New Measure: N  
Percentage Measure: Y

BL 2020 Definition
This measure reports the number of Medicaid certified nursing homes which have increased or fully implemented the use of evidence-based best practices expressed as a percent of all such nursing homes reviewed each year.

BL 2020 Data Limitations
This measure reports nursing homes practice not resident level data. Any improvements made in resident outcomes cannot be attributed solely to the technical assistance regarding evidence-based best practices provided during Quality Monitoring Program reviews. A convenience sample of residents in each nursing home serves as the basis for this performance measure.

BL 2020 Data Source
Assessments are performed on a convenience sample of approximately five people per Quality Monitoring Program review in Texas Medicaid certified nursing homes as established in Health & Safety Code, Chapter 255. Quality Assurance Early Warning System for Long-Term Care Facilities; Rapid Response Teams, Assessments are conducted based on information gathered by interview, observation and record review.

BL 2020 Methodology
Evidence-based best practices (EBBPs) in nursing homes (NFs) are organized into three clinical groupings. Nursing: Diabetes, Fall Risk Management, Influenza Vaccinations, Pneumococcal Vaccinations, Mechanical Restraint Reduction, Pain Management, and Pressure Ulcer Prevention. Dietitian: Advance Care Planning, Artificial Nutrition & Hydration, Healthy Hydration, and Weight Management. Pharmacist: Anti-Psychotic Medication Use, Anxiolytic Medication Use, Medication Simplification, Pain Medication Management, and Sedative/Hypnotic Medication Use. Data on the use of EBBPs by NFs is gathered by HHSC quality monitors during QMP reviews. This data, placed in HHSC QMMT database, tracks the practices that NFs have implemented. For this measure, the HHSC QMMT database will be queried to determine the % of NFs, from all those receiving QMP reviews, showing an increase in EBBPs. NFs that have already implemented all elements will be shown as having improved.

BL 2020 Purpose
To promote the improvement in quality of care in focus areas the Health and Human Services Commission have identified as statewide priorities.
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Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 1 Long-Term Care and Acute Care Regulation
Strategy No. 2 Long-Term Care Quality Outreach
Measure Type OP
Measure No. 1 Number of Quality Monitoring Visits to Nursing Facilities

Calculation Method: C  Target Attainment:  Priority: Cross Reference: Agy 529 085-R-S70-1 08-01-04 OP 01
Key Measure: N  New Measure: N  Percentage Measure: N

BL 2020 Definition
This measure reports the number of Quality Monitoring Program Work Units that are comprised of Quality Monitoring Visits (QMV), Rapid Response Team (RRT) visits, and Provider Technical Assistance Meetings for nursing facilities during the reporting period. QMV are usually performed by a single quality monitor; RRT visits require two or more quality monitors. Both visit types involve individual facilities. Provider Technical Assistance Meetings, like RRT visits, are multidisciplinary; in addition, they provide technical assistance to multiple providers at once. In this measure, a "visit" is defined as the deployment of an individual monitor to a facility; more precisely this is the program's unit of work, and RRT visits may represent 2 or more units of work (because they may require 2 or more monitors).

BL 2020 Data Limitations
Does Not apply.

BL 2020 Data Source
Units of work are obtained from a visit database that records actual units of work and checked against monthly activity reports collected by the Quality Monitoring Program managers. There is no specific report name or number.

BL 2020 Methodology
The total number of completed monitoring visits is determined by counting the number of visits identified as Quality Monitoring visits (including Rapid Response visits) occurring during the reporting period. Similarly, Provider Education Meetings are counted from records of the events.

BL 2020 Purpose
This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy and indicates how many Quality Monitoring visits and technical assistance events are occurring in accordance with the requirements of Senate Bill 1839, 77th Legislature, Regular Session, 2001.
BL 2020 Definition
This measure provides the average monthly caseload handled by a day care licensing monitoring worker. Day care monitoring worker caseloads consist of facility and investigation assignments for child care centers, licensed and registered child-care homes.

BL 2020 Data Limitations
None.

BL 2020 Data Source
Facility and investigation assignments for licensed child care centers, licensed child care homes, and registered child-care homes are captured in the Child-care Licensing Automation Support System (CLASS). The actual number of workers in the calculation is the number of worker classifications charged in HHSAS-HR to PAC 247(Day Care Licensing) identified as CCL Inspector I-V (5040C, 1323A, 1324A) and CCL Specialist Generalist Investigator I-IV (5026U, 5024V, 5026V, 5025U, 5023U, 5024U, 5023V). Inspector trainees with less than 31 days of service are not counted. Inspectors with 31-90 days of service are counted as half a worker. Inspectors with 91 or more days of services are counted as full time. Due to possible modifications in the FPS fiscal system, PACs, service codes and/or worker classification codes are subject to change. Should this occur, the current equivalent codes will be substituted and documented in the performance folder.

BL 2020 Methodology
Count the number of facility and investigation assignments associated with day care monitoring workers in PAC 247 during the reporting period (numerator) and divide by the number of day care monitoring workers in PAC 247 with active assignments during the reporting period (denominator). When calculating 2nd, 3rd, & 4th quarters the year-to-date total is recalculated. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

BL 2020 Purpose
This measure is an indicator of an average amount of work handled by day care licensing monitoring workers, and is useful for determining and comparing staffing levels based on workload.
Strategy-Related Measures Definitions
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**Goal No.** 8 Regulatory, Licensing and Consumer Protection Services  
**Objective No.** 2 Child Care Regulation  
**Strategy No.** 1 Child Care Regulation  
**Measure Type** EF  
**Measure No.** 2 Average Monthly Residential Caseload Per Monitoring Worker

**BL 2020 Definition**  
This measure provides the average monthly caseload for a residential child care licensing monitoring worker.

**BL 2020 Data Limitations**  
None.

**BL 2020 Data Source**  
Facility and investigation assignments are captured in the Child-care Licensing Automation Support System (CLASS). The CCL residential care licensing investigators identified as RCCL Inspector IV-VI (1323D, 1324D, 1325D) and RCCL Specialist Investigator I-II (5026E, 5026D, 5027V). Inspector trainees with less than 61 days of service are not counted. Inspectors with 61-120 days of service are counted as half a worker. Inspectors with 121 or more days of service are counted as full time. Due to possible modifications in the FPS fiscal system, PACs, service codes and/or worker classification codes are subject to change. Should this occur, the current equivalent codes will be substituted and documented in the performance folder.

**BL 2020 Methodology**  
Count the number of facility and investigation assignments associated with residential licensing monitoring workers during the reporting period (numerator) and divide by the number of residential monitoring workers with facility or investigation assignments during the reporting period (denominator). When calculating 2nd, 3rd, & 4th quarters the year-to-date total is recalculated. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

**BL 2020 Purpose**  
This measure is an indicator of an average amount of work handled by residential child care licensing monitoring workers, and is useful for determining and comparing staffing levels based on workload.
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 2 Child Care Regulation
Strategy No. 1 Child Care Regulation
Measure Type EX
Measure No. 1 Number of Permitted Operations and Administrators

Calculation Method: N  Target Attainment: N  Priority: N
Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 01

Key Measure: N  New Measure: N  Percentage Measure: N

BL 2020 Definition
A permit is a license, certification, registration, listing, compliance certificate, or any other written authorization granted by Licensing to operate a child-care facility, child-placing agency, listed family home, temporary shelter, or employer-based child care. This also includes an administrator's license. This is a count of all permitted operations and administrators on the last day of the reporting period.

BL 2020 Data Limitations
None.

BL 2020 Data Source
When an operation or administrator is licensed or registered permitted, licensing staff enter this information into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology
Add together the totals from Explanatory Measures “Number of Licensed Child Care Centers,” "Number of Licensed Child Care Homes", “Number of Licensed Residential Child Care Facilities”, “Number of Registered Child Care Homes,” “Number of Listed Family Homes,” “Number of Child Placing Agencies,” “Number of Child Care Administrators,” and “Number of Child-Placing Agency Administrators,” and the number of operations with a certificate of compliance.

BL 2020 Purpose
The purpose of this measure is to state the total number of operations, family homes and administrators that are regulated by the agency. This is important data in planning for adequate resources within the program.
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<tr>
<td>Measure Type</td>
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<td>Number of Licensed Child Care Centers</td>
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**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 08-01-03 EX 02

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
A Licensed Child Care Center is a child day-care operation that is licensed to provide care for seven or more children birth through 13 years of age for less than 24 hours a day, at a location other than the permit holder’s home.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
When child care centers are licensed, licensing staff enter the issuance into the Child-care Licensing Automation Support System (CLASS).

**BL 2020 Methodology**
From CLASS calculate the number of child care centers that are licensed and are in an active status on the last day of the reporting period.

**BL 2020 Purpose**
The purpose of this measure is to state the total number of Child Care Centers that are regulated by the agency. It is a subset of the Explanatory Measure “Number of Licenses, Certifications, Registrations and Listings.” This is important data in planning for adequate resources in staffing for this activity.
Agency Code: 529  
Agency: Health and Human Services Commission

Goal No. 8  Regulatory, Licensing and Consumer Protection Services
Objective No. 2  Child Care Regulation
Strategy No. 1  Child Care Regulation
Measure Type EX
Measure No. 3  Number of Licensed Child Care Homes

Calculation Method: N  Target Attainment:  Priority: Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 03
Key Measure: N  New Measure: N  Percentage Measure: N

**BL 2020 Definition**
A Licensed Child Care Home is a child day-care operation that is licensed to provide care for children from birth through 13 years of age for less than 24 hours a day in the caregivers own residence. The total number of children in care, including children related to the caregiver must not exceed 12 including the children related to the caregiver.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
When child care centers are licensed, licensing staff enter the issuance into the Child-care Licensing Automation Support System (CLASS).

**BL 2020 Methodology**
On the last day of the reporting period, from CLASS calculate the number of child care centers that are licensed and are operations with an initial license or a non-expiring license in an active status on the last day of the reporting period as of the end of the month.

**BL 2020 Purpose**
The purpose of this measure is to state the total number of Child Care Centers that are regulated by the agency. It is a subset of the Explanatory Measure “Number of Licenses, Certifications, Registrations and Listings.” This is important data in planning for adequate resources in staffing for this activity.
### BL 2020 Definition

Residential operations are licensed to provide 24-hour care for children. The operation types are: General Residential Operations, Independent Foster Family Homes and Independent Foster Group Homes. General Residential Operations are licensed to provide child care for 13 or more children under the age of 18 and may provide various treatment services or programmatic services. Residential treatment centers, a subset of general residential operations, are licensed to provide care exclusively for children requiring treatment services for emotional disorders. Additional programmatic services provided are Child Care Services Only, Emergency Services Only, and Multiple Services.

### BL 2020 Data Limitations

none.

### BL 2020 Data Source

When a residential operation is licensed, residential licensing staff enters the date of issuance into the Child-care Licensing Automation Support System (CLASS).

### BL 2020 Methodology

From CLASS calculate the number of child care homes that are licensed and are in an active status on the last day of the reporting period.

### BL 2020 Purpose

The purpose of this measure is to state the total number of residential child care operations that are regulated or reviewed by the agency. It is a subset of the Explanatory Measure “Number of Licenses, Certifications, Registrations and Listings.” This is important data in planning for adequate resources in staffing this activity.

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**Calculation Method:** N  
**Target Attainment:** N  
**Priority:** N  
**Cross Reference:** Agy 529 085-R-S70-1 08-01-03 EX 04  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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<tr>
<td>Measure No.</td>
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<td>Number of Registered Child Care Homes</td>
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**Calculation Method:** N   **Target Attainment:** N   **Priority:** N
**Key Measure:** N   **New Measure:** N   **Percentage Measure:** N

**Cross Reference:** Agy 529 085-R-S70-1 08-01-03 EX 05

**BL 2020 Definition**
A registered child-care home is a child day-care operation that is permitted to in which the primary caregiver provides care for not more than six children from birth through 13 years, and may provide care after-school for not more than six additional elementary school children in the caregiver's own residence. The total number of children in care at any given time, including the children related to the caregiver, must not exceed 12.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
When an operation is registered, licensing staff enters the date of issuance into the Child-care Licensing Automation Support System (CLASS).

**BL 2020 Methodology**
From CLASS calculate the number of registered child care homes that are permitted and are in an active status on the last day of the reporting period.

**BL 2020 Purpose**
The purpose of this measure is to state the total number of registered child-care homes that are regulated by the agency. It is a subset of the Explanatory Measure “Number of Licenses, Certifications, Registrations and Listings.” This is important data in planning for adequate resources in staffing this activity.
Agency Code: 529  
Agency: Health and Human Services Commission

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Regulatory, Licensing and Consumer Protection Services  
Child Care Regulation  
Child Care Regulation  
Number of Agency Homes and CPS Foster Homes

Calculation Method: N  
Target Attainment: N  
Priority: N

Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 06

Key Measure: N  
New Measure: N  
Percentage Measure: N

**BL 2020 Definition**

Agency Foster Family Homes are facilities that have been verified by a Child Placing Agency (CPA) provide care for not more than six children for 24 hours a day, are used only by a licensed child-placing agency and meets department standards. Agency and Foster Group Homes that have been verified by a CPA may provide are facilities that provides care for seven to twelve children for 24 hours a day. Foster homes are verified by a CPA once they meet applicable minimum standards.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

Agency Home information is entered into the Child-care Licensing Automation Support System (CLASS). Data for CPS Foster Family and Foster Group homes is captured in the Information Management Protecting Adults and Children in Texas (IMPACT) system.

**BL 2020 Methodology**

From CLASS calculate the number of child care homes that are licensed and are in an active status on the last day of the reporting period. Add the number of Agency Foster Homes and Agency Group Homes from CLASS and the number of CPS Foster Family Homes and CPS Foster Group Homes from IMPACT to get the total Number of Foster Homes.

**BL 2020 Purpose**

The purpose of this measure is to state the total number of foster homes that are regulated by a private Child Placing Agency or CPS. This is important data in planning for adequate staffing for this activity and for identifying growth trends.
### BL 2020 Definition

A listed family home is a child day-care operation that is permitted to provide cares for no more than three unrelated children in the caregiver's own residence. There are no minimum standards for this type of care. Licensing does not conduct routine inspections at listed family homes. Inspections are only conducted when there is a report of abuse or neglect of a child, immediate risk to the health and safety of a child, that the home administered a medication to a child in violation of Human Resources Code §42.065, or that the home is receiving compensation for four or more unrelated children.

### BL 2020 Data Limitations

None.

### BL 2020 Data Source

When a home is listed, this information is entered into the Child-care Licensing Automation Support System (CLASS) by regional licensing staff.

### BL 2020 Methodology

From CLASS calculate the number of permitted listed family homes in full an active status on the last day of the reporting period.

### BL 2020 Purpose

The purpose of this measure is to count the number of listed family homes. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This data is important in determining what resources should be allocated to this function.
A child-placing agency is licensed by DFPS and may then verify foster and adoptive homes by assuring that they meet applicable minimum standards. A branch office is both the location of a child's record and a foster home's record and the place from which both are overseen. A branch office functions in the same capacity as a main CPA office, but just under the oversight of a main CPA office. FPS regulates a branch office in the same way it regulates a main office, by assigning a licensing representative and by conducting unannounced, annual monitoring inspections.

BL 2020 Data Limitations
None.

BL 2020 Data Source
When a Child Placing Agency is licensed, residential licensing staff enter the date of issuance into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology
From CLASS calculate the number of child placing agencies including branch offices in active status on the last day of the reporting period.

BL 2020 Purpose
The purpose of this measure is to state the total number of child-placing agencies and branch offices that are regulated by the agency. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This is important data in planning for adequate resources in staffing this activity.
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 8
Objective No. 2
Strategy No. 1
Measure Type EX
Measure No. 9

Calculation Method: N
Target Attainment: N
Priority: N

Key Measure: N
New Measure: N
Percentage Measure: N

Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 09

BL 2020 Definition
Licensed child care administrators administer residential child care operations. They must meet certain qualifications, pass a written examination and pay an annual fee.

BL 2020 Data Limitations
None.

BL 2020 Data Source
A list of licensed administrators is maintained in CLASS.

BL 2020 Methodology
From CLASS, count the number of active and inactive child care administrators' licenses on the last day of the reporting period.

BL 2020 Purpose
The purpose of this measure is to state the total number of child care administrators that are regulated by the agency. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This is important data in planning for adequate resources in staffing this activity. Include both active and inactive licenses.
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 2 Child Care Regulation
Strategy No. 1 Child Care Regulation
Measure Type EX
Measure No. 10 Number of Criminal Record Checks

Calculation Method: N Target Attainment: Priority: Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 10
Key Measure: N New Measure: N Percentage Measure: N

BL 2020 Definition
Criminal record checks are conducted on residential and child day care directors, owners, operators, administrators, employees (including those the operation intends to hire), persons applying to adopt or foster children through any licensed child placing agency, persons under contract with operations who have unsupervised contact with children in care on a regular or frequent basis, applicants for child care administrator’s licenses and other persons age 14 years or older who reside at the facility or home or who will regularly or frequently be at the facility or home while children are in care, including volunteers. Persons are checked upon being hired or when they apply for a license, certification, registration or listing and every 24 months thereafter.

BL 2020 Data Limitations
None

BL 2020 Data Source
Data for both types of criminal records checks are entered into the Child-care Licensing Automation Support System (CLASS) by licensing staff. Checks against the Department of Public Safety (DPS) database are sent and received via a batch process. FBI checks are submitted electronically through the DPS selected vendor.

BL 2020 Methodology
Count the number of criminal history checks processed during the reporting period.

BL 2020 Purpose
The purpose of this measure is to determine the workload associated with the Legislative mandate to conduct criminal history checks on persons working in child care. It measures compliance with the statute and provides valuable information on the resources required for this function. The checks themselves help determine whether or not a person's presence at a facility is a violation of minimum standards, the licensing statute, licensing rules and/or would present a risk to the health and safety of children in care.
## BL 2020 Definition
Licensed child-placing agency administrators administer residential child care operations. They must meet certain qualifications, pass a written examination and pay an annual fee.

## BL 2020 Data Limitations
None.

## BL 2020 Data Source
A list of licensed child-placing agency administrators is maintained in the Child-care Licensing Automation Support System (CLASS).

## BL 2020 Methodology
From CLASS count the number of active and inactive child-placing agency administrators' licenses on the last day of the reporting period.

## BL 2020 Purpose
The purpose of this measure is to count the total number of child-placing agency administrators that are regulated by the agency. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This is important data in planning for adequate resources in staffing this activity.
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<tr>
<td>Measure No.</td>
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<td>Percent of Child Care Licensing Workers: Two or More Years of Service</td>
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**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 12  
**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** Y

**BL 2020 Definition**  
CCL direct delivery caseworkers are identified as: CCL Inspector I - V (5040C, 1323A, 1324A), CCL Specialist I - IV (5023V, 5023U, 5027E) and; RCCL Inspector IV - VI (1323D, 1324D, 1325D). Staff tenure is calculated from date of hire. All applicable caseworker types will be included, if additional job codes or caseworker categories are created.

**BL 2020 Data Limitations**  
None.

**BL 2020 Data Source**  
The total number of CCL direct delivery caseworkers with two or more years of service is the numerator. The total number of CCL direct delivery caseworkers is the denominator. Information for this measure is taken from HHSAS-HR. Due to possible modifications in the FPS fiscal system, PACs or worker job classification codes are subject to change. Should this occur, the current equivalent codes will be substituted and documented in the performance measure folder.

**BL 2020 Methodology**  
Divide the numerator by the denominator and multiply by 100 to achieve a percentage.

**BL 2020 Purpose**  
This measure is a useful indicator of staff competencies and a general reflection of staff satisfaction.
### Central Registry Checks

**BL 2020 Definition**

Central registry checks are required for certain individuals in day care and residential operations. This measure provides the number of central registry checks that were requested during the reporting period.

**BL 2020 Data Limitations**

None.

**BL 2020 Data Source**

Data for Central Registry checks are obtained from the Child-care Licensing Automation Support System (CLASS).

**BL 2020 Methodology**

Count the number of Central Registry checks that were requested during the reporting period.

**BL 2020 Purpose**

The purpose of this measure is to count the Central Registry checks conducted by licensing staff.

---

### Calculation Method: N  Target Attainment: N  Priority: N

**Cross Reference: Agy 529  085-R-S70-1  08-01-03  EX 13**

**Key Measure: N  New Measure: N  Percentage Measure: N**
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 2 Child Care Regulation
Strategy No. 1 Child Care Regulation
Measure Type OP
Measure No. 1 Number of New Permits

Calculation Method: C Target Attainment: C Priority: C
Key Measure: N New Measure: N Percentage Measure: N

Cross Reference: Agy 529 085-R-S70-1 08-01-03 OP 01

BL 2020 Definition
A permit is a license, certification, registration, listing, compliance certificate, or any other written authorization granted by Licensing to operate a child-care facility, child-placing agency, listed family home, temporary shelter or employer-based child care. This also includes an administrator's license. This measure provides the number of new permits that were issued during the reporting period. A new permit is issued when all of the requirements for issuance are met.

BL 2020 Data Limitations
The number of facilities and persons that apply is market-driven and is outside the agency's control.

BL 2020 Data Source
When licensing staff issue a permit to an operation or administrator license, registration, or listing, they enter the date of the issuance into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology
For the reporting period, sum the number of new permits that were issued to operations and administrators.

BL 2020 Purpose
The purpose of this measure is to track the entrance of operations and administrators into the child care system as a predictor of workload. It is important in projecting the need for regulatory resources.
Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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Calculation Method: C  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 08-01-03 OP 02
Key Measure: Y  New Measure: N  Percentage Measure: N

**BL 2020 Definition**
An inspection is an on-site visit to an operating or non-operating operation or family home for the purposes of determining whether it is in compliance with the licensing law, administrative rules, and minimum standards. Inspections may be made in the following circumstances: routine monitoring, licensing receives an allegation that an operation is operating illegally; a person submits an application to become licensed or registered. Inspections conducted as part of an abuse/neglect investigation and inspections conducted as part of a non-abuse/neglect investigation are not included in the calculation.

**BL 2020 Data Limitations**
None.

**BL 2020 Data Source**
When a licensing representative inspects an operation, the date of the inspection and deficiencies with licensing law, administrative rules, or minimum standards that were observed during the inspection are entered into the Child-care Licensing Automation Support System. A record is kept by facility of the number and the date of all inspections that are conducted. The inspections are coded based upon the purpose as monitoring, investigation, follow-up or other. Information is counted from CLASS.

**BL 2020 Methodology**
From CLASS, add together the total number of inspections made by licensing representatives of all regulated and non-regulated child care facilities within the reporting period. Exclude inspections conducted as part of non-abuse/neglect investigations or abuse/neglect investigations, attempted inspections, and assessments. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

**BL 2020 Purpose**
To achieve quality services.
**Strategy-Related Measures Definitions**

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<td>Number of Completed Non-Abuse/Neglect Investigations</td>
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**Calculation Method:** C  
**Target Attainment:**  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 OP 03

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

### BL 2020 Definition

A non-abuse/neglect investigation occurs when a report is received that alleges a violation of licensing law, administrative rules, or minimum standards. This includes the following types of operations: those which are may be subject to regulation, licensed or certified for day care and residential care, registered and listed family homes, and foster and adoptive homes verified by Child Placing Agencies. This is a count of all non-abuse/neglect investigations completed during the reporting period.

### BL 2020 Data Limitations

None.

### BL 2020 Data Source

When licensing staff receives a report alleging violations of the licensing law, administrative rules or minimum standards, the date it was received is entered into the Child-care Licensing Automation Support System (CLASS). When the non-abuse/neglect investigation is completed, staff enters their findings and a completion date.

All reports received by the agency are resolved in some manner, but the number of reports received is outside the agency's control. Information is obtained from CLASS.

### BL 2020 Methodology

Sum the total number of non-abuse/neglect investigations completed within the reporting period. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported i ABEST are also updated as required to ensure that data reflected is accurate and reliable.

### BL 2020 Purpose

The purpose of this measure is to track the number of times that Licensing staff responds to reports from the public about the quality of child care.
### Strategy-Related Measures Definitions

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

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<td># Health Care Professionals &amp; LCDCs Licensed, Permit, Cert, Registrd</td>
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**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
Cross Reference: Agy 529 085-R-S70-1 08-01-02 OP 01  

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

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**BL 2020 Definition**  
This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.

**BL 2020 Data Limitations**  
None

**BL 2020 Data Source**  
The data is obtained manually and from automated databases.

**BL 2020 Methodology**  
This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.

**BL 2020 Purpose**  
This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.
### Strategy-Related Measures Definitions

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**Automated Budget and Evaluation System of Texas (ABEST)**

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Goal:** Regulatory, Licensing and Consumer Protection Services  
**Objective:** Professional and Occupational Regulation  
**Strategy:** Credentialing/Certification of Health Care Professionals & Others  
**Measure Type:** OP  
**Measure No.:** Number of Licenses Issued Per Year: Nursing Facility Administrators

**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 08-01-02 OP 02

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the total number of licenses issued or renewed for nursing facility administrators during all months of the reporting period.

**BL 2020 Data Limitations**

Does not apply.

**BL 2020 Data Source**

Data are obtained from the online nursing facility administrator database.

**BL 2020 Methodology**

Data are calculated by totaling the number of licenses issued and renewed during the months of the reporting period.

**BL 2020 Purpose**

This measure quantifies the agency's workload as it pertains to implementing the provisions funded under this strategy. This is useful data for projecting future funding needs.
Measure Type: OP

Measure No.  3  Number of Credentials Issued Per Year: Nurse/Medication Aides

Calculation Method: C  Target Attainment:  Priority:  Cross Reference: Agy 529 085-R-S70-1 08-01-02 OP 03

Key Measure: N  New Measure: N  Percentage Measure: N

**BL 2020 Definition**

This measure reports the total number of credentials issued or renewed for nurse aides and medication aides during all months of the reporting period.

**BL 2020 Data Limitations**

Does not apply.

**BL 2020 Data Source**

Data are obtained from the Pearson VUE Credential Management System (PCMS) and Automated Review Management System (ARMS).

**BL 2020 Methodology**

Data are computed by totaling the number of permits and certifications issued or renewed during the months of the reporting period.

**BL 2020 Purpose**

This measure quantifies the agency's workload as it pertains to implementing the provisions funded under this strategy. This is useful data for projecting future funding needs.
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<tr>
<td>Measure Type</td>
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<td>Number of Complaints Resolved/Year: Nursing Facility Administrators</td>
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<td>Measure No.</td>
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<td>Number of Complaints Resolved/Year: Nursing Facility Administrators</td>
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**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 08-01-02 OP 04

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the total number of complaints and referrals against nursing facility administrators that were resolved during all months of the reporting period. Complaints and referrals are resolved by the Health and Human Services Commission (HHSC), either administratively by the Professional Credentialing Enforcement branch or through formal Hearings conducted by the commission's Legal Division.

---

**BL 2020 Data Limitations**

Does not apply.

---

**BL 2020 Data Source**

This information is manually collected. Manual collections of data are pen and paper tabulations of information manually pulled from computer based records. There are no report titles or identifying numbers associated with this process.

---

**BL 2020 Methodology**

Data are computed by totaling the number of complaints and referrals dismissed by the Commission and number of cases resolved through formal hearing or settlement during the months of the reporting period.

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**BL 2020 Purpose**

This measure quantifies the agency's workload as it pertains to implementing the provisions funded under this strategy. This is useful data for projecting future funding needs.
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<td>Measure Type</td>
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<tr>
<td>Measure No.</td>
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<td>Number of Complaints Resolved/Year: Nurse/Medication Aides/Direct Care</td>
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**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 08-01-02 OP 05

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure reports the number of referrals against medication aides, nurse aides, and uncredentialed staff that have been resolved. The uncredentialed staff is all direct care personnel not licensed by another state agency in long-term care facilities licensed by the Health and Human Services Commission (HHSC). Referrals are resolved by HHSC either administratively by the Professional Credentialing Enforcement branch or through formal hearings conducted by the commission's Legal Division.

**BL 2020 Data Limitations**
Does not apply.

**BL 2020 Data Source**
This information is collected manually. Manual collections of data are pen and paper tabulations of information manually pulled from Employee Misconduct Registry, Nurse Aide and Mediation Aide tracking database. There are no report titles or identifying numbers associated with this process.

**BL 2020 Methodology**
Data are computed by tabulating the number of referrals with final action of dismissal or imposition of sanctions for each month of the reporting period. These monthly numbers for each of the months in the reporting period are summed.

**BL 2020 Purpose**
This measure quantifies the agency's workload as it pertains to implementing the provisions funded under this strategy. This data is useful in projecting future funding needs.
BL 2020 Definition
The number of health care professional complaint investigations conducted is defined as the total number of investigations performed by staff which are documented by an appropriate investigative report. The investigations are initiated upon notification of possible violations of state laws or rules.

BL 2020 Data Limitations
Does not apply.

BL 2020 Data Source
The data are extracted from an automated regulatory system which has an enforcement module for tracking complaint investigations.

BL 2020 Methodology
The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

BL 2020 Purpose
Investigating complaints against health care professionals is an element of regulation and public health protection.
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Automated Budget and Evaluation System of Texas (ABEST)

**Strategy-Related Measures Definitions**

**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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**Measure Type EF**

**Measure No. 1 Average Cost Per Eligibility Determination**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**

Cross Reference: Agy 529 085-R-S70-1 09-01-01 EF 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure reports the average cost to complete an eligibility determination case. Eligibility cases may include eligibility determinations for Temporary Assistance for Needy Families and State Two-parent cash assistance, Supplemental Nutrition Assistance Program, Medicaid for Elderly and People with Disability, Medicaid, and Children's Health Insurance Program. Eligibility cases include open/closed applications, approved or denied applications and complete reviews that have been sustained or denied.

**BL 2020 Data Limitations**

There may be more than one eligibility determination for a case during the reporting period. Data may be collected from different systems.

**BL 2020 Data Source**

Costs are obtained from expense queries for the eligibility determination sub-strategy using standard internal data collection protocols and internal procedures. The average monthly number of eligibility determinations is reported as 9-1-1 OP-1.

**BL 2020 Methodology**

The average cost per eligibility determination is calculated by dividing eligibility determination sub-strategy expenditures by the number of months in the reporting period. The sum of the eligibility determination sub-strategy departments expenditures reflect actual costs for each reporting period plus accrued expenditures for the 4th quarter of the reporting period based on appropriation year (year in which funds were appropriated for use regardless of fiscal year/accounting period expenditure is paid). The denominator is the data reported for 9-1-1 OP-1 for the reporting period. Dividing the numerator by the denominator yields the average cost for the period.

**BL 2020 Purpose**

This measure is useful for comparing costs, over time, of the principal workload drivers for Eligibility Determination, the largest sub-strategy within the Integrated Eligibility and Enrollment Strategy.
### Measure No. 2 Accuracy Rate of Benefits Issued: TANF

**BL 2020 Definition**

This measure reports the percentage of Temporary Assistance for Needy Families (TANF) benefits delivered correctly, as determined by the most recent TANF quality control (QC) results for the fiscal year. "Issued in error" is the difference between the dollar amount of benefits actually issued and the dollar amount of benefits that would have been issued had all relevant client information been reported in an accurate and timely fashion by the client and had all relevant client information been processed in accordance with applicable state and/or federal guidelines. (This definition includes over issuances greater than the error tolerance threshold only, and encompasses such things as a client reporting inaccurate information, a client not reporting changes on a timely basis, agency failure to correctly apply policy, and so on.)

**BL 2020 Data Limitations**

Does not apply.

**BL 2020 Data Source**

Data are based on the quality control (QC) eligibility review, which uses a statewide random sample of TANF benefits.

**BL 2020 Methodology**

The reported data are computed as follows: The numerator consists of the number of benefit dollars in the QC sample for the period, minus the number of dollars issued in error for the period, as determined through the QC review process. Only over issuances greater than the error tolerance threshold are included. The denominator consists of the number of benefit dollars in the QC sample for the period. Dividing the numerator by the denominator yields the accuracy rate for the period.

**BL 2020 Purpose**

This measure is an indicator of accountability and efficiency of agency operations as it pertains to the issuance of TANF benefits.

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Goal No. 9 Program Eligibility Determination & Enrollment
Objective No. 1 Eligibility Operations
Strategy No. 1 Integrated Financial Eligibility and Enrollment (IEE)
Measure Type EF
Measure No. 2 Accuracy Rate of Benefits Issued: TANF

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 09-01-01 EF 02

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N
BL 2021 Methodology

BL 2021 Purpose
Goal No. 9 Program Eligibility Determination & Enrollment
Objective No. 1 Eligibility Operations
Strategy No. 1 Integrated Financial Eligibility and Enrollment (IEE)
Measure Type EF
Measure No. 3 Accuracy Rate of Benefits Issued: SNAP

**BL 2020 Definition**
This measure reports the percentage of Supplemental Nutrition Assistance Program (SNAP) benefits delivered correctly, as determined by the most recent SNAP quality control results for the fiscal year, adjusted for the federal review regression percentage. "Issues in error" is the difference between the dollar amount of benefits actually issued and the dollar amount of benefits that would have been issued had all relevant client information been reported in an accurate and timely fashion by the client.

**BL 2020 Data Limitations**
For the federal review process, Food and Nutrition Service (FNS) randomly selects approximately one third of each state's annual sample and subjects each of the selected cases to an independent review to determine the accuracy of benefits issued. FNS uses its findings on this subset of cases to adjust the state's error rate through regression a term describing the statistical process of FNS projecting its findings from the subset of re reviewed cases to estimate what would have been found had a federal re review been conducted on all cases in the state's sample. For most states and in most years, the regression adjustment increases the state's error rate.

**BL 2020 Data Source**
Data are based on the quality control (QC) eligibility review and the Federal re-review process, which uses a statewide random sample of SNAP benefits. This sample complies with federally mandated precision tests. Annually, FNS calculates and publishes the official error rate by the end of June for the prior federal review year.

**BL 2020 Methodology**
The data are computed as follows: The numerator consists of the number of benefit dollars in the QC sample for the period, minus the number of dollars issued in error for the period, as determined through the QC review process. The denominator consists of the number of benefit dollars in the QC sample for the period. Dividing the numerator by the denominator yields the accuracy rate for the period. The numerator includes both over issuances and under issuances, greater than the error tolerance threshold and it is the absolute value of the magnitude of the error that contributes to the numerator for example, two cases, one with a $50 over issuance and one with a $50 under issuances, do not cancel each other out but instead contribute a total of $100 to the numerator. The numerator also includes ineligible cases, with the contribution to the numerator being equal to the amount of the benefit issued.

**BL 2020 Purpose**
This measure is an indicator of accountability and efficiency of agency operations as it pertains to the issuance of SNAP benefits.
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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Cross Reference: Agy 529 085-R-S70-1 09-01-01 EF 04

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** Y

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**BL 2020 Definition**

This measure is the number of eligibility case decisions that were completed within established timeframes for CHIP, Medicaid for the Elderly and People with Disabilities (MEPD), Texas Works (TW) programs for TANF and State Two Parent Cash Assistance, SNAP, and Medicaid for Families and Children, expressed as a percentage of all eligibility decisions completed in the same period. Case decisions are defined as applications approved, denied, or applications open/closed. TW programs include Title XIX Medical Programs for Families and Children, TANF and State Two Parent Cash Assistance, and SNAP. MEPD includes all Title XIX Medicaid services provided to aged or disabled people residing in Texas including Supplemental Security Income, Medical Assistance Only, Qualified Medicare Beneficiary, Specified Low-income Medicare Beneficiaries, other long term care Medicaid eligible qualified individuals, and Medicaid Waiver programs. CHIP includes traditional and Perinatal programs.

**BL 2020 Data Limitations**

The definition of "application" as applied to the case decisions may evolve as policy changes are implemented, which may impact the resulting counts.

**BL 2020 Data Source**

Data is obtained from Datamart, the interface for the eligibility determination system reporting.

**BL 2020 Methodology**

The total number of applications processed on time (not delinquent) in the reporting period divided by the total number of applications processed in the same reporting period, multiplied by 100, determines the percent of eligibility decisions completed on time.

**BL 2020 Purpose**

This measure quantifies timeliness and is an indicator of productivity as it pertains to determining eligibility for Texas Works, CHIP, and MEPD benefits.
**Strategy-Related Measures Definitions**

86th Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

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**Agency:** Health and Human Services Commission

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**Goal:** Program Eligibility Determination & Enrollment  
**Objective:** Eligibility Operations  
**Strategy:** Integrated Financial Eligibility and Enrollment (IEE)

**Measure No. 1:** Total Value of SNAP Benefits Distributed

---

**Calculation Method:** N  
**Target Attainment:**  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 09-01-01 EX 01

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

This measure reports the total amount (dollar value) of Supplemental Nutrition Assistance Program (SNAP) issued to households that have been determined eligible for benefits.

**BL 2020 Data Limitations**

This measure does not include costs for administration of the program.

**BL 2020 Data Source**

Data is obtained from the monthly report, net SNAP Issuances by month prepared by benefit system staff.

**BL 2020 Methodology**

This measure reports the total amount (dollar value) of Supplemental Nutrition Assistance Program (SNAP) benefits issued to eligible households.

**BL 2020 Purpose**

This measure conveys the total amount of SNAP benefits distributed. These benefits are 100 percent federally funded.
### BL 2020 Definition
This measure reports the percentage of supervisors, workers and clerks with less than one year tenure.

### BL 2020 Data Limitations
Only tenure in the current position is counted. The count of eligibility determination staff may differ from actual full-time equivalents.

### BL 2020 Data Source
Data are obtained from payroll/personnel system queries.

### BL 2020 Methodology
The number of supervisors, workers and clerks with less than one year of tenure at the end of the reporting period is divided by the total number of supervisors, workers, and clerks at the end of the reporting period. The result is expressed as a percentage.

### BL 2020 Purpose
At least one year is required for staff to become proficient in eligibility determination tasks. The measure may explain timeliness, performance, staffing and cost anomalies.

### BL 2021 Definition

### BL 2021 Data Limitations

### BL 2021 Data Source

### BL 2021 Methodology

### BL 2021 Purpose
**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>Measure Type</td>
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<td>Measure No.</td>
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<td>Average Monthly Number of Eligibility Determinations</td>
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**Calculation Method:** N  
**Target Attainment:** Priorities  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 09-01-01 OP 01  
**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
This measure reports the average monthly number of eligibility determinations for Temporary Assistance for Needy Families and State Two Parent Cash Assistance, Supplemental Nutrition Assistance Program, Medicaid for the Elderly and People with Disabilities, Medicaid and Children’s Health Insurance Program. Determining eligibility refers to actions taken to determine the eligibility status of applicants or ongoing cases: approved, denied, or open/closed applications, and sustained or denied complete reviews.

**BL 2020 Data Limitations**
There may be more than one eligibility determination for a case during the reporting period. Data may be collected from different systems.

**BL 2020 Data Source**
Data are obtained from Datamart.

**BL 2020 Methodology**
Data are computed by totaling, over all months in the reporting period, the number of eligibility determinations performed and dividing by the number of months in the reporting period.

**BL 2020 Purpose**
This measure is useful for comparing, over time, the principal workload drivers for Eligibility Determination, the largest sub-strategy within the Integrated Eligibility and Enrollment Strategy.
**Goal No. 9 Program Eligibility Determination & Enrollment**

**Objective No. 1 Eligibility Operations**

**Strategy No. 1 Integrated Financial Eligibility and Enrollment (IEE)**

**Measure Type OP**

**Measure No. 2 Average Number of Recipients Per Month: SNAP**

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 09-01-01 OP 03

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N  

**BL 2020 Definition**

This measure reports the average monthly number of Supplemental Nutrition Assistance Program (SNAP) recipients. Data include public assistance and non-public assistance recipients. Public assistance recipients are members of households in which all members receive Temporary Assistance for Needy Families (TANF) or State Two-Parent Cash Assistance or Supplemental Security Income and TANF. Non-public assistance recipients are members of households in which no one or only some of the members receive TANF or State Two-Parent Cash Assistance.

**BL 2020 Data Limitations**

Recipients are counted in each month they receive a SNAP benefit, so this measure does not report an unduplicated count of recipients over time.

**BL 2020 Data Source**

Data are obtained from automated monthly reports, SNAP benefit system Issuance Household Profile and the SNAP Case extract from an eligibility determination system.

**BL 2020 Methodology**

Data are computed by totaling, over all months in the reporting period, the monthly number of SNAP recipients and dividing this total by the number of months in the reporting period.

**BL 2020 Purpose**

This measure is an indicator of the agency's workload as it pertains to providing services to persons receiving SNAP benefits. It is useful for projecting caseloads and future funding needs. It is also information that legislators and the public frequently request.
### Measure 1: Total Expenditures for the Ombudsman Program

**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  

**Cross Reference:** Agy 529 085-R-S70-1 09-02-01 EX 01

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**

This measure identifies the reported total of all funds expended for the Ombudsman Program, which includes Federal Older Americans Act Title III and Title VII, other federal, State General Revenue and local cash.

**BL 2020 Data Limitations**

Expenditures are self-reported by area agencies on aging.

**BL 2020 Data Source**

Ombudsman expenditures are reported to the State Unit on Aging (HHSC) quarterly by area agencies on aging.

**BL 2020 Methodology**

Total expenditures are calculated by compiling the reported expenditures of each area agency on aging.

**BL 2020 Purpose**

At the state level, this measure provides a means to assess the level of activity and support for the Ombudsman program and is used as a monitoring tool for program oversight.
Goal No. 9 Program Eligibility Determination & Enrollment
Objective No. 2 Community Access and Supports
Strategy No. 1 Intake, Access, and Eligibility to Services and Supports
Measure Type EX
Measure No. 2 Number of Assisted Living Facilities Visited by a Certified Ombudsman

**BL 2020 Definition**
This measure identifies the cumulative, unduplicated number of licensed assisted living facilities visited by certified ombudsmen in the Long-Term Care (LTC) Ombudsman Program.

**BL 2020 Data Limitations**
All unduplicated visits to licensed assisted living facilities by certified ombudsmen during the fiscal year will be included in this count, as reported by local LTC Ombudsman Programs. This measure will only count one visit per assisted living facility.

**BL 2020 Data Source**
The number of visits to assisted living facilities is reported on a monthly basis by the local LTC Ombudsman Programs in the format specified by the Health and Human Services Commission (HHSC).

**BL 2020 Methodology**
The calculation is the cumulative number of unduplicated visits to licensed assisted living facilities by certified ombudsmen.

**BL 2020 Purpose**
This measure is an explanation of the LTC Ombudsman Program coverage and advocacy efforts in licensed assisted living facilities. The measure provides information to decision-makers and state agency staff to recognize the scope of services provided by the program. State agency staff may also identify opportunities for training and technical assistance to the local LTC Ombudsman Programs.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
Strategy-Related Measures Definitions
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Agency Code: 529  
Agency: Health and Human Services Commission

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<td>Measure No.</td>
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<td>Number of Certified Ombudsmen</td>
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Calculation Method: N  
Target Attainment: N  
Priority: N  
Cross Reference: Agy 529 085-R-S70-1 09-02-01 OP 01

Key Measure: N  
New Measure: N  
Percentage Measure: N

BL 2020 Definition
The total number of active Ombudsmen is defined as volunteers and staff who have completed appropriate instruction/prescribed training, and received recognition by the State Ombudsman as being a qualified Ombudsman and identified as having an active status in the program.

BL 2020 Data Limitations
All certified Ombudsmen who were active during the fiscal year will be included in the unduplicated count of active certified Ombudsmen for this measure.

BL 2020 Data Source
The unduplicated number of active certified Ombudsmen is reported quarterly by area agencies on aging in the format specified by the Commission. The area agencies on aging report both the unduplicated number of active Ombudsmen for the quarter and for the fiscal year. To be active in a state quarter, an Ombudsman visits long-term care facilities within the state quarter, or investigates/resolves complaints when identified, or provides other Ombudsman services such as in-services for long-term care facilities/community groups.

BL 2020 Methodology
The calculation is the total certified Ombudsmen listed on the quarterly active ombudsman list. The area agencies on aging report both the unduplicated number of active Ombudsmen for the quarter and for the fiscal year.

BL 2020 Purpose
This measure is an explanation and identification of the total number of active certified Ombudsmen. The output allows decision-makers and state agency staff to identify trends of the program.
Goal No. 9 Program Eligibility Determination & Enrollment
Objective No. 2 Community Access and Supports
Strategy No. 1 Intake, Access, and Eligibility to Services and Supports
Measure Type OP
Measure No. 2 Number of Persons Receiving Care Coordination

**Calculation Method:** C
**Target Attainment:**
**Priority:**

**Key Measure:** N  **New Measure:** N  **Percentage Measure:** N

**BL 2020 Definition**

The measure is the unduplicated number of individuals age 60 and older receiving care coordination services during the fiscal year. Care coordination may include assessment, service plan development, arranging of comprehensive and unified services, follow-up, monitoring of an individual's or family's status and services delivered, and periodic review, with any necessary revision of the service plan. The State Unit on Aging’s HHSC care coordination services is intended to give preference to short-term intervention. Short-term intervention is considered three months or less; however, this does not preclude individuals from receiving longer-term services when deemed appropriate by their care coordinator.

**BL 2020 Data Limitations**

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging, they are not included in the measure calculation.

**BL 2020 Data Source**

The number of individuals is based on data reported to the Commission by area agencies on aging. Data is reported only for those individuals for whom an intake form is completed.

**BL 2020 Methodology**

This calculation is based on the total unduplicated individuals age 60 and older that receive care coordination services based on data reported to the Commission by area agencies on aging.

**BL 2020 Purpose**

This measure indicates the number of unduplicated individuals age 60 or older receiving care coordination services during the fiscal year.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
Goal No. 9 Program Eligibility Determination & Enrollment
Objective No. 2 Community Access and Supports
Strategy No. 1 Intake, Access, and Eligibility to Services and Supports
Measure Type OP
Measure No. 3 Number of Persons Receiving Legal Assistance

Calculation Method: C  Target Attainment:  Priority: Cross Reference: Agy 529 085-R-S70-1 09-02-01 OP 03
Key Measure: N  New Measure: N  Percentage Measure: N

**BL 2020 Definition**

The measure is the total number of individuals age 60 and older receiving legal assistance services during the fiscal year. Legal assistance service is advice and representation by an attorney (including assistance by a paralegal or law student under the supervision of an attorney), or counseling or representation by a non-lawyer where permitted by law.

**BL 2020 Data Limitations**

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

**BL 2020 Data Source**

Data for those individuals for whom an intake form is completed are reported to the Commission by area agencies on aging. The reported number of individuals is the sum of individuals reported from the area agencies on aging.

**BL 2020 Methodology**

The reported number of individuals is the sum of persons reported from the area agencies on aging.

**BL 2020 Purpose**

This measure indicates the amount of legal assistance services provided statewide by area agencies on aging.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
Agency Code: 529
Agency: Health and Human Services Commission

Goal No. 9 Program Eligibility Determination & Enrollment
Objective No. 2 Community Access and Supports
Strategy No. 1 Intake, Access, and Eligibility to Services and Supports
Measure Type OP
Measure No. 4 Avg Mthly # Individuals w/ ID Receiving Assessment & Serv Coordination

Calculation Method: N  Target Attainment: N  Priority: N  Cross Reference: Agy 529 085-R-S70-1 09-02-01 OP 04
Key Measure: Y  New Measure: N  Percentage Measure: N

**BL 2020 Definition**
This measure captures the unduplicated count of priority population, as defined by Local Authorities Performance Contract, eligible individuals whose services are funded with the Health and Human Services Commission (HHSC) funds and who receive ID community assessment and/or service coordination services. Assessment services are monthly services. Service coordination services may occur quarterly but are most frequently monthly services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period, regardless of how the services for the individuals were funded.

**BL 2020 Data Limitations**
Because it takes 365 days to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of persons on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of persons ultimately served.

**BL 2020 Data Source**
Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

**BL 2020 Methodology**
To obtain the number of individuals served with HHSC appropriation authority funds, the numerator is the sum of the number of individuals receiving ID assessment and/or service coordination services each month of the reporting period; the denominator is the number of months in the period. The formula is numerator/denominator.

**BL 2020 Purpose**
Monthly number of individuals served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.
**Strategy-Related Measures Definitions**

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Automated Budget and Evaluation System of Texas (ABEST)

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<td>Measure Type</td>
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<td>Number of Veterans Served by the ADRCS</td>
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**Calculation Method:** C  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 09-02-01 OP 11

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**

The measure is the unduplicated number of individuals receiving aging and disability resource center services that are veterans age 60 or older or are veterans that have a disability.

**BL 2020 Data Limitations**

The aging and disability resource center intake process will require identification of veteran status and a record of all related activities. Veteran status is recorded based on the individual’s self-reported status in most instances. Some individuals may choose not to indicate veteran’s status. This is a contractor reported measure and may be subject to the limitations of the contractor’s data systems.

**BL 2020 Data Source**

The number of veterans served is reported by the aging and disability resource center contractors quarterly by the 20th of the month following the end of each quarter. The Commission sums the reported totals from the aging and disability resource centers to create a state total.

**BL 2020 Methodology**

The calculation is based on the total unduplicated number of individuals that are veterans age 60 or older or are veterans that have a disability based on data reported to the Commission by the aging and disability resource centers monthly.

**BL 2020 Purpose**

This measure identifies the number of veterans receiving services through the aging and disability resource centers.
### Strategy-Related Measures Definitions

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<td>Objective No.</td>
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<td>Increase Decisional Accuracy and Timeliness of Determinations</td>
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<td>Strategy No.</td>
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<td>Determine Federal SSI and SSDI Eligibility</td>
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<td>Measure Type</td>
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<td>Cost Per Disability Case Determination</td>
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**Calculation Method:** N  
**Target Attainment:**  
**Priority:** Cross Reference: Agy 529 085-R-S70-1 10-01-01 EF 01  
**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

**BL 2020 Definition**
Total DDS expenditures per the financial information system divided by the total number of cases determined as reported by the National Disability Determination Services System.

**BL 2020 Data Limitations**
None

**BL 2020 Data Source**
The National Disability Determination Services System. The NDDSS is the Social Security Administration (SSA) management information system for all state DDS's. The DDS's on a weekly basis report workload and staffing information to SSA. This system is found on SSA’s DALNET (Dallas SSA Regional Office intranet).

**BL 2020 Methodology**
Total DDS expenditures divided by the total number of cases determined. Figures are non-cumulative.

**BL 2020 Purpose**
This measure is intended to calculate the cost per case of determining whether an individual is eligible for benefits when they apply to the Social Security Administration for disability benefits.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
<table>
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<tr>
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<td>Key Measure: Y</td>
<td>New Measure: N</td>
<td>Percentage Measure: N</td>
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</table>

**BL 2020 Definition**
Total number of cases determined as reported by the National Disability Determination Services System (NDDSS). A case is established on an individual and may include multiple claims.

**BL 2020 Data Limitations**
Data is collected through National Disability Determination Services System.

**BL 2020 Data Source**
The National Disability Determination Services System. The NDDSS is the Social Security Administration (SSA) management information system for all state DDS's. The DDS's on a weekly basis report workload and staffing information to SSA. This system is found on SSA's DALNET (Dallas SSA Regional Office intranet).

**BL 2020 Methodology**
Total number of cases determined and cleared as reported by the National Disability Determination Services System. Figures are cumulative.

**BL 2020 Purpose**
The purpose of this measure is to determine whether persons who apply to the Social Security Administration for disability benefits are eligible for benefits.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
BL 2021 Purpose
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<tr>
<td>Measure No.</td>
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**Calculation Method:** C  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:**

**Key Measure:** Y  
**New Measure:** Y  
**Percentage Measure:** N

---

**BL 2020 Definition**

This is a measure of the Medicaid Program Integrity and the General Investigations sections of Office of Inspector General (OIG) that is responsible for investigating allegations, complaints, and referrals of Medicaid, Temporary Assistance for Needy Families, and Supplemental Nutrition Assistance Program fraud, abuse, or waste.

**BL 2020 Data Limitations**

No limitations.

**BL 2020 Data Source**

OIG case management systems.

**BL 2020 Methodology**

The total unduplicated number of full-scale investigations that are closed during the reporting period. It is based on allegations, complaints, and referrals of fraud, abuse, or waste that are reflected in the OIG case management systems.

**BL 2020 Purpose**

This measures the effectiveness of a major activity of OIG as required by Tex. Gov't Code 531.102, 531.103, 531.113(d-1) (House Bill 2292, 78th Legislature).

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**BL 2021 Definition**

This is a measure of the Medicaid Program Integrity and the General Investigations sections of Office of Inspector General (OIG) that is responsible for investigating allegations, complaints, and referrals of Medicaid, Temporary Assistance for Needy Families, and Supplemental Nutrition Assistance Program fraud, abuse, or waste.

**BL 2021 Data Limitations**

No limitations.

**BL 2021 Data Source**

OIG case management systems.

**BL 2021 Methodology**
The total unduplicated number of full-scale investigations that are closed during the reporting period. It is based on allegations, complaints, and referrals of fraud, abuse, or waste that are reflected in the OIG case management systems.

**BL 2021 Purpose**

This measures the effectiveness of a major activity of OIG as required by Tex. Gov't Code 531.102, 531.103, 531.113(d-1) (House Bill 2292, 78th Legislature).
Goal No. 11 Office of Inspector General
Objective No. 1 Client and Provider Accountability
Strategy No. 1 Office of Inspector General
Measure Type OP
Measure No. 2 Number of Audits and Reviews Performed

BL 2020 Definition
This measures the total number of reports issued by or on behalf of the OIG audit division and by the CMS Audit Medicaid Integrity Contractor (MIC) for audits of HHS System and DFPS programs, providers, and contractors.

BL 2020 Data Limitations
None.

BL 2020 Data Source
OIG audit staff compile data on the reports issued on a monthly basis. The data is entered in the OIG Audit Division's internal tracking database. The final number reported for this measure is entered in the Performance Data Compiler (PDC) maintained by the OIG Budget Division.

BL 2020 Methodology
Total sum of audits and non-audit engagements conducted.

BL 2020 Purpose
This is a measure of work performed by the Office of the Inspector General pursuant to Texas Government Code §§531.102, 531.102(h)(4), 531.1025(a), and 531.113(d-1).

BL 2021 Definition
This measures the total number of reports issued by or on behalf of the OIG audit division and by the CMS Audit Medicaid Integrity Contractor (MIC) for audits of HHS System and DFPS programs, providers, and contractors.

BL 2021 Data Limitations
None.

BL 2021 Data Source
OIG audit staff compile data on the reports issued on a monthly basis. The data is entered in the OIG Audit Division's internal tracking database. The final number reported for this measure is entered in the Performance Data Compiler (PDC) maintained by the OIG Budget Division.

BL 2021 Methodology
Total sum of audits and non-audit engagements conducted.
BL 2021 Purpose

This is a measure of work performed by the Office of the Inspector General pursuant to Texas Government Code §§531.102, 531.102(h)(4), 531.1025(a), and 531.113(d-1).
Goal No. 11 Office of Inspector General
Objective No. 1 Client and Provider Accountability
Strategy No. 1 Office of Inspector General
Measure Type OP
Measure No. 3 Number of Nursing Facility Utilization Reviews

BL 2020 Definition
This is a measure of the number of on-site or utilization reviews to assure nursing facilities submit accurate data which reflects actual resident conditions.

BL 2020 Data Limitations
No limitations.

BL 2020 Data Source
Nurse reviewers and/or administrative enter into the agency's database information collected during the on-site reviews into the Nursing Facility Utilization Review (NFUR) application then upload it to the MFADS/NFUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enter it into the Performance Data Compiler (PDC).

BL 2020 Methodology
Nurse reviewers enter data in the field indicating the number of reviews performed, and this data is summed up for the state for the reporting period.

BL 2020 Purpose
Nursing Facility Utilization reviews determine the level of care provided by nursing facilities to Medicaid residents and the relationship of such care to the charges (billing) to the state as required by Texas Government Code §531.1591 and §531.912, 1 TAC §§371.212-371.216, Social Security Act §1902(a)(30), and 42 CFR Section 456.3.

BL 2021 Definition
This is a measure of the number of case mix reviews which are either on-site or desk reviews to assure nursing facilities submit accurate data which reflects actual resident conditions.

BL 2021 Data Limitations
No limitations.

BL 2021 Data Source
Nurse reviewers and/or administrative enter into the agency's database information collected during the on-site reviews into the Nursing Facility Utilization Review (NFUR) application then upload it to the MFADS/NFUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enter it into the Performance Data Compiler (PDC).
BL 2021 Methodology
Nurse reviewers enter data in the field indicating the number of reviews performed, and this data is summed up for the state for the reporting period.

BL 2021 Purpose
Nursing Facility Utilization reviews determine the level of care provided by nursing facilities to Medicaid residents and the relationship of such care to the charges (billing) to the state as required by Texas Government Code §531.1591 and §531.912, 1 TAC §§371.212-371.216, Social Security Act §1902(a)(30), and 42 CFR Section 456.3.
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<td>Measure No.</td>
<td>4 Number of Hospital Utilization Reviews</td>
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**Calculation Method:** C  **Target Attainment:** H  **Priority:** H  Cross Reference: Agy 529 085-R-S70-1 11-01-01 OP 04

**Key Measure:** N  **New Measure:** N  **Percentage Measure:** N

**BL 2020 Definition**
This measures the count of hospital inpatient admissions reviewed and closed during the reporting period.

**BL 2020 Data Limitations**
No limitations.

**BL 2020 Data Source**
Nurse reviewers and/or administrative assistants enter information collected into the Hospital Utilization Review (HUR) application, then upload it to the MFADS/HUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enters it in the Performance Data Compiler (PDC).

**BL 2020 Methodology**
The methodology includes utilization reviews which may be of a statistically valid random sample or a focused case selection of hospital medical records for admissions, readmission, outliers, transfers, appropriate Diagnoses Related Groups (DRG), and quality of care. Nurse reviewers enter the number of reviews performed into the HUR application, and this data is summed for the reporting period.

**BL 2020 Purpose**
This measure addresses the scope of work performed by the OIG pursuant to Texas Government Code §531.102(a-5), §531.1024, 1 TAC §§371.200-371.210, Social Security Act §1902(a)(30), and 42 CFR §456.3. Inpatient utilization reviews are required by Public Law 92-603 to be conducted in all Title XIX participating hospitals.

**BL 2021 Definition**
This measures the count of hospital inpatient admissions reviewed and closed during the reporting period.

**BL 2021 Data Limitations**
No limitations.

**BL 2021 Data Source**
Nurse reviewers and/or administrative assistants enter information collected into the Hospital Utilization Review (HUR) application, then upload it to the MFADS/HUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enters it in the Performance Data Compiler (PDC).
**BL 2021 Methodology**

The methodology includes utilization reviews which may be of a statistically valid random sample or a focused case selection of hospital medical records for admissions, readmission, outliers, transfers, appropriate Diagnoses Related Groups (DRG), and quality of care. Nurse reviewers enter the number of reviews performed into the HUR application, and this data is summed for the reporting period.

**BL 2021 Purpose**

This measure addresses the scope of work performed by the OIG pursuant to Texas Government Code §531.102(a-5), §531.1024, 1 TAC §§371.200-371.210, Social Security Act §1902(a)(30), and 42 CFR §456.3. Inpatient utilization reviews are required by Public Law 92-603 to be conducted in all Title XIX participating hospitals.
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

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<td>Measure No.</td>
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**Calculation Method:** C  
**Target Attainment:** H  
**Priority:** H  
**Cross Reference:** Agy 529 085-R-S70-1 11-01-01 OP 05

**Key Measure:** Y  
**New Measure:** N  
**Percentage Measure:** N

---

**BL 2020 Definition**
This is a measure of the total monetary recoveries resulting from activities of the Office of Inspector General (OIG) at the end of each quarter and fiscal year. These recoveries include cash collected as well as offsets. Offsets, or recoupments, are payments that are set up out of future benefit allotments. Refer to Accountability Rider Report dated February 1, 2018.

**BL 2020 Data Limitations**
OIG is dependent upon other agencies and vendors for the recovery of some of the funds involved in the measure.

**BL 2020 Data Source**
Below are the sources in which OIG staff collects data on recoveries monthly and enters the information in the Performance Data Compiler (PDC). Refer to Accountability Rider dated February 1, 2018.
The following sources are used to collect the data: Accounts Receivable Tracking System (ARTS); Automated System for Office of Inspector General (ASOIG); Hospital Utilization Review (HUR) System; Medicaid Fraud and Abuse Detection System PI Case Tracker (Case Tracker); Medicaid/CHIP Administrative Tracking System (MCATS); Nursing Facility Utilization Review (NFUR) System; Premium Payment System (PPS); Texas Integrated Eligibility Redesign System (TIERS); and Electronic Benefits Transfer WIC Information Network (EBTWIN). NOTE: Recovery data also used in OC-1 Net Dollars Recovered Per Dollar Expended from All Funds.

**BL 2020 Methodology**
The sum of dollars recovered (Dollars actually recovered through cash collections or offsets) by each section of OIG for the reporting period. These dollars do not include any dollars reported in OP-6 Total Dollars Saved. Refer to the Accountability Rider Report dated February 1, 2018.

**BL 2020 Purpose**
This measure addresses the efforts of OIG to maximize recoveries in all HHS programs as required by Tex. Gov't Code §§531.102(b), (p), (t)(5); 531.103(a); 531.1131; 531.1132; 531.117.

**BL 2021 Definition**
This is a measure of the total monetary recoveries resulting from activities of the Office of Inspector General (OIG) at the end of each quarter and fiscal year. These recoveries include cash collected as well as offsets. Offsets, or recoupments, are payments that are set up out of future benefit allotments. Refer to Accountability Rider Report dated February 1, 2018.
**BL 2021 Data Limitations**

OIG is dependent upon other agencies and vendors for the recovery of some of the funds involved in the measure.

**BL 2021 Data Source**

Below are the sources in which OIG staff collects data on recoveries monthly and enters the information in the Performance Data Compiler (PDC). Refer to Accountability Rider dated February 1, 2018.

The following sources are used to collect the data: Accounts Receivable Tracking System (ARTS); Automated System for Office of Inspector General (ASOIG); Hospital Utilization Review (HUR) System; Medicaid Fraud and Abuse Detection System PI Case Tracker (Case Tracker); Medicaid/CHIP Administrative Tracking System (MCATS); Nursing Facility Utilization Review (NFUR) System; Premium Payment System (PPS); Texas Integrated Eligibility Redesign System (TIERS); and Electronic Benefits Transfer WIC Information Network (EBTWIN). NOTE: Recovery data also used in OC-1 Net Dollars Recovered Per Dollar Expended from All Funds.

**BL 2021 Methodology**

The sum of dollars recovered (Dollars actually recovered through cash collections or offsets) by each section of OIG for the reporting period. These dollars do not include any dollars reported in OP-6 Total Dollars Saved. Refer to the Accountability Rider Report dated February 1, 2018.

**BL 2021 Purpose**

This measure addresses the efforts of OIG to maximize recoveries in all HHS programs as required by Tex. Gov't Code §§531.102(b), (p), (t)(5); 531.103(a); 531.1131; 531.1132; 531.117.
Goal No. 11 Office of Inspector General
Objective No. 1 Client and Provider Accountability
Strategy No. 1 Office of Inspector General
Measure Type OP
Measure No. 6 Referrals to OAG Fraud Control Unit

**Calculation Method:** C  **Target Attainment:** H  **Priority:** H

Cross Reference: Agy 529 085-R-S70-1 11-01-01 OP 07

**Key Measure:** N  **New Measure:** N  **Percentage Measure:** N

**BL 2020 Definition**
This is a measure of the number of cases of involving a suspicion of fraud that are referred to the Office of the Attorney General (OAG) for investigation and potential presentation for prosecution.

**BL 2020 Data Limitations**
No limitations.

**BL 2020 Data Source**
OIG case management system. All referrals made to the Office of the Attorney General are entered into the case management system and monitored on a monthly basis. Upon acceptance of a referral for investigation, the Office of the Attorney General notifies OIG through a letter of acceptance. OIG staff enters and maintains the status of the referral into the case management system and enters the number of referrals in the Performance Data Compiler (PDC).

**BL 2020 Methodology**
Sum of cases involving a suspicion of fraud referred to the Office of the Attorney General during the reporting period.

**BL 2020 Purpose**
This measure identifies the effectiveness of the Office of Inspector General in promptly and accurately identifying and referring cases of Medicaid fraud suitable for criminal or civil prosecution as required by 42 CFR 455.21 and Texas Government Code §§531.102(b), 531.103, and 531.104.

**BL 2021 Definition**
This is a measure of the number of cases of involving a suspicion of fraud that are referred to the Office of the Attorney General (OAG) for investigation and potential presentation for prosecution.

**BL 2021 Data Limitations**
No limitations.

**BL 2021 Data Source**
OIG case management system. All referrals made to the Office of the Attorney General are entered into the case management system and monitored on a monthly basis. Upon acceptance of a referral for investigation, the Office of the Attorney General notifies OIG through a letter of acceptance. OIG staff enters and maintains the status of the referral into the case management system and enters the number of referrals in the Performance Data Compiler (PDC).
BL 2021 Methodology
Sum of cases involving a suspicion of fraud referred to the Office of the Attorney General during the reporting period.

BL 2021 Purpose
This measure identifies the effectiveness of the Office of Inspector General in promptly and accurately identifying and referring cases of Medicaid fraud suitable for criminal or civil prosecution as required by 42 CFR 455.21 and Texas Government Code §§531.102(b), 531.103, and 531.104.
**Strategy-Related Measures Definitions**

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**Agency Code:** 529  
**Agency:** Health and Human Services Commission

**Goal No.** 11  
**Objective No.** 1  
**Strategy No.** 1  
**Measure No.** 7

**Measure Type:** OP  
**Measure:** Total Medicaid Overpayments Recovered with Special Investigation Units

**Calculation Method:** C  
**Target Attainment:** L  
**Priority:** L  
**Cross Reference:**

**Key Measure:** Y  
**New Measure:** Y  
**Percentage Measure:** N

---

**BL 2020 Definition**

This is a measure of the total monetary Medicaid recoveries collected by OIG resulting from a fraud and abuse referral from an MCO SIU. This is the OIG portion (50%) of recoveries collected pursuant to Government Code, Sec. 531.1131, as a result of either a MCO SIU or a collaboration between the OIG and MCO SIU. This measure does not include recoveries retained by the MCOs. These recoveries are also included in OP-5 Total Dollars Recovered (Millions).

**BL 2020 Data Limitations**

OIG Recoveries are dependent upon MCO SIU recovery collections and MCO SIU self-reporting to OIG on their collections.

**BL 2020 Data Source**

The data source for Medicaid recoveries collected by OIG based on MCO SIU referrals is the OIG Performance Data Compiler (PDC). The PDC records recoveries from fraud, waste, and abuse cases that have reached final disposition.

**BL 2020 Methodology**

Medicaid recoveries collected by OIG are based on MCO SIU referrals. The Chief Counsel Division used the Case Tracker system to track MCO SIU referrals and recoveries. Once cases are finalized, the recoveries are reported in the PDC. The PDC is the source for recoveries reported in this measure.

**BL 2020 Purpose**

This measure reflects recoveries collected by OIG related to fraud and abuse recovery efforts by MCO SIUs or by the OIG in collaboration with MCO SIUs. Amounts recovered by an MCO or by an MCO in collaboration with OIG are allocated between the MCO and the OIG pursuant to Government Code Sec. 531.1131. The OIG portion of these recoveries are also reported in OP 5 - Total Dollars Recovered (Millions).
Goal No. 12: HHS Enterprise Oversight and Policy
Objective No. 1: Enterprise Oversight and Policy
Strategy No. 1: Enterprise Oversight and Policy
Measure Type: EF
Measure No. 1: Percent of Informal Dispute Resolutions Completed within 30 Days

**BL 2020 Definition**

This is a measure of the percentage of Informal Dispute Resolution reviews (IDRs) for nursing facilities and intermediate care facilities for individuals with an intellectual disability or related condition (ICF/IID) completed by HHSC that are completed within the required timeline of 30 calendar days from receipt of the IDR request to the date the final recommendation and rationale is submitted to the provider. The IDR process provides adjudication by an appropriate disinterested person of disputes relating to deficiencies and/or violations cited against a nursing facility, or ICF/IID by the state survey agency.

**BL 2020 Data Limitations**

Extenuating circumstances that result in delays in IDR completion may need to be identified and such circumstances excluded from the 30 calendar day timeline.

**BL 2020 Data Source**

The percentage of IDR reviews conducted within the required timeline is determined via an HHSC maintained database, in coordination with state survey agency long-term care regulatory automated system.

**BL 2020 Methodology**

To calculate the measure, divide the number of IDRs completed within the required timeline by the total number of IDRs completed during the reporting period of the fiscal year.

**BL 2020 Purpose**

This is a measure of the percentage of Informal Dispute Resolution reviews (IDRs) for nursing facilities and intermediate care facilities for individuals with an intellectual disability or related condition (ICF/IID) completed by HHSC that are completed within the required timeline of 30 calendar days from receipt of the IDR request to the date the final recommendation and rationale is submitted to the provider. The IDR process provides adjudication by an appropriate disinterested person of disputes relating to deficiencies and/or violations cited against a nursing facility, or ICF/IID by the state survey agency.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
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<tr>
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<tbody>
<tr>
<td>Goal No.</td>
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<td>Measure No.</td>
<td>2 Percent of Dispute Resolutions Completed within 90 Day Timeframe</td>
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**Calculation Method:** N  
**Target Attainment:**  
**Priority:**  
**Cross Reference:** Agy 529 085-R-S70-1 12-01-01 EF 02

**Key Measure:** N  
**New Measure:** N  
**Percentage Measure:** Y

**BL 2020 Definition**

This is a measure of the percentage of Informal Dispute Resolution reviews (IDRs) for assisted living facilities completed by HHSC that are completed within the required timeline of 90 calendar days from receipt of the IDR request to the date the final recommendation and rationale is submitted to the provider. The IDR process provides adjudication by an appropriate disinterested person of disputes relating to violations cited against an assisted living facility by the state survey agency.

**BL 2020 Data Limitations**

Extenuating circumstances that result in delays in IDR completion may need to be identified and such circumstances excluded from the 90 calendar day timeline.

**BL 2020 Data Source**

The percentage of IDR reviews conducted within the required timeline is determined via an HHSC maintained database, in coordination with state survey agency long-term care regulatory automated system.

**BL 2020 Methodology**

To calculate the measure, divide the number of IDRs completed within the required timeline by the total number of IDRs completed during the reporting period of the fiscal year.

**BL 2020 Purpose**

The IDR process for assisted living facilities, by legislation, should be completed within 90 calendar days of the IDR request. Texas Government Code, §531.058 establishes the 90 calendar day timeframe. Per the Texas Government Code, §311.014, if the due date falls on a Saturday, Sunday or legal holiday, the due date becomes the following business day. IDR due dates that meet this criteria will be recognized the next business day.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**
BL 2021 Methodology

BL 2021 Purpose
Goal No. 13 Texas Civil Commitment Office
Objective No. 1 Administer Texas Civil Commitment Program
Strategy No. 1 Texas Civil Commitment Office
Measure Type EF
Measure No. 1 Average Cost Per Sex Offender for Treatment and Supervision

**BL 2020 Definition**

The average cost per civilly committed sex offender for treatment and supervision per reporting period, annualized, for all current, civilly committed sex offenders.

**BL 2020 Data Limitations**

The database provides point-in-time data only; it does not provide the actual amount of time during a reporting period that a civilly committed sex offender received service. Data does not discern that a sex offender was served for only part of a reporting period, rather than the entire reporting period.

**BL 2020 Data Source**

Civilly Committed Sex Offender database, HHSC financial system. Data is non-cumulative.

**BL 2020 Methodology**

The average cost per civilly committed sex offender is calculated by taking the expenditures from the HHSC financial system related to the civilly committed sex offenders program for the reporting period and annualizing them, and then dividing them by the number of current, civilly committed sex offenders (excluding those who were in prison for the entire reporting period) as of the last date of the reporting period.

**BL 2020 Purpose**

Provide the average annual cost of treatment and supervision provided per current, civilly committed sex offender not residing in prison, per reporting period.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**
<table>
<thead>
<tr>
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<td>Number of New Civil Commitments</td>
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<tr>
<td>Key Measure: Y</td>
<td>New Measure: N</td>
<td>Percentage Measure: N</td>
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</tbody>
</table>

**BL 2020 Definition**

The number of sex offenders who were civilly committed during the reporting period.

**BL 2020 Data Limitations**

None

**BL 2020 Data Source**

Civilly Committed Sex Offender database

**BL 2020 Methodology**

Program will run a report on Corrections Software Solutions that identifies the number of sex offenders that were civilly committed during the reporting period.

**BL 2020 Purpose**

To determine the number of new civil commitment cases for the reporting period.

**BL 2021 Definition**

**BL 2021 Data Limitations**

**BL 2021 Data Source**

**BL 2021 Methodology**

**BL 2021 Purpose**
Agency Code: 529  
Agency: Health and Human Services Commission  

Goal No. 13 Texas Civil Commitment Office  
Objective No. 1 Administer Texas Civil Commitment Program  
Strategy No. 1 Texas Civil Commitment Office  
Measure Type OP  
Measure No. 1 Number of Sex Offenders Provided Treatment and Supervision  

Calculation Method: N  
Target Attainment:  
Priority:  
Cross Reference: Agy 529 085-R-S70-1 13-01-01 OP 01  

Key Measure: Y  
New Measure: N  
Percentage Measure: N  

BL 2020 Definition  
The number of current sex offenders who have been civilly committed, receiving treatment and supervision, which have not been in prison for the entire reporting period.  

BL 2020 Data Limitations  
Available data is point-in-time data. Databases provide placement at the time of the query; they do not capture changes in civilly committed sex offender placement status across time (i.e., the databases do not track the movement of a civilly committed sex offender among community placements and locked facilities).  

BL 2020 Data Source  
Civilly Committed Sex Offender database  

BL 2020 Methodology  
A report will be run to capture the total number of civilly committed sex offenders as of the last day of the reporting period. From the number of all current, civilly committed sex offenders, those who resided in prison for the entire reporting period will be subtracted. This number will be the number of sex offenders provided treatment and supervision. Data is non-cumulative.  

BL 2020 Purpose  
To determine the number of current sex offenders who have been civilly committed and are receiving treatment and supervision.  

BL 2021 Definition  

BL 2021 Data Limitations  

BL 2021 Data Source  

BL 2021 Methodology  
