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Legislative Appropriations Request
Fiscal Years 2012-2013
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Administrator's Statement

ADMINISTRATOR'S STATEMENT
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Agency code: **529** Agency name: **Health and Human Services Commission**

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

“The mission of health and human service agencies in Texas is to develop and administer an accessible, effective, and efficient health and human services delivery system that is beneficial and responsive to the people of Texas.”

The Health and Human Services Commission (HHSC) was created in 1992 to coordinate and improve the delivery of health and human services across Texas. In 2003, the 78th Legislature, Regular Session charged HHSC with overseeing the transformation of the delivery of health and human services. State leaders envision a coordinated system of health and human services that is rationally organized, effectively managed, centered on client needs, and accountable for results.

In addition to overseeing the health and human services system in Texas, HHSC is responsible for program administration of Medicaid, CHIP, Disaster Assistance, Temporary Assistance for Needy Families, SNAP, Family Violence and Refugee programs. Thus, HHSC has responsibilities as a leadership, operational, and oversight agency. The agency is accountable to Texans for ensuring that the consolidated Health and Human Services (HHS) agencies provide quality services as efficiently and effectively as possible. The agency executive commissioner is appointed by the Governor and assisted by a nine-member advisory council.

FY 2010-11 PROGRESS and ACCOMPLISHMENTS

During the 2010-11 biennium, HHSC and the other HHS agencies continue to build on efforts to improve the efficiency and effectiveness of programs and the service delivery system.

Agency

Social Services

Improvements in Eligibility Processing

With the approval of Rider 61 provisions for additional eligibility determination staffing in October 2009, HHSC has been better able to process applications for public assistance programs within required timeframes. In 2009, multiple factors including increasing caseloads in SNAP, Medicaid & TANF and responses to disasters, such as Hurricane Ike, resulted in application processing delays. Additional staffing provided by Rider 61 along with the implementation of various policy changes, business process improvements, and the dedication of the eligibility workforce have led to significant improvements during FY 2010.

Timeliness rates (percent of applications processed within federal guidelines) of applications have improved significantly. For example, in July 2010 91.6% of SNAP applications were processed timely compared to 58.6% in September 2009. In addition to improvements in timeliness, early FY 2010 data indicates that HHSC's error rates in determining eligibility & issuing benefits for SNAP has also seen significant improvement.

In FY 2010 HHSC resumed rollout of TIERS, the new automation system that supports eligibility determination. Three health and human services regions have now converted to TIERS – Austin, Lubbock & El Paso. Working in one automation system increases efficiency and allows for better monitoring of performance. Statewide roll-out for TANF, SNAP, & Medicaid is projected to be complete by December 2011.

Health Services

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Medical Transportation Program Broker Model

- Rider 55 directed HHSC to implement a full-risk regional brokerage model for non-emergency Medicaid transportation services in areas of the state that could sustain such a model. HHSC is currently finalizing an RFP to seek bids for a model in the Dallas/Fort Worth and Houston/Beaumont regions of the state.

Qualified Aliens

- Federal CHIPRA legislation enacted February 2009 would allow the State to obtain federal CHIP matching funds for children who are legal permanent residents. These children and their families have met the five-year residency requirement to be eligible for traditional welfare and medical assistance. In May 2010, HHSC submitted a state plan amendment to begin claiming federal CHIP matching funds to provide medical assistance in both Medicaid & CHIP programs.
- The base and exceptional item funding requests for FY 2012-13 assume approval of the state plan amendment as submitted. In July 2010, the U.S. Centers for Medicare and Medicaid issued additional guidance that could alter the Texas proposal and LAR assumptions.

CHIP Perinate Changes

Pursuant to federal requirements, effective September 1, 2010, Perinate mothers who deliver children while eligible for Medicaid will have their newborns enrolled in Medicaid. Perinate moms below 185% of FPL will continue to receive pre-natal care under CHIP until their Medicaid delivery. Pregnant women above 185% FPL will continue to be enrolled in the CHIP Perinate program. This change reduces the average monthly CHIP Perinate caseload by about 35-40% to 38,869 in FY 2012 & 39,802 in FY 2013.

Other Medicaid Initiatives

- Rebasing of FY 2011 hospital rates –There is a move on the national & state fronts to shift healthcare, including hospital, reimbursement to performance-bases payment. The first step in moving hospital reimbursements towards such a system is to rebase their current rates. Rebasing is a process by where each hospital's rate is adjusted to reflect its current cost and case mix along with other factors. Rebasing allows for each hospital to be reimbursed the same percentage of their cost, thereby providing funding equity. HHSC adopted the necessary rule changes to rebase hospital rates earlier this month and is in the process of implementing the accompanying rate changes.
- STAR+Plus Expansion– HHSC is in the process of expanding the STAR+Plus Program to the Dallas & Fort Worth Service Areas. STAR+Plus integrates acute and long-term services and supports for aged, blind and disabled Medicaid recipients, providing case management and coordinated care. HHSC plans to begin providing STAR+Plus services to eligible DFW-area members in February 2011.

Federal Legislation

Affordable Care Act (ACA)

In March 2010, the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HERCA) were signed into law. These two acts together are known as the Affordable Care Act (ACA), or federal health care reform legislation. While many provisions specifically related to Medicaid are not implemented until 2014 there are some provisions that impact Medicaid client services and workload in the current and next biennia. Most analysis is not completed and is not reflected in this 2012-13 funding request.

Specifically the LAR assumes increased federal recapture of drug rebate revenue from the State. Although the federal government has yet to recapture any drug rebates, the recapture is retroactive to January 2010. CMS is developing guidance, infrastructure and systems to implement this process. The drug rebate revenue reflected in the LAR for FY 2010-13 has been adjusted for this federal recapture.

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HHSC intends to provide a more thorough analysis and estimated fiscal impact of federal health care reform before January 2011.

HHS System

Comptroller's Enterprise Resource Planning (ERP) Project

- Staffs from all five HHS agencies are participating in the Comptroller's project to effort to modernize the state's human resources (HR)/payroll and financial systems. In the first four months, over 80 HHSC employees have contributed over 6,500 hours to the project. HHS agencies will be implementing the new HR/payroll system within the Comptroller's timeframe.

Other Policy Considerations

American Recovery and Reinvestment Act of 2009 (ARRA)

During the 2010-11 biennium, over \$3.0 billion was expended by HHSC in ARRA funding.

- The temporary increase in the Medicaid Federal Medical Assistance Percentage (FMAP) represents \$1.8 billion in FY 2010 & \$1.1 billion in FY 2011.
- Other sources of ARRA funding include \$14.0 million in ARRA SNAP funding in FY 2010.
- Of the ARRA TANF Emergency Contingency Funding of \$29.0 million in FY 2010 & \$27.3 million in FY 2011, \$46.7 million was collaboration with local food banks to maximize the receipt of ARRA funding by providing short-term food packages to eligible families.
- Another \$7.5 million in ARRA Health Information Technology (HIT) funding was expended during the biennium. Only the HIT funding is continued as ARRA expenditures in the 2012-13 biennium.

ARRA also contained some funding opportunities for some health information technology initiatives. HHSC is involved in two projects related to these provisions.

- Statewide Health Information Exchange (HIE)-HHSC was able to draw down some federal funding and has contracted with the Texas Health Services Authority which is leading the initiative to develop a strategic and operational plan for the establishment of an HIE infrastructure for the state.
- Electronic Medical Records (EMRs) - Another initiative focused on promoting the adoption of EMRs. Texas was awarded funding to develop a plan to incentivize Medicaid providers to begin using EMRs.

Background Check Authority

HHSC has permissive statutory authority under Government Code Sec. 411.1405 to conduct criminal background checks (CBCs) on certain Information Technology employees. HHSC does not currently conduct CBCs on those employees. HHSC does not have statutory authority to conduct CBCs on any other of its employees but consolidated Human Resources staff conducts CBCs on behalf of other HHS agencies. HHSC also has statutory authority to conduct criminal background checks on Medicaid providers and Medicaid provider applicants under Government Code Sec. 411.1143. The HHSC Office of Inspector General conducts those CBCs.

BUDGET REEQUEST FOR THE 2010-12 BIENNIUM

FY 2010-11 EXPENDITURES

The 2010-11 estimated base expenditures total \$41.8 billion in All Funds & \$14.0 billion in state funding. The 2010-11 biennial budget assumes a state-funded supplemental appropriation of \$1.1 billion for Medicaid and \$46.2 million for CHIP. The biennial shortfall is due primarily to the lack of funding of cost and utilization growth and

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caseloads higher than appropriated levels. This estimate in LAR was finalized in June 2010 with the submission of the Base Reconciliation and does not consider the enactment of P.L. 111-226, in August 2010 that extends the ARRA increase in FMAP an additional six months, ending June 30, 2011, but at a phased down level of assistance. The FY 2010-11 expenditures also include a biennial reduction of \$115.0 million GR associated with the required 5 percent reduction.

For the 2010-11 biennium, caseloads continue to increase. Current average Medicaid caseload projections total 3,346,903 recipients in FY 2010 & 3,732,835 recipients in FY 2011. Current average CHIP caseload projections total 569,818 recipients in FY 2010 & 581,599 recipients in FY 2011. For TANF Cash Assistance, the current average caseload projections total 123,338 recipients in FY 2010 & 130,089 recipients in FY 2011. Prior to the TANF caseload increases during FY 2010, this program had been experiencing caseload decreases for the previous seven years.

FY 2012-13 BASE REQUEST

The baseline request for FY 2012-13 totals \$47.3 billion, of which \$18.6 billion is GR. This request represents an increase of approximately \$4.6 billion in GR, or about 32.8% increase than projected 2010-11 biennial expenditures. The increase is primarily associated with Medicaid and CHIP caseload growth that was considered entitlement for baseline request as well as the impact of expiring federal increases in FMAP share. However FY 2012-13 Medicaid and CHIP costs were required to be held flat at FY 2011 levels but these costs include those rate-related components of Frew Strategic Initiatives. The Base Request also assumes maintaining the number of eligibility determination staff at FY 2011 levels.

CHIP caseloads are projected to increase to 593,836 in FY 2012 to 611,418 recipients in FY 2013. Medicaid caseloads are projected to increase to 3,884,015 recipients in FY 2012 & to 3,986,452 recipients in FY 2013. The CHIP match rate is 72.39 percent in FFY 2012 & FFY 2013. The Medicaid match rate is 60.55 percent in FFY 2012 & FFY 2013.

For the TANF Cash Assistance Program, federal TANF and state MOE levels were required to be held at the 2010-11 biennial levels. While the TANF cash assistance caseload growth is included in the Base request, the amounts of the monthly and annual grant awards would be decreased because of the assumption of flat funding. TANF cash assistance caseloads are projected to increase to of 133,210 recipients in FY 2012 & 136,507 in FY 2013. The portion of the federal TANF maintenance of effort (MOE) requirement in HHSC's request is met due in the base request.

EXCEPTIONAL ITEM REQUESTS

HHSC is seeking funding for 28 exceptional items totaling a net \$1.4 billion in GR & \$3.4 billion All Funds. Of the requested exceptional items, eight items represent requests across the HHS system and totals \$364.9 million GR & \$690.7 million All Funds for the biennium. There are also six exceptional items that represent biennial net savings of \$600.6 million GR & \$1.2 billion All Funds to the State by expanding managed care services in Medicaid and CHIP. Approximately \$1.56 billion GR & \$3.68 billion All Funds are needed to maintain current services in Medicaid, CHIP, TANF, Frew, Data Center Services and other agency programs and administration.

Medicaid Acute Care, CHIP and TANF

The biennial cost to maintain current services in client service programs totals over \$1.4 billion GR and \$3.5 billion in Medicaid, CHIP, & TANF. Exceptional Item funding addresses cost and utilization since caseload growth is assumed in the base request. Requested funding would maintain certain Frew Strategic Initiatives (\$91.4 million GR & \$96.9 million All Funds). Other than the continuation of rate increases that are already in the Medicaid base cost trends, there is no Frew Strategic Initiative Funding in the FY 2012-13 Base Request.

Current Operating Levels

In an effort to maintain FY 2011 operating levels, \$111.2 million GR & \$123.2 million All Funds would continue the other agency operations. Frew Strategic Initiatives totals

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\$91.4 million GR & \$96.9 million All Funds. The FY 2010-11 base request cannot sustain costs associated with 24 months of the regional and local offices established and increased during the current 2010-11 biennium. The biennial cost for these offices and facilities include leases, utilities, security and janitorial services total \$17.8 million GR & \$24.3 million All Funds. There are costs for increased EBT card transactions associated with SNAP caseload growth- \$1.0 million GR & \$2.0 million All Funds.

Other Critical Services and System Improvements

There are four requests associated with eligibility determination services totaling \$122.6 million GR & \$237.7 million All Funds that would 1) expand the food bank pilot statewide, 2) improve staff retention, 3) add 958 FTEs in FY 2012 and an additional 589 FTEs in FY 2013 for caseload growth, and 4) manage client flow in local offices. The other requests would fund an increase of \$4.5 million GR & All Funds for Family Violence services, establish an autism center - \$1.6 million GR & All Funds, implement a federally required asset verification system for MEPD - \$2.3 million GR & \$4.6 million All Funds, and increase state support of area information centers - \$1.7 million GR & \$3.5 million All Funds. The Office of Inspector General requests \$2.4 million GR & \$4.4 million All Funds to add 35 FTEs to address increasing investigation workload.

Medicaid Managed Care Savings Exceptional Items

There are six exceptional items that would generate savings to the State if Medicaid managed care was expanded and if certain services were capitated in Medicaid and CHIP. The biennial net savings of all of the exceptional items is \$600.6 million GR & \$1.2 billion All Funds. Each cost estimate includes the impact to HHSC, any savings impact to the Department of Aging and Disabilities (DADS) - such as the movement of clients from DADS LTC services to STAR+Plus at HHSC, as well as the estimated revenue increase to the State Treasury in the Insurance Premium Tax. To capitate drugs, there would also be lost revenue in supplement rebates to the State but the capitated rate would be adjusted to allow the Managed Care Organizations to collect those rebates.

HHS SYSTEM EXCEPTIONAL ITEMS

There are eight exceptional items requested on behalf of the HHS system that total \$364.9 million GR & \$690.7 million All Funds. One request continues an initiative implemented two biennia ago by further reducing waiting and interest lists, three relate to IT systems and supports, two create specialized health services and supports, one addresses disproportionality in the HHS system, and one improves the retention and recruitment of medical professionals across the system. Requested state funding represents the state share for all five HHS agencies.

Data Center Services

The funding request of \$13.7 million GR & \$18.8 million All Funds relates to the Department of Information Resources Data Center Consolidation - \$4.4 million GR & \$7.3 million All Funds would support increased payments to DIR and \$9.4 million GR & \$11.5 million All Funds and would be for internal agency costs to support networks and remediate programs to platforms and software versions supported by the DIR contractor.

IT Security Improvements:

The funding request of \$10.9 million GR & \$16.1 million All Funds supports several HHS system initiatives that would improve the physical security and usage of technological systems. Many of these initiatives would fulfill statutory requires or address audit findings.

Technology Improvements for State Hospitals and State Supported Living Centers.

The funding request of \$8.8 million GR & \$12.4 million All Funds for DADS and DSHS would improve several administrative and clinical applications supporting both types of facilities.

Reducing Waiting and Interest Lists

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This request would improve the capacity of HHS community care programs. This request totals \$265.4 million GR & \$543.5 million All Funds. The agency impact is:

- Department of Aging and Disability Services - \$172.5 million GR & \$402.3 million All Funds: Home and community care waivers, non-Medicaid services, and the In Home and Family Support program. The home and community care waivers include Community Based Alternatives, Community Living Assistance and Support Services, Medically Dependent Children's Program, Consolidated Waiver Program, Deaf-Blind with Multiple Disabilities, Home and Community Based Services, and Texas Home Living.
- Department of Assistive and Rehabilitative Services - \$7.4 million GR & All Funds: Comprehensive Rehabilitation Services and Independent Living.
- Department of State Health Services - \$53.8 million GR and All Funds: Child and Adolescent Community Mental Health and Children with Special Health Care Needs.
- HHSC would incur acute Medicaid costs of \$31.7 million GR & \$80.0 million All Funds associated with some of the clients served by DADS.

Veteran's Health Initiative

This initiative would provide \$14.9 million GR & All Funds in community settings supported by DSHS, DADS, and HHSC to support coordination and develop needed wrap-around services for veterans and their families.

Acquired Brain Injury Waiver

This funding would develop and implement a new Medicaid waiver by FY 2013 for individuals with an acquired brain injury coordinated by the Office of Acquired Brain Injury. The biennial costs total \$1.2 million GR and \$2.6 million All Funds.

HHS Disproportionality Initiative

This exceptional item funding of \$2.2 million GR & \$3.1 million All Funds would begin to address disproportionality of services and clients in the HHS System with staffing, education, and collaborative initiatives.

Medical Professional Retention and Recruitment

There is a request of \$41.7 million GR & \$70.3 million All Funds to improve the retention and recruitment of certain medical workers (nurses, LVNs, and nursing assistants) in the state hospitals and state supported living centers. Psychiatric Nursing and Mental Retardation Assistants would receive a one-time salary increase of 10 percent, LVNs – 15 percent salary increase, direct care nurses – 7.5 percent salary increase and non-direct care nurses – 5 percent salary increase. Biennial cost by agency totals \$19.2 million GR & \$47.5 million All Funds at DADS and \$22.5 million GR a \$22.8 million All Funds at DSHS. A salary increase for DADS LTC eligibility workers is also included.

10 Percent Reduction Schedule

The Commission's ten percent reduction schedule totals \$85.2 million GR across 19 category reductions. The reduction would impact 246 FTEs of which 60 percent are currently vacant. There is also a reduction of \$2.3 million GR to acknowledge that that 2012-13 base is lower than FY 2010-11 in non-exempt areas by \$23.0 million GR as HHSC did not utilize or re-purpose one-time state funding that could have reduced the target reduction. Other reductions would result in the State's failure to maintain TANF MOE requirements and reductions in contracts would impact service levels.

COST ALLOCATION

The methods of finance submitted in HHSC's LAR are based upon a federally-approved cost allocation plan. However, because the data elements supporting the plan may change monthly, the share of federal and state funding represents our best estimate for these monthly funding shifts.

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Conclusion

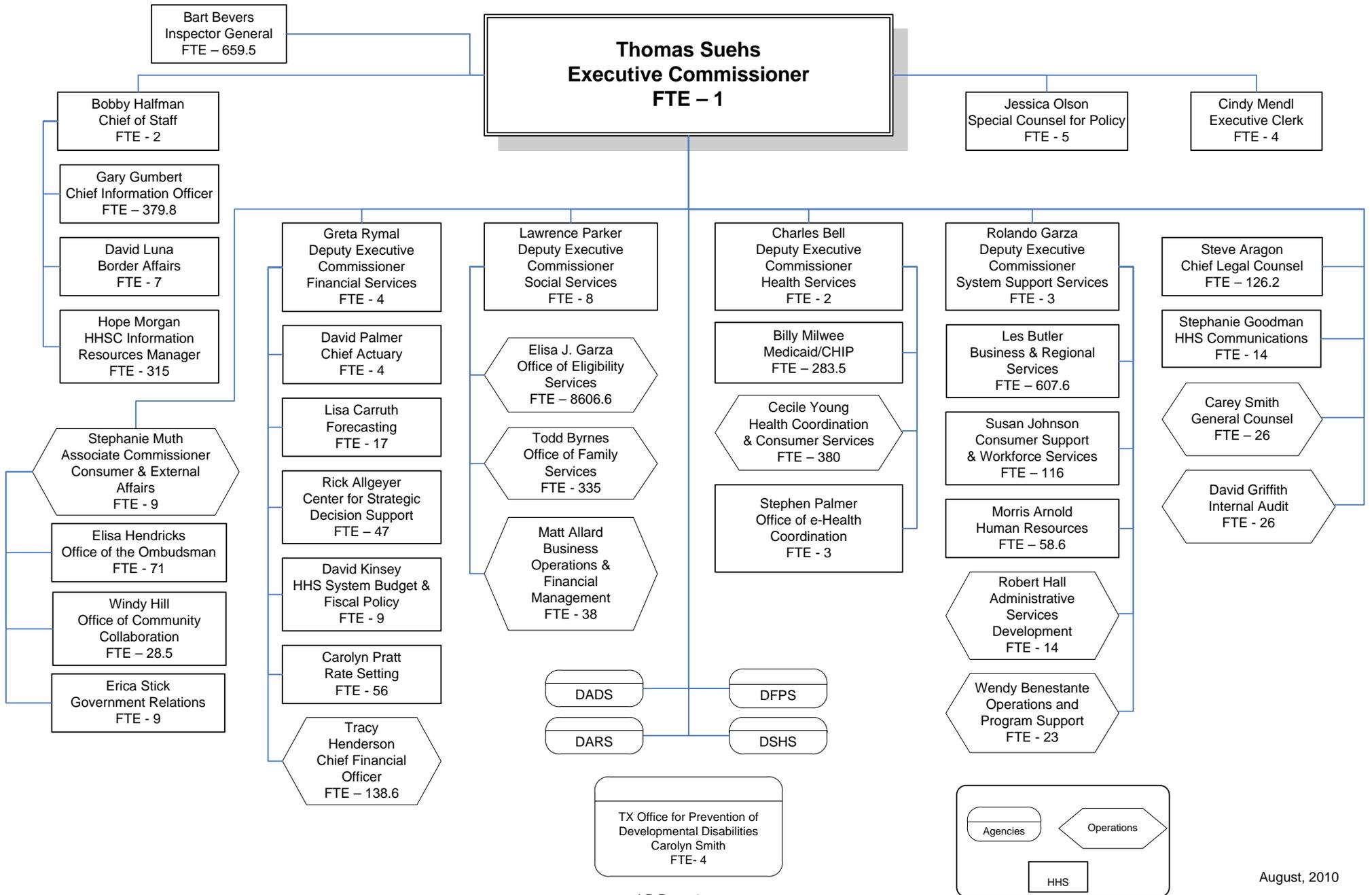
HHSC will be submitting the HHS Consolidated Budget in October 2010 which will provide additional details on provider rates and other HHS system-wide funding issues and initiatives. HHSC appreciates your consideration of our FY 2012-13 funding. We look forward to working with you and your staff during the 82nd Legislative Session.

Respectfully submitted,

Thomas M. Suehs
Executive Commissioner

Organizational Chart

Texas Health and Human Service Commission
 Organizational Chart
 FY 2011 = 12440.9 FTEs



Certification of Dual Submission

Summary of Base Request by Strategy

2.A. SUMMARY OF BASE REQUEST BY STRATEGY
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DATE: **8/20/2010**
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Goal / Objective / STRATEGY	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
1 HHS Enterprise Oversight and Policy					
1 Enterprise Oversight and Policy					
1 ENTERPRISE OVERSIGHT & POLICY	49,605,192	45,309,596	50,006,871	56,881,133	51,863,073
2 INTEGRATED ELIGIBILITY & ENROLLMENT	664,073,832	770,918,361	815,188,187	821,823,344	817,074,295
2 HHS Consolidated System Support Services					
1 CONSOLIDATED SYSTEM SUPPORT	123,599,681	129,745,219	131,875,984	131,475,867	131,366,272
TOTAL, GOAL 1	\$837,278,705	\$945,973,176	\$997,071,042	\$1,010,180,344	\$1,000,303,640

2 Medicaid

1 Medicaid Health Services

1 MEDICARE AND SSI	2,490,450,310	2,694,094,329	2,883,416,474	2,963,313,839	3,095,604,947
2 TANF ADULTS & CHILDREN	713,615,548	692,720,134	774,454,225	982,336,629	1,015,747,096
3 PREGNANT WOMEN	1,104,439,678	1,137,814,011	1,168,181,052	1,177,368,410	1,189,414,737
4 CHILDREN & MEDICALLY NEEDY	4,181,949,880	4,271,399,924	5,154,360,858	5,724,743,773	5,876,681,841
5 MEDICARE PAYMENTS	981,787,184	1,069,749,810	1,188,855,706	1,228,351,620	1,278,423,274
6 STAR+PLUS (INTEGRATED MANAGED CARE)	971,718,113	1,120,400,670	1,517,757,936	1,838,918,205	1,929,867,518

2 Other Medicaid Services

1 COST REIMBURSED SERVICES	510,392,249	615,759,744	554,639,311	631,365,444	646,912,932
2 MEDICAID VENDOR DRUG PROGRAM	2,478,516,084	2,543,755,251	3,030,981,158	3,185,209,254	3,285,358,343
4 MEDICAL TRANSPORTATION	175,742,121	206,770,065	243,695,765	250,421,002	260,679,919
5 MEDICAID FAMILY PLANNING (FFS)	45,297,163	55,287,287	63,387,593	40,515,981	41,499,779
6 UPPER PAYMENT LIMIT	40,374,446	42,881,647	31,693,712	31,685,678	31,685,678

3 Special Medicaid Services for Children

2.A. SUMMARY OF BASE REQUEST BY STRATEGY
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 TIME: 4:23:55PM

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

Goal / Objective / STRATEGY	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
1 HEALTH STEPS (EPSDT) MEDICAL (FFS)	112,140,914	189,770,073	216,206,212	113,613,653	115,047,782
2 HEALTH STEPS (EPSDT) DENTAL	891,968,861	1,241,736,201	1,527,248,331	1,590,535,562	1,631,921,859
3 EPSDT COMPREHENSIVE CARE PROG (FFS)	814,705,830	935,358,567	1,140,058,053	896,397,611	948,742,229
4 Medicaid Support					
1 STATE MEDICAID OFFICE	30,995,427	31,050,096	35,051,074	32,063,193	32,063,095
2 MANAGED CARE EXPANSION SAVINGS	0	0	0	0	0
TOTAL, GOAL 2	\$15,544,093,808	\$16,848,547,809	\$19,529,987,460	\$20,686,839,854	\$21,379,651,029

3 Children's Health Insurance Program Services

1 CHIP Services

1 CHIP	569,868,795	614,552,448	680,930,136	712,216,505	732,653,111
2 IMMIGRANT HEALTH INSURANCE	25,393,506	28,447,737	25,388,795	25,237,852	26,671,417
3 SCHOOL EMPLOYEE CHILDREN INSURANCE	18,895,863	20,983,320	23,233,180	24,325,396	25,031,872
4 CHIP PERINATAL SERVICES	326,664,471	297,941,106	232,280,898	213,310,680	218,429,826
5 CHIP VENDOR DRUG PROGRAM	136,776,134	141,175,088	153,296,584	158,249,342	162,996,821
TOTAL, GOAL 3	\$1,077,598,769	\$1,103,099,699	\$1,115,129,593	\$1,133,339,775	\$1,165,783,047

4 Encourage Self Sufficiency

1 Assistance Services

1 TANF (CASH ASSISTANCE) GRANTS	106,123,395	130,312,473	145,630,860	99,716,608	105,894,072
2 REFUGEE ASSISTANCE	28,454,480	40,163,155	40,164,617	40,163,886	40,163,886
3 DISASTER ASSISTANCE	215,715,128	137,816,164	107,823,875	0	0

2 Other Family Support Services

2.A. SUMMARY OF BASE REQUEST BY STRATEGY
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Agency code: 529 Agency name: Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
1 FAMILY VIOLENCE SERVICES	23,072,712	25,726,031	25,878,969	25,802,502	25,802,502
2 ALTERNATIVES TO ABORTION	2,806,979	4,000,000	4,000,000	4,000,000	4,000,000
TOTAL, GOAL 4	\$376,172,694	\$338,017,823	\$323,498,321	\$169,682,996	\$175,860,460

5 Program Support

1 Program Support

1 CENTRAL PROGRAM SUPPORT	14,827,132	16,111,725	16,352,106	16,742,359	16,742,100
2 IT PROGRAM SUPPORT	17,945,118	17,945,709	14,730,939	16,450,212	15,505,679
4 REGIONAL PROGRAM SUPPORT	120,395,587	120,058,775	118,636,303	128,104,102	128,151,490
TOTAL, GOAL 5	\$153,167,837	\$154,116,209	\$149,719,348	\$161,296,673	\$160,399,269

6 Information Technology Projects

1 Information Technology Projects

1 TIERS & ELIGIBILITY TECHNOLOGIES	98,589,822	94,621,516	88,481,160	85,105,576	56,129,758
TOTAL, GOAL 6	\$98,589,822	\$94,621,516	\$88,481,160	\$85,105,576	\$56,129,758

7 Office of Inspector General

1 Client and Provider Accountability

1 OFFICE OF INSPECTOR GENERAL	43,190,564	48,889,742	50,095,587	49,273,254	49,156,620
TOTAL, GOAL 7	\$43,190,564	\$48,889,742	\$50,095,587	\$49,273,254	\$49,156,620

8 Enterprise Exceptional Items

2.A. SUMMARY OF BASE REQUEST BY STRATEGY
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DATE: 8/20/2010
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Agency code: 529 Agency name: Health and Human Services Commission

Goal / Objective / STRATEGY	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
1 Enterprise Exceptional Items					
1 MAINTAIN IT SERVICES BY DIR	0	0	0	0	0
2 INCREASE HHS COMMUNITY SERVICES	0	0	0	0	0
3 SUPPORT VETERANS HEALTH INITIATIVE	0	0	0	0	0
4 ACQUIRED BRAIN INJURY WAIVER	0	0	0	0	0
5 STATE HOSPITAL & STATE CENTER TECH	0	0	0	0	0
6 IMPROVE SECURITY FOR IT SYSTEMS	0	0	0	0	0
7 INCREASE RETENTION OF HHS STAFF	0	0	0	0	0
8 HHS DISPROPORTIONALITY INITIATIVE	0	0	0	0	0
TOTAL, GOAL 8	\$0	\$0	\$0	\$0	\$0
TOTAL, AGENCY STRATEGY REQUEST	\$18,130,092,199	\$19,533,265,974	\$22,253,982,511	\$23,295,718,472	\$23,987,283,823
TOTAL, AGENCY RIDER APPROPRIATIONS REQUEST*				\$0	\$0
GRAND TOTAL, AGENCY REQUEST	\$18,130,092,199	\$19,533,265,974	\$22,253,982,511	\$23,295,718,472	\$23,987,283,823

2.A. SUMMARY OF BASE REQUEST BY STRATEGY
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DATE: **8/20/2010**
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Agency code: **529** Agency name: **Health and Human Services Commission**

Goal / Objective / STRATEGY	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>METHOD OF FINANCING:</u>					
General Revenue Funds:					
1 General Revenue Fund	57,548,220	73,069,101	79,484,881	50,292,923	52,645,201
705 Medicaid Program Income	47,398,023	49,683,821	12,172,418	12,172,418	12,172,418
706 Vendor Drug Rebates-Medicaid	238,062,586	225,037,819	325,734,894	371,883,161	384,143,479
758 GR Match For Medicaid	3,537,749,143	4,426,802,255	5,346,623,626	7,469,954,892	7,722,804,193
759 GR MOE For TANF	64,489,853	62,851,931	78,030,990	62,851,931	62,851,931
3643 Premium Co-payments	1,483,105	1,312,259	1,351,227	1,390,588	1,432,306
5040 Tobacco Settlmnt Receipts	34,495,892	48,421,429	18,301,999	30,881,070	31,819,302
8009 GR Match-Welfare To Work	0	0	0	0	0
8010 GR Match For Title XXI	12,968,653	40,022,537	18,981,228	18,010,426	17,804,305
8014 GR Match Food Stamp Adm	164,249,329	199,647,032	202,895,976	200,928,376	190,739,295
8024 Tobacco Receipts Match For Medicaid	266,961,208	236,092,691	227,410,026	227,410,026	227,410,026
8025 Tobacco Receipts Match For Chip	271,306,432	270,732,765	254,892,593	293,466,756	302,332,167
8032 GR Certified As Match For Medicaid	0	0	0	0	0
8054 Experience Rebates-CHIP	16,442,297	10,626,693	4,071,000	4,071,000	4,071,000
8063 GR Match For Disaster Funds	36,752,996	0	0	0	0
8070 Vendor Drug Rebates-CHIP	4,927,967	5,457,794	4,713,681	4,445,432	4,176,565
8075 Cost Sharing - Medicaid Clients	9,541	17,760	68,611	68,611	68,611
8081 Vendor Drug Rebates-Sup Rebates	38,638,604	37,041,409	22,392,971	44,675,142	46,120,894
8092 Medicare Giveback Provision	0	249,569,283	335,956,397	374,709,409	383,345,346
8128 82(R) Supp: General Revenue Fund	0	0	11,369,125	0	0
8129 82(R) Supp: GR Match for Medicaid	0	0	1,096,053,959	0	0
8131 82(R) GR Match for CHIP (XXI)	0	0	34,778,717	0	0
8891 80(R) Supp: GR Match For Medicaid	32,500,000	0	0	0	0
8901 81(R) Supp: GR Match For Medicaid	748,126,770	0	0	0	0
8904 81(R) Supp: Medicare Giveback	324,676,364	0	0	0	0
SUBTOTAL	\$5,898,786,983	\$5,936,386,579	\$8,075,284,319	\$9,167,212,161	\$9,443,937,039

General Revenue Dedicated Funds:

2.A. SUMMARY OF BASE REQUEST BY STRATEGY
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Agency code: **529** Agency name: **Health and Human Services Commission**

Goal / Objective / STRATEGY	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
129 Hospital Licensing Acct	0	0	0	0	0
524 Pub Health Svc Fee Acct	0	0	0	0	0
5049 Teaching Hospital Account	5,000,000	0	0	0	0
5137 Regional Trauma Account	13,395,932	0	0	0	0
SUBTOTAL	\$18,395,932	\$0	\$0	\$0	\$0
Federal Funds:					
369 Fed Recovery & Reinvestment Fund	1,278,112,265	1,882,458,888	1,128,191,311	16,149,975	11,303,425
555 Federal Funds	10,567,236,730	11,364,024,040	12,710,383,527	13,778,682,980	14,200,728,702
SUBTOTAL	\$11,845,348,995	\$13,246,482,928	\$13,838,574,838	\$13,794,832,955	\$14,212,032,127
Other Funds:					
666 Appropriated Receipts	10,079,332	11,827,679	10,651,255	10,652,555	10,652,555
777 Interagency Contracts	226,728,298	235,392,350	227,428,866	225,984,372	223,625,673
781 Bond Proceeds-Rev Bonds	0	7,651,422	5,006,806	0	0
8044 Medicaid Subrogation Receipts	56,727,003	56,822,709	56,822,709	56,822,709	56,822,709
8062 Approp Receipts-Match For Medicaid	30,447,743	38,702,307	40,213,718	40,213,720	40,213,720
8080 Fund No. 6-Medicaid Match	43,577,913	0	0	0	0
SUBTOTAL	\$367,560,289	\$350,396,467	\$340,123,354	\$333,673,356	\$331,314,657
TOTAL, METHOD OF FINANCING	\$18,130,092,199	\$19,533,265,974	\$22,253,982,511	\$23,295,718,472	\$23,987,283,823

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

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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DATE: **8/20/2010**
 TIME: **4:25:34PM**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

1 General Revenue Fund

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$50,292,923	\$52,645,201
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Regular Appropriations from MOF Table (2008-09 GAA)

\$35,104,666	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2010-11 GAA)

\$0	\$55,830,072	\$42,116,039	\$0	\$0
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RIDER APPROPRIATION

80th Lg(GAA 08-09) Art IX, Sec. 6.26(c), EFF, ltr 7/29/2009

\$7,733,576	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) Art IX, Sec19.27, Contg SB 22, LTC Ins

\$600,000	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art IX, Sec 17.03, ERP

\$0	\$4,414,663	\$2,644,626	\$0	\$0
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81st Lg(GAA 10-11) Art IX, Sec 6.22, Earned Federal Funds

\$0	\$2,062,109	\$1,959,004	\$0	\$0
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TRANSFERS

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
80th Lg (GAA 08-09) Art IX, Sec 19.62, Salary Increase	\$86,904	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 12(a)(5) tsfr DADS-CFL,ltr 11/5/07	\$177,180	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 44, tsfr Consol Svs DADS ltr 8/2/07	\$(1,121,939)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 44, tsfr ConsolSvs DSHS ltr 8/2/07	\$(1,143,508)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec. 56, IT DADS,ltr 8/2/07&11/4/08	\$(296,923)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec. 56, IT DARS,ltr 8/2/07&11/4/08	\$(293,383)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec. 56, IT DFPS ltr 8/2/07&11/4/08	\$(1,155,593)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec. 56, IT to DSHS ltr 8/2/07&11/4/08	\$(1,184,266)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 0001 GR and 758 GR Med	\$31,946,802	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
80th Lg(GAA 08-09) Reclass between 0001 GR and 759 MOE TANF	\$(206,220)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 0001 GR and 8010 GR CHIP	\$10,493,851	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 0001 GR and 8014 GR SNAP	\$(5,417,538)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 0001 GR and 8063 GR Disaster	\$(36,752,996)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09)Art II, SP, Sec 12 trsf authority (HB1396 DSHS-OEHD)	\$299,113	\$0	\$0	\$0	\$0
81st Lg (GAA 10-11)Art II, HHSC Rider 61(b), OES ltr 10/2/09 DADS	\$0	\$(19,594)	\$(21,158)	\$0	\$0
81st Lg (GAA 10-11)Art II, HHSC Rider 61(b), OES ltr 10/2/09 DARS	\$0	\$(20,580)	\$(20,520)	\$0	\$0
81st Lg (GAA 10-11)Art II, HHSC Rider 61(b), OES ltr 10/2/09 DFPS	\$0	\$(101,663)	\$(97,510)	\$0	\$0
81st Lg (GAA 10-11)Art II, HHSC Rider 61(b), OES ltr 10/2/09 DSHS	\$0	\$(24,632)	\$(27,128)	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
81st Lg(GAA 10-11) HB 4586, Sec 89, Retention Bonus	\$36,696	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art II, SP, Sec 11 (email) tsfr DSHS future ltr	\$0	\$0	\$(37,583)	\$0	\$0
81st Lg(GAA 10-11) Art II, SP, Sec 11 (email) tsfr from DADS future lt	\$0	\$32,179	\$0	\$0	\$0
81st Lg(GAA 10-11) Reclass between 0001 GR and 758 GR Med	\$0	\$20,686,553	\$34,237,129	\$0	\$0
81st Lg(GAA 10-11) Reclass between 0001 GR and 8010 GR CHIP	\$0	\$646,361	\$345,706	\$0	\$0
81st Lg(GAA 10-11) Reclass between 0001 GR and 8014 GR SNAP	\$0	\$4,071,272	\$1,928,398	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, Telecom, DADS ltr 10/19/09	\$0	\$(939,443)	\$(1,711,383)	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, Telecom, DSHS ltr 10/19/09	\$0	\$(1,459,280)	\$(2,672,099)	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, I&AM,DADS ltr 12/15/09	\$0	\$(342,812)	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, I&AM,DARS ltr 12/15/09	\$0	\$(207,453)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, I&AM,DFPS ltr 12/15/09	\$0	\$(483,522)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, I&AM,DSHS ltr 12/15/09	\$0	\$(619,196)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, Remedy,DARS ltr 12/15/09	\$0	\$(4,260)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, Remedy,DFPS ltr 12/15/09	\$0	\$(11,586)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, Remedy,DSHS ltr 12/15/09	\$0	\$(260,274)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, Security,DARS ltr 12/15/09	\$0	\$(314,325)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, Security,DFPS ltr 12/15/09	\$0	\$(740,034)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr, Security,DSHS ltr 12/15/09	\$0	\$(963,437)	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr,Remedy,DADS ltr 12/15/09	\$0	\$(173,943)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr,Security,DADS ltr 12/15/09	\$0	\$(539,460)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr,TIERS roll-out,DADS ltr5/17/10	\$0	\$(330,138)	\$(539,294)	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr,TIERS roll-out,DARS ltr5/17/10	\$0	\$(231,008)	\$(387,996)	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr,TIERS roll-out,DFPS ltr5/17/10	\$0	\$(1,100,281)	\$(1,853,204)	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec 11,tsfr,TIERS roll-out,DSHS ltr5/17/10	\$0	\$(449,039)	\$(729,283)	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Five Percent Reduction (2010-11 Biennium)	\$0	\$(605,438)	\$(381,573)	\$0	\$0
Lapse Capital Appropriations	\$(2,097,142)	\$0	\$0	\$0	\$0
Lapse Unexpended Appropriations	\$(1,347,134)	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

UNEXPENDED BALANCES AUTHORITY

80th Lg(GAA 08-09) Art IX, Sec. 14.03 (j) Capital Budget UB

\$8,301,669	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) HB 15, Sec 45, Prev & Inter, Itr 5/9/08

\$4,000,000	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09)Art IX, Sec 6.26(f), EFF

\$9,784,405	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art IX, Sec. 14.03 (j) Capital Budget UB

\$0	\$(4,732,710)	\$4,732,710	\$0	\$0
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TOTAL, General Revenue Fund

\$57,548,220	\$73,069,101	\$79,484,881	\$50,292,923	\$52,645,201
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705 Medicaid Program Income

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$12,172,418	\$12,172,418
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Regular Appropriations from MOF Table (2008-09 GAA)

\$2,897,025	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2010-11 GAA)

\$0	\$12,172,418	\$12,172,418	\$0	\$0
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
TIME: **4:25:34PM**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
<i>RIDER APPROPRIATION</i>					
80th Lg(GAA 08-09) Art II, HHSC Rider 14, Addl program income	\$44,500,998	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art II, HHSC Rider 13, Add'l Program Income	\$0	\$37,511,403	\$0	\$0	\$0
TOTAL, Medicaid Program Income	\$47,398,023	\$49,683,821	\$12,172,418	\$12,172,418	\$12,172,418
<u>706</u> Vendor Drug Rebates--Medicaid					
<i>REGULAR APPROPRIATIONS</i>					
82nd Legislature - Requested Baseline Appropriation	\$0	\$0	\$0	\$371,883,161	\$384,143,479
Regular Appropriations from MOF Table (2008-09 GAA)	\$209,761,151	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$281,244,420	\$295,558,883	\$0	\$0
<i>RIDER APPROPRIATION</i>					
80th Lg(GAA 08-09) Art II, HHSC Rider 57, Contg Appn HB 109	\$122,436	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, HHSC Rider 6a, Add'l Vendor Drug Rebates	\$28,301,435	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

81st Lg(GAA 10-11) Art II, HHSC Rider 5a, Add'l Vendor Drug Rebates

	\$0	\$0	\$30,176,011	\$0	\$0
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LAPSED APPROPRIATIONS

Lapse Contg Appn HB 109

	\$(122,436)	\$0	\$0	\$0	\$0
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Lapsed Authority for Collections Not Received at Appropriated Level

	\$0	\$(56,206,601)	\$0	\$0	\$0
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TOTAL, Vendor Drug Rebates--Medicaid	\$238,062,586	\$225,037,819	\$325,734,894	\$371,883,161	\$384,143,479
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758 GR Match for Medicaid

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

	\$0	\$0	\$0	\$7,469,954,892	\$7,722,804,193
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Regular Appropriations from MOF Table (2008-09 GAA)

	\$4,513,209,438	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2010-11 GAA)

	\$0	\$5,632,944,662	\$5,867,055,480	\$0	\$0
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RIDER APPROPRIATION

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
80th Lg(GAA 08-09 Art II, SP, Sec 47, Civil Monetary Damg & Penalties	\$293,501	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 43(b), Funding Reduction	\$(158,000,000)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art IX, Sec 6.26 (c), EFF, ltr 7/29/2009	\$4,514,600	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art II, SP, Sec 7(b), FMAP/Lmts on Use of Avail GR	\$0	\$0	\$(221,334,328)	\$0	\$0
81st Lg(GAA 10-11) Art II, SP, Sec 7(b), FMAPFreedUpGR 5/10/10	\$0	\$0	\$221,334,328	\$0	\$0
81st Lg(GAA 10-11) Art IX, Sec 17.78, Contingency App for SB 7	\$0	\$4,041,036	\$3,094,764	\$0	\$0
81st Lg(GAA 10-11) Art IX, Sec.17.24 Medicaid Appn Reduction	\$0	\$0	\$(40,000,000)	\$0	\$0
81st Lg(GAA 10-11) Art XII, HHSC Item 3 Reduce GR, Enhanced FMAP	\$0	\$(2,513,000,000)	\$0	\$0	\$0
81st Lg(GAA 10-11) HB 4586, Sec 46, Funding Reduction	\$(1,127,526,993	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

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DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
81st Lg(GAA 10-11)Art XII, Sec 20, ARRA Tier 2/3 GR Reduction	\$0	\$(347,560,999)	\$(138,455,835)	\$0	\$0
81stLg(GAA 10-11) ArtXII,Sec20,UtilizeARRATier 2/3FreedUpGR ltr5/10/10	\$0	\$347,560,999	\$138,455,835	\$0	\$0
<i>TRANSFERS</i>					
80th Lg(GAA 08-09)Art II, SP, Sec. 44, Tsfr ConslSrvs DADS ltr 8/2/07	\$(942,173)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 12(a) Tsrf DFPS Ltr 12/7/2009	\$1,540,329	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 7(b), Disp St Fnds Fed Ratio Chg	\$(58,028,046)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 56, Allocation IT DFPS ltr 8/2/07	\$(244)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 56, IT DADS ltr 8/2/07&11/4/08	\$(282,523)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 56, IT DSHS ltr 8/2/07&11/4/08	\$(310,360)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art IX, Sec 14.04, Disaster Rel Tsfr Authority	\$(119,768,670)	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
80th Lg(GAA 08-09) Art IX, Sec 19.62, Salary Increase	\$3,427,456	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art. II, HHSC Rider 43, Alberto N. (trsf DSHS)	\$(2,300,000)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 758 GRMed and 0001 GR	\$(31,946,802)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 758 GRMed and 8010 GR CHIP	\$(10,535,326)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 758 GRMed and 8014 GR SNAP	\$(32,230,331)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09)Art II, SP, Sec 12(a) tsfr DADS Ltr 06/20/09	\$(2,700,000)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09)Art II, SP, Sec 12(a) tsfr DSHS (Ltr 09/17/09)	\$4,900,000	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09)Art II,SP, Sec 12a Lmt Tsfr Auth fr DADS Ltr 12/7/09	\$30,000,000	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art II, HHSC Rider 7, Appn Tsfrs between FYs	\$0	\$136,849,915	\$(136,849,915)	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
81st Lg(GAA 10-11) Art II, SP, Sec 46, ICM Trsfr to DADS ltr 5/21/10	\$0	\$(2,090,885)	\$(2,090,885)	\$0	\$0
81st Lg(GAA 10-11) Art II, SP, Sec. 11, Tsfr of StarPLUS from DADS	\$0	\$0	\$38,450,144	\$0	\$0
81st Lg(GAA 10-11) Art XII, Sec 12 FMAP Allocations, DADS	\$0	\$491,406,865	\$140,667,582	\$0	\$0
81st Lg(GAA 10-11) Art XII, Sec 12 FMAP Allocations, DFPS	\$0	\$23,533,197	\$10,493,152	\$0	\$0
81st Lg(GAA 10-11) HB 4586, Sec 89, Retention Bonus	\$2,007,951	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Reclass 758 GR Med and 759 GRMOETANF	\$0	\$0	\$(15,179,059)	\$0	\$0
81st Lg(GAA 10-11) Reclass between 758 GR Med and 8010 GR CHIP	\$0	\$(3,301,300)	\$(142,202)	\$0	\$0
81st Lg(GAA 10-11) Reclass between 758 GR Med and 8014 GR SNAP	\$0	\$(44,003,384)	\$(51,434,230)	\$0	\$0
81st Lg(GAA 10-11) Reclass between 758 GR Med and 8901 HB 4586 Suppl	\$0	\$987,209	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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DATE: **8/20/2010**
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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
81st Lg(GAA 10-11) Reclass between 758 GRMed and 0001 GR	\$0	\$(20,686,553)	\$(34,237,129)	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11 tsfr Mortality Review,SB643,DADS	\$0	\$254,517	\$181,128	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec11,tsfr FreedUpGRFMAP DADS ltr 5/10/10	\$0	\$0	\$30,181,815	\$0	\$0
81st Lg(GAA 10-11)Reclass between 758 GRMed and 8092 Medicare Giveback	\$0	\$100,987,868	\$44,280,389	\$0	\$0
81stLg(GAA10-11)ArtXII,Sec20,tsfrARRATier2/3FreedUpGR DADS ltr 5/10/10	\$0	\$124,799,930	\$38,434,266	\$0	\$0
81stLg(GAA10-11)ArtXII,Sec20,tsfrARRATier2/3FreedUpGR DSHS ltr 5/10/10	\$0	\$2,489,165	\$847,561	\$0	\$0
81stLg(GAA10-11)Reclass between 758GRMed & 8904Medicare Giveback-Suppl	\$0	\$9,174,286	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Five Percent Reduction (2010-11 Biennium)	\$0	\$(10,940,439)	\$(75,339,874)	\$0	\$0
Lapse Unspent Appropriations	\$(1,821,738)	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

Lapse Unspent Capital Appropriations

	\$(3,147,086)	\$0	\$0	\$0	\$0
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Lapse Unspent Civil Monetary Damages & Penalties

	\$(293,501)	\$0	\$0	\$0	\$0
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UNEXPENDED BALANCES AUTHORITY

80th Lg(GA Art II, HHSC Rider 8, Appn tsfr & UB between Fiscal Years

	\$233,114,761	\$0	\$0	\$0	\$0
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80th Lg(GAA 08- 09)Art II, HHSC Rider 38, UB Auth for Elig Deter Svc

	\$27,484,106	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) Art IX, Sec 14.03 (j) Capital Budget UB

	\$3,041,774	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) HB 15, Sec 20, FREW vs Hawkins

	\$398,615,826	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art II, HHSC 53, UB Included in GAA

	\$0	\$(113,000,000)	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art XII, Sec 4, UB GR Reduction to AY 2011

	\$0	\$565,215,140	\$(565,215,140)	\$0	\$0
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
81st Lg(GAA 10-11), Art II, HHSC Rider 53, Appn Related to FREW	\$(134,566,806)	\$134,566,806	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II, HHSC 53, Frew Strat Initiatives, UB to 2011	\$0	\$(93,425,780)	\$93,425,779	\$0	\$0
TOTAL, GR Match for Medicaid	\$3,537,749,143	\$4,426,802,255	\$5,346,623,626	\$7,469,954,892	\$7,722,804,193
<u>759</u> GR MOE for Temporary Assistance for Needy Families					
<i>REGULAR APPROPRIATIONS</i>					
82nd Legislature - Requested Baseline Appropriation	\$0	\$0	\$0	\$62,851,931	\$62,851,931
Regular Appropriations from MOF Table (2008-09 GAA)	\$64,283,633	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$62,851,931	\$62,851,931	\$0	\$0
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) Reclass between 759 GR MOETANF and 0001 GR	\$206,220	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Reclass 759 GR MOETANF & 758 GRMed	\$0	\$0	\$15,179,059	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
TOTAL, GR MOE for Temporary Assistance for Needy Families	\$64,489,853	\$62,851,931	\$78,030,990	\$62,851,931	\$62,851,931
<u>3643</u> Premium Co-Payments, Low Income Children					
<i>REGULAR APPROPRIATIONS</i>					
82nd Legislature - Requested Baseline Appropriation	\$0	\$0	\$0	\$1,390,588	\$1,432,306
Regular Appropriations from MOF Table (2008-09 GAA)	\$7,540,965	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$5,206,000	\$5,146,000	\$0	\$0
<i>RIDER APPROPRIATION</i>					
80th Lg(GAA 08-09) Art II, HHSC Rider 57, Contg Appn HB 109	\$3,396,015	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Authority for Collections Not Received at Approp Level	\$(9,453,875)	\$0	\$0	\$0	\$0
Lapsed Authority for Collections Not Received at Appropriated Level	\$0	\$(3,893,741)	\$(3,794,773)	\$0	\$0
TOTAL, Premium Co-Payments, Low Income Children	\$1,483,105	\$1,312,259	\$1,351,227	\$1,390,588	\$1,432,306

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

5040 Tobacco Settlement Receipts

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$30,881,070	\$31,819,302
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Regular Appropriations from MOF Table (2008-09 GAA)

\$25,882,301	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2010-11 GAA)

\$0	\$21,318,563	\$21,472,329	\$0	\$0
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TRANSFERS

80th Lg(GAA 08-09) Reclass 5040 TobSettlRec and 8024 GR Tob Med

\$(25,000,000)	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) Reclass 5040 TobSettlRec and 8025 GR Tob CHIP

\$25,000,000	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art II, HHSC Rider 7, Appn Tsfrs between FYs

\$0	\$3,002,391	\$(3,002,391)	\$0	\$0
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LAPSED APPROPRIATIONS

Five Percent Reduction (2010-11 Biennium)

\$0	\$0	\$(167,939)	\$0	\$0
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UNEXPENDED BALANCES AUTHORITY

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

80th Lg(GAA 08-09) Art II, HHSC Rider 16(c), CHIP Unexpend Bal

\$51,385,421	\$0	\$0	\$0	\$0
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81st (GAA 10-11) Art II, HHSC Rider 15, CHIP Unexpended Balances

\$(42,771,830)	\$42,771,830	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art II, HHSC Rider 15, CHIP UB Incl in GAA Approp

\$0	\$(18,671,355)	\$0	\$0	\$0
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TOTAL, Tobacco Settlement Receipts

\$34,495,892	\$48,421,429	\$18,301,999	\$30,881,070	\$31,819,302
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8010 GR Match for Title XXI (CHIP)

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$18,010,426	\$17,804,305
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Regular Appropriations from MOF Table (2008-09 GAA)

\$940,200	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2010-11 GAA)

\$0	\$21,152,324	\$19,196,844	\$0	\$0
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RIDER APPROPRIATION

80th Lg(GAA 08-09) Art II, HHSC Rider 57, Contg Appn HB 109

\$50,564,567	\$0	\$0	\$0	\$0
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
80th Lg(GAA 08-09) Art IX, Sec 6.26(c), EFF, ltr 7/29/2009	\$284,200	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) Art. IX, Sec 19.62, Salary Increase	\$58,577	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 8010 GR CHIP and 0001 GR	\$(10,493,851)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 8010 GR CHIP and 8014 GR SNAP	\$8,382	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 8010GR CHIP and 758 GRMed	\$10,535,326	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) HB 4586, Sec 89, Retention Bonus	\$46,361	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Reclass between 8010 GR CHIP and 0001 GR	\$0	\$(646,361)	\$(345,706)	\$0	\$0
81st Lg(GAA 10-11) Reclass between 8010 GR CHIP and 758 GRMed	\$0	\$3,301,300	\$142,202	\$0	\$0
81st Lg(GAA 10-11) Reclass between 8010 GR CHIP and 8014 GR SNAP	\$0	\$30,748	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

LAPSED APPROPRIATIONS

Five Percent Reduction (2010-11 Biennium)

\$0	\$(13,485)	\$(12,112)	\$0	\$0
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Lapse Unspent Appropriations

\$(144,187)	\$0	\$0	\$0	\$0
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UNEXPENDED BALANCES AUTHORITY

80th Lg(GAA 08-09) Art II, HHSC Rider 16(c), CHIP UB

\$1,732,964	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art II, HHSC Rider 15, CHIP UB Incl in GAA Approp

\$0	\$(24,365,875)	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art II, HHSC Rider 15, CHIP Unexpended Balances

\$(40,563,886)	\$40,563,886	\$0	\$0	\$0
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TOTAL,	GR Match for Title XXI (CHIP)	\$12,968,653	\$40,022,537	\$18,981,228	\$18,010,426	\$17,804,305
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8014 GR Match for Food Stamp Administration

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$200,928,376	\$190,739,295
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
Regular Appropriations from MOF Table (2008-09 GAA)	\$118,301,209	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$160,950,398	\$154,271,602	\$0	\$0
<i>RIDER APPROPRIATION</i>					
80th Lg(GAA 08-09) Art IX, Sec 6026(c), EFF, ltr 7/29/2009	\$4,348,600	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) Art II, SP ,Sec 56, Allocation of IT DADS	\$(323,606)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 44, tsfr Consolidated Spt Svcs DADS	\$(966,088)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art IX, Sec 19.62, Salary Increase	\$2,360,749	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 8014 GR SNAP and 0001 GR	\$5,417,538	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Reclass between 8014 GR SNAP and 758 GRMed	\$32,230,331	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

80th Lg(GAA 08-09) Reclass between 8014 GR SNAP and 8010 GR CHIP

	\$ (8,382)	\$ 0	\$ 0	\$ 0	\$ 0
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81st Lg(GAA 10-11) HB 4586, Sec 89, Retention Bonus

	\$ 1,531,757	\$ 0	\$ 0	\$ 0	\$ 0
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81st Lg(GAA 10-11) Reclass between 8014 GR SNAP and 0001 GR

	\$ 0	\$ (4,071,272)	\$ (1,928,398)	\$ 0	\$ 0
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81st Lg(GAA 10-11) Reclass between 8014 GR SNAP and 758 GRMed

	\$ 0	\$ 44,003,384	\$ 51,434,230	\$ 0	\$ 0
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81st Lg(GAA 10-11) Reclass between 8014 GR SNAP and 8010 GR CHIP

	\$ 0	\$ (30,748)	\$ 0	\$ 0	\$ 0
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LAPSED APPROPRIATIONS

Five Percent Reduction (2010-11 Biennium)

	\$ 0	\$ (1,204,730)	\$ (881,458)	\$ 0	\$ 0
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Lapse Unspent Appropriations

	\$ (799,122)	\$ 0	\$ 0	\$ 0	\$ 0
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UNEXPENDED BALANCES AUTHORITY

80th Lg(GAA 08-09) Art II, HHSC Rider 38, UB Elig Determination Serv.

	\$ 2,156,343	\$ 0	\$ 0	\$ 0	\$ 0
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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DATE: **8/20/2010**
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Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

TOTAL, GR Match for Food Stamp Administration	\$164,249,329	\$199,647,032	\$202,895,976	\$200,928,376	\$190,739,295
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8024 Tobacco Settlement Receipts Match for Medicaid

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$227,410,026	\$227,410,026
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Regular Appropriations from MOF Table (2008-09 GAA)

\$241,961,208	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2010-11 GAA)

\$0	\$236,092,691	\$227,410,026	\$0	\$0
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TRANSFERS

80th Lg(GAA 08-09) Reclass8024 GR TobMed and 5040 TobSettlRec

\$25,000,000	\$0	\$0	\$0	\$0
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TOTAL, Tobacco Settlement Receipts Match for Medicaid	\$266,961,208	\$236,092,691	\$227,410,026	\$227,410,026	\$227,410,026
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8025 Tobacco Settlement Receipts Match for CHIP

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$293,466,756	\$302,332,167
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
Regular Appropriations from MOF Table (2008-09 GAA)	\$240,195,491	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$272,588,746	\$281,117,645	\$0	\$0
<i>RIDER APPROPRIATION</i>					
80th Lg(GAA 08-09) HB 15, Sec 47, HHSC: Reduction in CHIP	\$(15,700,000)	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art II, SP, Sec 7(b), FMAP/FreedUpGR ltr 5/10/10	\$0	\$0	\$14,400,000	\$0	\$0
81st Lg(GAA 10-11) Art II, SP, Sec 7(b), FMAP/Lmts on Use of Avail	\$0	\$0	\$(14,400,000)	\$0	\$0
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) Reclass 8025 GR TobCHIP and 5040 TobSettlRec	\$(25,000,000)	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art II, HHSC Rider 7, Appn Trsfrs between FYs	\$0	\$23,977,727	\$(23,977,727)	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Five Percent Reduction (2010-11 Biennium)	\$0	\$(11,852)	\$(2,247,325)	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

UNEXPENDED BALANCES AUTHORITY

80th Lg(GAA 08-09) Art II, HHSC Rider 16(c), CHIP UB

\$139,351,855	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art II, HHSC Rider 15, CHIP UB Incl in GAA Approp

\$0	\$(93,362,770)	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art II, HHSC Rider 15, CHIP Unexpended Balances

\$(67,540,914)	\$67,540,914	\$0	\$0	\$0
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TOTAL, Tobacco Settlement Receipts Match for CHIP	\$271,306,432	\$270,732,765	\$254,892,593	\$293,466,756	\$302,332,167
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8054 Experience Rebates-CHIP

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$4,071,000	\$4,071,000
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Regular Appropriations from MOF Table (2008-09 GAA)

\$2,132,980	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2010-11 GAA)

\$0	\$3,942,608	\$4,071,000	\$0	\$0
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RIDER APPROPRIATION

80th Lg (GAA 08-09) Art II, HHSC Rider 15, Add'l CHIP Exper Rebates

\$13,702,002	\$0	\$0	\$0	\$0
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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DATE: **8/20/2010**
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
80th Lg(GAA 08-09) Art II, HHSC Rider 57, Contg Appn HB 109	\$607,315	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art II, HHSC Rider 14, Add'l CHIP Exp Rebates	\$0	\$6,684,085	\$0	\$0	\$0
TOTAL, Experience Rebates-CHIP	\$16,442,297	\$10,626,693	\$4,071,000	\$4,071,000	\$4,071,000
<u>8063</u> GR Match for Disaster Funds					
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) Reclass between 8063 GR Disaster and 0001 GR	\$36,752,996	\$0	\$0	\$0	\$0
TOTAL, GR Match for Disaster Funds	\$36,752,996	\$0	\$0	\$0	\$0
<u>8070</u> Vendor Drug Rebates--CHIP					
<i>REGULAR APPROPRIATIONS</i>					
82nd Legislature - Requested Baseline Appropriation	\$0	\$0	\$0	\$4,445,432	\$4,176,565
Regular Appropriations from MOF Table (2008-09 GAA)	\$2,710,665	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$4,623,225	\$4,713,681	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

RIDER APPROPRIATION

80th Lg(GAA 08-09) Art II, HHSC Rider 57, Contg Appn HB 109

\$773,473	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) Art II, HHSC Rider 6(b), Add'l CHIP VenDrug Rebates

\$2,217,302	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art. II, HHSC Rider 5b, Add'l CHIP VenDrug Rebates

\$0	\$834,569	\$0	\$0	\$0
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LAPSED APPROPRIATIONS

Lapsed Authority Contg Appn HB 109

\$(773,473)	\$0	\$0	\$0	\$0
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TOTAL, Vendor Drug Rebates--CHIP	\$4,927,967	\$5,457,794	\$4,713,681	\$4,445,432	\$4,176,565
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8075 Cost Sharing - Medicaid Clients, estimated

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$68,611	\$68,611
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Regular Appropriations from MOF Table (2008-09 GAA)

\$7,972,186	\$0	\$0	\$0	\$0
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

Regular Appropriations from MOF Table (2010-11 GAA)

\$0	\$9,342	\$2,368,611	\$0	\$0
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RIDER APPROPRIATION

81st Lg(GAA 10-11)Art II, HHSC Rider 17, Add'l Cost Sharing Med Clients

\$0	\$8,418	\$0	\$0	\$0
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LAPSED APPROPRIATIONS

Lapsed Authority for Collections Not Received at Approp Level

\$(7,962,645)	\$0	\$(2,300,000)	\$0	\$0
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TOTAL,	Cost Sharing - Medicaid Clients, estimated	\$9,541	\$17,760	\$68,611	\$68,611	\$68,611
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8081 Vendor Drug Rebates-Supplemental Rebates

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$44,675,142	\$46,120,894
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Regular Appropriations from MOF Table (2008-09 GAA)

\$37,428,049	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2010-11 GAA)

\$0	\$47,689,294	\$49,990,754	\$0	\$0
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RIDER APPROPRIATION

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

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DATE: **8/20/2010**
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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
80th Lg(GAA 08-09) Art II, HHSC Rider 6(d) Add'l VD Rebates	\$1,210,555	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Authority for Collections Not Received at Appropriated Level	\$0	\$(8,549,323)	\$(10,730,239)	\$0	\$0
Lapsed Authority for Collections Reduced due to fed Health Care Reform	\$0	\$(2,098,562)	\$(16,867,544)	\$0	\$0
TOTAL, Vendor Drug Rebates-Supplemental Rebates	\$38,638,604	\$37,041,409	\$22,392,971	\$44,675,142	\$46,120,894
<u>8092 Medicare Giveback Provision</u>					
<i>REGULAR APPROPRIATIONS</i>					
82nd Legislature - Requested Baseline Appropriation	\$0	\$0	\$0	\$374,709,409	\$383,345,346
Regular Appropriations from MOF Table (2008-09 GAA)	\$297,195,288	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$350,557,151	\$380,236,786	\$0	\$0
<i>TRANSFERS</i>					
81st Lg(GAA 10-11)Reclass between 8092 Medicare Giveback and 758 GRMed	\$0	\$(100,987,868)	\$(44,280,389)	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
<i>BASE ADJUSTMENT</i>					
80th Lg(GAA 08-09) Governor Veto Medicare Giveback	\$(297,195,288)	\$0	\$0	\$0	\$0
TOTAL, Medicare Giveback Provision	\$0	\$249,569,283	\$335,956,397	\$374,709,409	\$383,345,346
8128 82(R) Supplemental: General Revenue Fund					
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
Supplemental Appropriation	\$0	\$0	\$11,369,125	\$0	\$0
TOTAL, 82(R) Supplemental: General Revenue Fund	\$0	\$0	\$11,369,125	\$0	\$0
8129 82(R) Supplemental: GR Match for Medicaid					
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
Supplemental Appropriation	\$0	\$0	\$1,096,053,959	\$0	\$0
TOTAL, 82(R) Supplemental: GR Match for Medicaid	\$0	\$0	\$1,096,053,959	\$0	\$0
8131 82(R) GR Match for CHIP (XXI)					
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
Supplemental Appropriation	\$0	\$0	\$34,778,717	\$0	\$0
TOTAL, 82(R) GR Match for CHIP (XXI)	\$0	\$0	\$34,778,717	\$0	\$0
<u>8891</u> 80(R) Supplemental: GR Match for Medicaid					
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) HB 15, Sec 18, tsfr DADS, ltr 5/9/08	\$(9,755,359)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) HB 15, Sec 18, tsfr DARS, ltr 5/9/08	\$(3,215,146)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) HB 15, Sec 18, tsfr DSHS, ltr 5/9/08	\$(34,818,091)	\$0	\$0	\$0	\$0
<i>UNEXPENDED BALANCES AUTHORITY</i>					
80th Lg(GAA 08-09) HB 15, Sec 18, HHSC UB to 2009 from 2008	\$80,288,596	\$0	\$0	\$0	\$0
TOTAL, 80(R) Supplemental: GR Match for Medicaid	\$32,500,000	\$0	\$0	\$0	\$0
<u>8901</u> 81(R) Supplemental: GR Match for Medicaid					
<i>TRANSFERS</i>					

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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GENERAL REVENUE

81st Lg(GAA10-11) Reclass between 8901 HB 4586 Suppl and 758 GR Med

	\$0	\$(987,209)	\$0	\$0	\$0
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SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS

81st Lg(GAA 10-11) HB 4586, Sec 52, Supplemental GR Match Medicaid

	\$749,113,979	\$0	\$0	\$0	\$0
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UNEXPENDED BALANCES AUTHORITY

81st Lg(GAA 10-11) HB 4586, Sec 27(b), HHSC : Restoration

	\$(987,209)	\$987,209	\$0	\$0	\$0
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TOTAL,	81(R) Supplemental: GR Match for Medicaid	\$748,126,770	\$0	\$0	\$0
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8904 81(R) Supplemental: Medicare Giveback

TRANSFERS

81st Lg(GAA10-11)Reclass between 8904Medicare Giveback-Supl & 758GRMed

	\$0	\$(9,174,286)	\$0	\$0	\$0
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SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS

81st Lg(GAA 10-11) HB 4586, Sec 52, Supplemental: Medicare Giveback

	\$333,850,650	\$0	\$0	\$0	\$0
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UNEXPENDED BALANCES AUTHORITY

81st Lg (GAA 10-11) 1HB 4586, Sec 27(b), HHSC: Restoration

	\$(9,174,286)	\$9,174,286	\$0	\$0	\$0
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>GENERAL REVENUE</u>					
TOTAL, 81(R) Supplemental: Medicare Giveback	\$324,676,364	\$0	\$0	\$0	\$0
TOTAL, ALL GENERAL REVENUE	\$5,898,786,983	\$5,936,386,579	\$8,075,284,319	\$9,167,212,161	\$9,443,937,039
<u>GENERAL REVENUE FUND - DEDICATED</u>					
<u>5049</u> State Owned Multicategorical Teaching Hospital Account No. 5049					
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) Art II, SP, Sec 12(a) tsfr DSHS ltr 08/17/09					
	\$5,000,000	\$0	\$0	\$0	\$0
TOTAL, State Owned Multicategorical Teaching Hospital Account No. 5049	\$5,000,000	\$0	\$0	\$0	\$0
<u>5137</u> GR Dedicated - Regional Trauma Account No. 5137					
<i>SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS</i>					
81st Lg(GAA 10-11) HB 4586, Sec 7, Red Light Camera Trauma Fund					
	\$13,395,932	\$0	\$0	\$0	\$0
TOTAL, GR Dedicated - Regional Trauma Account No. 5137	\$13,395,932	\$0	\$0	\$0	\$0
TOTAL, ALL GENERAL REVENUE FUND - DEDICATED	\$18,395,932	\$0	\$0	\$0	\$0
TOTAL, GR & GR-DEDICATED FUNDS	\$5,917,182,915	\$5,936,386,579	\$8,075,284,319	\$9,167,212,161	\$9,443,937,039

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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FEDERAL FUNDS

369 Federal American Recovery and Reinvestment Fund

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$16,149,975	\$11,303,425
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RIDER APPROPRIATION

80th Lg(GAA 08-09) Art II, HHSC Rider 10, Auth to Rcv Federal Funds

\$136,741,956	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art XII, HHSC Item 1 SNAP

\$0	\$27,600,000	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art XII, Sec 20, ARRA Tier 2/3 Federal Increase

\$0	\$347,560,999	\$138,455,835	\$0	\$0
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81st Lg(GAA 10-11) Art. II, HHSC Rider 9, Author to Rcv Fed Funds

\$0	\$68,456,286	\$565,057,034	\$0	\$0
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81st Lg(GAA 10-11) Art. XII, HHSC Item 2 TANF

\$0	\$17,868,380	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art. XII, HHSC Item 4 Medicaid Enhanced FMAP

\$0	\$2,513,000,000	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art. XII, HHSC Item 5 Prevention and Wellness

\$0	\$2,126,424	\$0	\$0	\$0
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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FEDERAL FUNDS

81st Lg(GAA 10-11) HB 4586, 81R, Sec. 54, Addt'l Fed Medicaid Funding

\$1,619,843,693	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) HB 4586, Sec 30 (b), ARRA: SNAP ltr 8/14/09

\$13,843,316	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) HB 4586, Sec 30(b), ARRA: SNAP

\$0	\$(13,843,316)	\$0	\$0	\$0
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81st Lg(GAA10-11)Art XII,Sec 5(a),StMedHlthInfoTechPlan ,ltr 2/25/10

\$0	\$3,887,725	\$6,196,410	\$0	\$0
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81st Lg(GAA10-11)Art XII,Sec 5(a)/6,TxHlth Info Exch (HIE),ltr 3/16/10

\$0	\$757,497	\$6,744,413	\$0	\$0
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TRANSFERS

81st Lg(GAA 10-11) Art XII, Sec 12 FMAP Allocations, DADS

\$0	\$(491,406,865)	\$(140,667,582)	\$0	\$0
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81st Lg(GAA 10-11) Art XII, Sec 12 FMAP Allocations, DARS

\$0	\$(2,673,481)	\$(2,316,787)	\$0	\$0
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81st Lg(GAA 10-11) Art XII, Sec 12 FMAP Allocations, DFPS

\$0	\$(23,533,197)	\$(10,493,152)	\$0	\$0
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>FEDERAL FUNDS</u>					
81st Lg(GAA 10-11) HB 4586, 81R, Sec. 33, FMAP Allocations, DADS	\$(473,774,915)	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) HB 4586, 81R, Sec. 33, FMAP Allocations, DFPS	\$(18,541,785)	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Authority Prevention & Wellness	\$0	\$(2,126,424)	\$0	\$0	\$0
<i>UNEXPENDED BALANCES AUTHORITY</i>					
81st Lg(GAA 10-11) Art XII, Sec 4, UB ARRA HHSC Item 3 FMAP to AY 2011	\$0	\$(565,215,140)	\$565,215,140	\$0	\$0
TOTAL, Federal American Recovery and Reinvestment Fund	\$1,278,112,265	\$1,882,458,888	\$1,128,191,311	\$16,149,975	\$11,303,425
<u>555</u> Federal Funds					
<i>REGULAR APPROPRIATIONS</i>					
82nd Legislature - Requested Baseline Appropriation	\$0	\$0	\$0	\$13,778,682,980	\$14,200,728,702
Regular Appropriations from MOF Table (2008-09 GAA)	\$8,668,063,390	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$10,230,704,470	\$10,360,755,632	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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FEDERAL FUNDS

RIDER APPROPRIATION

80th Lg(GAA 08-09) Art II, HHSC Rider 10, Auth to Rcv Fed Funds

\$816,682,525	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) Art II, HHSC Rider 57, Contg Appn HB 109

\$102,981,073	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) Art II, SP, Sec 43(b), Funding Reduction

\$(237,395,395)	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) Art II, SP, Sec 7(b), Disposition of State Funds

\$58,028,046	\$0	\$0	\$0	\$0
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80th Lg(GAA 08-09) HB 15, Sec 47, HHSC: Reduction in CHIP

\$(40,400,000)	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11) Art II, HHSC Rider 9, Author to Rcv Federal Funds

\$0	\$1,127,629,977	\$2,107,047,112	\$0	\$0
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81st Lg(GAA 10-11) Art II, SP, Sec. 7(b), FMAP/Lmts on Use of Avail GR

\$0	\$0	\$235,734,328	\$0	\$0
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81st Lg(GAA 10-11) Art IX, Sec 17.03, ERP

\$0	\$1,511,337	\$905,374	\$0	\$0
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>FEDERAL FUNDS</u>					
81st Lg(GAA 10-11) Art IX, Sec 17.78, Contingency App for SB 7	\$0	\$10,604,536	\$5,788,637	\$0	\$0
81st Lg(GAA 10-11) Art IX, Sec.17.24 Medicaid Appn Reduction	\$0	\$0	\$(55,992,321)	\$0	\$0
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) Art II, SP, Sec 44, tsfr Consolidated Spt Svcs DADS	\$(1,131,654)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 56, Allocation of IT Funding DADS	\$(903,051)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec 56, Allocation of IT Funding DFPS	\$(203,699)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec. 12 tsfr OEHD from DSHS (HB1396)	\$250,737	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art II, SP, Sec.12(a), tsfr DADS ltr 6/20/09	\$(2,700,000)	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art IX, Sec 19.18, Contg, Appn HB 2685	\$1,021,097	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art IX, Sec 19.62, Salary Increase	\$7,499,325	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
 TIME: **4:25:34PM**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>FEDERAL FUNDS</u>					
81st Lg(GAA 10-11) Art II, S.P., Sec. 11, Transfer of StarPLUS - DADS	\$0	\$0	\$59,024,113	\$0	\$0
81st Lg(GAA 10-11) Art II, SP, Sec 11 (email) tsfr from DADS	\$0	\$34,617	\$225,379	\$0	\$0
81st Lg(GAA 10-11) HB 4586, Sec. 89, Retention Bonus	\$4,178,698	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11 tsfr Mortality Review,SB643 DADS	\$0	\$254,517	\$181,128	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, EI Staffing, DADS	\$0	\$(19,594)	\$(21,155)	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, EI Staffing, DFPS	\$0	\$(17,941)	\$(17,209)	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, I&AM, DADS ltr 12/15/09	\$0	\$(342,813)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, I&AM, DFPS ltr 12/15/09	\$0	\$(85,327)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, Remedy, DADS ltr 12/15/09	\$0	\$(173,942)	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>FEDERAL FUNDS</u>					
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, Remedy, DFPS ltr 12/15/09	\$0	\$(2,045)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, Security, DADS ltr 12/15/09	\$0	\$(539,460)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, Telecom, DADS ltr 10/19/09	\$0	\$(1,366,070)	\$(1,711,384)	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr, Telecom, DFPS ltr 10/19/09	\$0	\$(665)	\$(665)	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 11,tsfr,Security, DFPS ltr 12/15/09	\$0	\$(130,594)	\$0	\$0	\$0
81st Lg(GAA 10-11)Art II, SP, Sec 46, ICM tsfr DADS ltr 5/21/10	\$0	\$(2,090,885)	\$(2,090,885)	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec11,tsfr,TIERS roll-out, DADS ltr5/17/10	\$0	\$(330,138)	\$(539,294)	\$0	\$0
81st Lg(GAA 10-11)Art II,SP,Sec11,tsfr,TIERS roll-out, DFPS ltr5/17/10	\$0	\$(194,168)	\$(327,035)	\$0	\$0
LAPSED APPROPRIATIONS					
Lapsed Capital Appropriatons - HIPPA	\$(4,460,567)	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

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Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>FEDERAL FUNDS</u>					
Projected TANF Fed Lapse, as of 03/2010	\$ (43,532,907)	\$ 0	\$ 0	\$ 0	\$ 0
Projected TANFXX Fed Lapse, as of 03/2010	\$ (90,069)	\$ 0	\$ 0	\$ 0	\$ 0
<i>UNEXPENDED BALANCES AUTHORITY</i>					
80th Lg(GAA 08-09) Art II, HHSC Rider 8, Appn Trsfers & UB between FYs	\$ 613,748,264	\$ 0	\$ 0	\$ 0	\$ 0
80th Lg(GAA 08-09) Art IX, Sec 14.03(j), Capital Budget UB	\$ 8,003,304	\$ 0	\$ 0	\$ 0	\$ 0
80th Lg(GAA 08-09) HB 15, Sec 20, FREW vs Hawkins	\$ 608,040,678	\$ 0	\$ 0	\$ 0	\$ 0
80th Lg(GAA 08-09) Art II, HHSC Rider 16 (c), CHIP UB	\$ 9,556,935	\$ 0	\$ 0	\$ 0	\$ 0
81st Lg(GAA 10-11) Art IX, Sec 14.03 (j) Capital Budget UB	\$ 0	\$ (1,421,772)	\$ 1,421,772	\$ 0	\$ 0
TOTAL, Federal Funds	\$ 10,567,236,730	\$ 11,364,024,040	\$ 12,710,383,527	\$ 13,778,682,980	\$ 14,200,728,702

8892 80(R) Supplemental: Federal Funds

LAPSED APPROPRIATIONS

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>FEDERAL FUNDS</u>					
Lapse Unused Appropriation Authority	\$(165,300,000)	\$0	\$0	\$0	\$0
<i>UNEXPENDED BALANCES AUTHORITY</i>					
80th Lg(GAA 08-09) HB 15, Sec 18, HHSC UB from 2008	\$165,300,000	\$0	\$0	\$0	\$0
TOTAL, 80(R) Supplemental: Federal Funds	\$0	\$0	\$0	\$0	\$0
TOTAL, ALL FEDERAL FUNDS	\$11,845,348,995	\$13,246,482,928	\$13,838,574,838	\$13,794,832,955	\$14,212,032,127

OTHER FUNDS

666 Appropriated Receipts

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0 \$0 \$0 \$10,652,555 \$10,652,555

Regular Appropriations from MOF Table (2008-09 GAA)

\$7,368,817 \$0 \$0 \$0 \$0

Regular Appropriations from MOF Table (2010-11 GAA)

\$0 \$12,725,156 \$12,711,620 \$0 \$0

RIDER APPROPRIATION

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>OTHER FUNDS</u>					
80th Lg(GAA 08-09) Art IX, Sec 8.03, Reimbursements & Payments	\$2,959,129	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art. IX, Sec. 8.03, Reimbursements & Payments	\$0	\$939,035	\$130,111	\$0	\$0
<i>TRANSFERS</i>					
81st Lg(GAA 10-11) HB 4586, Sec 89, Retention Bonus	\$2,400	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Authority for Collections Not Received (Hosp Based Workers)	\$0	\$(2,215,410)	\$(2,215,410)	\$0	\$0
<i>UNEXPENDED BALANCES AUTHORITY</i>					
80th Lg(GAA 08-09) Art IX, Sec 8.01(d), Accept of Gifts of Money TOPDD	\$152,818	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art IX, Sec 8.01(d),Accept of Gifts of Money(2-1-1)	\$(281,008)	\$281,008	\$0	\$0	\$0
81st Lg(GAA 10-11) Art IX, Sec 8.01(d),Accept of Gifts of Money(TOPDD)	\$(122,824)	\$122,824	\$0	\$0	\$0
Art. IX, Sec. 8.01, Acceptance of Gifts of Money - UB to AY11 (TOPDD)	\$0	\$(24,934)	\$24,934	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
TIME: **4:25:34PM**

Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>OTHER FUNDS</u>					
TOTAL, Appropriated Receipts	\$10,079,332	\$11,827,679	\$10,651,255	\$10,652,555	\$10,652,555
<u>777</u> Interagency Contracts					
<i>REGULAR APPROPRIATIONS</i>					
82nd Legislature - Requested Baseline Appropriation	\$0	\$0	\$0	\$225,984,372	\$223,625,673
Regular Appropriations from MOF Table (2008-09 GAA)	\$179,168,987	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$221,337,330	\$227,770,220	\$0	\$0
<i>RIDER APPROPRIATION</i>					
80th Lg(GAA 08-09) Art IX, Sec 8.03, Reimburesment s & Payments	\$39,501,466	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art IX, Sec 8.03, Reimbursements and Payments	\$0	\$17,253,644	\$1,496,796	\$0	\$0
<i>TRANSFERS</i>					
80th Lg (GAA 08-09) 08Art II, SP, Sec 44, Tsfr Consol Spt Srvs	\$5,305,362	\$0	\$0	\$0	\$0
80th Lg(GAA 08-09) Art IX, Sec 19.62, Salary Increase	\$1,819,689	\$0	\$0	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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DATE: **8/20/2010**
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>OTHER FUNDS</u>					
81st Lg(GAA 10-11) HB 4586, Sec 89, Retention Bonus	\$763,917	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Five Percent Reduction (2010-11 Biennium)	\$0	\$(3,198,624)	\$(1,838,150)	\$0	\$0
<i>UNEXPENDED BALANCES AUTHORITY</i>					
80th Lg(GAA 08-09) Art IX, Sec 14.03 (j) Capital Budget UB	\$168,877	\$0	\$0	\$0	\$0
TOTAL, Interagency Contracts	\$226,728,298	\$235,392,350	\$227,428,866	\$225,984,372	\$223,625,673
<u>781</u> Bond Proceeds - Revenue Bonds					
<i>REGULAR APPROPRIATIONS</i>					
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$12,658,228	\$0	\$0	\$0
<i>RIDER APPROPRIATION</i>					
81st Lg(GAA 10-11) Art II, HHSC Rider 33, Appn of UB - MLPP Funds	\$0	\$(5,006,806)	\$5,006,806	\$0	\$0
TOTAL, Bond Proceeds - Revenue Bonds	\$0	\$7,651,422	\$5,006,806	\$0	\$0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
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DATE: **8/20/2010**
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
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OTHER FUNDS

8044 Medicaid Subrogation Receipts (State Share), estimated

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$56,822,709	\$56,822,709
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Regular Appropriations from MOF Table (2008-09 GAA)

\$24,205,100	\$0	\$0	\$0	\$0
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Regular Appropriations from MOF Table (2010-11 GAA)

\$0	\$38,417,543	\$38,417,543	\$0	\$0
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RIDER APPROPRIATION

80th Lg(GAA 08-09) Art II, HHSC Rider 7, Add'l Subrogation Receipts

\$32,521,903	\$0	\$0	\$0	\$0
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81st Lg(GAA 10-11)Art II, HHSC Rider 6, Add'l Subrogation Receipts

\$0	\$18,405,166	\$18,405,166	\$0	\$0
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TOTAL, Medicaid Subrogation Receipts (State Share), estimated

\$56,727,003	\$56,822,709	\$56,822,709	\$56,822,709	\$56,822,709
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8062 Appropriated Receipts - Match for Medicaid

REGULAR APPROPRIATIONS

82nd Legislature - Requested Baseline Appropriation

\$0	\$0	\$0	\$40,213,720	\$40,213,720
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2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>OTHER FUNDS</u>					
Regular Appropriations from MOF Table (2008-09 GAA)	\$44,838,708	\$0	\$0	\$0	\$0
Regular Appropriations from MOF Table (2010-11 GAA)	\$0	\$31,669,354	\$31,669,354	\$0	\$0
<i>RIDER APPROPRIATION</i>					
80th Lg(GAA 08-09) Art II, HHSC Rider 66, Graduate Med Education	\$6,641,109	\$0	\$0	\$0	\$0
81st Lg(GAA 10-11) Art IX, Sec8.03, Reimb & Pay-5% Savings Appropriate	\$0	\$0	\$2,549,235	\$0	\$0
81st Lg(GAA 10-11) Art. II, HHSC Rider 45, Graduate Med Educ	\$0	\$37,109,043	\$36,071,219	\$0	\$0
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) Art II, SP, Sec12(a) tsfr DSHS ltr 08/17/09	\$2,500,000	\$0	\$0	\$0	\$0
<i>LAPSED APPROPRIATIONS</i>					
Lapsed Authority for Collections Not Received at Appropriated Level	\$(23,532,074)	\$(30,076,090)	\$(30,076,090)	\$0	\$0
TOTAL, Appropriated Receipts - Match for Medicaid	\$30,447,743	\$38,702,307	\$40,213,718	\$40,213,720	\$40,213,720

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
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Agency code: **529** Agency name: **Health and Human Services Commission**

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
<u>OTHER FUNDS</u>					
8080 State Highway Fund No. 006 - Medicaid Match					
<i>REGULAR APPROPRIATIONS</i>					
Regular Appropriations from MOF Table (2008-09 GAA)	\$10,000,000	\$0	\$0	\$0	\$0
<i>TRANSFERS</i>					
80th Lg(GAA 08-09) Art IX, Sec 19.77 (e) MTP (Ltr 3/31/2008)	\$33,577,913	\$0	\$0	\$0	\$0
TOTAL, State Highway Fund No. 006 - Medicaid Match	\$43,577,913	\$0	\$0	\$0	\$0
TOTAL, ALL OTHER FUNDS	\$367,560,289	\$350,396,467	\$340,123,354	\$333,673,356	\$331,314,657
GRAND TOTAL	\$18,130,092,199	\$19,533,265,974	\$22,253,982,511	\$23,295,718,472	\$23,987,283,823

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
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Agency code: **529**

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

METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
FULL-TIME-EQUIVALENT POSITIONS					
REGULAR APPROPRIATIONS					
80th Leg GAA (08-09) Art II, HHSC FTEs	10,142.7	0.0	0.0	0.0	0.0
81st Leg GAA (10-11) Art II, HHSC FTEs	0.0	12,175.9	12,175.9	0.0	0.0
80th Leg GAA(08-09) Art IX, Sec 18.02(c), Data Center	(127.4)	0.0	0.0	0.0	0.0
Regular Appropriations Requested	0.0	0.0	0.0	12,440.9	12,440.9
RIDER APPROPRIATION					
80th Leg GAA (08-09) Art II, Rider 68 OES Staffing (ltr 5/9/08)	1,297.7	0.0	0.0	0.0	0.0
80th Leg GAA(08-09) Art IX, Sec 19.27, Contg SB 22 LTC Ins	7.5	0.0	0.0	0.0	0.0
80th Leg GAA(08-09) Art IX, Sec 19.18, HB2685, Healthy Marriages	1.0	0.0	0.0	0.0	0.0
80th Leg GAA(08-09) Art IX, Sec 19.77(c) Contg SB 10, THOP	57.0	0.0	0.0	0.0	0.0
81st Leg GAA (10-11) Art II, HHSC Rider 56 Disaster FTEs ltr 8/20/09	0.0	35.0	0.0	0.0	0.0
81st Leg GAA (10-11) Art II, HHSC Rider 61(b) ltr 8/13/09	0.0	250.0	250.0	0.0	0.0
81st Leg GAA (10-11) Art IX, Sec 6.10, ARRA HIT Ftes ltr 2/25/10	0.0	2.5	5.0	0.0	0.0
TRANSFERS					
80th Leg GAA(08-09) Art II, SP, Sec 12(a)(5) trsf HB 1396	4.0	0.0	0.0	0.0	0.0
80th Leg GAA (08-09) Art II, Rider 58 Nutrition trsf to TDA	(100.0)	0.0	0.0	0.0	0.0
80th Leg GAA(08-09) Art IX, Sec 19.77(e) Contg SB 10, TxDot	(3.0)	0.0	0.0	0.0	0.0
80th Leg GAA(08-09) Art II, SP, Sec 12(a)(5) trsf (ltr 11/5/07)	2.0	0.0	0.0	0.0	0.0
80th Leg GAA(08-09) Art IX, Sec 19.77(e) Contg SB 10, TxDot	171.0	0.0	0.0	0.0	0.0

2.B. SUMMARY OF BASE REQUEST BY METHOD OF FINANCE

82nd Regular Session, Agency Submission, Version 1

Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
 TIME: **4:25:34PM**

Agency code: 529		Agency name: Health and Human Services Commission			
METHOD OF FINANCING	Exp 2009	Est 2010	Bud 2011	Req 2012	Req 2013
81st Leg GAA (10-11) Art II, SP 11, Limit on trsf auth - ltr 8/20/09	0.0	8.0	10.0	0.0	0.0
SUPPLEMENTAL, SPECIAL OR EMERGENCY APPROPRIATIONS					
80th Leg GAA (08-09) HB 15, Sec 20, FREW vs Hawkins	211.5	0.0	0.0	0.0	0.0
TOTAL, ADJUSTED FTES	11,664.0	12,471.4	12,440.9	12,440.9	12,440.9
 NUMBER OF 100% FEDERALLY FUNDED FTEs	 40.7	 34.9	 20.7	 20.7	 20.7

2.C. SUMMARY OF BASE REQUEST BY OBJECT OF EXPENSE
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/20/2010**
 TIME: **4:27:33PM**

Agency code: 529		Agency name: Health and Human Services Commission				
OBJECT OF EXPENSE	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013	
1001 SALARIES AND WAGES	\$437,466,457	\$477,941,674	\$486,644,381	\$479,049,599	\$476,948,437	
1002 OTHER PERSONNEL COSTS	\$18,613,459	\$21,591,048	\$17,499,340	\$19,092,417	\$19,217,851	
2001 PROFESSIONAL FEES AND SERVICES	\$613,654,603	\$729,246,121	\$763,898,543	\$709,779,720	\$679,638,115	
2002 FUELS AND LUBRICANTS	\$289,521	\$244,711	\$241,772	\$241,772	\$241,772	
2003 CONSUMABLE SUPPLIES	\$12,107,211	\$17,997,398	\$17,889,219	\$17,226,853	\$17,227,474	
2004 UTILITIES	\$50,656,184	\$63,211,802	\$63,228,168	\$56,141,446	\$56,104,602	
2005 TRAVEL	\$14,012,530	\$16,341,566	\$19,141,914	\$15,891,367	\$15,883,200	
2006 RENT - BUILDING	\$73,450,898	\$73,734,191	\$76,150,295	\$79,940,371	\$80,726,502	
2007 RENT - MACHINE AND OTHER	\$26,733,000	\$27,234,717	\$29,255,351	\$26,376,508	\$25,933,421	
2009 OTHER OPERATING EXPENSE	\$207,781,587	\$200,730,173	\$203,350,509	\$221,505,279	\$209,166,652	
3001 CLIENT SERVICES	\$16,523,575,079	\$17,644,535,171	\$20,347,755,522	\$21,564,446,410	\$22,300,308,443	
3002 FOOD FOR PERSONS - WARDS OF STATE	\$4,879,086	\$5,269,000	\$5,269,000	\$5,269,000	\$5,269,000	
4000 GRANTS	\$126,009,676	\$230,139,137	\$203,337,785	\$95,950,285	\$95,950,285	
5000 CAPITAL EXPENDITURES	\$20,862,908	\$25,049,265	\$20,320,712	\$4,807,445	\$4,668,069	
OOE Total (Excluding Riders)	\$18,130,092,199	\$19,533,265,974	\$22,253,982,511	\$23,295,718,472	\$23,987,283,823	
OOE Total (Riders)						
Grand Total	\$18,130,092,199	\$19,533,265,974	\$22,253,982,511	\$23,295,718,472	\$23,987,283,823	

2.D. SUMMARY OF BASE REQUEST OBJECTIVE OUTCOMES

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation system of Texas (ABEST)

Date : **8/20/2010**

Time: **9:53:43PM**

Agency code: **529**

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

Goal/ Objective / Outcome	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
1 HHS Enterprise Oversight and Policy					
1 Enterprise Oversight and Policy					
1 % Persons Receiving Long-term Care Served in Community-based Settings					
	71.75%	71.97%	73.32%	71.00%	71.18%
KEY 2 Average Medicaid and CHIP Children Recipient Months Per Month					
	2,815,626.00	3,165,777.00	3,540,261.00	3,681,419.00	3,778,234.00
2 Medicaid					
1 Medicaid Health Services					
KEY 1 Average Medicaid Acute Care (& STAR+PLUS) Recipient Months Per Month					
	3,004,380.00	3,346,903.00	3,732,835.00	3,884,015.00	3,986,452.00
2 Average Medicaid Acute Care (& STAR+PLUS) Cost Per Recipient Month					
	242.05	239.68	246.54	250.46	252.05
3 Percent of Eligible Clients Receiving Acute Care Services					
	86.40%	78.20%	85.60%	87.30%	87.80%
4 Percent of 100% Poverty Population Covered by Acute Care Services					
	75.47%	82.44%	82.40%	84.05%	84.58%
5 Average Medicaid Acute Care Child Recipient Months Per Month					
	2,105,740.00	2,409,429.00	2,757,318.00	2,873,499.00	2,941,735.00
3 Special Medicaid Services for Children					
1 Percent of THSteps (EPSDT) Eligible Pop. Screened FFS Medicaid-Medical					
	43.00%	43.00%	43.00%	43.00%	43.00%
2 Percent of THSteps (EPSDT) Eligible Population Served-Dental					
	52.40%	52.40%	52.40%	52.40%	52.40%
4 Medicaid Support					
1 Percent of Medicaid Eligible Population Served					
	76.00%	76.00%	76.00%	76.00%	76.00%
2 Emergency Room Visits Per 1,000 Avg Member Months/Year					
	580.60	580.60	580.60	580.60	580.60

2.D. SUMMARY OF BASE REQUEST OBJECTIVE OUTCOMES

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation system of Texas (ABEST)

Date : **8/20/2010**

Time: **9:53:43PM**

Agency code: **529**

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

Goal/ Objective / Outcome	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
3 Children's Health Insurance Program Services					
1 CHIP Services					
1 Percent of CHIP-eligible Children Enrolled	71.29%	63.84%	67.54%	68.18%	69.29%
KEY 2 Average CHIP Programs Recipient Months Per Month	534,091.00	569,818.00	581,599.00	593,836.00	611,418.00
3 Average CHIP Programs Benefit Cost without Prescription Benefit	146.01	139.35	137.82	135.65	135.52
KEY 4 Average CHIP Programs Benefit Cost with Prescription Benefit	167.35	160.00	159.78	157.86	157.74
4 Encourage Self Sufficiency					
1 Assistance Services					
1 Percent of Total Children in Poverty Receiving TANF & State Assistance	6.18%	6.46%	6.71%	6.75%	6.79%
2 Number of Adults Exhausting TANF & State Assistance Benefits	926.00	840.00	780.00	720.00	660.00
3 % TANF Caretakers Leaving Due to Increased Employment Earnings	10.60%	10.50%	10.00%	9.30%	9.00%
2 Other Family Support Services					
1 Percent Adult Victims Requesting Shelter Denied Due to Lack of Space	11.17%	26.80%	25.00%	26.00%	27.00%
7 Office of Inspector General					
1 Client and Provider Accountability					
1 Medicaid Subrogation Receipts as a Ratio of Subrogation Admin Expenses	2,105.47	2,240.98	933.27	933.27	933.27
3 Net Dollars Recovered Per Dollar Expended from All Funds	9.84	11.02	10.42	10.41	10.41

2.E. SUMMARY OF EXCEPTIONAL ITEMS REQUEST

82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/20/2010
 TIME : 4:28:07PM

Agency code: 529

Agency name: Health and Human Services Commission

Priority	Item	2012			2013			Biennium	
		GR and GR/GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds
1	Maintain Medicaid Cost Trends	\$426,659,268	\$1,062,411,544		\$915,196,241	\$2,279,271,009		\$1,341,855,509	\$3,341,682,553
2	Maintain CHIP Cost Trends	\$13,462,303	\$45,300,750		\$28,343,216	\$95,368,752		\$41,805,519	\$140,669,502
3	Maintain TANF Grant Amounts	\$26,543,190	\$26,543,190		\$27,531,700	\$27,531,700		\$54,074,890	\$54,074,890
4	Maintain Frew Strategic Initiatives	\$45,121,764	\$48,095,730	3.1	\$46,260,841	\$48,833,101	3.1	\$91,382,605	\$96,928,831
5	Annualize Costs for Current Service	\$9,790,546	\$13,129,531		\$10,005,338	\$13,148,346		\$19,795,884	\$26,277,877
6	Maintain Data Center Services	\$10,098,221	\$12,169,778		\$3,639,867	\$6,586,389		\$13,738,088	\$18,756,167
7	Improve Security in IT Systems	\$5,878,441	\$8,750,924		\$5,060,717	\$7,300,167		\$10,939,158	\$16,051,091
8	MEPD Asset Verification System	\$1,500,000	\$3,000,000		\$800,000	\$1,600,000		\$2,300,000	\$4,600,000
9	Expand Food Bank Pilot Statewide	\$1,112,625	\$2,250,000		\$1,112,625	\$2,250,000		\$2,225,250	\$4,500,000
10	Retention of Eligibility Staff	\$20,376,985	\$39,449,702		\$32,565,811	\$63,061,132		\$52,942,796	\$102,510,834
11	Eligibility Staff -Caseload Growth	\$26,571,942	\$51,457,581	958.0	\$39,864,608	\$77,209,557	1,547.0	\$66,436,550	\$128,667,138
12	Office Flow Management System -	\$870,912	\$1,680,000		\$174,183	\$336,000		\$1,045,095	\$2,016,000
13	Savings - Urban&Contiguous Counties	\$(14,910,060)	\$(31,632,838)		\$(19,813,249)	\$(26,984,772)		\$(34,723,309)	\$(58,617,610)
14	Savings - South Texas Expansion	\$(82,227,455)	\$(208,819,295)		\$(207,791,913)	\$(465,206,841)		\$(290,019,368)	\$(674,026,136)
15	Savings - Medicaid EPO Expansion	\$(5,810,949)	\$(14,873,802)		\$(55,417,949)	\$(77,931,298)		\$(61,228,898)	\$(92,805,100)
16	Savings - Capitate Dental Services	\$(16,146,024)	\$(37,363,357)		\$(85,488,668)	\$(138,644,798)		\$(101,634,692)	\$(176,008,155)
17	Savings STAR+Plus Hospital Carve-In	\$(6,166,172)	\$(15,630,346)		\$(22,774,705)	\$(43,145,813)		\$(28,940,877)	\$(58,776,159)
18	Savings - Capitate Vendor Drugs	\$(6,959,921)	\$(10,116,908)		\$(77,161,637)	\$(103,783,483)		\$(84,121,558)	\$(113,900,391)
19	Improve OIG Staffing	\$1,282,485	\$2,333,097	35.0	\$1,142,660	\$2,076,512	35.0	\$2,425,145	\$4,409,609
20	Increase Family Violence Funding	\$2,250,000	\$2,250,000		\$2,250,000	\$2,250,000		\$4,500,000	\$4,500,000
21	Autism Research and Resource Center	\$811,963	\$811,963	4.2	\$782,817	\$782,817	4.2	\$1,594,780	\$1,594,780
22	Assist 2-1-1 Information Centers	\$1,087,271	\$2,198,491	2.1	\$646,528	\$1,307,201	2.1	\$1,733,799	\$3,505,692
23	Increase Capacity of Community Svs	\$80,471,818	\$149,665,590	62.4	\$184,951,883	\$393,851,705	125.5	\$265,423,701	\$543,517,295

2.E. SUMMARY OF EXCEPTIONAL ITEMS REQUEST

82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/20/2010
 TIME : 4:28:07PM

Agency code: 529

Agency name: Health and Human Services Commission

Priority	Item	2012			2013			Biennium	
		GR and GR/GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds	FTEs	GR and GR Dedicated	All Funds
24	Veterans' Health Initiative	\$7,460,804	\$7,460,804	3.1	\$7,460,804	\$7,460,804	3.1	\$14,921,608	\$14,921,608
25	SH & SSLC Technological Supports	\$7,522,272	\$10,641,500		\$1,242,649	\$1,763,950		\$8,764,921	\$12,405,450
26	Acquired Brain Injury Waiver	\$240,771	\$383,395	4.1	\$1,005,849	\$2,248,852	8.1	\$1,246,620	\$2,632,247
27	Disproportionality Initiative	\$1,171,459	\$1,637,251	9.5	\$1,067,880	\$1,492,077	9.5	\$2,239,339	\$3,129,328
28	Increase Retention of HHS Medical	\$23,843,568	\$39,654,844		\$23,843,568	\$39,654,844		\$47,687,136	\$79,309,688
Total, Exceptional Items Request		\$581,908,027	\$1,212,839,119	1,081.5	\$866,501,664	\$2,219,687,910	1,737.6	\$1,448,409,691	\$3,432,527,029

Method of Financing

General Revenue	\$581,885,681	\$581,885,681		\$866,479,318	\$866,479,318		\$1,448,364,999	\$1,448,364,999
General Revenue - Dedicated	22,346	22,346		22,346	22,346		44,692	44,692
Federal Funds		630,931,092			1,353,186,246			1,984,117,338
Other Funds								
	\$581,908,027	\$1,212,839,119		\$866,501,664	\$2,219,687,910		\$1,448,409,691	\$3,432,527,029

Full Time Equivalent Positions

1,081.5

1,737.6

Number of 100% Federally Funded FTEs

0.0

0.0

2.F. SUMMARY OF TOTAL REQUEST BY STRATEGY
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : **8/20/2010**
 TIME :

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

Goal/Objective/STRATEGY	Base 2012	Base 2013	Exceptional 2012	Exceptional 2013	Total Request 2012	Total Request 2013
1 HHS Enterprise Oversight and Policy						
1 Enterprise Oversight and Policy						
1 ENTERPRISE OVERSIGHT & POLICY	\$56,881,133	\$51,863,073	\$811,963	\$782,817	\$57,693,096	\$52,645,890
2 INTEGRATED ELIGIBILITY & ENROLLMENT	821,823,344	817,074,295	101,035,774	146,763,890	922,859,118	963,838,185
2 HHS Consolidated System Support Services						
1 CONSOLIDATED SYSTEM SUPPORT	131,475,867	131,366,272	12,129,531	12,148,346	143,605,398	143,514,618
TOTAL, GOAL 1	\$1,010,180,344	\$1,000,303,640	\$113,977,268	\$159,695,053	\$1,124,157,612	\$1,159,998,693
2 Medicaid						
1 Medicaid Health Services						
1 MEDICARE AND SSI	2,963,313,839	3,095,604,947	(240,494,714)	(463,600,423)	2,722,819,125	2,632,004,524
2 TANF ADULTS & CHILDREN	982,336,629	1,015,747,096	28,101,021	64,891,424	1,010,437,650	1,080,638,520
3 PREGNANT WOMEN	1,177,368,410	1,189,414,737	28,977,598	54,044,597	1,206,346,008	1,243,459,334
4 CHILDREN & MEDICALLY NEEDY	5,724,743,773	5,876,681,841	178,313,855	321,994,269	5,903,057,628	6,198,676,110
5 MEDICARE PAYMENTS	1,228,351,620	1,278,423,274	90,274,226	195,365,516	1,318,625,846	1,473,788,790
6 STAR+PLUS (INTEGRATED MANAGED CARE)	1,838,918,205	1,929,867,518	724,687,091	1,487,462,157	2,563,605,296	3,417,329,675
2 Other Medicaid Services						
1 COST REIMBURSED SERVICES	631,365,444	646,912,932	10,230,441	21,408,095	641,595,885	668,321,027
2 MEDICAID VENDOR DRUG PROGRAM	3,185,209,254	3,285,358,343	232,485,896	460,338,181	3,417,695,150	3,745,696,524
4 MEDICAL TRANSPORTATION	250,421,002	260,679,919	26,093,940	56,924,694	276,514,942	317,604,613
5 MEDICAID FAMILY PLANNING (FFS)	40,515,981	41,499,779	(131,497)	(274,842)	40,384,484	41,224,937
6 UPPER PAYMENT LIMIT	31,685,678	31,685,678	0	0	31,685,678	31,685,678
3 Special Medicaid Services for Children						
1 HEALTH STEPS (EPSDT) MEDICAL (FFS)	113,613,653	115,047,782	4,098,370	8,120,447	117,712,023	123,168,229
2 HEALTH STEPS (EPSDT) DENTAL	1,590,535,562	1,631,921,859	84,407,960	167,643,301	1,674,943,522	1,799,565,160
3 EPSDT COMPREHENSIVE CARE PROG (FFS)	896,397,611	948,742,229	91,164,538	204,494,695	987,562,149	1,153,236,924
4 Medicaid Support						

2.F. SUMMARY OF TOTAL REQUEST BY STRATEGY
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : **8/20/2010**
 TIME :

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

Goal/Objective/STRATEGY	Base 2012	Base 2013	Exceptional 2012	Exceptional 2013	Total Request 2012	Total Request 2013
1 STATE MEDICAID OFFICE	\$32,063,193	\$32,063,095	\$0	\$0	\$32,063,193	\$32,063,095
2 MANAGED CARE EXPANSION SAVINGS	0	0	(464,683,417)	(1,102,739,162)	(464,683,417)	(1,102,739,162)
TOTAL, GOAL 2	\$20,686,839,854	\$21,379,651,029	\$793,525,308	\$1,476,072,949	\$21,480,365,162	\$22,855,723,978
3 Children's Health Insurance Program Services						
1 CHIP Services						
1 CHIP	712,216,505	732,653,111	28,600,228	60,099,900	740,816,733	792,753,011
2 IMMIGRANT HEALTH INSURANCE	25,237,852	26,671,417	1,025,627	2,213,378	26,263,479	28,884,795
3 SCHOOL EMPLOYEE CHILDREN INSURANCE	24,325,396	25,031,872	988,546	2,077,317	25,313,942	27,109,189
4 CHIP PERINATAL SERVICES	213,310,680	218,429,826	4,454,973	9,220,181	217,765,653	227,650,007
5 CHIP VENDOR DRUG PROGRAM	158,249,342	162,996,821	8,776,796	18,092,132	167,026,138	181,088,953
TOTAL, GOAL 3	\$1,133,339,775	\$1,165,783,047	\$43,846,170	\$91,702,908	\$1,177,185,945	\$1,257,485,955
4 Encourage Self Sufficiency						
1 Assistance Services						
1 TANF (CASH ASSISTANCE) GRANTS	99,716,608	105,894,072	26,543,190	27,531,700	126,259,798	133,425,772
2 REFUGEE ASSISTANCE	40,163,886	40,163,886	0	0	40,163,886	40,163,886
3 DISASTER ASSISTANCE	0	0	0	0	0	0
2 Other Family Support Services						
1 FAMILY VIOLENCE SERVICES	25,802,502	25,802,502	2,250,000	2,250,000	28,052,502	28,052,502
2 ALTERNATIVES TO ABORTION	4,000,000	4,000,000	0	0	4,000,000	4,000,000
TOTAL, GOAL 4	\$169,682,996	\$175,860,460	\$28,793,190	\$29,781,700	\$198,476,186	\$205,642,160

2.F. SUMMARY OF TOTAL REQUEST BY STRATEGY
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : **8/20/2010**
 TIME :

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

Goal/Objective/STRATEGY	Base 2012	Base 2013	Exceptional 2012	Exceptional 2013	Total Request 2012	Total Request 2013
5 Program Support						
1 Program Support						
1 CENTRAL PROGRAM SUPPORT	\$16,742,359	\$16,742,100	\$0	\$0	\$16,742,359	\$16,742,100
2 IT PROGRAM SUPPORT	16,450,212	15,505,679	0	0	16,450,212	15,505,679
4 REGIONAL PROGRAM SUPPORT	128,104,102	128,151,490	0	0	128,104,102	128,151,490
TOTAL, GOAL 5	\$161,296,673	\$160,399,269	\$0	\$0	\$161,296,673	\$160,399,269
6 Information Technology Projects						
1 Information Technology Projects						
1 TIERS & ELIGIBILITY TECHNOLOGIES	85,105,576	56,129,758	0	0	85,105,576	56,129,758
TOTAL, GOAL 6	\$85,105,576	\$56,129,758	\$0	\$0	\$85,105,576	\$56,129,758
7 Office of Inspector General						
1 Client and Provider Accountability						
1 OFFICE OF INSPECTOR GENERAL	49,273,254	49,156,620	2,333,097	2,076,512	51,606,351	51,233,132
TOTAL, GOAL 7	\$49,273,254	\$49,156,620	\$2,333,097	\$2,076,512	\$51,606,351	\$51,233,132

2.F. SUMMARY OF TOTAL REQUEST BY STRATEGY
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : **8/20/2010**
 TIME :

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

Goal/Objective/STRATEGY	Base 2012	Base 2013	Exceptional 2012	Exceptional 2013	Total Request 2012	Total Request 2013
8 Enterprise Exceptional Items						
1 Enterprise Exceptional Items						
1 MAINTAIN IT SERVICES BY DIR	\$0	\$0	\$12,169,778	\$6,586,389	\$12,169,778	\$6,586,389
2 INCREASE HHS COMMUNITY SERVICES	0	0	149,665,590	393,851,705	149,665,590	393,851,705
3 SUPPORT VETERANS HEALTH INITIATIVE	0	0	7,460,804	7,460,804	7,460,804	7,460,804
4 ACQUIRED BRAIN INJURY WAIVER	0	0	383,395	2,248,852	383,395	2,248,852
5 STATE HOSPITAL & STATE CENTER TECH	0	0	10,641,500	1,763,950	10,641,500	1,763,950
6 IMPROVE SECURITY FOR IT SYSTEMS	0	0	8,750,924	7,300,167	8,750,924	7,300,167
7 INCREASE RETENTION OF HHS STAFF	0	0	39,654,844	39,654,844	39,654,844	39,654,844
8 HHS DISPROPORTIONALITY INITIATIVE	0	0	1,637,251	1,492,077	1,637,251	1,492,077
TOTAL, GOAL 8	\$0	\$0	\$230,364,086	\$460,358,788	\$230,364,086	\$460,358,788
TOTAL, AGENCY STRATEGY REQUEST	\$23,295,718,472	\$23,987,283,823	\$1,212,839,119	\$2,219,687,910	\$24,508,557,591	\$26,206,971,733
TOTAL, AGENCY RIDER APPROPRIATIONS REQUEST						
GRAND TOTAL, AGENCY REQUEST	\$23,295,718,472	\$23,987,283,823	\$1,212,839,119	\$2,219,687,910	\$24,508,557,591	\$26,206,971,733

2.F. SUMMARY OF TOTAL REQUEST BY STRATEGY
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : **8/20/2010**
 TIME :

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

Goal/Objective/STRATEGY	Base 2012	Base 2013	Exceptional 2012	Exceptional 2013	Total Request 2012	Total Request 2013
General Revenue Funds:						
1 General Revenue Fund	\$50,292,923	\$52,645,201	\$123,108,411	\$(79,872,074)	\$173,401,334	\$(27,226,873)
705 Medicaid Program Income	12,172,418	12,172,418	0	0	12,172,418	12,172,418
706 Vendor Drug Rebates-Medicaid	371,883,161	384,143,479	(8,831,628)	15,127,037	363,051,533	399,270,516
758 GR Match For Medicaid	7,469,954,892	7,722,804,193	393,634,236	828,382,493	7,863,589,128	8,551,186,686
759 GR MOE For TANF	62,851,931	62,851,931	23,581,252	24,276,549	86,433,183	87,128,480
3643 Premium Co-payments	1,390,588	1,432,306	0	0	1,390,588	1,432,306
5040 Tobacco Settlnmt Receipts	30,881,070	31,819,302	0	0	30,881,070	31,819,302
8009 GR Match-Welfare To Work	0	0	0	0	0	0
8010 GR Match For Title XXI	18,010,426	17,804,305	19,477,591	31,828,623	37,488,017	49,632,928
8014 GR Match Food Stamp Adm	200,928,376	190,739,295	24,516,664	36,285,823	225,445,040	227,025,118
8024 Tobacco Receipts Match For Medicaid	227,410,026	227,410,026	0	0	227,410,026	227,410,026
8025 Tobacco Receipts Match For CHIP	293,466,756	302,332,167	0	0	293,466,756	302,332,167
8032 GR Certified As Match For Medicaid	0	0	7,561,645	7,561,645	7,561,645	7,561,645
8054 Experience Rebates-CHIP	4,071,000	4,071,000	0	0	4,071,000	4,071,000
8063 GR Match For Disaster Funds	0	0	0	0	0	0
8070 Vendor Drug Rebates-CHIP	4,445,432	4,176,565	(4,445,432)	(4,176,565)	0	0
8075 Cost Sharing - Medicaid Clients	68,611	68,611	0	0	68,611	68,611
8081 Vendor Drug Rebates-Sup Rebates	44,675,142	46,120,894	3,282,942	7,065,787	47,958,084	53,186,681
8092 Medicare Giveback Provision	374,709,409	383,345,346	0	0	374,709,409	383,345,346
8128 82(R) Supp: General Revenue Fund	0	0	0	0	0	0
8129 82(R) Supp: GR Match for Medicaid	0	0	0	0	0	0
8131 82(R) GR Match for CHIP (XXI)	0	0	0	0	0	0
8891 80(R) Supp: GR Match For Medicaid	0	0	0	0	0	0
8901 81(R) Supp: GR Match For Medicaid	0	0	0	0	0	0
8904 81(R) Supp: Medicare Giveback	0	0	0	0	0	0

2.F. SUMMARY OF TOTAL REQUEST BY STRATEGY
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE : **8/20/2010**
 TIME :

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

Goal/Objective/STRATEGY	Base 2012	Base 2013	Exceptional 2012	Exceptional 2013	Total Request 2012	Total Request 2013
	\$9,167,212,161	\$9,443,937,039	\$581,885,681	\$866,479,318	\$9,749,097,842	\$10,310,416,357
General Revenue Dedicated Funds:						
129 Hospital Licensing Acct	\$0	\$0	\$12,585	\$12,585	\$12,585	\$12,585
524 Pub Health Svc Fee Acct	0	0	9,761	9,761	9,761	9,761
5049 Teaching Hospital Account	0	0	0	0	0	0
5137 Regional Trauma Account	0	0	0	0	0	0
	\$0	\$0	\$22,346	\$22,346	\$22,346	\$22,346
Federal Funds:						
369 Fed Recovery & Reinvestment Fund	16,149,975	11,303,425	0	0	16,149,975	11,303,425
555 Federal Funds	13,778,682,980	14,200,728,702	630,931,092	1,353,186,246	14,409,614,072	15,553,914,948
	\$13,794,832,955	\$14,212,032,127	\$630,931,092	\$1,353,186,246	\$14,425,764,047	\$15,565,218,373
Other Funds:						
666 Appropriated Receipts	10,652,555	10,652,555	0	0	10,652,555	10,652,555
777 Interagency Contracts	225,984,372	223,625,673	0	0	225,984,372	223,625,673
781 Bond Proceeds-Rev Bonds	0	0	0	0	0	0
8044 Medicaid Subrogation Receipts	56,822,709	56,822,709	0	0	56,822,709	56,822,709
8062 Approp Receipts-Match For Medicaid	40,213,720	40,213,720	0	0	40,213,720	40,213,720
8080 Fund No. 6-Medicaid Match	0	0	0	0	0	0
	\$333,673,356	\$331,314,657	\$0	\$0	\$333,673,356	\$331,314,657
TOTAL, METHOD OF FINANCING	\$23,295,718,472	\$23,987,283,823	\$1,212,839,119	\$2,219,687,910	\$24,508,557,591	\$26,206,971,733
FULL TIME EQUIVALENT POSITIONS	12,440.9	12,440.9	1,081.5	1,737.6	13,522.4	14,178.5

2.G. SUMMARY OF TOTAL REQUEST OBJECTIVE OUTCOMES

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation system of Texas (ABEST)

Date : 8/20/2010
Time: 9:54:42PM

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

Goal/ Objective / Outcome

	BL 2012	BL 2013	Excp 2012	Excp 2013	Total Request 2012	Total Request 2013
1 HHS Enterprise Oversight and Policy						
1 <i>Enterprise Oversight and Policy</i>						
1 % Persons Receiving Long-term Care Served in Community-based Settings						
	71.00%	71.18%			71.00%	71.18%
KEY 2 Average Medicaid and CHIP Children Recipient Months Per Month						
	3,681,419.00	3,778,234.00			3,681,419.00	3,778,234.00
2 Medicaid						
1 <i>Medicaid Health Services</i>						
KEY 1 Average Medicaid Acute Care (& STAR+PLUS) Recipient Months Per Month						
	3,884,015.00	3,986,452.00	3,884,155.00	3,987,004.00	3,884,155.00	3,987,004.00
2 Average Medicaid Acute Care (& STAR+PLUS) Cost Per Recipient Month						
	250.46	252.05	256.84	265.65	256.84	265.65
3 Percent of Eligible Clients Receiving Acute Care Services						
	87.30%	87.80%			87.30%	87.80%
4 Percent of 100% Poverty Population Covered by Acute Care Services						
	84.05%	84.58%			84.05%	84.58%
5 Average Medicaid Acute Care Child Recipient Months Per Month						
	2,873,499.00	2,941,735.00			2,873,499.00	2,941,735.00
3 <i>Special Medicaid Services for Children</i>						

2.G. SUMMARY OF TOTAL REQUEST OBJECTIVE OUTCOMES

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation system of Texas (ABEST)

Date : 8/20/2010

Time: 9:54:42PM

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

Goal/ Objective / Outcome

	BL 2012	BL 2013	Excp 2012	Excp 2013	Total Request 2012	Total Request 2013
1 Percent of THSteps (EPSDT) Eligible Pop. Screened FFS Medicaid-Medical	43.00%	43.00%			43.00%	43.00%
2 Percent of THSteps (EPSDT) Eligible Population Served-Dental	52.40%	52.40%			52.40%	52.40%
4 <i>Medicaid Support</i>						
1 Percent of Medicaid Eligible Population Served	76.00%	76.00%			76.00%	76.00%
2 Emergency Room Visits Per 1,000 Avg Member Months/Year	580.60	580.60			580.60	580.60
3 Children's Health Insurance Program Services						
1 <i>CHIP Services</i>						
1 Percent of CHIP-eligible Children Enrolled	68.18%	69.29%			68.18%	69.29%
KEY 2 Average CHIP Programs Recipient Months Per Month	593,836.00	611,418.00			593,836.00	611,418.00
3 Average CHIP Programs Benefit Cost without Prescription Benefit	135.65	135.52	140.57	145.56	140.57	145.56
KEY 4 Average CHIP Programs Benefit Cost with Prescription Benefit	157.86	157.74	163.35	169.59	163.35	169.59

2.G. SUMMARY OF TOTAL REQUEST OBJECTIVE OUTCOMES

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation system of Texas (ABEST)

Date : 8/20/2010
Time: 9:54:42PM

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

Goal/ Objective / Outcome

	BL 2012	BL 2013	Excp 2012	Excp 2013	Total Request 2012	Total Request 2013
4	Encourage Self Sufficiency					
1	Assistance Services					
	1 Percent of Total Children in Poverty Receiving TANF & State Assistance					
	6.75%	6.79%			6.75%	6.79%
	2 Number of Adults Exhausting TANF & State Assistance Benefits					
	720.00	660.00			720.00	660.00
	3 % TANF Caretakers Leaving Due to Increased Employment Earnings					
	9.30%	9.00%			9.30%	9.00%
2	Other Family Support Services					
	1 Percent Adult Victims Requesting Shelter Denied Due to Lack of Space					
	26.00%	27.00%	22.00%	23.00%	22.00%	23.00%
7	Office of Inspector General					
1	Client and Provider Accountability					
	1 Medicaid Subrogation Receipts as a Ratio of Subrogation Admin Expenses					
	933.27	933.27			933.27	933.27
	3 Net Dollars Recovered Per Dollar Expended from All Funds					
	10.41	10.41			10.41	10.41

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3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:41:24PM

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

GOAL: 1 HHS Enterprise Oversight and Policy Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 1 Enterprise Oversight and Policy Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Output Measures:

1	Number of Rates Determined Annually	53.00	53.00	53.00	53.00	53.00
2	Number of Guardianship and MMP Grants	11.00	11.00	11.00	10.00	10.00
3	Number of Minority Health Initiatives Implemented	8.00	8.00	8.00	8.00	8.00

Efficiency Measures:

1	Average Cost Per Minority Health Initiative Developed	19,218.00	19,218.00	19,218.00	19,218.00	19,218.00
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Objects of Expense:

1001	SALARIES AND WAGES	\$18,659,732	\$19,796,108	\$20,525,927	\$20,698,404	\$20,698,404
1002	OTHER PERSONNEL COSTS	\$689,848	\$589,960	\$601,755	\$611,849	\$611,849
2001	PROFESSIONAL FEES AND SERVICES	\$4,059,185	\$11,162,657	\$15,262,015	\$21,254,631	\$16,248,059
2002	FUELS AND LUBRICANTS	\$4,035	\$3,866	\$3,737	\$3,737	\$3,737
2003	CONSUMABLE SUPPLIES	\$111,602	\$126,899	\$259,346	\$190,229	\$190,246
2004	UTILITIES	\$611,662	\$558,727	\$459,548	\$793,688	\$792,419
2005	TRAVEL	\$192,354	\$325,132	\$339,591	\$343,252	\$343,252
2006	RENT - BUILDING	\$816,443	\$857,165	\$818,540	\$821,164	\$821,174
2007	RENT - MACHINE AND OTHER	\$309,369	\$380,775	\$346,031	\$378,035	\$378,405
2009	OTHER OPERATING EXPENSE	\$2,058,617	\$1,962,285	\$1,844,568	\$2,218,593	\$2,229,715
4000	GRANTS	\$22,083,877	\$9,537,930	\$9,537,930	\$9,537,930	\$9,537,930
5000	CAPITAL EXPENDITURES	\$8,468	\$8,092	\$7,883	\$29,621	\$7,883
TOTAL, OBJECT OF EXPENSE		\$49,605,192	\$45,309,596	\$50,006,871	\$56,881,133	\$51,863,073

Method of Financing:

1	General Revenue Fund	\$8,176,626	\$14,368,647	\$12,738,514	\$12,963,243	\$12,962,963
758	GR Match For Medicaid	\$3,927,392	\$4,654,204	\$4,677,555	\$5,171,392	\$5,171,270
8010	GR Match For Title XXI	\$87,409	\$101,718	\$96,910	\$99,776	\$99,774

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 1 HHS Enterprise Oversight and Policy Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 1 Enterprise Oversight and Policy Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
8014	GR Match Food Stamp Adm	\$2,149,184	\$2,323,087	\$2,407,569	\$2,449,691	\$2,450,095
8891	80(R) Supp: GR Match For Medicaid	\$500,000	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$14,840,611	\$21,447,656	\$19,920,548	\$20,684,102	\$20,684,102

Method of Financing:

5137	Regional Trauma Account	\$13,395,932	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$13,395,932	\$0	\$0	\$0	\$0

Method of Financing:

369	Fed Recovery & Reinvestment Fund					
	93.719.000 St Grants_Hlth Info Tech - Stimulus	\$0	\$757,497	\$6,744,413	\$12,721,515	\$7,824,115
CFDA Subtotal, Fund	369	\$0	\$757,497	\$6,744,413	\$12,721,515	\$7,824,115
555	Federal Funds					
	10.561.000 St Admin Match Food Stamp	\$2,149,183	\$2,323,087	\$2,407,569	\$2,449,691	\$2,449,607
	93.006.000 HIV/AIDS Demonstration Program	\$101,149	\$106,428	\$125,353	\$125,860	\$125,860
	93.104.000 Comprehensive Community M	\$2,854	\$3,083	\$3,083	\$0	\$0
	93.110.000 Maternal and Child Health	\$113,602	\$72,957	\$72,957	\$83,439	\$83,439
	93.234.000 TRAUMATIC BRAIN INJURY	\$0	\$250,000	\$250,000	\$250,000	\$250,000
	93.243.000 Project Reg. & Natl Significance	\$0	\$0	\$0	\$3,083	\$3,083
	93.558.000 Temp AssistNeedy Families	\$5,744,552	\$3,937,374	\$3,778,992	\$3,937,374	\$3,817,209
	93.566.000 Refugee and Entrant Assis	\$4,543	\$4,966	\$5,162	\$5,260	\$5,260
	93.643.000 Children s Justice Grants	\$52,215	\$4,627	\$4,627	\$0	\$0
	93.667.000 Social Svcs Block Grants	\$154,478	\$143,510	\$138,600	\$138,102	\$138,096
	93.767.000 CHIP	\$220,629	\$250,438	\$238,555	\$244,886	\$244,880
	93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$0	\$0	\$100,920	\$100,798
	93.778.003 XIX 50%	\$4,429,095	\$4,654,293	\$4,676,422	\$5,061,574	\$5,061,574
CFDA Subtotal, Fund	555	\$12,972,300	\$11,750,763	\$11,701,320	\$12,400,189	\$12,279,806

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 1 HHS Enterprise Oversight and Policy Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 1 Enterprise Oversight and Policy Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
SUBTOTAL, MOF (FEDERAL FUNDS)		\$12,972,300	\$12,508,260	\$18,445,733	\$25,121,704	\$20,103,921
Method of Financing:						
666	Appropriated Receipts	\$202,560	\$251,254	\$251,255	\$252,555	\$252,555
777	Interagency Contracts	\$8,193,789	\$11,102,426	\$11,389,335	\$10,822,772	\$10,822,495
SUBTOTAL, MOF (OTHER FUNDS)		\$8,396,349	\$11,353,680	\$11,640,590	\$11,075,327	\$11,075,050
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$56,881,133	\$51,863,073
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$49,605,192	\$45,309,596	\$50,006,871	\$56,881,133	\$51,863,073
FULL TIME EQUIVALENT POSITIONS:		309.8	336.6	339.1	339.1	339.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

The HHS Enterprise strategy includes funding for consolidated oversight, policy, guidance, and coordination for each of the five HHS agencies. Key priorities include the offices of the Executive Commissioner and Deputies; Communications; Legal; Federal Funds Management, Rate Setting Analysis, System Forecasting, Actuarial Analysis; Economic Analysis; Strategic Planning, and Program Evaluation. These functions support the entire HHS enterprise and funding is dependent upon all five agencies.

In addition, HHSC continues its effort to implement several interagency projects involved in services integration, including: Community Resource Coordination Groups (CRCG) for children and adults; Office of the Elimination of Health Disparities; Family-based Alternatives; Early Childhood Coordination; Guardianship Alliance of Texas; Long-Term Care Insurance Partnership; Texas Office for the Prevention of Developmental Disabilities; Office of Acquired Brain Injury; Promoting Independence Initiatives; Texas Integrated Funding Initiatives (TIFI); Federal Substance Abuse and MH Services Administration (SAMHSA) Grant; Real Choice Systems Change Grants and coordination of HHS services in East Texas and in colonias along the Texas-Mexico border. Other programs also include the Nurse Family Partnership and the grants for Umbilical Cord Blood Bank.

Legal Base: Chapter 531.055, Government Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	1	HHS Enterprise Oversight and Policy	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Enterprise Oversight and Policy	Service Categories:		
STRATEGY:	1	Enterprise Oversight and Policy	Service:	30	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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External Factors include changes to Medicaid and CHIP caseloads, coupled with rising costs, can result in limited resources for oversight and policy functions. Changes to Medicaid and CHIP and implementation of new programs place increased demands on oversight and policy functions. HHSC also has a need to provide oversight and develop policies that are client-focused. Additionally, many enterprise efforts are financed by Interagency contracts with other HHS agencies, and available funding for these enterprise operations depend on the ability of the contributing agencies to continue current levels of funding.

The primary internal factor impacting this strategy is the challenge and opportunity to refine and continually improve approaches that strengthen the quality of services for the internal and external customers to achieve cost efficiency. Changes to staffing, functions, services and providers used within the HHS enterprise could impact the strategy. Functions within this strategy focus on balancing oversight and operations, streamlining administrative services, and strengthening analytical and forecasting support for major decisions with financial significance.

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 1 HHS Enterprise Oversight and Policy Statewide Goal/Benchmark: 3 11
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Integrated Eligibility and Enrollment (IEE) Service: 08 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Average Monthly Number of Eligibility Determinations	718,430.00	800,000.00	840,000.00	890,000.00	940,000.00
2	Avg Number of Eligibility Determinations Per Staff Person Per Month	138.00	146.00	145.00	147.00	149.00
3	Average Number of Recipients Per Month: Food Stamps	3,089,105.00	3,544,997.00	4,067,353.00	4,341,620.00	4,443,199.00
4	Average Number of Healthy Marriage Grants Awarded	81.00	45.00	44.00	38.00	38.00
Efficiency Measures:						
KEY 1	Average Cost Per Eligibility Determination	46.80	48.82	49.44	46.42	44.49
2	Accuracy Rate of Benefits Issued: TANF	88.66	89.00	90.00	90.00	90.00
3	Accuracy Rate of Benefits Issued: Food Stamps	90.49	90.50	95.00	95.00	95.00
4	Percent of Eligibility Decisions Completed on Time	77.28 %	78.00 %	92.00 %	94.00 %	95.00 %
5	Average Cost Per Healthy Marriage Grant	125,752.56	76,452.18	78,135.34	69,419.86	69,419.86
Explanatory/Input Measures:						
KEY 1	% Poverty Met by TANF, Food Stamps, and Medicaid Benefits	83.88 %	84.67 %	85.98 %	87.61 %	87.59 %
KEY 2	Total Value of Food Stamps Distributed	4,371.00	5,536.00	5,548.00	5,561.00	5,573.00
3	Percent of Potential Eligible Population Receiving Food Stamps	54.77 %	63.59 %	73.55 %	76.97 %	77.22 %
4	Percent Potential Eligible Population Receiving CPW Medicaid	68.05 %	81.10 %	91.36 %	93.95 %	94.93 %
5	Percent of Direct Delivery Staff with Less than One Year	30.48 %	26.30 %	27.00 %	26.40 %	25.80 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$297,151,285	\$330,431,345	\$336,098,300	\$334,960,531	\$332,984,801
1002	OTHER PERSONNEL COSTS	\$10,712,708	\$16,289,388	\$12,129,114	\$13,942,951	\$13,942,951
2001	PROFESSIONAL FEES AND SERVICES	\$199,715,534	\$257,713,393	\$287,865,559	\$299,882,120	\$295,992,159

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 1 HHS Enterprise Oversight and Policy Statewide Goal/Benchmark: 3 11
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Integrated Eligibility and Enrollment (IEE) Service: 08 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
2002	FUELS AND LUBRICANTS	\$53,615	\$60,150	\$63,513	\$63,513	\$63,513
2003	CONSUMABLE SUPPLIES	\$4,231,429	\$7,664,597	\$7,622,996	\$7,033,291	\$7,031,133
2004	UTILITIES	\$25,737,471	\$31,155,764	\$35,430,528	\$27,315,517	\$27,312,787
2005	TRAVEL	\$11,031,815	\$12,460,602	\$15,223,122	\$12,042,154	\$12,030,487
2006	RENT - BUILDING	\$20,959,595	\$23,637,192	\$25,382,448	\$29,187,429	\$29,971,887
2007	RENT - MACHINE AND OTHER	\$8,060,555	\$11,644,958	\$12,310,335	\$10,567,639	\$10,522,666
2009	OTHER OPERATING EXPENSE	\$73,996,024	\$76,079,164	\$79,492,243	\$82,352,920	\$82,746,632
4000	GRANTS	\$9,997,410	\$3,440,348	\$3,440,348	\$3,336,011	\$3,336,011
5000	CAPITAL EXPENDITURES	\$2,426,391	\$341,460	\$129,681	\$1,139,268	\$1,139,268
TOTAL, OBJECT OF EXPENSE		\$664,073,832	\$770,918,361	\$815,188,187	\$821,823,344	\$817,074,295

Method of Financing:

1	General Revenue Fund	\$5,427,973	\$16,955,936	\$19,179,169	\$11,139,762	\$10,789,388
758	GR Match For Medicaid	\$108,123,171	\$143,578,194	\$159,383,015	\$195,951,142	\$195,206,509
759	GR MOE For TANF	\$0	\$0	\$0	\$0	\$0
8010	GR Match For Title XXI	\$11,253,335	\$20,351,006	\$17,488,081	\$16,299,332	\$16,407,197
8014	GR Match Food Stamp Adm	\$122,776,242	\$162,163,713	\$168,555,259	\$155,885,401	\$154,570,096
8025	Tobacco Receipts Match For Chip	\$4,409,255	\$0	\$0	\$0	\$0
8891	80(R) Supp: GR Match For Medicaid	\$32,000,000	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$283,989,976	\$343,048,849	\$364,605,524	\$379,275,637	\$376,973,190

Method of Financing:

369	Fed Recovery & Reinvestment Fund					
	10.561.003 Food Stamps (SNAP) Admin-Stimul	\$13,843,316	\$13,987,018	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$13,843,316	\$13,987,018	\$0	\$0	\$0

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 1 HHS Enterprise Oversight and Policy Statewide Goal/Benchmark: 3 11
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Integrated Eligibility and Enrollment (IEE) Service: 08 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
555	Federal Funds					
	00.000.001 Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
	10.551.000 Food Stamps	\$171,470	\$0	\$0	\$0	\$0
	10.561.000 St Admin Match Food Stamp	\$126,933,710	\$174,438,176	\$194,945,236	\$172,928,261	\$171,343,143
	93.086.000 Hlthy Marriage & Fatherhood Grants	\$808,261	\$900,001	\$900,001	\$855,261	\$855,261
	93.558.000 Temp AssistNeedy Families	\$39,812,265	\$18,315,765	\$18,315,765	\$18,584,063	\$18,584,063
	93.566.000 Refugee and Entrant Assis	\$346,960	\$404,091	\$417,254	\$551,343	\$546,580
	93.667.000 Social Svcs Block Grants	\$0	\$0	\$0	\$0	\$0
	93.670.000 Child Abuse and Neglect D	\$180,906	\$2,393	\$2,393	\$0	\$0
	93.767.000 CHIP	\$39,492,067	\$50,292,229	\$56,657,297	\$41,862,418	\$42,158,994
	93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$146,223,911	\$151,182,381	\$159,185,321	\$194,952,440	\$194,391,729
	93.778.004 XIX ADM @ 75%	\$689,281	\$873,480	\$854,525	\$674,445	\$111,870
	93.778.005 XIX FMAP @ 90%	\$1,450	\$0	\$0	\$0	\$0
	93.778.007 XIX ADM @ 100	\$147,534	\$36,098	\$37,561	\$0	\$0
	97.073.000 St. Homeland Security Program	\$180,000	\$180,000	\$180,000	\$300,000	\$300,000
CFDA Subtotal, Fund	555	\$354,987,815	\$396,624,614	\$431,495,353	\$430,708,231	\$428,291,640
SUBTOTAL, MOF (FEDERAL FUNDS)		\$368,831,131	\$410,611,632	\$431,495,353	\$430,708,231	\$428,291,640
Method of Financing:						
666	Appropriated Receipts	\$9,876,772	\$10,681,008	\$10,400,000	\$10,400,000	\$10,400,000
777	Interagency Contracts	\$1,375,953	\$6,576,872	\$8,687,310	\$1,439,476	\$1,409,465
SUBTOTAL, MOF (OTHER FUNDS)		\$11,252,725	\$17,257,880	\$19,087,310	\$11,839,476	\$11,809,465
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$821,823,344	\$817,074,295
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$664,073,832	\$770,918,361	\$815,188,187	\$821,823,344	\$817,074,295
FULL TIME EQUIVALENT POSITIONS:		8,646.0	9,289.0	9,289.0	9,289.0	9,289.0

3.A. STRATEGY REQUEST

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Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	1	HHS Enterprise Oversight and Policy	Statewide Goal/Benchmark:	3	11
OBJECTIVE:	1	Enterprise Oversight and Policy	Service Categories:		
STRATEGY:	2	Integrated Eligibility and Enrollment (IEE)	Service:	08	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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STRATEGY DESCRIPTION AND JUSTIFICATION:

IEE encompasses multiple channels to apply for benefits (including face-to-face, fax, internet & telephone); TANF, two-parent Cash assistance, SNAP, Medicaid, CHIP & Refugee services eligibility determination; Enrollment Broker services to assist CHIP & Medicaid clients enroll in managed care; EBT; finger imaging; outreach & application assistance; nutrition education; TIERS & other eligibility technologies maintenance; & policy, training, oversight, & quality assurance/quality control. Eligibility determination is being transformed from non-integrated, paper-based, 1970s technology to multiple access channels, document imaging and electronic case files, a web-based automated system, shared work flow between local benefit offices, & use of contracted support of eligibility & enrollment functions. Other strategy programs include 2-1-1 Texas Information Referral Network(TIRN); ombudsman services; & the “Twogether in Texas” Healthy Marriage programs.

Funding to maintain eligibility staffing for FY 2012-13 assumes adjustments for annualization, caseload growth & mix changes, one-time expenditures, cost allocation related to TIERS rollout, TIERS transition to operations, SAVERR decommissioning, & replacement of ARRA-SNAP funding. The biennial GR increase totals \$48.6 million. Funding for non-exempt activities is reduced by approximately \$5.2 million GR.

Legal Basis: Federal-TANF 42 USCA 601 et seq, SNAP 7 USCA 2011 et seq., Medicaid 42 USCA 1396 et seq., CHIP 42 USCA 1397 et seq. Human Resources Code Chapter 22,31,32,33,34,& 44, Health and Safety Code Ch. 62 & 63.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External and internal factors affecting eligibility and enrollment include 1) completion of TIERS rollout schedule and SAVERR decommissioning; 2) caseload/workload growth and caseload mix changes; 3) staff retention and recruitment; 4) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipts of bonuses or imposition of sanctions and financial penalties; 5) cost allocation factor changes affecting the demand for general revenue; 6) re-procurements of contracted services; 7) Federal programs and policy changes such as Health Care Reform; 8) implementation of program and policy changes from state legislation; 9) disasters; and 10) federal and state review and oversight.

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	1	HHS Enterprise Oversight and Policy	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	2	HHS Consolidated System Support Services	Service Categories:		
STRATEGY:	1	Consolidated System Support	Service:	05	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Method of Financing:

555	Federal Funds					
	00.000.001 Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
	10.561.000 St Admin Match Food Stamp	\$7,508,751	\$6,491,431	\$5,942,572	\$8,566,586	\$6,420,219
	93.558.000 Temp AssistNeedy Families	\$2,018,414	\$2,183,167	\$4,268,775	\$1,786,416	\$1,797,023
	93.566.000 Refugee and Entrant Assis	\$44,997	\$40,950	\$33,797	\$51,019	\$32,453
	93.667.000 Social Svcs Block Grants	\$9,560	\$9,293	\$25,759	\$8,822	\$8,802
	93.767.000 CHIP	\$276,813	\$243,885	\$242,367	\$185,987	\$185,656
	93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$4,767,149	\$11,015,592	\$5,598,376	\$5,671,775
	93.778.003 XIX 50%	\$7,266,479	\$3,157,820	\$3,110,551	\$4,634,599	\$4,992,758
	93.778.004 XIX ADM @ 75%	\$3,323,335	\$138,670	\$165,570	\$4,674,904	\$4,720,032
	93.778.005 XIX FMAP @ 90%	\$7,668	\$0	\$0	\$3,653,023	\$3,125,698
CFDA Subtotal, Fund	555	\$20,456,017	\$17,032,365	\$24,804,983	\$29,159,732	\$26,954,416
SUBTOTAL, MOF (FEDERAL FUNDS)		\$20,456,017	\$17,032,365	\$24,804,983	\$29,159,732	\$26,954,416

Method of Financing:

777	Interagency Contracts	\$71,153,640	\$89,090,916	\$81,582,014	\$77,760,674	\$79,856,395
SUBTOTAL, MOF (OTHER FUNDS)		\$71,153,640	\$89,090,916	\$81,582,014	\$77,760,674	\$79,856,395

TOTAL, METHOD OF FINANCE (INCLUDING RIDERS) **\$131,475,867** **\$131,366,272**

TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS) **\$123,599,681** **\$129,745,219** **\$131,875,984** **\$131,475,867** **\$131,366,272**

FULL TIME EQUIVALENT POSITIONS: **661.9** **704.8** **706.8** **706.8** **706.8**

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	1	HHS Enterprise Oversight and Policy	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	2	HHS Consolidated System Support Services	Service Categories:		
STRATEGY:	1	Consolidated System Support	Service:	05	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The Consolidated System Support Services strategy includes funding for all HHS Enterprise system support functions that have been consolidated at the HHS enterprise level, including: Human Resources, Payroll and Leave Support, Procurement, Information Technology Infrastructure Standardization and Policy, Facilities and Leasing, Consumer Support and Workforce, Community Support and Collaborations, and Civil Rights. Funding also provides oversight support of the State Hospitals operated by DSHS and the State Supported Living Centers operated by DADS for risk management, training, food transportation, nutrition planning, and facility management. This strategy includes funding for the on-going operations of Health and Human Services Administration System (HHSAS). These functions support the entire HHS enterprise and funding is dependent upon all five agencies.

Legal Base: Section 531.0055, Government Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Changes in staffing or program in the 5 HHS agencies impact the level of administrative support needed. Changes in law or rules relating to leasing, purchasing or facilities, affect the cost of support services. Economic trends that affect lease cost & purchase prices, affect the cost of support services. Legislative changes to employee benefits, affect the cost of human resources support services. New federal regulations including civil rights affect the cost of support services. Homeland Security responses may require additional security initiatives at facilities & affect the cost of support services. Data Center Consolidation affects the cost of support services for the HHS agencies. Changes in cost allocation factors affect the distribution of shared costs across the 5 agencies & the demand for GR. The GASB Statement #51, effective 9/1/10, could impact the purchase & depreciation of certain software & the return of federal funds & the reliance of 100% GR.

Outsourcing of administrative services & associated costs affect the cost of support services for the HHS enterprise agencies. Optimization projects & agency reductions or increases in staff affect the cost of support services for the HHS Enterprise agencies. Technology solutions that increase efficiencies could result in short-term costs in support services with long-term savings in other areas. Agency reorganizations that increase or decrease system support services staff would affect the cost of support services for HHS agencies.

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 1 Medicare and Supplemental Security Income Risk Groups Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average Aged and Medicare Recipient Months Per Month	257,948.00	262,464.00	243,901.00	231,357.00	236,685.00
2	Average Disabled and Blind Recipient Months Per Month	272,161.00	289,306.00	286,358.00	286,464.00	301,878.00
Efficiency Measures:						
1	Average Aged and Medicare Related Cost Per Recipient Month	173.85	177.90	183.27	183.34	183.34
2	Average Disabled and Blind Cost Per Recipient Month	506.44	527.90	544.92	545.60	545.61
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,390,337	\$2,591,048	\$2,678,568	\$2,726,321	\$2,726,321
1002	OTHER PERSONNEL COSTS	\$76,236	\$78,635	\$78,278	\$79,561	\$79,560
2001	PROFESSIONAL FEES AND SERVICES	\$58,874,376	\$68,944,401	\$65,848,394	\$65,013,849	\$65,013,849
2002	FUELS AND LUBRICANTS	\$236	\$239	\$214	\$214	\$214
2003	CONSUMABLE SUPPLIES	\$9,924	\$392,782	\$406,858	\$398,982	\$398,984
2004	UTILITIES	\$97,979	\$94,994	\$80,436	\$123,385	\$123,218
2005	TRAVEL	\$37,562	\$44,827	\$46,276	\$46,895	\$46,895
2006	RENT - BUILDING	\$72,833	\$77,427	\$68,429	\$68,592	\$68,593
2007	RENT - MACHINE AND OTHER	\$36,200	\$44,377	\$36,607	\$40,973	\$41,022
2009	OTHER OPERATING EXPENSE	\$178,659	\$201,284	\$172,557	\$175,105	\$175,125
3001	CLIENT SERVICES	\$2,422,899,946	\$2,611,246,649	\$2,803,622,263	\$2,884,262,368	\$3,016,553,572
4000	GRANTS	\$5,774,014	\$10,376,554	\$10,376,554	\$10,376,554	\$10,376,554
5000	CAPITAL EXPENDITURES	\$2,008	\$1,112	\$1,040	\$1,040	\$1,040
TOTAL, OBJECT OF EXPENSE		\$2,490,450,310	\$2,694,094,329	\$2,883,416,474	\$2,963,313,839	\$3,095,604,947

Method of Financing:

758	GR Match For Medicaid	\$800,995,325	\$784,503,754	\$883,321,363	\$1,180,274,603	\$1,232,463,435
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3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
OBJECTIVE: 1 Medicaid Health Services Service Categories:
STRATEGY: 1 Medicare and Supplemental Security Income Risk Groups Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
8075	Cost Sharing - Medicaid Clients	\$9,541	\$17,760	\$68,611	\$68,611	\$68,611
8129	82(R) Supp: GR Match for Medicaid	\$0	\$0	\$156,533,225	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$801,004,866	\$784,521,514	\$1,039,923,199	\$1,180,343,214	\$1,232,532,046
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$207,859,371	\$296,779,489	\$178,363,288	\$0	\$0
CFDA Subtotal, Fund	369	\$207,859,371	\$296,779,489	\$178,363,288	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$1,443,984,098	\$1,573,936,090	\$1,627,939,701	\$1,746,463,241	\$1,826,565,517
	93.778.003 XIX 50%	\$17,360,070	\$19,291,183	\$16,439,193	\$16,361,672	\$16,361,672
	93.778.004 XIX ADM @ 75%	\$18,366,746	\$17,603,265	\$17,908,174	\$17,909,043	\$17,909,043
	93.778.005 XIX FMAP @ 90%	\$1,875,159	\$1,962,788	\$2,842,919	\$2,236,669	\$2,236,669
CFDA Subtotal, Fund	555	\$1,481,586,073	\$1,612,793,326	\$1,665,129,987	\$1,782,970,625	\$1,863,072,901
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,689,445,444	\$1,909,572,815	\$1,843,493,275	\$1,782,970,625	\$1,863,072,901
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$2,963,313,839	\$3,095,604,947
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)					\$2,490,450,310	\$2,694,094,329
FULL TIME EQUIVALENT POSITIONS:		44.8	42.8	42.8	42.8	42.8
STRATEGY DESCRIPTION AND JUSTIFICATION:						

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 2 Temp Asst for Needy Families Adults & Children Risk Groups Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average TANF Adult Recipient Months Per Month	47,135.00	53,451.00	55,101.00	56,593.00	58,077.00
2	Average TANF Children Recipient Months Per Month	207,905.00	230,301.00	246,093.00	252,515.00	257,729.00
3	Average Foster Care Children Recipient Months Per Month	30,090.00	29,754.00	31,489.00	33,125.00	34,897.00
Efficiency Measures:						
1	Average TANF Adult Cost Per Recipient Month	305.46	311.46	339.52	340.11	340.78
2	Average TANF Children Cost Per Recipient Month	130.29	135.62	141.87	142.20	142.62
3	Average Foster Care Children Cost Per Recipient Month	643.68	721.42	809.47	809.49	809.50
Objects of Expense:						
1001	SALARIES AND WAGES	\$815,060	\$852,110	\$817,434	\$832,006	\$832,006
1002	OTHER PERSONNEL COSTS	\$25,995	\$25,920	\$24,185	\$24,576	\$24,576
2001	PROFESSIONAL FEES AND SERVICES	\$12,573,872	\$14,109,598	\$13,025,878	\$12,768,918	\$12,768,919
2002	FUELS AND LUBRICANTS	\$81	\$81	\$72	\$72	\$72
2003	CONSUMABLE SUPPLIES	\$3,385	\$120,347	\$124,456	\$122,051	\$122,051
2004	UTILITIES	\$33,407	\$30,741	\$25,504	\$38,629	\$38,578
2005	TRAVEL	\$12,809	\$14,915	\$14,121	\$14,310	\$14,310
2006	RENT - BUILDING	\$24,841	\$26,168	\$23,107	\$23,156	\$23,157
2007	RENT - MACHINE AND OTHER	\$12,347	\$15,000	\$11,559	\$12,893	\$12,908
2009	OTHER OPERATING EXPENSE	\$55,164	\$65,931	\$55,124	\$55,903	\$55,908
3001	CLIENT SERVICES	\$696,865,155	\$674,011,453	\$756,884,939	\$964,996,269	\$998,406,765
4000	GRANTS	\$3,192,747	\$3,447,494	\$3,447,494	\$3,447,494	\$3,447,494
5000	CAPITAL EXPENDITURES	\$685	\$376	\$352	\$352	\$352
TOTAL, OBJECT OF EXPENSE		\$713,615,548	\$692,720,134	\$774,454,225	\$982,336,629	\$1,015,747,096

Method of Financing:

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	2	Temp Asst for Needy Families Adults & Children Risk Groups	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
758	GR Match For Medicaid	\$231,181,753	\$205,664,687	\$236,613,825	\$390,553,865	\$403,734,291
8129	82(R) Supp: GR Match for Medicaid	\$0	\$0	\$45,481,012	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$231,181,753	\$205,664,687	\$282,094,837	\$390,553,865	\$403,734,291

Method of Financing:

369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$59,866,692	\$79,207,779	\$48,160,848	\$0	\$0
CFDA Subtotal, Fund	369	\$59,866,692	\$79,207,779	\$48,160,848	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$414,009,478	\$399,556,057	\$436,524,369	\$584,318,190	\$604,548,231
	93.778.003 XIX 50%	\$3,766,503	\$4,436,598	\$3,409,942	\$3,385,194	\$3,385,194
	93.778.004 XIX ADM @ 75%	\$4,046,888	\$3,482,006	\$3,615,572	\$3,615,837	\$3,615,837
	93.778.005 XIX FMAP @ 90%	\$744,234	\$373,007	\$648,657	\$463,543	\$463,543
CFDA Subtotal, Fund	555	\$422,567,103	\$407,847,668	\$444,198,540	\$591,782,764	\$612,012,805
SUBTOTAL, MOF (FEDERAL FUNDS)		\$482,433,795	\$487,055,447	\$492,359,388	\$591,782,764	\$612,012,805

TOTAL, METHOD OF FINANCE (INCLUDING RIDERS) **\$982,336,629** **\$1,015,747,096**

TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS) **\$713,615,548** **\$692,720,134** **\$774,454,225** **\$982,336,629** **\$1,015,747,096**

FULL TIME EQUIVALENT POSITIONS: **15.3** **13.0** **13.0** **13.0** **13.0**

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	2	Temp Asst for Needy Families Adults & Children Risk Groups	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The TANF Adult and Children Risk Group strategy includes the hospital, physician, and other medical services provided to eligible TANF-related adults and children. Under Title XIX, Medicaid medical services are legally mandated entitlement services.

This strategy includes the health care delivery model for children in foster care. The STAR Health model serving these children was implemented in April 2008. Almost all children in foster care are Medicaid eligible and their acute care costs are in this strategy.

Medicaid services are provided to this risk group through either: 1) fee-for-service; or 2) a managed care health delivery system. The managed care system consists of two health care delivery models: Primary Care Case Management (PCCM); and an at-risk, capitated health plan (HMO).

This strategy includes the health care delivery model for children in foster care. The STAR Health model serving these children was implemented in April 2008. Almost all children in foster care are Medicaid eligible and their acute care costs are in this strategy.

Strategy funding for FY 2012-13 assumes the current projected Medicaid caseloads at FY 2011 cost trends. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

Legal Base: Title XIX of the Social Security Act; Chapter 266, Family Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. ARRA funds provided a temporary increase in the federal share for a 27 month period beginning October 1, 2008. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 3 Pregnant Women Risk Group Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average Pregnant Women Recipient Months Per Month	127,001.00	127,242.00	128,136.00	129,361.00	130,609.00
Efficiency Measures:						
1	Average Pregnant Women Cost Per Recipient Month	718.31	739.67	749.70	768.43	784.40
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,222,228	\$1,222,882	\$1,001,736	\$1,019,425	\$1,019,425
1002	OTHER PERSONNEL COSTS	\$38,980	\$37,221	\$30,347	\$30,822	\$30,822
2001	PROFESSIONAL FEES AND SERVICES	\$19,794,755	\$20,718,944	\$18,525,776	\$18,189,553	\$18,189,553
2002	FUELS AND LUBRICANTS	\$121	\$118	\$105	\$105	\$105
2003	CONSUMABLE SUPPLIES	\$5,073	\$156,431	\$161,320	\$158,210	\$158,211
2004	UTILITIES	\$50,101	\$42,792	\$34,321	\$51,319	\$51,254
2005	TRAVEL	\$19,205	\$21,722	\$17,116	\$17,346	\$17,346
2006	RENT - BUILDING	\$37,233	\$38,144	\$33,650	\$33,714	\$33,715
2007	RENT - MACHINE AND OTHER	\$18,506	\$21,884	\$15,538	\$17,264	\$17,283
2009	OTHER OPERATING EXPENSE	\$83,741	\$93,276	\$74,256	\$75,273	\$75,281
3001	CLIENT SERVICES	\$1,083,127,811	\$1,115,299,761	\$1,148,126,086	\$1,157,614,578	\$1,169,660,942
4000	GRANTS	\$40,898	\$160,288	\$160,288	\$160,288	\$160,288
5000	CAPITAL EXPENDITURES	\$1,026	\$548	\$513	\$513	\$512
TOTAL, OBJECT OF EXPENSE		\$1,104,439,678	\$1,137,814,011	\$1,168,181,052	\$1,177,368,410	\$1,189,414,737
Method of Financing:						
758	GR Match For Medicaid	\$347,648,900	\$328,177,447	\$409,757,253	\$464,517,823	\$469,270,095
8129	82(R) Supp: GR Match for Medicaid	\$0	\$0	\$8,175,035	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$347,648,900	\$328,177,447	\$417,932,288	\$464,517,823	\$469,270,095

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 3 Pregnant Women Risk Group Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$92,235,559	\$135,745,119	\$70,365,264	\$0	\$0
CFDA Subtotal, Fund	369	\$92,235,559	\$135,745,119	\$70,365,264	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$650,454,230	\$660,355,217	\$667,711,638	\$700,952,378	\$708,246,433
	93.778.003 XIX 50%	\$5,907,931	\$7,058,150	\$5,270,906	\$5,236,426	\$5,236,426
	93.778.004 XIX ADM @ 75%	\$6,374,622	\$5,849,977	\$5,920,674	\$5,920,993	\$5,920,993
	93.778.005 XIX FMAP @ 90%	\$1,818,436	\$628,101	\$980,282	\$740,790	\$740,790
CFDA Subtotal, Fund	555	\$664,555,219	\$673,891,445	\$679,883,500	\$712,850,587	\$720,144,642
SUBTOTAL, MOF (FEDERAL FUNDS)		\$756,790,778	\$809,636,564	\$750,248,764	\$712,850,587	\$720,144,642

TOTAL, METHOD OF FINANCE (INCLUDING RIDERS) **\$1,177,368,410** **\$1,189,414,737**

TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS) **\$1,104,439,678** **\$1,137,814,011** **\$1,168,181,052** **\$1,177,368,410** **\$1,189,414,737**

FULL TIME EQUIVALENT POSITIONS: **22.9** **19.8** **19.8** **19.8** **19.8**

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Pregnant Women Risk Group strategy includes the hospital, physician, and other medical services provided to eligible pregnant women with incomes up to 185 percent of the federal poverty level. Under Title XIX, Medicaid medical services are legally mandated entitlement services.

Medicaid services are provided to this risk group through either: 1) fee-for-service; or 2) a managed care health delivery system. The managed care system consists of two health care delivery models: Primary Care Case Management (PCCM); and an at-risk, capitated health plan (HMO).

Projected expenditures for maintaining current cost trends are requested as an exceptional item.

Legal Base: Title XIX of the Social Security Act

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 4 Children & Medically Needy Risk Groups Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average Children Recipient Months Per Month	1,867,745.00	2,149,374.00	2,479,737.00	2,587,859.00	2,649,108.00
2	Average Medically Needy Recipient Months Per Month	34,426.00	38,531.00	41,744.00	43,833.00	44,840.00
KEY 3	Average Number of Legal Permanent Resident Recipient Months per Month.	0.00	12,227.00	79,274.00	83,812.00	84,581.00
Efficiency Measures:						
1	Average Children Cost Per Recipient Month	172.14	164.64	172.81	177.01	177.72
2	Average Medically Needy Cost Per Recipient Month	453.11	436.48	437.24	436.18	435.68
Objects of Expense:						
1001	SALARIES AND WAGES	\$5,489,464	\$7,242,519	\$6,522,892	\$5,732,968	\$5,732,968
1002	OTHER PERSONNEL COSTS	\$150,596	\$172,747	\$231,089	\$148,934	\$148,934
2001	PROFESSIONAL FEES AND SERVICES	\$128,286,745	\$147,516,622	\$159,858,905	\$107,509,017	\$103,292,054
2002	FUELS AND LUBRICANTS	\$419	\$418	\$375	\$375	\$375
2003	CONSUMABLE SUPPLIES	\$18,168	\$711,348	\$735,468	\$721,222	\$721,226
2004	UTILITIES	\$177,291	\$181,680	\$151,779	\$224,327	\$224,026
2005	TRAVEL	\$87,277	\$179,452	\$164,074	\$126,619	\$126,619
2006	RENT - BUILDING	\$129,193	\$135,691	\$119,980	\$120,274	\$120,276
2007	RENT - MACHINE AND OTHER	\$64,140	\$78,566	\$65,588	\$73,488	\$73,577
2009	OTHER OPERATING EXPENSE	\$727,655	\$15,895,481	\$15,662,173	\$15,473,510	\$15,473,545
3001	CLIENT SERVICES	\$4,043,337,894	\$4,095,226,037	\$4,966,789,299	\$5,590,553,803	\$5,746,709,005
4000	GRANTS	\$3,477,481	\$4,057,416	\$4,057,416	\$4,057,416	\$4,057,416
5000	CAPITAL EXPENDITURES	\$3,557	\$1,947	\$1,820	\$1,820	\$1,820
TOTAL, OBJECT OF EXPENSE		\$4,181,949,880	\$4,271,399,924	\$5,154,360,858	\$5,724,743,773	\$5,876,681,841

Method of Financing:

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 4 Children & Medically Needy Risk Groups Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
705	Medicaid Program Income	\$47,398,023	\$49,683,821	\$12,172,418	\$12,172,418	\$12,172,418
758	GR Match For Medicaid	\$770,830,783	\$942,534,457	\$1,296,368,166	\$1,962,999,835	\$2,024,561,157
8009	GR Match-Welfare To Work	\$0	\$0	\$0	\$0	\$0
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
8014	GR Match Food Stamp Adm	\$0	\$0	\$0	\$0	\$0
8024	Tobacco Receipts Match For Medicaid	\$266,961,208	\$236,092,691	\$227,410,026	\$227,410,026	\$227,410,026
8129	82(R) Supp: GR Match for Medicaid	\$0	\$0	\$289,928,786	\$0	\$0
8901	81(R) Supp: GR Match For Medicaid	\$176,938,937	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,262,128,951	\$1,228,310,969	\$1,825,879,396	\$2,202,582,279	\$2,264,143,601

Method of Financing:

5049	Teaching Hospital Account	\$5,000,000	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$5,000,000	\$0	\$0	\$0	\$0

Method of Financing:

369	Fed Recovery & Reinvestment Fund					
93.778.014	Medicaid - Stimulus	\$346,370,160	\$484,031,493	\$306,519,113	\$3,428,460	\$3,479,310
CFDA Subtotal, Fund	369	\$346,370,160	\$484,031,493	\$306,519,113	\$3,428,460	\$3,479,310
555	Federal Funds					
00.000.001	Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
10.561.000	St Admin Match Food Stamp	\$0	\$0	\$0	\$0	\$0
93.767.778	CHIP for Medicaid (EFMAP)	\$0	\$9,233,969	\$64,836,128	\$68,481,752	\$69,233,379
93.778.000	XIX FMAP	\$2,414,604,164	\$2,419,348,092	\$2,825,669,656	\$3,327,452,167	\$3,421,375,365
93.778.003	XIX 50%	\$34,866,317	\$42,924,814	\$40,821,962	\$29,358,666	\$29,159,420
93.778.004	XIX ADM @ 75%	\$26,056,051	\$22,321,300	\$23,531,290	\$25,543,611	\$25,565,758

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 4 Children & Medically Needy Risk Groups Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
	93.778.005 XIX FMAP @ 90%	\$2,390,600	\$6,813,314	\$6,138,105	\$6,931,630	\$2,759,800
CFDA Subtotal, Fund	555	\$2,477,917,132	\$2,500,641,489	\$2,960,997,141	\$3,457,767,826	\$3,548,093,722
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,824,287,292	\$2,984,672,982	\$3,267,516,254	\$3,461,196,286	\$3,551,573,032
Method of Financing:						
8044	Medicaid Subrogation Receipts	\$56,727,003	\$56,822,709	\$56,822,709	\$56,822,709	\$56,822,709
8062	Approp Receipts-Match For Medicaid	\$23,806,634	\$1,593,264	\$4,142,499	\$4,142,499	\$4,142,499
8080	Fund No. 6-Medicaid Match	\$10,000,000	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$90,533,637	\$58,415,973	\$60,965,208	\$60,965,208	\$60,965,208
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,724,743,773	\$5,876,681,841
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$4,181,949,880	\$4,271,399,924	\$5,154,360,858	\$5,724,743,773	\$5,876,681,841
FULL TIME EQUIVALENT POSITIONS:		98.0	82.8	82.8	82.8	82.8

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	4	Children & Medically Needy Risk Groups	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The Children and Medically Needy Risk Groups strategy includes the hospital, physician, and other medical services provided to eligible newborn infants and children above TANF income eligibility criteria (federal mandate and expansion children), and medically needy persons. Under Title XIX, Medicaid medical services are legally mandated entitlement services.

Medicaid services are provided to this risk group through either: 1) fee-for-service; or 2) a managed care health delivery system. The managed care system consists of two health care delivery models: Primary Care Case Management (PCCM); and an at-risk, capitated health plan (HMO).

In April 2008, the state reached a settlement agreement on the FREW v. Hawkins federal class action lawsuit. The FREW Settlement Agreement mandated that Medicaid increase access to providers by raising rates for medical services to children by 25 percent and raising rates for dental services to children by 50 percent. HHSC implemented the rate increases September 1, 2008.

Projected expenditures for maintaining current cost trends are requested as an exceptional item.

Legal Base: Title XIX of the Social Security Act

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 5 For Clients Dually Eligible for Medicare and Medicaid. Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Average SMIB Recipient Months Per Month	523,017.00	528,851.00	546,544.00	567,180.00	593,232.00
2	Average Part A Recipient Months Per Month	48,203.00	48,246.00	48,293.00	48,908.00	42,928.00
3	Average QMBs Recipient Months Per Month	90,150.00	92,138.00	96,243.00	100,751.00	105,583.00
Efficiency Measures:						
KEY 1	Average SMIB Premium Per Month	96.40	105.85	117.20	117.21	117.22
2	Average Part A Premium Per Month	427.28	437.43	457.98	458.22	458.62
3	Avg Qualified Medicare Beneficiaries (QMBs) Cost Per Recipient Month	129.34	129.32	130.75	130.75	130.75
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,155,280	\$1,183,994	\$1,125,831	\$1,146,018	\$1,146,018
1002	OTHER PERSONNEL COSTS	\$36,846	\$36,350	\$33,680	\$34,222	\$34,222
2001	PROFESSIONAL FEES AND SERVICES	\$2,200,378	\$4,488,799	\$3,200,151	\$2,854,927	\$2,854,927
2002	FUELS AND LUBRICANTS	\$114	\$121	\$108	\$108	\$108
2003	CONSUMABLE SUPPLIES	\$4,797	\$160,589	\$165,870	\$162,672	\$162,673
2004	UTILITIES	\$47,353	\$43,648	\$35,761	\$53,176	\$53,109
2005	TRAVEL	\$18,155	\$20,860	\$19,581	\$19,843	\$19,843
2006	RENT - BUILDING	\$35,205	\$39,222	\$34,600	\$34,666	\$34,666
2007	RENT - MACHINE AND OTHER	\$17,498	\$22,436	\$16,055	\$17,827	\$17,846
2009	OTHER OPERATING EXPENSE	\$80,721	\$94,212	\$78,409	\$79,436	\$79,444
3001	CLIENT SERVICES	\$978,151,236	\$1,063,494,339	\$1,183,980,457	\$1,223,783,522	\$1,273,855,215
4000	GRANTS	\$38,631	\$164,676	\$164,676	\$164,676	\$164,676
5000	CAPITAL EXPENDITURES	\$970	\$564	\$527	\$527	\$527
TOTAL, OBJECT OF EXPENSE		\$981,787,184	\$1,069,749,810	\$1,188,855,706	\$1,228,351,620	\$1,278,423,274

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 5 For Clients Dually Eligible for Medicare and Medicaid. Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Method of Financing:						
758	GR Match For Medicaid	\$306,279,096	\$305,409,672	\$418,812,937	\$475,075,892	\$494,369,378
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$306,279,096	\$305,409,672	\$418,812,937	\$475,075,892	\$494,369,378
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$83,584,449	\$124,411,057	\$67,219,066	\$0	\$0
CFDA Subtotal, Fund	369	\$83,584,449	\$124,411,057	\$67,219,066	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$571,024,004	\$615,327,602	\$675,882,359	\$725,691,679	\$755,304,380
	93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$1,221,007	\$2,949,653	\$1,519,688	\$1,485,363	\$1,485,362
	93.778.004 XIX ADM @ 75%	\$577,071	\$337,870	\$650,806	\$651,176	\$651,176
	93.778.005 XIX FMAP @ 90%	\$136,941	\$0	\$381,518	\$135,470	\$135,470
	93.778.007 XIX ADM @ 100	\$18,964,616	\$21,313,956	\$24,389,332	\$25,312,040	\$26,477,508
CFDA Subtotal, Fund	555	\$591,923,639	\$639,929,081	\$702,823,703	\$753,275,728	\$784,053,896
SUBTOTAL, MOF (FEDERAL FUNDS)		\$675,508,088	\$764,340,138	\$770,042,769	\$753,275,728	\$784,053,896
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,228,351,620	\$1,278,423,274
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$981,787,184	\$1,069,749,810	\$1,188,855,706	\$1,228,351,620	\$1,278,423,274
FULL TIME EQUIVALENT POSITIONS:		21.7	18.6	18.6	18.6	18.6

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST
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 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 6 STAR+PLUS (Integrated Managed Care) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Avg Aged and Medicare-eligible Recipient Months Per Month: STAR+PLUS	85,158.00	87,323.00	112,900.00	132,329.00	135,377.00
KEY 2	Average Disabled and Blind Recipient Months Per Month: STAR+PLUS	74,811.00	79,159.00	107,376.00	130,579.00	137,252.00
Efficiency Measures:						
KEY 1	Avg Cost Per Aged & Medicare Recipient Month: STAR+PLUS Acute Care	152.36	154.25	0.00	0.00	0.00
2	Avg Cost Per Aged & Medicare Recipient Month: STAR+PLUS Long Term Care	392.12	422.65	411.30	422.59	428.25
3	Avg Cost Per Disabled and Blind Recipient Month: STAR+PLUS Acute Care	564.21	683.53	718.58	717.13	719.03
4	Avg Cost/ Disabled and Blind Recipient Month:STAR+PLUS Long Term Care	200.12	203.97	207.91	206.16	208.44
Explanatory/Input Measures:						
1	Avg # of Members Receiving Nonwaiver Community Care through STAR+PLUS	148,954.00	152,640.00	202,148.00	240,535.00	248,800.00
2	Avg # of Members Receiving Waiver Services through STAR+PLUS	11,016.00	13,842.00	18,129.00	22,374.00	23,829.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,314,318	\$1,315,653	\$1,155,921	\$1,176,577	\$1,176,577
1002	OTHER PERSONNEL COSTS	\$41,918	\$40,170	\$34,786	\$35,341	\$35,341
2001	PROFESSIONAL FEES AND SERVICES	\$2,134,811	\$4,859,508	\$3,068,515	\$2,705,700	\$2,705,701
2002	FUELS AND LUBRICANTS	\$130	\$130	\$116	\$116	\$116
2003	CONSUMABLE SUPPLIES	\$5,457	\$168,633	\$173,977	\$170,625	\$170,626
2004	UTILITIES	\$53,872	\$46,634	\$37,715	\$56,007	\$55,936

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 6 STAR+PLUS (Integrated Managed Care) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
2005	TRAVEL	\$20,654	\$23,366	\$20,024	\$20,292	\$20,292
2006	RENT - BUILDING	\$40,050	\$42,037	\$37,077	\$37,147	\$37,147
2007	RENT - MACHINE AND OTHER	\$19,906	\$24,095	\$16,958	\$18,818	\$18,838
2009	OTHER OPERATING EXPENSE	\$83,614	\$101,594	\$82,569	\$83,652	\$83,660
3001	CLIENT SERVICES	\$967,958,325	\$1,113,605,568	\$1,512,957,035	\$1,834,440,687	\$1,925,390,041
4000	GRANTS	\$43,954	\$172,678	\$172,678	\$172,678	\$172,678
5000	CAPITAL EXPENDITURES	\$1,104	\$604	\$565	\$565	\$565
TOTAL, OBJECT OF EXPENSE		\$971,718,113	\$1,120,400,670	\$1,517,757,936	\$1,838,918,205	\$1,929,867,518

Method of Financing:

758	GR Match For Medicaid	\$308,872,035	\$325,011,204	\$523,522,756	\$725,957,220	\$761,836,720
8129	82(R) Supp: GR Match for Medicaid	\$0	\$0	\$21,564,663	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$308,872,035	\$325,011,204	\$545,087,419	\$725,957,220	\$761,836,720

Method of Financing:

369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$84,648,448	\$130,942,240	\$88,759,480	\$0	\$0
CFDA Subtotal, Fund	369	\$84,648,448	\$130,942,240	\$88,759,480	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$576,239,469	\$660,904,780	\$881,427,654	\$1,110,771,890	\$1,165,841,703
	93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$1,295,567	\$3,268,985	\$1,511,943	\$1,475,281	\$1,475,281
	93.778.004 XIX ADM @ 75%	\$551,517	\$273,461	\$571,384	\$571,761	\$571,761
	93.778.005 XIX FMAP @ 90%	\$111,077	\$0	\$400,056	\$142,053	\$142,053
CFDA Subtotal, Fund	555	\$578,197,630	\$664,447,226	\$883,911,037	\$1,112,960,985	\$1,168,030,798
SUBTOTAL, MOF (FEDERAL FUNDS)		\$662,846,078	\$795,389,466	\$972,670,517	\$1,112,960,985	\$1,168,030,798

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 6 STAR+PLUS (Integrated Managed Care) Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,838,918,205	\$1,929,867,518
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$971,718,113	\$1,120,400,670	\$1,517,757,936	\$1,838,918,205	\$1,929,867,518
FULL TIME EQUIVALENT POSITIONS:		24.6	21.3	21.3	21.3	21.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

The STAR+PLUS strategy includes Medicaid managed care programs designed to: integrate primary acute care and long-term services and supports into a consumer-driven managed care system; ensure that clients receive the appropriate level of care in the least restrictive setting consistent with their personal health and safety; improve access to health care; and improve the quality of care. Both programs are aimed at recipients with chronic and complex conditions who require services in addition to physician, lab, x-ray, and hospital services.

The Medicaid STAR+PLUS program operates under authority of 1915(b) and 1915(c) waivers covering all primary, acute, and long-term care Medicaid services for individuals with Supplemental Security income (SSI) and clients who qualify under SSI as Medical Assistance Only (MAO) clients.

On January 1, 2007, STAR+PLUS expanded to include 29 counties in Bexar, Harris/Harris Expansion, Nueces, and Travis service areas. Strategy funding assumes that in February 2011, STAR+PLUS will expand to include the Dallas and Tarrant Service areas.

Strategy funding for FY 2012-13 assumes the current projected Medicaid caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

Legal Base: Title XIX of the Social Security Act

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST

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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	6	STAR+PLUS (Integrated Managed Care)	Service:	26	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. ARRA funds provided a temporary increase in the federal share for a 27 month period beginning October 1, 2008. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 28
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 1 Cost Reimbursed Services Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
	1 Average Monthly Number of Enrolled Federally Qualified Health Centers	45.00	80.00	80.00	80.00	80.00
KEY 2	Average Number of Non-citizens Recipient Months Per Month	9,710.00	9,967.00	10,461.00	10,951.00	11,463.00
Efficiency Measures:						
	1 Average Emergency Services for Non-citizens Cost Per Recipient Month	2,671.40	2,511.83	2,556.44	2,556.44	2,556.44
Explanatory/Input Measures:						
	1 Average Monthly # of Medicaid Clients Served in FQHCs	9,764.00	10,961.00	11,560.00	12,192.00	12,859.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$462,008	\$456,236	\$370,974	\$377,556	\$377,556
1002	OTHER PERSONNEL COSTS	\$14,735	\$14,032	\$11,393	\$11,569	\$11,569
2001	PROFESSIONAL FEES AND SERVICES	\$14,268,729	\$16,164,429	\$15,026,643	\$14,903,943	\$14,903,943
2002	FUELS AND LUBRICANTS	\$46	\$48	\$43	\$43	\$43
2003	CONSUMABLE SUPPLIES	\$1,919	\$56,657	\$58,352	\$57,230	\$57,231
2004	UTILITIES	\$18,936	\$16,476	\$13,062	\$19,176	\$19,152
2005	TRAVEL	\$7,261	\$8,140	\$6,373	\$6,458	\$6,458
2006	RENT - BUILDING	\$14,082	\$15,449	\$13,618	\$13,641	\$13,641
2007	RENT - MACHINE AND OTHER	\$6,999	\$8,841	\$5,858	\$6,479	\$6,486
2009	OTHER OPERATING EXPENSE	\$32,720	\$36,048	\$28,625	\$28,989	\$28,992
3001	CLIENT SERVICES	\$495,548,984	\$598,925,349	\$539,046,345	\$615,882,335	\$631,429,836
4000	GRANTS	\$15,442	\$57,817	\$57,817	\$57,817	\$57,817
5000	CAPITAL EXPENDITURES	\$388	\$222	\$208	\$208	\$208
TOTAL, OBJECT OF EXPENSE		\$510,392,249	\$615,759,744	\$554,639,311	\$631,365,444	\$646,912,932

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 28
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 1 Cost Reimbursed Services Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Method of Financing:						
758	GR Match For Medicaid	\$123,216,085	\$118,082,784	\$147,640,173	\$169,244,428	\$175,377,911
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$123,216,085	\$118,082,784	\$147,640,173	\$169,244,428	\$175,377,911
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$39,019,536	\$54,956,448	\$25,021,848	\$0	\$0
CFDA Subtotal, Fund	369	\$39,019,536	\$54,956,448	\$25,021,848	\$0	\$0
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$31,577,679	\$33,330,282	\$33,381,006	\$33,381,006
	93.778.000 XIX FMAP	\$244,704,481	\$267,103,453	\$211,545,726	\$286,542,712	\$295,956,717
	93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$3,618,092	\$4,617,805	\$3,864,500	\$3,851,457	\$3,851,457
	93.778.004 XIX ADM @ 75%	\$5,420,907	\$5,533,781	\$5,455,280	\$5,455,400	\$5,455,400
	93.778.005 XIX FMAP @ 90%	\$243,305	\$232,406	\$359,262	\$272,875	\$272,875
	93.778.009 SHARS	\$85,025,944	\$96,546,345	\$91,351,021	\$96,546,345	\$96,546,345
CFDA Subtotal, Fund	555	\$339,012,729	\$405,611,469	\$345,906,071	\$426,049,795	\$435,463,800
SUBTOTAL, MOF (FEDERAL FUNDS)		\$378,032,265	\$460,567,917	\$370,927,919	\$426,049,795	\$435,463,800
Method of Financing:						
777	Interagency Contracts	\$2,502,790	\$0	\$0	\$0	\$0
8062	Approp Receipts-Match For Medicaid	\$6,641,109	\$37,109,043	\$36,071,219	\$36,071,221	\$36,071,221
SUBTOTAL, MOF (OTHER FUNDS)		\$9,143,899	\$37,109,043	\$36,071,219	\$36,071,221	\$36,071,221

3.A. STRATEGY REQUEST

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DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	28
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	1	Cost Reimbursed Services	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$631,365,444	\$646,912,932
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$510,392,249	\$615,759,744	\$554,639,311	\$631,365,444	\$646,912,932
FULL TIME EQUIVALENT POSITIONS:		8.6	7.2	7.2	7.2	7.2

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Cost Reimbursed Services strategy includes medical services that are not risk group specific which includes Federally Qualified Health Centers (FQHCs), emergency services to individuals who are aliens but do not meet required immigration status; School Health & Related Services (SHARS); the Breast & Cervical Cancer Program & outpatient substance abuse services to Medicaid clients under 21 years of age.

FQHCs provide Medicaid services such as comprehensive primary and preventive services & other related health services. All FQHC reimbursements are included in this strategy. Individuals who qualify as aliens but do not meet the immigration status for regular Medicaid benefits are eligible for federally-mandated coverage for aliens with an emergency condition who meet all other Medicaid eligibility criteria except citizenship or eligible immigrant status.

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

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

Strategy funding for FY 2012-13 assumes the current projected Medicaid caseloads at FY11 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	28
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	1	Cost Reimbursed Services	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. ARRA funds provided a temporary increase in the federal share for a 27 month period beginning October 1, 2008. Breast and Cervical Cancer Program services are matched at the Enhanced FMAP rate (the same as CHIP). Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

3.A. STRATEGY REQUEST
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 2 Medicaid Vendor Drug Program Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Total Medicaid Prescriptions Incurred	28,674,050.00	32,186,170.00	35,695,662.00	36,942,856.00	37,786,590.00
Efficiency Measures:						
1	Average Number of Prescriptions Incurred Per Recipient Month	0.90	0.89	0.88	0.87	0.87
2	Average Cost Per Medicaid Prescription	73.94	71.70	75.38	75.84	75.56
Objects of Expense:						
1001	SALARIES AND WAGES	\$2,434,017	\$2,660,539	\$2,891,867	\$2,943,599	\$2,943,599
1002	OTHER PERSONNEL COSTS	\$77,542	\$80,966	\$84,230	\$85,621	\$85,622
2001	PROFESSIONAL FEES AND SERVICES	\$4,005,595	\$8,499,530	\$7,477,876	\$6,612,461	\$6,612,461
2002	FUELS AND LUBRICANTS	\$240	\$250	\$224	\$224	\$224
2003	CONSUMABLE SUPPLIES	\$10,077	\$407,098	\$421,854	\$413,688	\$413,691
2004	UTILITIES	\$99,370	\$98,880	\$84,300	\$128,769	\$128,597
2005	TRAVEL	\$38,284	\$45,960	\$50,352	\$51,022	\$51,022
2006	RENT - BUILDING	\$73,847	\$81,199	\$71,755	\$71,924	\$71,925
2007	RENT - MACHINE AND OTHER	\$36,704	\$46,496	\$38,194	\$42,719	\$42,769
2009	OTHER OPERATING EXPENSE	\$167,507	\$209,196	\$182,259	\$184,877	\$184,897
3001	CLIENT SERVICES	\$2,471,489,803	\$2,531,203,503	\$3,019,256,689	\$3,174,252,792	\$3,274,401,978
4000	GRANTS	\$81,057	\$420,467	\$420,467	\$420,467	\$420,467
5000	CAPITAL EXPENDITURES	\$2,041	\$1,167	\$1,091	\$1,091	\$1,091
TOTAL, OBJECT OF EXPENSE		\$2,478,516,084	\$2,543,755,251	\$3,030,981,158	\$3,185,209,254	\$3,285,358,343

Method of Financing:

706	Vendor Drug Rebates-Medicaid	\$238,062,586	\$225,037,819	\$325,734,894	\$371,883,161	\$384,143,479
758	GR Match For Medicaid	\$0	\$402,352,291	\$578,677,538	\$682,067,167	\$704,236,413

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 2 Medicaid Vendor Drug Program Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
8081	Vendor Drug Rebates-Sup Rebates	\$38,638,604	\$37,041,409	\$22,392,971	\$44,675,142	\$46,120,894
8092	Medicare Giveback Provision	\$0	\$249,569,283	\$335,956,397	\$374,709,409	\$383,345,346
8129	82(R) Supp: GR Match for Medicaid	\$0	\$0	\$33,637,514	\$0	\$0
8901	81(R) Supp: GR Match For Medicaid	\$405,246,396	\$0	\$0	\$0	\$0
8904	81(R) Supp: Medicare Giveback	\$324,676,364	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,006,623,950	\$914,000,802	\$1,296,399,314	\$1,473,334,879	\$1,517,846,132

Method of Financing:

369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$184,669,410	\$259,923,536	\$152,463,921	\$0	\$0
CFDA Subtotal, Fund	369	\$184,669,410	\$259,923,536	\$152,463,921	\$0	\$0
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$3,597,474	\$24,999,374	\$26,490,196	\$26,734,135
	93.778.000 XIX FMAP	\$1,267,019,536	\$1,342,662,384	\$1,530,542,445	\$1,658,749,142	\$1,713,573,603
	93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$2,389,085	\$6,034,915	\$3,669,459	\$3,589,923	\$3,589,924
	93.778.004 XIX ADM @ 75%	\$1,016,969	\$504,296	\$1,423,096	\$1,424,042	\$1,424,042
	93.778.005 XIX FMAP @ 90%	\$16,782,549	\$17,024,296	\$21,467,377	\$21,604,899	\$22,174,334
	93.794.000 Provision of Medicare Part D	\$0	\$0	\$0	\$0	\$0
	97.036.000 Public Assistance Grants	\$0	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$1,287,208,139	\$1,369,823,365	\$1,582,101,751	\$1,711,858,202	\$1,767,496,038
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,471,877,549	\$1,629,746,901	\$1,734,565,672	\$1,711,858,202	\$1,767,496,038

Method of Financing:

777	Interagency Contracts	\$14,585	\$7,548	\$16,172	\$16,173	\$16,173
SUBTOTAL, MOF (OTHER FUNDS)		\$14,585	\$7,548	\$16,172	\$16,173	\$16,173

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	2	Medicaid Vendor Drug Program	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$3,185,209,254	\$3,285,358,343
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$2,478,516,084	\$2,543,755,251	\$3,030,981,158	\$3,185,209,254	\$3,285,358,343
FULL TIME EQUIVALENT POSITIONS:		45.4	39.2	39.2	39.2	39.2

STRATEGY DESCRIPTION AND JUSTIFICATION:

he Medicaid Vendor Drug strategy includes the cost of outpatient prescription medications to Medicaid clients. Medications are provided by contracted retail & nursing home pharmacies that are reimbursed by HHSC. HHSC coordinates with the clients, pharmacies, physicians, drug wholesalers, drug manufacturers, the federal government, other state agencies, & contracted vendors.

The Program collects Medicaid rebate revenue from drug manufacturers through a federal program that began in 1991 & through a state supplemental rebate program that began in 2004. The State returns to the federal government its share of collected rebates at the FMAP rate.

Medicaid clients are limited to 3 prescriptions each month with exceptions. Federal law mandates no monthly Medicaid drug limitation for children under age 21, & nursing facility residents. Some adults also receive unlimited drugs including those who are enrolled in a capitated MCO & aged, blind, & disabled adults in the community with LTC waiver eligibility. Medicaid adults served through PCCM or on a FFS basis are subject to a limit of 3 prescriptions per month.

Funding also includes the federally – required payment for Medicare Part D drug coverage. Part D phase down payments are 100% state funds, they are federally mandated & are included in the maintenance of effort requirements for the state Medicaid programs.

Strategy funding for FY 2012-13 assumes the current projected Medicaid caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	2	Medicaid Vendor Drug Program	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

The federal Patient Protection and Affordable Care Act (PPACA), H.R.3590, signed into law March 2010, increases the minimum manufacture rebates for pharmaceuticals to be utilized by the federal government. This increase in federal rebates will reduce the state supplemental rebates. CMS rules have yet to be published so final impacts upon Texas are estimated.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. ARRA funds provided a temporary increase in the federal share for a 27 month period beginning October 1, 2008. This federal increase also reduced the state share of rebate revenue retained by the state. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 4 Medical Transportation Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Output Measures:

1	Number of Recipient One-way Trips Provided by Medical Transportation	6,125,167.00	8,020,028.00	8,420,992.00	8,892,932.00	9,290,567.00
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Efficiency Measures:

1	Average Cost Per One-Way Medical Transportation Trip	25.18	23.46	27.13	27.13	27.13
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Objects of Expense:

1001	SALARIES AND WAGES	\$9,380,732	\$6,379,049	\$6,379,049	\$475,720	\$475,720
1002	OTHER PERSONNEL COSTS	\$258,486	\$72,279	\$67,407	\$67,407	\$67,407
2001	PROFESSIONAL FEES AND SERVICES	\$3,094,927	\$694,547	\$772,406	\$581,422	\$41,422
2002	FUELS AND LUBRICANTS	\$5,738	\$5,860	\$5,310	\$5,310	\$5,310
2003	CONSUMABLE SUPPLIES	\$366,893	\$351,471	\$318,483	\$292,626	\$292,644
2004	UTILITIES	\$2,733,961	\$3,949,612	\$629,996	\$2,082,845	\$2,092,049
2005	TRAVEL	\$116,842	\$3,854	\$7,354	\$0	\$3,500
2006	RENT - BUILDING	\$2,189,260	\$241,845	\$2,028,550	\$2,012,988	\$2,012,998
2007	RENT - MACHINE AND OTHER	\$577,856	\$1,238,147	\$1,151,244	\$602,455	\$602,833
2009	OTHER OPERATING EXPENSE	\$2,601,204	\$1,295,452	\$3,178,474	\$2,341,614	\$2,341,768
3001	CLIENT SERVICES	\$152,819,365	\$188,800,432	\$229,148,341	\$241,949,464	\$252,735,117
5000	CAPITAL EXPENDITURES	\$1,596,857	\$3,737,517	\$9,151	\$9,151	\$9,151
TOTAL, OBJECT OF EXPENSE		\$175,742,121	\$206,770,065	\$243,695,765	\$250,421,002	\$260,679,919

Method of Financing:

758	GR Match For Medicaid	\$12,601,004	\$103,728,548	\$57,165,326	\$125,210,501	\$130,339,959
8129	82(R) Supp: GR Match for Medicaid	\$0	\$0	\$65,059,319	\$0	\$0
8901	81(R) Supp: GR Match For Medicaid	\$50,276,684	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$62,877,688	\$103,728,548	\$122,224,645	\$125,210,501	\$130,339,959

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 4 Medical Transportation Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$2,487,217	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$2,487,217	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$5,062,321	\$0	\$0	\$0	\$0
	93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$71,736,982	\$103,041,517	\$121,471,120	\$125,210,501	\$130,339,960
CFDA Subtotal, Fund	555	\$76,799,303	\$103,041,517	\$121,471,120	\$125,210,501	\$130,339,960
SUBTOTAL, MOF (FEDERAL FUNDS)		\$79,286,520	\$103,041,517	\$121,471,120	\$125,210,501	\$130,339,960
Method of Financing:						
8080	Fund No. 6-Medicaid Match	\$33,577,913	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$33,577,913	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$250,421,002	\$260,679,919
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$175,742,121	\$206,770,065	\$243,695,765	\$250,421,002	\$260,679,919
FULL TIME EQUIVALENT POSITIONS:		316.3	362.0	362.0	362.0	362.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	4	Medical Transportation	Service:	30	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The Medical Transportation Program (MTP) strategy includes funding for cost-effective non-emergency transportation for Medicaid clients who cannot access Medicaid services due to lack of transportation. States are federally required to provide non-emergency transportation for Medicaid clients to and from Medicaid services provided by a qualified service provider. DSHS clients in the Children with Special Health Care Needs & the Texas Indigent Cancer Program also use MTP services.

MTP services include: bus passes [including passes for Special Transit Services]; demand-response transportation services when fixed route public transportation services are not available or may not meet a client’s needs; & mileage reimbursement for a family member or friend to drive a client to health care services. MTP also provides advanced funds for mileage, meals & lodging for clients under the age of 21. Federal law also requires states to provide an attendant during transportation if medically necessary.

MTP services are eligible for federal reimbursement at the FMAP or 50-50 match rate. Federal matching reimbursement is allowable only to the extent that, when a claim is filed, HHSC has adequate supporting documentation in readily reviewable form to assure that all applicable Federal requirements have been met prior to filing a claim.

Strategy funding for FY 2012-13 assumes the current projected Medicaid caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Rising fuel costs impact the cost of providing MTP services to eligible clients. Any increase in utilization of the Texas Health Steps (ESPDT) Program and outreach and informing efforts mandated by FREW Corrective Action Orders could result in an increase in client utilization of MTP services. Changes in rules related to Medicaid-related programs and outreach strategies by Medicaid health plans and community based programs could potentially impact the cost of administering the programs.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to FMAP, is calculated as a ratio of Texas’ three year average of per capita income to the National three-year average of per capita income. ARRA funds provided a temporary increase in the federal share for a 27 month period beginning October 1, 2008. This federal increase also reduced the state share of rebate revenue retained by the state. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 15
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 5 Medicaid Family Planning - Fee for Service Only Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average Medicaid Family Planning Recipient Months Per Month	131,177.00	140,631.00	151,157.00	156,476.00	160,287.00
2	Average Number of Women's Health Waiver Recipient Months	87,381.00	106,685.00	121,541.00	127,522.00	130,490.00
Efficiency Measures:						
1	Average Medicaid Family Planning Cost Per Recipient Month	4.28	4.15	4.15	4.15	4.15
2	Average Women's Health Waiver Cost per Recipient Month	20.53	21.24	21.26	21.26	21.26
Objects of Expense:						
1001	SALARIES AND WAGES	\$90,332	\$76,073	\$33,059	\$33,640	\$33,640
1002	OTHER PERSONNEL COSTS	\$2,881	\$2,357	\$1,183	\$1,199	\$1,198
2001	PROFESSIONAL FEES AND SERVICES	\$180,867	\$459,940	\$192,739	\$180,086	\$180,086
2002	FUELS AND LUBRICANTS	\$9	\$9	\$8	\$8	\$8
2003	CONSUMABLE SUPPLIES	\$376	\$5,536	\$5,590	\$5,485	\$5,485
2004	UTILITIES	\$3,700	\$2,484	\$1,727	\$2,319	\$2,317
2005	TRAVEL	\$1,421	\$1,434	\$562	\$570	\$570
2006	RENT - BUILDING	\$2,760	\$2,814	\$2,473	\$2,475	\$2,475
2007	RENT - MACHINE AND OTHER	\$1,372	\$1,613	\$760	\$820	\$821
2009	OTHER OPERATING EXPENSE	\$5,755	\$5,804	\$3,971	\$4,006	\$4,006
3001	CLIENT SERVICES	\$44,931,337	\$54,650,490	\$63,066,789	\$40,206,642	\$41,190,442
4000	GRANTS	\$76,277	\$78,693	\$78,694	\$78,693	\$78,693
5000	CAPITAL EXPENDITURES	\$76	\$40	\$38	\$38	\$38
TOTAL, OBJECT OF EXPENSE		\$45,297,163	\$55,287,287	\$63,387,593	\$40,515,981	\$41,499,779

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 15
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 5 Medicaid Family Planning - Fee for Service Only Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Method of Financing:						
758	GR Match For Medicaid	\$4,695,401	\$5,834,013	\$6,524,754	\$4,199,045	\$4,307,898
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$4,695,401	\$5,834,013	\$6,524,754	\$4,199,045	\$4,307,898
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$98,791	\$237,478	\$62,486	\$61,246	\$61,245
	93.778.004 XIX ADM @ 75%	\$49,019	\$30,355	\$27,685	\$27,696	\$27,696
	93.778.005 XIX FMAP @ 90%	\$40,453,952	\$49,185,441	\$56,772,668	\$36,227,994	\$37,102,940
CFDA Subtotal, Fund	555	\$40,601,762	\$49,453,274	\$56,862,839	\$36,316,936	\$37,191,881
SUBTOTAL, MOF (FEDERAL FUNDS)		\$40,601,762	\$49,453,274	\$56,862,839	\$36,316,936	\$37,191,881
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$40,515,981	\$41,499,779
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$45,297,163	\$55,287,287	\$63,387,593	\$40,515,981	\$41,499,779
FULL TIME EQUIVALENT POSITIONS:		1.7	1.5	1.5	1.5	1.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 15
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 5 Medicaid Family Planning - Fee for Service Only Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The Medicaid family Planning strategy includes services provided on a fee-for-service basis to Medicaid clients related to family planning. Medicaid Family Planning is an entitlement service and includes; health screening and education; contraception; and other health-related counseling and referral. In addition to Medicaid, HHS Enterprise offers family planning services provided by the Department of State Health Services (DSHS) through Title V, X and XX programs.

The Women’s Health Program is a Medicaid waiver program that provides family planning services to women who have income limits for the standard Medicaid eligibility. Under the waiver, women age 18 to 44 years old who have incomes up to 185 percent of the federal poverty level, can receive family planning services. The waiver services are more limited than Medicaid Family Planning services and only cover one family planning exam each year. In addition to family planning, this exam may include screenings for breast and cervical cancer, diabetes, sexually transmitted diseases, high blood pressure and other health issues.

Family planning services in Medicaid receive a 90 percent federal match rate.

Strategy funding for FY 2012-13 assumes the current projected Medicaid caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

Legal Base: Title XIX of the Social Security Act

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

Funding for FY2012-13 assumes continuation of the Women’s Health Waiver beyond January 1, 2012. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

Medicaid family planning services provided by managed care organizations are not reflected here but in the risk group strategies as a part of capitated rate.

3.A. STRATEGY REQUEST

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	6	Upper Payment Limit	Service:	22	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
3001	CLIENT SERVICES	\$40,374,446	\$42,881,647	\$31,693,712	\$31,685,678	\$31,685,678
TOTAL, OBJECT OF EXPENSE		\$40,374,446	\$42,881,647	\$31,693,712	\$31,685,678	\$31,685,678
Method of Financing:						
758	GR Match For Medicaid	\$12,495,463	\$12,500,000	\$12,500,000	\$12,500,000	\$12,500,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$12,495,463	\$12,500,000	\$12,500,000	\$12,500,000	\$12,500,000
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$3,809,777	\$5,171,527	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$3,809,777	\$5,171,527	\$0	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$24,069,206	\$25,210,120	\$19,193,712	\$19,185,678	\$19,185,678
CFDA Subtotal, Fund	555	\$24,069,206	\$25,210,120	\$19,193,712	\$19,185,678	\$19,185,678
SUBTOTAL, MOF (FEDERAL FUNDS)		\$27,878,983	\$30,381,647	\$19,193,712	\$19,185,678	\$19,185,678
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$31,685,678	\$31,685,678
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$40,374,446	\$42,881,647	\$31,693,712	\$31,685,678	\$31,685,678
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	6	Upper Payment Limit	Service:	22	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The Upper payment Limit (UPL) strategy provides state funding to support Medicaid UPL payments to certain Texas Children’s Hospitals. The Medicaid Upper Payment Limit is defined in Federal regulations as the difference between what Medicaid actually paid for a service and what Medicare would have paid for the same service. States are allowed to pay this difference through supplemental (i.e. UPL) payments to Medicaid providers. Allowable payment amounts are determined by federal law. The applicable administrative rule that governs the reimbursement methodology for this program is 1 TAC 355.8071.

Legal Base: Title XIX of the Social Security Act

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to FMAP, is calculated as a ratio of Texas’ three year average of per capita income to the National three-year average of per capita income. ARRA funds provided a temporary increase in the federal share for a 27 month period beginning October 1, 2008.

The federal government is increasing its security of the use of state and local fund supplemental Medicaid payments and has proposed changes in federal Medicaid regulations, which could affect the terms and uses of UPL funds.

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 6
 OBJECTIVE: 3 Special Medicaid Services for Children Service Categories:
 STRATEGY: 1 Health Steps (EPSDT) Medical - Fee for Service Only Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average THSteps (EPSDT) Medical Recipient Months Per Month	528,765.00	591,595.00	654,658.00	682,613.00	702,893.00
Efficiency Measures:						
1	Avg Cost Per THSteps (EPSDT) Medical Recipient Months Per Month	11.71	12.34	12.04	11.78	11.60
Explanatory/Input Measures:						
1	Number of THSteps (EPSDT) Medical Clients Served	286,716.00	319,186.00	353,211.00	368,293.00	379,235.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$66,243	\$89,115	\$104,489	\$94,644	\$94,645
1002	OTHER PERSONNEL COSTS	\$1,905	\$2,126	\$3,478	\$2,449	\$2,449
2001	PROFESSIONAL FEES AND SERVICES	\$939,004	\$8,135,565	\$8,115,042	\$7,413,658	\$7,423,669
2002	FUELS AND LUBRICANTS	\$5	\$5	\$5	\$5	\$5
2003	CONSUMABLE SUPPLIES	\$230	\$12,620	\$13,125	\$12,870	\$12,870
2004	UTILITIES	\$2,243	\$2,668	\$2,402	\$3,725	\$3,719
2005	TRAVEL	\$1,103	\$2,161	\$2,482	\$1,986	\$1,986
2006	RENT - BUILDING	\$1,635	\$1,739	\$1,543	\$1,548	\$1,548
2007	RENT - MACHINE AND OTHER	\$812	\$996	\$1,066	\$1,207	\$1,209
2009	OTHER OPERATING EXPENSE	\$8,927	\$11,875	\$9,357	\$6,985	\$6,985
3001	CLIENT SERVICES	\$105,748,470	\$171,794,040	\$198,236,062	\$96,357,415	\$97,781,536
4000	GRANTS	\$5,370,292	\$9,717,138	\$9,717,138	\$9,717,138	\$9,717,138
5000	CAPITAL EXPENDITURES	\$45	\$25	\$23	\$23	\$23
TOTAL, OBJECT OF EXPENSE		\$112,140,914	\$189,770,073	\$216,206,212	\$113,613,653	\$115,047,782

Method of Financing:

3.A. STRATEGY REQUEST
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 6
 OBJECTIVE: 3 Special Medicaid Services for Children Service Categories:
 STRATEGY: 1 Health Steps (EPSDT) Medical - Fee for Service Only Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$27,551,916	\$65,964,331	\$26,409,916	\$53,462,721	\$54,036,005
8014	GR Match Food Stamp Adm	\$0	\$0	\$0	\$0	\$0
8129	82(R) Supp: GR Match for Medicaid	\$0	\$0	\$60,792,706	\$0	\$0
8901	81(R) Supp: GR Match For Medicaid	\$12,058,922	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$39,610,838	\$65,964,331	\$87,202,622	\$53,462,721	\$54,036,005
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$8,856,499	\$19,560,431	\$9,337,770	\$0	\$0
CFDA Subtotal, Fund	369	\$8,856,499	\$19,560,431	\$9,337,770	\$0	\$0
555	Federal Funds					
	00.000.001 Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
	10.561.000 St Admin Match Food Stamp	\$0	\$0	\$0	\$0	\$0
	93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$245,184	\$1,575,827	\$1,632,456	\$1,622,966
	93.778.000 XIX FMAP	\$62,985,465	\$102,293,918	\$116,388,320	\$56,980,330	\$57,850,571
	93.778.003 XIX 50%	\$125,103	\$1,411,109	\$1,362,815	\$1,237,242	\$1,237,336
	93.778.004 XIX ADM @ 75%	\$558,481	\$282,753	\$308,360	\$290,075	\$290,075
	93.778.005 XIX FMAP @ 90%	\$4,528	\$12,347	\$30,498	\$10,829	\$10,829
CFDA Subtotal, Fund	555	\$63,673,577	\$104,245,311	\$119,665,820	\$60,150,932	\$61,011,777
SUBTOTAL, MOF (FEDERAL FUNDS)		\$72,530,076	\$123,805,742	\$129,003,590	\$60,150,932	\$61,011,777
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$113,613,653	\$115,047,782
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$112,140,914	\$189,770,073	\$216,206,212	\$113,613,653	\$115,047,782
FULL TIME EQUIVALENT POSITIONS:		1.2	1.1	1.1	1.1	1.1

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 6
 OBJECTIVE: 3 Special Medicaid Services for Children Service Categories:
 STRATEGY: 1 Health Steps (EPSDT) Medical - Fee for Service Only Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Health Steps Medical strategy includes funds for federally-mandated entitlement services providing medical screenings and follow-up treatment to Medicaid children less than 21 years of age. Case management services are also provided to children ages 1 to 21 who have severe or complex health problems. The Texas Health Steps program is the name Texas uses for implementing the federal Early and Periodic Screening, Diagnosis and Treatment program, also known nationally as EPSDT.

This strategy includes fee-for-service payments to TH Step providers as well as the state match for the administrative functions at the Department of State Health Services (DSHS).

In September 2007, HHSC was ordered to implement 11 agreed upon corrective action orders as part of Frew v Suehs. The Corrective Action Order: Adequate Supply of Health Care Providers requires HHSC to apply \$150 million toward strategic initiatives to improve access to care for children enrolled in Medicaid.

Strategy funding for FY 2012-13 assumes the current projected Medicaid caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

Legal Base: Title XIX of the Social Security Act, 42 CFR parts 440-740; Title II of the Social Security Act; and Chapters 22 and 32 of the Human Resources Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under a State administered Medicaid program, the risk of non-compliance and federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation. Providing an adequate level of outreach to Medicaid enrolled children is necessary for compliance with the FREW Settlement Agreement.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. ARRA funds provided a temporary increase in the federal share for a 27 month period beginning October 1, 2008. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

Health steps medical services provided by managed care organizations are not reflected here but in the risk group strategies as a part of capitated rate.

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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 6
 OBJECTIVE: 3 Special Medicaid Services for Children Service Categories:
 STRATEGY: 2 Health Steps (EPSDT) Dental Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average THSteps (EPSDT) Dental Recipient Months Per Month	2,250,665.00	2,565,378.00	2,926,296.00	3,053,546.00	3,130,972.00
2	# of THSteps (EPSDT) Active Dent Providers Providing Medicaid Services	1,998.00	1,998.00	1,998.00	1,998.00	1,998.00
Efficiency Measures:						
1	Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month	35.59	40.11	43.15	43.13	43.13
Explanatory/Input Measures:						
1	Number of THSteps (EPSDT) Dental Clients Served	1,644,549.00	1,940,149.00	2,213,105.00	2,309,342.00	2,367,897.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,081,804	\$1,435,959	\$1,779,194	\$1,621,703	\$1,621,704
1002	OTHER PERSONNEL COSTS	\$31,093	\$34,235	\$58,769	\$42,011	\$42,011
2001	PROFESSIONAL FEES AND SERVICES	\$11,312,255	\$18,524,731	\$21,617,173	\$10,250,439	\$10,410,190
2002	FUELS AND LUBRICANTS	\$86	\$87	\$78	\$78	\$78
2003	CONSUMABLE SUPPLIES	\$3,751	\$201,735	\$209,937	\$205,852	\$205,853
2004	UTILITIES	\$36,605	\$42,954	\$39,100	\$60,300	\$60,214
2005	TRAVEL	\$18,020	\$34,887	\$41,835	\$33,978	\$33,978
2006	RENT - BUILDING	\$26,673	\$28,242	\$25,063	\$25,147	\$25,148
2007	RENT - MACHINE AND OTHER	\$13,242	\$16,181	\$17,259	\$19,525	\$19,550
2009	OTHER OPERATING EXPENSE	\$146,101	\$191,723	\$153,030	\$114,341	\$114,352
3001	CLIENT SERVICES	\$878,818,237	\$1,220,594,700	\$1,502,676,152	\$1,577,531,447	\$1,618,758,040
4000	GRANTS	\$480,260	\$630,362	\$630,362	\$630,362	\$630,362
5000	CAPITAL EXPENDITURES	\$734	\$405	\$379	\$379	\$379
TOTAL, OBJECT OF EXPENSE		\$891,968,861	\$1,241,736,201	\$1,527,248,331	\$1,590,535,562	\$1,631,921,859

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 6
 OBJECTIVE: 3 Special Medicaid Services for Children Service Categories:
 STRATEGY: 2 Health Steps (EPSDT) Dental Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$269,926,379	\$364,312,181	\$317,739,275	\$623,498,392	\$639,873,505
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
8014	GR Match Food Stamp Adm	\$0	\$0	\$0	\$0	\$0
8129	82(R) Supp: GR Match for Medicaid	\$0	\$0	\$232,377,645	\$0	\$0
8901	81(R) Supp: GR Match For Medicaid	\$12,791,871	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$282,718,250	\$364,312,181	\$550,116,920	\$623,498,392	\$639,873,505
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$79,042,635	\$141,996,139	\$87,132,398	\$0	\$0
CFDA Subtotal, Fund	369	\$79,042,635	\$141,996,139	\$87,132,398	\$0	\$0
555	Federal Funds					
	00.000.001 Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
	10.561.000 St Admin Match Food Stamp	\$0	\$0	\$0	\$0	\$0
	93.767.778 CHIP for Medicaid (EFMAP)	\$0	\$4,187,367	\$29,669,257	\$31,404,781	\$31,692,173
	93.778.000 XIX FMAP	\$522,976,568	\$722,456,512	\$850,997,317	\$928,949,022	\$953,671,314
	93.778.003 XIX 50%	\$4,020,715	\$5,974,411	\$5,716,000	\$3,679,782	\$3,681,282
	93.778.004 XIX ADM @ 75%	\$3,136,775	\$2,610,024	\$3,129,076	\$2,830,531	\$2,830,531
	93.778.005 XIX FMAP @ 90%	\$73,918	\$199,567	\$487,363	\$173,054	\$173,054
CFDA Subtotal, Fund	555	\$530,207,976	\$735,427,881	\$889,999,013	\$967,037,170	\$992,048,354
SUBTOTAL, MOF (FEDERAL FUNDS)		\$609,250,611	\$877,424,020	\$977,131,411	\$967,037,170	\$992,048,354

3.A. STRATEGY REQUEST

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

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	6
OBJECTIVE:	3	Special Medicaid Services for Children	Service Categories:		
STRATEGY:	2	Health Steps (EPSDT) Dental	Service:	22	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under a State administered Medicaid program, the risk of non-compliance and federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation. Providing an adequate level of outreach to Medicaid enrolled children is necessary for compliance with the FREW Settlement Agreement.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate (referred to FMAP) is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. ARRA funds provided a temporary increase in the federal share for a 27 month period beginning October 1, 2008. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 6
 OBJECTIVE: 3 Special Medicaid Services for Children Service Categories:
 STRATEGY: 3 Health Steps (EPSDT) Comprehensive Care Program - Fee for Service Only Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Average Number of THSteps (EPSDT) CCP Recipient Months per Month	528,765.00	591,595.00	645,658.00	682,613.00	702,893.00
Efficiency Measures:						
1	Average Cost Per THSteps (EPSDT) CCP Recipient Month per Month	91.01	95.06	104.87	108.91	111.80
Objects of Expense:						
1001	SALARIES AND WAGES	\$892,339	\$1,067,391	\$1,120,648	\$978,642	\$978,643
1002	OTHER PERSONNEL COSTS	\$25,646	\$24,828	\$39,258	\$25,248	\$25,248
2001	PROFESSIONAL FEES AND SERVICES	\$11,307,437	\$16,520,529	\$17,643,386	\$8,118,819	\$8,263,445
2002	FUELS AND LUBRICANTS	\$71	\$76	\$68	\$68	\$68
2003	CONSUMABLE SUPPLIES	\$3,093	\$109,623	\$113,465	\$111,273	\$111,273
2004	UTILITIES	\$30,192	\$29,836	\$25,276	\$36,267	\$36,221
2005	TRAVEL	\$14,863	\$27,944	\$29,610	\$22,447	\$22,447
2006	RENT - BUILDING	\$21,993	\$24,524	\$21,655	\$21,700	\$21,701
2007	RENT - MACHINE AND OTHER	\$10,919	\$14,012	\$10,691	\$11,905	\$11,919
2009	OTHER OPERATING EXPENSE	\$123,273	\$154,135	\$116,578	\$83,995	\$84,000
3001	CLIENT SERVICES	\$802,222,233	\$917,272,521	\$1,120,824,293	\$886,874,123	\$939,074,140
4000	GRANTS	\$53,165	\$112,796	\$112,796	\$112,795	\$112,795
5000	CAPITAL EXPENDITURES	\$606	\$352	\$329	\$329	\$329
TOTAL, OBJECT OF EXPENSE		\$814,705,830	\$935,358,567	\$1,140,058,053	\$896,397,611	\$948,742,229

Method of Financing:

1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$163,577,412	\$274,147,312	\$230,191,737	\$353,801,677	\$374,534,465

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 6
 OBJECTIVE: 3 Special Medicaid Services for Children Service Categories:
 STRATEGY: 3 Health Steps (EPSDT) Comprehensive Care Program - Fee for Service Only Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Health Steps Comprehensive Care Program (CCP) strategy includes funds for federally-mandated entitlement services providing certain hospital, physician, and other medical services to eligible Medicaid children under the age of 21. These services are not routinely covered or provided under the State Medicaid Plan. The Texas Health Steps program is the name Texas uses for implementing the federal Early and Periodic Screening, Diagnosis and Treatment program, also known nationally as EPSDT.

Federal law requires States to provide diagnostic/treatment services for certain conditions identified through a screening performed by the EPSDT Medical program. These services may be beyond the scope and durational limits of services usually covered under Medicaid such as; freestanding psychiatric hospitals, freestanding inpatient rehabilitation, durable medical equipment and supplies, extended hospital stays, private duty nursing, and speech, occupational, and physical therapies.

This strategy includes only fee-for-service payments for CCP services.

In September 2007, HHSC was ordered to implement 11 agreed upon corrective action orders as part of Frew v Suehs. The Corrective Action Order: Adequate Supply of Health Care Providers requires HHSC to apply \$150 million toward strategic initiatives to improve access to care for children enrolled in Medicaid.

Strategy funding for FY 2012-13 assumes the current projected Medicaid caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under a State administered Medicaid program, the risk of non-compliance and federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate (FMAP) is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. ARRA funds provided a temporary increase in the federal share for a 27 month period beginning October 1, 2008. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

Health steps medical services provided by managed care organizations are not reflected here but in the risk group strategies as a part of capitated rate.

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

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 4 Medicaid Support Service Categories:
 STRATEGY: 1 State Medicaid Office Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Output Measures:

KEY 1 Medicaid Acute Care Recipient Months Per Month: Managed Care	2,127,382.00	2,357,108.00	2,695,041.00	2,830,229.00	2,903,138.00
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Objects of Expense:

1001 SALARIES AND WAGES	\$1,078,313	\$1,049,840	\$1,592,057	\$1,611,885	\$1,611,885
1002 OTHER PERSONNEL COSTS	\$50,601	\$34,255	\$48,099	\$48,627	\$48,627
2001 PROFESSIONAL FEES AND SERVICES	\$29,243,953	\$20,012,345	\$22,998,264	\$19,905,785	\$19,905,785
2002 FUELS AND LUBRICANTS	\$137	\$138	\$131	\$131	\$131
2003 CONSUMABLE SUPPLIES	\$7,176	\$167,009	\$102,410	\$167,678	\$167,680
2004 UTILITIES	\$39,034	\$31,891	\$25,253	\$70,463	\$70,289
2005 TRAVEL	\$15,371	\$62,682	\$79,758	\$76,438	\$76,438
2006 RENT - BUILDING	\$37,917	\$41,823	\$39,332	\$39,502	\$39,504
2007 RENT - MACHINE AND OTHER	\$338,826	\$29,431	\$31,315	\$35,888	\$35,939
2009 OTHER OPERATING EXPENSE	\$182,954	\$106,437	\$133,643	\$125,995	\$126,016
4000 GRANTS	\$0	\$9,513,414	\$10,000,000	\$9,979,989	\$9,979,989
5000 CAPITAL EXPENDITURES	\$1,145	\$831	\$812	\$812	\$812
TOTAL, OBJECT OF EXPENSE	\$30,995,427	\$31,050,096	\$35,051,074	\$32,063,193	\$32,063,095

Method of Financing:

758 GR Match For Medicaid	\$641,762	\$1,738,735	\$1,274,287	\$1,304,674	\$1,304,625
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)	\$641,762	\$1,738,735	\$1,274,287	\$1,304,674	\$1,304,625

Method of Financing:

555 Federal Funds					
93.256.000 Planning Hlth Care Access-Uninsured	\$0	\$9,513,413	\$10,000,000	\$9,979,989	\$9,979,989
93.777.000 State Survey and Certific	\$486,864	\$592,720	\$600,764	\$598,744	\$598,744
93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$0	\$0	\$0	\$0

3.A. STRATEGY REQUEST
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 4 Medicaid Support Service Categories:
 STRATEGY: 1 State Medicaid Office Service: 30 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
93.778.003	XIX 50%	\$639,800	\$861,220	\$960,780	\$991,770	\$991,721
93.778.004	XIX ADM @ 75%	\$216,162	\$0	\$238,280	\$238,494	\$238,494
93.778.007	XIX ADM @ 100	\$28,878,147	\$18,183,720	\$18,259,943	\$18,949,522	\$18,949,522
93.793.000	Medicaid Transformation Grants	\$132,692	\$140,288	\$3,717,020	\$0	\$0
CFDA Subtotal, Fund 555		\$30,353,665	\$29,291,361	\$33,776,787	\$30,758,519	\$30,758,470
SUBTOTAL, MOF (FEDERAL FUNDS)		\$30,353,665	\$29,291,361	\$33,776,787	\$30,758,519	\$30,758,470
Method of Financing:						
666	Appropriated Receipts	\$0	\$20,000	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$20,000	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$32,063,193	\$32,063,095
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$30,995,427	\$31,050,096	\$35,051,074	\$32,063,193	\$32,063,095
FULL TIME EQUIVALENT POSITIONS:		27.8	30.0	30.0	30.0	30.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The State Medicaid Office strategy includes funding for the administration of the Texas Medicaid program. Federal regulations mandate that the Medicaid program must be administered by a single state agency that has final policy making authority for the program. Under Texas law, HHSC is the designated single state agency. HHSC directs the program, administers and supervises the Medicaid State Plan, and is the final approval on Medicaid rules. Policy changes in the Medicaid program often require state plan amendments or waiver of federal requirements which are subject to an extensive review and approval process by the federal Centers for Medicaid and Medicare. The State Medicaid Office provides this function and also has oversight responsibility for the Children's Health Insurance Program.

Legal Base: 42 CFR 431.10; Sec 531.021, Government Code

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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 4 Medicaid Support Service Categories:
 STRATEGY: 2 Managed Care Expansion Savings Service: 22 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
3001	CLIENT SERVICES	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)					\$0	\$0

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

This funding request relates to FY 2012-13 exceptional items. There are no expenditures in the base request. See Schedule III.A.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST

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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 3 Children's Health Insurance Program Services Statewide Goal/Benchmark: 3 5
OBJECTIVE: 1 CHIP Services Service Categories:
STRATEGY: 1 Children's Health Insurance Program (CHIP) Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average CHIP Children Recipient Months Per Month	431,949.00	465,105.00	501,334.00	518,455.00	533,526.00
Efficiency Measures:						
1	Average CHIP Children Benefit Costs Per Recipient Month	106.81	108.49	113.12	113.12	113.12
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,534,512	\$1,634,744	\$1,563,575	\$1,599,186	\$1,599,186
1002	OTHER PERSONNEL COSTS	\$48,400	\$50,672	\$47,784	\$48,751	\$48,751
2001	PROFESSIONAL FEES AND SERVICES	\$3,083,500	\$7,060,594	\$6,871,465	\$6,481,340	\$6,481,340
2002	FUELS AND LUBRICANTS	\$199	\$195	\$175	\$175	\$175
2003	CONSUMABLE SUPPLIES	\$8,397	\$10,555	\$9,013	\$8,822	\$8,824
2004	UTILITIES	\$49,933	\$43,973	\$31,650	\$76,806	\$76,632
2005	TRAVEL	\$29,160	\$32,921	\$32,286	\$32,763	\$32,763
2006	RENT - BUILDING	\$61,455	\$63,354	\$56,231	\$56,147	\$56,148
2007	RENT - MACHINE AND OTHER	\$30,555	\$36,464	\$38,761	\$34,342	\$34,383
2009	OTHER OPERATING EXPENSE	\$114,199	\$114,526	\$105,931	\$104,381	\$104,398
3001	CLIENT SERVICES	\$564,906,700	\$605,503,540	\$672,172,414	\$703,772,941	\$724,209,660
5000	CAPITAL EXPENDITURES	\$1,785	\$910	\$851	\$851	\$851
TOTAL, OBJECT OF EXPENSE		\$569,868,795	\$614,552,448	\$680,930,136	\$712,216,505	\$732,653,111

Method of Financing:

1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
3643	Premium Co-payments	\$1,483,105	\$1,312,259	\$1,351,227	\$1,390,588	\$1,432,306
8010	GR Match For Title XXI	\$0	\$16,198,011	\$0	\$0	\$0
8025	Tobacco Receipts Match For Chip	\$143,614,340	\$148,327,799	\$154,433,739	\$191,212,907	\$196,813,680
8054	Experience Rebates-CHIP	\$16,442,297	\$10,626,693	\$4,071,000	\$4,071,000	\$4,071,000

3.A. STRATEGY REQUEST

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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	5
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	1	Children's Health Insurance Program (CHIP)	Service:	22	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
8131	82(R) GR Match for CHIP (XXI)	\$0	\$0	\$28,897,867	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$161,539,742	\$176,464,762	\$188,753,833	\$196,674,495	\$202,316,986
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$408,329,053	\$437,212,269	\$492,176,303	\$515,542,010	\$530,336,125
CFDA Subtotal, Fund	555	\$408,329,053	\$437,212,269	\$492,176,303	\$515,542,010	\$530,336,125
SUBTOTAL, MOF (FEDERAL FUNDS)		\$408,329,053	\$437,212,269	\$492,176,303	\$515,542,010	\$530,336,125
Method of Financing:						
666	Appropriated Receipts	\$0	\$875,417	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$875,417	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$712,216,505	\$732,653,111
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$569,868,795	\$614,552,448	\$680,930,136	\$712,216,505	\$732,653,111
FULL TIME EQUIVALENT POSITIONS:		25.0	25.5	25.5	25.5	25.5
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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

GOAL: 3 Children's Health Insurance Program Services Statewide Goal/Benchmark: 3 5
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 1 Children's Health Insurance Program (CHIP) Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The Children's Health Insurance Program (CHIP) strategy includes funding for the basic CHIP program. CHIP is a non-entitlement health insurance benefit program for uninsured children (birth to age 18) in families with incomes at or below 200 percent of the federal poverty level who are not eligible for Medicaid. Texas CHIP provides comprehensive statewide health plan providing inpatient and outpatient medical and dental benefits through 18 contracted managed care health plans.

The Balanced Budget Act of 1997 created the children's health insurance program at the national level under Title XXI of the Social Security Act. This new title enables States to initiate and expand health insurance coverage for uninsured children with a more favorable federal matching rate than Medicaid. The 76th Legislature authorized CHIP in Texas. Texas CHIP began providing health coverage in May 2000.

The CHIP Reauthorization Act of 2009 (CHIPRA), which was signed into law on February 4, 2009, authorizes CHIP federal funding through federal fiscal year 2013. CHIPRA also included policy changes which HHSC is working to implement with federal guidance.

Strategy funding for FY 2012-13 assumes the current projected CHIP caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

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

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

The federal CHIP match rate determines the required state match which derives the strategy method of finance. This rate, referred to as enhanced or EFMAP is derived from Medicaid match rate. Changes in the CHIP State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 3 Children's Health Insurance Program Services Statewide Goal/Benchmark: 3 5
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 2 Immigrant Children Health Insurance Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average Legal Immigrant Children Recipient Months Per Month	19,315.00	21,852.00	18,936.00	18,592.00	19,649.00
Efficiency Measures:						
1	Average Legal Immigrant Benefit Costs Per Recipient Month	106.81	108.49	113.12	113.12	113.12
Objects of Expense:						
3001	CLIENT SERVICES	\$25,393,506	\$28,447,737	\$25,388,795	\$25,237,852	\$26,671,417
TOTAL, OBJECT OF EXPENSE		\$25,393,506	\$28,447,737	\$25,388,795	\$25,237,852	\$26,671,417
Method of Financing:						
5040	Tobacco Settlmnt Receipts	\$25,393,506	\$18,216,865	\$0	\$0	\$0
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
8025	Tobacco Receipts Match For Chip	\$0	\$4,251,752	\$5,454,424	\$6,968,171	\$7,363,978
8131	82(R) GR Match for CHIP (XXI)	\$0	\$0	\$1,583,350	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$25,393,506	\$22,468,617	\$7,037,774	\$6,968,171	\$7,363,978
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$0	\$5,979,120	\$18,351,021	\$18,269,681	\$19,307,439
CFDA Subtotal, Fund	555	\$0	\$5,979,120	\$18,351,021	\$18,269,681	\$19,307,439
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$5,979,120	\$18,351,021	\$18,269,681	\$19,307,439

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	5
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	2	Immigrant Children Health Insurance	Service:	22	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$25,237,852	\$26,671,417
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$25,393,506	\$28,447,737	\$25,388,795	\$25,237,852	\$26,671,417
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Historically, the Immigrant Health Insurance strategy provides CHIP health coverage using general revenue for children who are legal residents but who are ineligible for Medicaid coverage due to their immigration status, generally they have yet to reside here for the five-year minimum requirement.

The federal CHIP Reauthorization Act (CHIPRA) authorizes states the option of providing Medicaid or CHIP benefits to qualified immigrant children with federal match. Beginning in May 2010, funding in this strategy assumes that CHIP federal matching funds are available to finance CHIP health services. The number of children receiving these services declines because some children would be eligible for Medicaid coverage, based upon their age and income levels. This state plan amendment to obtain federal match is still under review by the federal government.

Strategy funding for FY 2012-13 assumes the current projected CHIP caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

Legal Base: Chapter 62.105, Health and Safety Code; CHIP Reauthorization Act of 2009, H.R.2.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

The federal CHIP match rate determines the required state match which derives the strategy method of finance. This rate, referred to as enhanced or EFMAP is derived from Medicaid match rate. Changes in the CHIP State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

Strategy funding also assumes federal approval of a pending State Plan amendment allowing certain qualified aliens to be served using CHIP federal funds, beginning May 2010.

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 3 Children's Health Insurance Program Services Statewide Goal/Benchmark: 3 5
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 3 School Employee Children Insurance Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
1	Average School Employee Children Recipient Months Per Month	14,977.00	16,118.00	17,328.00	17,920.00	18,441.00
Efficiency Measures:						
1	Average School Employee Children Benefit Cost Per Recipient Month	106.81	108.49	113.12	113.12	113.12
Objects of Expense:						
3001	CLIENT SERVICES	\$18,895,863	\$20,983,320	\$23,233,180	\$24,325,396	\$25,031,872
TOTAL, OBJECT OF EXPENSE		\$18,895,863	\$20,983,320	\$23,233,180	\$24,325,396	\$25,031,872
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
5040	Tobacco Settlmnt Receipts	\$8,497,437	\$20,983,320	\$14,717,624	\$24,325,396	\$25,031,872
8128	82(R) Supp: General Revenue Fund	\$0	\$0	\$8,515,556	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$8,497,437	\$20,983,320	\$23,233,180	\$24,325,396	\$25,031,872
Method of Financing:						
777	Interagency Contracts	\$10,398,426	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$10,398,426	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$24,325,396	\$25,031,872
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$18,895,863	\$20,983,320	\$23,233,180	\$24,325,396	\$25,031,872
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	5
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	3	School Employee Children Insurance	Service:	22	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The School Employee Children Insurance Program includes GR funding for a non-entitlement CHIP health insurance benefit program for children of public school employees who have family incomes at or below 200 percent FPL. Federal CHIP law excludes certain categories of children, one of which is children of public employees with access to state-paid insurance coverage.

Prior to 2003, Texas did not have a state-paid insurance coverage available to local school district employees so their children were eligible for CHIP subject to income eligibility guidelines. In 2003, a new state insurance program for active school district employees, regional educational service center employees, and certain charter school employees was created. Since children of school employees would now have access to state-paid insurance, they were no longer eligible for the federal CHIP program. This program was established to allow school district employees with incomes below 200 percent of poverty the option to enroll their children in this program.

For the 2008-09 biennium, the state funding for these children was appropriated at the Teachers Retirement System (TRS). In FY 2009, the financing is an interagency contract with TRS & HHSC used additional Tobacco Funds to supplement the program costs.

Strategy funding for FY 2012-13 assumes the current projected CHIP caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost & utilization trends are requested as an exceptional item.

Legal Base: Chapter 62.1015, Health and Safety Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

The Affordable Care Act allows states to provide federally-matched CHIP to the children of employees of public agencies, if the state meets maintenance of effort or hardship requirements. Prior to the Affordable Care Act, the children of employees of public agencies (e.g., children of public school employees) were excluded from participating in federally-matched CHIP. HHSC is currently analyzing whether the state meets the maintenance of effort or hardship requirements for the children of public school employees.

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
 TIME: 12:42:07PM

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

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

Statewide Goal/Benchmark: 3 5
 Service Categories:
 Service: NA Income: NA Age: NA

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Average Perinate Recipient Months Per Month	67,849.00	66,744.00	44,002.00	38,869.00	39,802.00
Efficiency Measures:						
1	Average Perinate Benefit Cost Per Recipient Month	415.44	372.00	439.62	457.32	457.32
Objects of Expense:						
3001	CLIENT SERVICES	\$326,664,471	\$297,941,106	\$232,280,898	\$213,310,680	\$218,429,826
TOTAL, OBJECT OF EXPENSE		\$326,664,471	\$297,941,106	\$232,280,898	\$213,310,680	\$218,429,826
Method of Financing:						
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
8025	Tobacco Receipts Match For Chip	\$92,428,456	\$85,956,009	\$64,388,265	\$58,895,079	\$60,308,475
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$92,428,456	\$85,956,009	\$64,388,265	\$58,895,079	\$60,308,475
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$234,236,015	\$211,985,097	\$167,892,633	\$154,415,601	\$158,121,351
CFDA Subtotal, Fund	555	\$234,236,015	\$211,985,097	\$167,892,633	\$154,415,601	\$158,121,351
SUBTOTAL, MOF (FEDERAL FUNDS)		\$234,236,015	\$211,985,097	\$167,892,633	\$154,415,601	\$158,121,351
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$213,310,680	\$218,429,826
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$326,664,471	\$297,941,106	\$232,280,898	\$213,310,680	\$218,429,826
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	5
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	4	CHIP Perinatal Services	Service:	NA	Income: NA Age: NA

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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STRATEGY DESCRIPTION AND JUSTIFICATION:

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

The 79th Legislature authorized HHSC to establish the CHIP Perinatal Services Program. The program includes an expedited enrollment process for more immediate access to prenatal care. Families are eligible for the Perinatal program if the pregnant mother has a family income at or below 200 percent of poverty and is ineligible for Medicaid due to family income or immigration status. Pregnant women with a family income below 185 percent of poverty are eligible for Medicaid and ineligible for this program. The program was implemented in January 2007.

Based on guidance from CMS, as of September 1, 2010, HHSC will continue to serve women with incomes up to 200 percent of the federal poverty level who do not qualify for Medicaid coverage. CMS indicates these children, if Medicaid eligible, must be covered by Medicaid upon birth. This federally-required change is the cause for the decline in CHIP perinatal clients from FY 2010 to FY 2011.

Strategy funding for FY 2012-13 assumes the current projected CHIP caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

The federal CHIP match rate determines the required state match which derives the strategy method of finance. This rate, referred to as enhanced or EFMAP is derived from Medicaid match rate. Changes in the CHIP State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 3 Children's Health Insurance Program Services
 OBJECTIVE: 1 CHIP Services
 STRATEGY: 5 CHIP Vendor Drug Program

Statewide Goal/Benchmark: 3 5
 Service Categories:
 Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Output Measures:

KEY 1	Total Number of CHIP Prescriptions	2,177,245.00	2,295,192.00	2,315,888.00	2,419,528.00	2,521,949.00
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Efficiency Measures:

1	Average Number of Prescriptions Incurred Per Recipient Month	0.39	0.38	0.36	0.36	0.37
KEY 2	Average Cost Per CHIP Prescription	62.81	61.51	66.19	65.41	64.63

Objects of Expense:

3001	CLIENT SERVICES	\$136,776,134	\$141,175,088	\$153,296,584	\$158,249,342	\$162,996,821
TOTAL, OBJECT OF EXPENSE		\$136,776,134	\$141,175,088	\$153,296,584	\$158,249,342	\$162,996,821

Method of Financing:

1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
5040	Tobacco Settlmnt Receipts	\$604,949	\$9,221,244	\$3,584,375	\$6,555,674	\$6,787,430
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
8025	Tobacco Receipts Match For Chip	\$30,854,381	\$32,197,205	\$30,616,165	\$36,390,599	\$37,846,034
8070	Vendor Drug Rebates-CHIP	\$4,927,967	\$5,457,794	\$4,713,681	\$4,445,432	\$4,176,565
8128	82(R) Supp: General Revenue Fund	\$0	\$0	\$2,853,569	\$0	\$0
8131	82(R) GR Match for CHIP (XXI)	\$0	\$0	\$4,297,500	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$36,387,297	\$46,876,243	\$46,065,290	\$47,391,705	\$48,810,029

Method of Financing:

555	Federal Funds					
	93.767.000 CHIP	\$97,594,555	\$94,298,845	\$107,231,294	\$110,857,637	\$114,186,792
CFDA Subtotal, Fund	555	\$97,594,555	\$94,298,845	\$107,231,294	\$110,857,637	\$114,186,792

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 3 Children's Health Insurance Program Services Statewide Goal/Benchmark: 3 5
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 5 CHIP Vendor Drug Program Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
SUBTOTAL, MOF (FEDERAL FUNDS)		\$97,594,555	\$94,298,845	\$107,231,294	\$110,857,637	\$114,186,792
Method of Financing:						
777	Interagency Contracts	\$2,794,282	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$2,794,282	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$158,249,342	\$162,996,821
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$136,776,134	\$141,175,088	\$153,296,584	\$158,249,342	\$162,996,821
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

Strategy Description And Justification:

The CHIP Vendor Drug Program strategy includes funding for the CHIP program to directly purchase CHIP client medications through the Medicaid Vendor Drug Program.

Title XXI of the Social Security Act as revised from the Balanced Budget Act of 1997 created a new children's health insurance program. The 76th Texas Legislature authorized additional state-funded non-entitlement health insurance benefit programs for certain children excluded from federal-funded CHIP. The CHIP Vendor Drug Program supports all CHIP programs.

When the CHIP program was established in 2000, the CHIP program included client medications in the contract with various managed care providers. In 2002, CHIP began purchasing client medications through the Medicaid Vendor Drug Program.

Strategy funding for FY 2012-13 assumes the current projected CHIP caseloads at FY 2011 cost trends. Projected expenditures for maintaining current cost and utilization trends are requested as an exceptional item.

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

3.A. STRATEGY REQUEST

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Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	5
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	5	CHIP Vendor Drug Program	Service:	22	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

The federal CHIP match rate determines the required state match which derives the strategy method of finance. This rate, referred to as enhanced or EFMAP is derived from Medicaid match rate. Changes in the CHIP State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds.

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	8
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	1	Temporary Assistance for Needy Families Grants	Service:	28	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Average Number of TANF Recipients Per Month	109,343.00	117,162.00	123,527.00	126,491.00	129,621.00
KEY 2	Avg Number of State Two-Parent Cash Assist Recipients Per Month	4,636.00	6,176.00	6,562.00	6,719.00	6,886.00
3	Average Number of TANF One-time Payments Per Month	343.00	277.00	232.00	232.00	232.00
4	Number of Children Receiving \$30 Once a Year Grant	90,221.00	100,884.00	104,733.00	107,325.00	109,981.00
5	Average Monthly Number of TANF Grandparent Payments	50.00	56.00	58.00	60.00	60.00
6	Avg # TANF/State Cash Adults Per Month w/ State Time-limited Benefits	2,906.00	3,142.00	2,862.00	2,512.00	2,145.00
7	Avg # TANF/State Cash Adults/Month with Federal Time-limited Benefits	12,006.00	13,454.00	12,982.00	12,246.00	11,477.00
Efficiency Measures:						
KEY 1	Average Monthly Grant: TANF	67.28	70.23	72.52	58.69	60.67
KEY 2	Average Monthly Grant: State Two-Parent Cash Assistance Program	65.18	64.02	69.18	34.77	34.49
Explanatory/Input Measures:						
1	% of Potential Eligible Population Receiving TANF/State Cash Assist	10.33 %	19.39 %	20.07 %	20.15 %	20.22 %
Objects of Expense:						
3001	CLIENT SERVICES	\$106,123,395	\$130,312,473	\$145,630,860	\$99,716,608	\$105,894,072
TOTAL, OBJECT OF EXPENSE		\$106,123,395	\$130,312,473	\$145,630,860	\$99,716,608	\$105,894,072
Method of Financing:						
1	General Revenue Fund	\$3,904,305	\$4,966,927	\$5,447,531	\$2,803,732	\$2,849,941
759	GR MOE For TANF	\$64,489,853	\$62,851,931	\$78,030,990	\$62,851,931	\$62,851,931
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$68,394,158	\$67,818,858	\$83,478,521	\$65,655,663	\$65,701,872

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 4 Encourage Self Sufficiency Statewide Goal/Benchmark: 3 8
 OBJECTIVE: 1 Assistance Services Service Categories:
 STRATEGY: 1 Temporary Assistance for Needy Families Grants Service: 28 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.714.000 TANF Emrgcy Contngncy Fnd-Stimulus	\$0	\$29,032,206	\$27,289,258	\$0	\$0
CFDA Subtotal, Fund	369	\$0	\$29,032,206	\$27,289,258	\$0	\$0
555	Federal Funds					
	93.558.000 Temp AssistNeedy Families	\$37,596,621	\$33,461,409	\$34,863,081	\$34,060,945	\$40,192,200
CFDA Subtotal, Fund	555	\$37,596,621	\$33,461,409	\$34,863,081	\$34,060,945	\$40,192,200
SUBTOTAL, MOF (FEDERAL FUNDS)		\$37,596,621	\$62,493,615	\$62,152,339	\$34,060,945	\$40,192,200
Method of Financing:						
777	Interagency Contracts	\$132,616	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$132,616	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$99,716,608	\$105,894,072
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$106,123,395	\$130,312,473	\$145,630,860	\$99,716,608	\$105,894,072
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	8
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	1	Temporary Assistance for Needy Families Grants	Service:	28	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The Temporary Assistance to Needy Families (TANF) strategy includes federal funding provided through a block grant to the state. The purpose of TANF is to provide financial & medical assistance to needy dependent children and the parents or relatives with whom they are living. Eligible TANF households receive monthly cash & Medicaid benefits. TANF funds are targeted to providing time-limited financial assistance to needy families with children; services to end family dependence on government benefits by promoting job preparation, work, & marriage; services to prevent out-of-wedlock pregnancies; & activities that encourage the formation and maintenance of two-parent families.

Federal TANF funding helps states provide assistance to needy families by granting statewide flexibility to determine eligibility, method of assistance & benefit levels. Types of assistance can include benefits directed at basis needs like food, clothing, shelter, utilities, household goods, personal care items, & general incidental expenses. Benefits can also include childcare, transportation, & supports for families. State funds provide cash assistance to families with 2 parents who both receive benefits with children deprived of parental support because of the unemployment or underemployment of a parent.

Strategy funding for FY 2012-13 assumes the current projected TANF caseloads. Based upon federal & state funding limitations, annually & monthly grant amounts would be reduced. Projected TANF expenditures for maintaining grant award amounts are requested as an exceptional item.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texas families applying for TANF cash assistance and could impact to extent to which the cash assistance amount is adequate to encourage self-sufficiency. The Legislature has not increased the income limit or asset limit for eligibility for over 10 years, but established the maximum monthly grant to be at least 17% of the federal poverty level, as updated annually; TANF recipients in Texas under current HHSC eligibility rules automatically qualify for Medicaid, and almost 90% also receive SNAP. Another factor that could impact TANF cash assistance is federal policy changes and/or TANF reauthorization.

Beginning FY 2009, child support "pass through" and "first excess" payments are provided by the Office of the Attorney General.

HHSC continues to need the flexibility to ensure that the TANF Maintenance of Effort requirement is met.

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 4 Encourage Self Sufficiency
 OBJECTIVE: 1 Assistance Services
 STRATEGY: 2 Refugee Assistance

Statewide Goal/Benchmark: 3 0
 Service Categories:
 Service: 28 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Output Measures:

KEY 1	Number of Refugees Served	25,757.00	7,800.00	15,000.00	15,000.00	15,000.00
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Objects of Expense:

1001	SALARIES AND WAGES	\$371,805	\$443,885	\$443,885	\$443,885	\$443,885
1002	OTHER PERSONNEL COSTS	\$9,642	\$12,855	\$13,191	\$13,023	\$13,023
2001	PROFESSIONAL FEES AND SERVICES	\$112,434	\$50,175	\$50,377	\$50,275	\$50,275
2002	FUELS AND LUBRICANTS	\$21	\$21	\$26	\$24	\$24
2003	CONSUMABLE SUPPLIES	\$962	\$558	\$450	\$504	\$504
2004	UTILITIES	\$7,610	\$5,995	\$4,969	\$5,482	\$5,482
2005	TRAVEL	\$21,921	\$30,587	\$30,587	\$30,587	\$30,587
2006	RENT - BUILDING	\$6,590	\$5,756	\$6,978	\$6,367	\$6,367
2007	RENT - MACHINE AND OTHER	\$4,274	\$5,172	\$1,698	\$3,435	\$3,435
2009	OTHER OPERATING EXPENSE	\$32,893	\$12,512	\$13,057	\$12,785	\$12,785
3001	CLIENT SERVICES	\$10,612,911	\$19,440,607	\$19,444,329	\$19,442,468	\$19,442,468
3002	FOOD FOR PERSONS - WARDS OF STATE	\$0	\$0	\$0	\$0	\$0
4000	GRANTS	\$17,273,243	\$20,154,873	\$20,154,873	\$20,154,873	\$20,154,873
5000	CAPITAL EXPENDITURES	\$174	\$159	\$197	\$178	\$178
TOTAL, OBJECT OF EXPENSE		\$28,454,480	\$40,163,155	\$40,164,617	\$40,163,886	\$40,163,886

Method of Financing:

1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$0	\$0	\$0	\$0

Method of Financing:

555	Federal Funds					
	93.566.000 Refugee and Entrant Assis	\$23,694,684	\$34,773,552	\$34,775,014	\$34,774,283	\$34,774,283

3.A. STRATEGY REQUEST

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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	2	Refugee Assistance	Service:	28	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Country conditions overseas and domestic periods of economic down-turn, high unemployment or natural disasters, impacts the numbers of individuals applying for Refugee Assistance and would impact the extent to which the cash assistance amount is adequate to encourage self-sufficiency. Secondary migration of refugees to non-traditional resettlement areas of the state and federal funding based on previous 3 year arrivals also impacts the extent to which cash and social service funding is adequate to meet needs and demand. The President and Congress determine, the number of eligible refugees arriving in the United States annually. The number of eligible refugees who come to Texas is determined by the U.S. Department of State in coordination with National Voluntary Agencies, and their local affiliates. Admission is largely dependent on US Department of Homeland Security verification procedures. Due to the inherent uncertainties about the number of eligible refugees in Texas in future years, the amount of federal appropriations and the availability of services for particular refugee groups, actual FY2010 and FY2011 service levels and funding might vary from the forecast. However, recent trends indicate that refugee arrivals are meeting the ceiling for U.S. admissions once again following the impact of 9/11. It is anticipated that the number of eligible refugees resettling in Texas will continue to represent at least a 50% increase over previous years.

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

GOAL: 4 Encourage Self Sufficiency
 OBJECTIVE: 1 Assistance Services
 STRATEGY: 3 Disaster Assistance

Statewide Goal/Benchmark: 3 0
 Service Categories:
 Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Output Measures:

1	Number of Applications Approved	67,420.00	0.00	0.00	0.00	0.00
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Objects of Expense:

1001	SALARIES AND WAGES	\$2,740,679	\$664,040	\$59,824	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$25,527	\$47,766	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$630,906	\$690,202	\$550,329	\$0	\$0
2002	FUELS AND LUBRICANTS	\$29,514	\$0	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$93,155	\$2,708	\$3,000	\$0	\$0
2004	UTILITIES	\$422,808	\$32,974	\$0	\$0	\$0
2005	TRAVEL	\$90,978	\$13,110	\$8,000	\$0	\$0
2006	RENT - BUILDING	\$2,799	\$0	\$0	\$0	\$0
2007	RENT - MACHINE AND OTHER	\$275,950	\$6,611	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$30,614,917	\$22,425	\$0	\$0	\$0
3001	CLIENT SERVICES	\$149,908,857	\$1,724,811	\$0	\$0	\$0
4000	GRANTS	\$30,863,364	\$134,611,517	\$107,202,722	\$0	\$0
5000	CAPITAL EXPENDITURES	\$15,674	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$215,715,128	\$137,816,164	\$107,823,875	\$0	\$0

Method of Financing:

8063	GR Match For Disaster Funds	\$36,752,996	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$36,752,996	\$0	\$0	\$0	\$0

Method of Financing:

555	Federal Funds					
	93.667.000 Social Svcs Block Grants	\$37,787,937	\$110,324,141	\$83,592,537	\$0	\$0
	97.036.000 Public Assistance Grants	\$25,690,242	\$0	\$0	\$0	\$0

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

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	3	Disaster Assistance	Service:	28	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The Disaster Assistance strategy includes funding to assist people located in areas that are declared a disaster by the Governor or President. Programs in this strategy include: Emergency Preparation and Mitigation, Other Needs Assistance (ONA), Public Assistance, and the Social Services Block Grant (SSBG) Supplemental Disaster Assistance grant.

The Eligibility Emergency Services Program provides water and ice to people affected by state and federal disasters. FEMA provides Public Assistance funds to HHSC for damages and unusual expenses incurred by HHSC to its facilities and programs.

The ONA program is administered jointly with the Federal Emergency Management Agency (FEMA). Through this program, FEMA provides housing assistance and HHSC Eligibility Emergency Services Program provides grants to meet the other needs of people who live in a Presidential Declared disaster area. Eligible people must be underinsured, not qualify for loan assistance from the Small Business Administration, and have serious needs and expenses resulting from the disaster.

The SSBG also includes disaster funding. HHSC passes through SSBG-Supplemental Disaster Assistance Grant funds to local councils of government to respond to local needs for social and health services. The match rate for federal disaster programs is usually 75 percent federal. The SSBG Disaster funding is 100 percent federal. Without a federal declaration, services are funded from state general revenue.

Disaster-related expenditures from Hurricane Alex in July 2010 are not included in FY 2010 expenditures.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External and internal factors affecting Disaster Assistance include:

The state matching share percent, which is normally 25% for Other Needs Assistance and Public Assistance,

When disasters occur in the last few months of the biennium, general revenue funds may not be available for transfer from other programs to disaster and there may be cash flow issues, even when budgetary authority is available; the number and severity of disasters, coupled with the economic circumstances of the population affects the assistance levels provided and state matching funds needed; and the requirement of prior notification of funds transfer may impede the flow of funds into the disaster program.

3.A. STRATEGY REQUEST

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

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	21
OBJECTIVE:	2	Other Family Support Services	Service Categories:		
STRATEGY:	1	Family Violence Services	Service:	28	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Number of Persons Served by Family Violence Programs/Shelters	77,739.00	80,942.00	80,942.00	81,000.00	81,000.00
2	Number of Participating Family Violence Programs/Shelters	98.00	98.00	100.00	100.00	100.00
3	Number of Hotline Calls	179,435.00	204,253.00	180,000.00	180,000.00	180,000.00
Efficiency Measures:						
KEY 1	HHSC Avg Cost Per Person Receiving Family Violence Shelter Services	691.97	741.58	763.38	811.10	865.18
2	HHSC Average Cost/Person for Family Violence Non-Residential Services	11.97	13.61	13.41	13.01	12.63
Explanatory/Input Measures:						
1	Number of Women Battered in the Last 12 Months	1,015,359.00	1,015,359.00	1,025,359.00	1,025,359.00	1,025,359.00
2	Percent of Family Violence Program Budgets Funded by HHSC	36.00 %	36.00 %	36.00 %	36.00 %	36.00 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$412,992	\$528,793	\$537,691	\$533,242	\$533,242
1002	OTHER PERSONNEL COSTS	\$11,832	\$14,050	\$13,776	\$13,913	\$13,913
2001	PROFESSIONAL FEES AND SERVICES	\$1,310,434	\$1,322,867	\$1,322,866	\$1,322,867	\$1,322,867
2002	FUELS AND LUBRICANTS	\$30	\$30	\$26	\$28	\$28
2003	CONSUMABLE SUPPLIES	\$865	\$887	\$570	\$729	\$729
2004	UTILITIES	\$10,868	\$8,356	\$5,148	\$11,852	\$11,806
2005	TRAVEL	\$24,300	\$23,343	\$28,343	\$25,843	\$25,843
2006	RENT - BUILDING	\$7,377	\$8,222	\$6,979	\$7,601	\$7,601
2007	RENT - MACHINE AND OTHER	\$6,106	\$7,388	\$1,698	\$4,543	\$4,543
2009	OTHER OPERATING EXPENSE	\$140,095	\$327,192	\$356,143	\$336,568	\$336,614
3001	CLIENT SERVICES	\$0	\$0	\$0	\$0	\$0

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

GOAL: 4 Encourage Self Sufficiency Statewide Goal/Benchmark: 3 21
 OBJECTIVE: 2 Other Family Support Services Service Categories:
 STRATEGY: 1 Family Violence Services Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
4000	GRANTS	\$21,147,564	\$23,484,676	\$23,605,532	\$23,545,104	\$23,545,104
5000	CAPITAL EXPENDITURES	\$249	\$227	\$197	\$212	\$212
TOTAL, OBJECT OF EXPENSE		\$23,072,712	\$25,726,031	\$25,878,969	\$25,802,502	\$25,802,502
Method of Financing:						
1	General Revenue Fund	\$9,995,546	\$10,864,562	\$10,892,011	\$10,878,286	\$10,878,286
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$9,995,546	\$10,864,562	\$10,892,011	\$10,878,286	\$10,878,286
Method of Financing:						
555	Federal Funds					
	93.558.667 TANF to Title XX	\$8,393,168	\$9,632,569	\$9,618,087	\$9,625,331	\$9,625,331
	93.566.000 Refugee and Entrant Assis	\$51,434	\$81,914	\$81,969	\$81,941	\$81,941
	93.671.000 Family Violence Preventio	\$4,632,564	\$5,146,986	\$5,286,902	\$5,216,944	\$5,216,944
CFDA Subtotal, Fund	555	\$13,077,166	\$14,861,469	\$14,986,958	\$14,924,216	\$14,924,216
SUBTOTAL, MOF (FEDERAL FUNDS)		\$13,077,166	\$14,861,469	\$14,986,958	\$14,924,216	\$14,924,216
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$25,802,502	\$25,802,502
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$23,072,712	\$25,726,031	\$25,878,969	\$25,802,502	\$25,802,502
FULL TIME EQUIVALENT POSITIONS:		10.3	12.1	12.1	12.1	12.1

STRATEGY DESCRIPTION AND JUSTIFICATION:

3.A. STRATEGY REQUEST
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	21
OBJECTIVE:	2	Other Family Support Services	Service Categories:		
STRATEGY:	1	Family Violence Services	Service:	28	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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Description

The Family Violence Services strategy includes state funding for programs that provide services to victims of family violence. HHSC contracts with family violence centers to provide emergency shelter and/or nonresidential services to adult victims of family violence and their dependent children. Program objectives include; enhancing the safety of adult victims and their children by providing temporary shelter and/or intervention services; ensuring the responsiveness of community systems to the needs of adult victims and their children and ensuring that adequate resources are available within the community to meet those needs; and providing public awareness about the criminality of acts of violence toward family members and eradicating public misconceptions about family violence.

This strategy contributes to the agency’s objectives to encourage self-sufficiency. The services are a continuation of the agency’s effort to enhance the safety of adult victims and their children by providing services such as, emergency 24-hour a day shelter, 24-hour hotline, intervention services, children’s services and therapeutic activities, employment and training services, assistance in obtaining medical care, legal assistance in the civil and criminal justice systems, counseling services, transportation, law enforcement liaison, community education, and information and referral services.

Legal Base: Chapter 51, Texas Human Resources Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External: There is a documented need to increase services in currently underserved areas of Texas and develop services for underserved populations.

Internal: The availability of funding, from the state and from the local communities, continues to be a factor that affects the ability to add new programs in underserved areas, as well as, the expansion of existing programs to better meet a community’s need.

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

GOAL: 4 Encourage Self Sufficiency Statewide Goal/Benchmark: 3 15
 OBJECTIVE: 2 Other Family Support Services Service Categories:
 STRATEGY: 2 Alternatives to Abortion. Nontransferable. Service: NA Income: NA Age: NA

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Output Measures:						
KEY 1	Number of Persons Receiving Services as Alternative to Abortion	10,505.00	10,610.00	16,000.00	14,400.00	14,400.00
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$2,806,979	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
TOTAL, OBJECT OF EXPENSE		\$2,806,979	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
Method of Financing:						
1	General Revenue Fund	\$0	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000
Method of Financing:						
555	Federal Funds					
93.558.000	Temp AssistNeedy Families	\$2,806,979	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
CFDA Subtotal, Fund	555	\$2,806,979	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,806,979	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$4,000,000	\$4,000,000
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)					\$4,000,000	\$4,000,000
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

3.A. STRATEGY REQUEST
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	15
OBJECTIVE:	2	Other Family Support Services	Service Categories:		
STRATEGY:	2	Alternatives to Abortion. Nontransferable.	Service:	NA	Income: NA Age: NA

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The Alternatives to Abortion Program is a statewide program for women focused on pregnancy support services that promote childbirth. HHSC uses funds in this strategy to contract for coordinated services and support to expectant mothers who seek alternatives to abortion in a secure, healthy, and nurturing environment.

Since a number of organizations in Texas already provide support services that promote childbirth and alternatives to abortion, HHSC solicited proposals to accomplish the legislative purpose. The HHSC-funded programs are intended to supplement, coordinate and expand the availability and use of such services.

This strategy contributes to the agency's objective to encourage self-sufficiency. State funding is focused on efforts to enhance support services such as: GED preparation, counseling services to the pregnant woman and her family members, information and referral services, and limited assistance with related purchases like maternity clothes and a baby car seat.

Legal Base: 2006-07 General Appropriations Act (Article II, Special Provisions, Section 50, S.B. 1, 79th Legislature, Regular Session, 2005)

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The U.S. National Center for Health Statistics reported that in 2006 Texas had the third highest birthrate for teens age 15-17 (35.8%) and for the group age 15-19 (63.1%) among the states and the District of Columbia. (2006 is the last year for which national statistics have been reported on this subject). The majority of births to teen mothers age 17 and younger (69%) were to Hispanic teens.

The most recent Texas vital statistics report available provided by the Texas Department of State Health Services (DSHS) indicated that 16% of all pregnancies in 2007 were aborted.

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

GOAL: 5 Program Support Statewide Goal/Benchmark: 3 0
 OBJECTIVE: 1 Program Support Service Categories:
 STRATEGY: 1 Central Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
1001	SALARIES AND WAGES	\$11,551,579	\$12,037,296	\$12,039,721	\$12,039,721	\$12,039,721
1002	OTHER PERSONNEL COSTS	\$452,282	\$350,001	\$349,067	\$349,067	\$349,067
2001	PROFESSIONAL FEES AND SERVICES	\$1,642,394	\$2,064,181	\$2,264,376	\$2,342,826	\$2,421,792
2002	FUELS AND LUBRICANTS	\$692	\$616	\$601	\$601	\$601
2003	CONSUMABLE SUPPLIES	\$16,788	\$24,759	\$22,728	\$23,986	\$23,996
2004	UTILITIES	\$210,133	\$178,112	\$120,204	\$319,861	\$319,086
2005	TRAVEL	\$58,548	\$261,970	\$261,970	\$261,970	\$261,970
2006	RENT - BUILDING	\$153,402	\$184,030	\$181,846	\$182,603	\$182,610
2007	RENT - MACHINE AND OTHER	\$124,362	\$154,602	\$132,470	\$153,670	\$153,895
2009	OTHER OPERATING EXPENSE	\$611,896	\$851,539	\$974,616	\$1,063,547	\$984,855
5000	CAPITAL EXPENDITURES	\$5,056	\$4,619	\$4,507	\$4,507	\$4,507
TOTAL, OBJECT OF EXPENSE		\$14,827,132	\$16,111,725	\$16,352,106	\$16,742,359	\$16,742,100

Method of Financing:

1	General Revenue Fund	\$355,360	\$363,271	\$339,444	\$596,483	\$596,660
758	GR Match For Medicaid	\$3,082,363	\$3,061,493	\$2,993,014	\$2,900,044	\$2,899,963
8010	GR Match For Title XXI	\$48,222	\$96,544	\$96,817	\$35,072	\$35,071
8014	GR Match Food Stamp Adm	\$2,452,564	\$3,161,140	\$3,346,740	\$3,397,633	\$3,397,538
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$5,938,509	\$6,682,448	\$6,776,015	\$6,929,232	\$6,929,232

Method of Financing:

555	Federal Funds					
	10.561.000 St Admin Match Food Stamp	\$2,452,564	\$3,161,140	\$3,346,740	\$3,397,633	\$3,397,538
	93.558.000 Temp AssistNeedy Families	\$586,221	\$441,187	\$481,129	\$590,738	\$590,721
	93.566.000 Refugee and Entrant Assis	\$19,829	\$21,878	\$22,905	\$23,486	\$23,485

3.A. STRATEGY REQUEST

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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	1	Central Program Support	Service:	09	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
93.667.000	Social Svcs Block Grants	\$4,071	\$3,321	\$3,084	\$3,131	\$3,131
93.767.000	CHIP	\$122,396	\$95,494	\$85,135	\$86,428	\$86,426
93.778.002	MEDICAID REIMBURSE ADMIN	\$0	\$51,710	\$276	\$72,462	\$72,381
93.778.003	XIX 50%	\$3,082,363	\$2,863,997	\$2,856,348	\$2,827,124	\$2,827,124
CFDA Subtotal, Fund	555	\$6,267,444	\$6,638,727	\$6,795,617	\$7,001,002	\$7,000,806
SUBTOTAL, MOF (FEDERAL FUNDS)		\$6,267,444	\$6,638,727	\$6,795,617	\$7,001,002	\$7,000,806
Method of Financing:						
777	Interagency Contracts	\$2,621,179	\$2,790,550	\$2,780,474	\$2,812,125	\$2,812,062
SUBTOTAL, MOF (OTHER FUNDS)		\$2,621,179	\$2,790,550	\$2,780,474	\$2,812,125	\$2,812,062
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$16,742,359	\$16,742,100
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$14,827,132	\$16,111,725	\$16,352,106	\$16,742,359	\$16,742,100
FULL TIME EQUIVALENT POSITIONS:		203.6	208.8	208.8	208.8	208.8

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Central Program Support strategy includes expenditures required to support the internal administrative functions of the agency, impacting the business and fiscal operations of the agency. Services include accounting, budget, contract and grant administration, internal audit, external relations and legal. These areas support, guide, and assist HHSC program areas. These functions support HHSC which supports the entire HHS enterprise and funding is dependent upon all five agencies.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL: 5 Program Support

Statewide Goal/Benchmark: 3 0

OBJECTIVE: 1 Program Support

Service Categories:

STRATEGY: 1 Central Program Support

Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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External factors, which would impact this strategy, result from increases in Medicaid and CHIP caseloads and the corresponding need to provide oversight and develop policies that are client focused.

The primary internal factor impacting this strategy is continued focus on transition and transformation of the HHS system to achieve cost savings that can be directed toward consumer service delivery.

Functions within this strategy must focus on balancing oversight and operations, consolidating administrative services, and strengthening contract management.

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 5 Program Support Statewide Goal/Benchmark: 3 0
 OBJECTIVE: 1 Program Support Service Categories:
 STRATEGY: 2 Information Technology Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
1001	SALARIES AND WAGES	\$4,961,176	\$5,277,012	\$5,466,762	\$5,466,762	\$5,466,762
1002	OTHER PERSONNEL COSTS	\$231,302	\$154,204	\$157,953	\$157,953	\$157,953
2001	PROFESSIONAL FEES AND SERVICES	\$6,220,536	\$10,151,057	\$7,050,394	\$8,340,750	\$6,951,725
2002	FUELS AND LUBRICANTS	\$282	\$282	\$265	\$265	\$265
2003	CONSUMABLE SUPPLIES	\$9,049	\$9,686	\$8,932	\$9,487	\$9,492
2004	UTILITIES	\$1,918,367	\$255,596	\$222,263	\$312,073	\$311,741
2005	TRAVEL	\$17,585	\$14,755	\$14,755	\$14,755	\$14,755
2006	RENT - BUILDING	\$68,610	\$76,465	\$71,736	\$72,070	\$72,073
2007	RENT - MACHINE AND OTHER	\$811,874	\$68,728	\$57,729	\$67,005	\$67,105
2009	OTHER OPERATING EXPENSE	\$2,663,710	\$1,919,010	\$1,661,361	\$1,990,303	\$2,435,019
5000	CAPITAL EXPENDITURES	\$1,042,627	\$18,914	\$18,789	\$18,789	\$18,789
TOTAL, OBJECT OF EXPENSE		\$17,945,118	\$17,945,709	\$14,730,939	\$16,450,212	\$15,505,679

Method of Financing:

1	General Revenue Fund	\$1,299,532	\$1,589,370	\$904,052	\$908,576	\$1,796,535
758	GR Match For Medicaid	\$3,184,137	\$4,173,717	\$3,026,303	\$3,159,116	\$3,109,692
8010	GR Match For Title XXI	\$61,514	\$92,499	\$91,221	\$70,843	\$70,244
8014	GR Match Food Stamp Adm	\$2,189,252	\$2,706,509	\$2,559,736	\$3,033,169	\$2,195,233
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$6,734,435	\$8,562,095	\$6,581,312	\$7,171,704	\$7,171,704

Method of Financing:

555	Federal Funds					
	10.561.000 St Admin Match Food Stamp	\$2,189,252	\$2,706,509	\$2,559,736	\$3,033,169	\$2,193,844
	93.558.000 Temp AssistNeedy Families	\$535,544	\$333,064	\$363,217	\$516,531	\$506,482
	93.566.000 Refugee and Entrant Assis	\$110,175	\$94,956	\$89,151	\$95,176	\$89,166

3.A. STRATEGY REQUEST

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

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	2	Information Technology Program Support	Service:	09	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
	93.667.000 Social Svcs Block Grants	\$3,824	\$4,702	\$2,823	\$2,654	\$2,602
	93.767.000 CHIP	\$155,055	\$197,730	\$213,311	\$174,420	\$172,945
	93.778.002 MEDICAID REIMBURSE ADMIN	\$0	\$1,547,712	\$1,098,020	\$124,906	\$1,173,501
	93.778.003 XIX 50%	\$3,032,409	\$1,811,039	\$1,860,540	\$2,938,518	\$1,840,497
	93.778.004 XIX ADM @ 75%	\$519,925	\$424,182	\$344,008	\$344,008	\$344,009
	93.778.005 XIX FMAP @ 90%	\$645	\$4,262	\$4,100	\$4,100	\$4,099
CFDA Subtotal, Fund	555	\$6,546,829	\$7,124,156	\$6,534,906	\$7,233,482	\$6,327,145
SUBTOTAL, MOF (FEDERAL FUNDS)		\$6,546,829	\$7,124,156	\$6,534,906	\$7,233,482	\$6,327,145
Method of Financing:						
	777 Interagency Contracts	\$4,663,854	\$2,259,458	\$1,614,721	\$2,045,026	\$2,006,830
SUBTOTAL, MOF (OTHER FUNDS)		\$4,663,854	\$2,259,458	\$1,614,721	\$2,045,026	\$2,006,830
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$16,450,212	\$15,505,679
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$17,945,118	\$17,945,709	\$14,730,939	\$16,450,212	\$15,505,679
FULL TIME EQUIVALENT POSITIONS:		112.1	115.7	115.7	115.7	115.7

STRATEGY DESCRIPTION AND JUSTIFICATION:

HHSC information technology (IT) provides information resource management services that include application systems development and maintenance; project management; HIPAA compliance coordination and project implementation; network, security, desk-side and telecommunications support services at central and regional locations. This strategy includes staff costs, professional services and contracted staff costs and computer equipment maintenance related to the support of HHSC programs. These IT functions support HHSC which supports the entire HHS enterprise and funding is dependent upon all five agencies.

HHSC IT supports the daily information technology needs of all HHSC. HHSC IT staff works in cooperation with Enterprise IT on the adherence to and implementation of technology standards.

3.A. STRATEGY REQUEST

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

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	2	Information Technology Program Support	Service:	09	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Data Center Consolidation functions at the Department of Information Resources assumed some of the IT functions for HHSC. Technology upgrades and state-wide efforts such as the Enterprise Resources Planning (ERP) activities will continue to change the requirements of IT program support. State and federal statutory and regulatory changes often impact technology systems resulting in needs for system/application modifications to implement the new law and/or regulations.

Programmatic and/or policy changes can result in needed IT systems and/or other application modifications. The GASB Summary of Statement #51, effective 9/1/10, could impact the purchase and depreciation of certain software.

3.A. STRATEGY REQUEST
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DATE: 8/21/2010
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 5 Program Support Statewide Goal/Benchmark: 3 0
 OBJECTIVE: 1 Program Support Service Categories:
 STRATEGY: 4 Regional Program Support Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
1001	SALARIES AND WAGES	\$14,835,774	\$16,106,324	\$16,316,799	\$16,316,799	\$16,316,799
1002	OTHER PERSONNEL COSTS	\$2,426,569	\$1,363,991	\$1,374,125	\$1,374,125	\$1,374,125
2001	PROFESSIONAL FEES AND SERVICES	\$591,796	\$627,173	\$1,032,305	\$642,125	\$642,125
2002	FUELS AND LUBRICANTS	\$114,862	\$111,577	\$109,685	\$109,685	\$109,685
2003	CONSUMABLE SUPPLIES	\$6,445,138	\$6,324,742	\$6,194,048	\$6,205,636	\$6,208,277
2004	UTILITIES	\$15,422,086	\$12,670,401	\$12,183,693	\$21,197,590	\$21,163,051
2005	TRAVEL	\$830,158	\$946,134	\$939,645	\$939,645	\$939,645
2006	RENT - BUILDING	\$44,076,205	\$43,185,138	\$42,404,959	\$42,411,933	\$42,413,523
2007	RENT - MACHINE AND OTHER	\$8,626,297	\$9,082,226	\$8,706,060	\$8,941,984	\$8,997,038
2009	OTHER OPERATING EXPENSE	\$26,753,140	\$29,271,520	\$29,234,385	\$29,661,312	\$29,720,836
5000	CAPITAL EXPENDITURES	\$273,562	\$369,549	\$140,599	\$303,268	\$266,386
TOTAL, OBJECT OF EXPENSE		\$120,395,587	\$120,058,775	\$118,636,303	\$128,104,102	\$128,151,490

Method of Financing:

1	General Revenue Fund	\$602,819	\$272,438	\$232,977	\$535,357	\$535,557
758	GR Match For Medicaid	\$2,763,967	\$2,602,372	\$2,673,542	\$2,537,378	\$2,537,293
8010	GR Match For Title XXI	\$32,052	\$129,576	\$129,653	\$17,330	\$17,329
8014	GR Match Food Stamp Adm	\$2,484,084	\$3,213,878	\$3,352,498	\$3,413,402	\$3,413,288
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$5,882,922	\$6,218,264	\$6,388,670	\$6,503,467	\$6,503,467

Method of Financing:

555	Federal Funds					
	10.561.000 St Admin Match Food Stamp	\$2,484,080	\$3,213,879	\$3,352,498	\$3,413,402	\$3,413,288
	93.558.000 Temp AssistNeedy Families	\$578,636	\$441,017	\$477,787	\$572,067	\$572,067
	93.566.000 Refugee and Entrant Assis	\$6,523	\$6,914	\$7,305	\$7,526	\$7,525

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	4	Regional Program Support	Service:	09	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
93.667.000	Social Svcs Block Grants	\$3,081	\$2,680	\$2,538	\$2,584	\$2,584
93.767.000	CHIP	\$80,377	\$50,208	\$41,890	\$42,644	\$42,643
93.778.002	MEDICAID REIMBURSE ADMIN	\$0	\$14,417	\$370	\$93,531	\$93,381
93.778.003	XIX 50%	\$2,763,569	\$2,529,362	\$2,498,658	\$2,461,411	\$2,461,411
CFDA Subtotal, Fund	555	\$5,916,266	\$6,258,477	\$6,381,046	\$6,593,165	\$6,592,899
SUBTOTAL, MOF (FEDERAL FUNDS)		\$5,916,266	\$6,258,477	\$6,381,046	\$6,593,165	\$6,592,899
Method of Financing:						
777	Interagency Contracts	\$108,596,399	\$107,582,034	\$105,866,587	\$115,007,470	\$115,055,124
SUBTOTAL, MOF (OTHER FUNDS)		\$108,596,399	\$107,582,034	\$105,866,587	\$115,007,470	\$115,055,124
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$128,104,102	\$128,151,490
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$120,395,587	\$120,058,775	\$118,636,303	\$128,104,102	\$128,151,490
FULL TIME EQUIVALENT POSITIONS:		384.8	405.0	405.0	405.0	405.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

The regional program support service provides region-specific support services including; business services such as accounts payable, building and property management, and budget management. The purpose is to provide consolidated administrative support and infrastructure support to all HHS Enterprise employees working in local and regional offices. These functions support the entire HHS enterprise and funding is dependent upon all five agencies.

Authority: Human Resources Code, Chapter 21 and 22

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST

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

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	4	Regional Program Support	Service:	09	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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External Factors: Staffing increases at HHS agencies increases demand for regional services. As consolidation, optimization, and reorganizations continue, the regional program support structure will change to meet the needs and requirements of any new program delivery model. Coordination with the Texas Facilities Commission on the acquisition of property is necessary as well as the coordination of all five HHS agencies in determining local office needs.

Internal Factors: Changes in cost allocation factors affect the distribution of shared costs across the five agencies and the demand for general revenue.

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

GOAL: 6 Information Technology Projects Statewide Goal/Benchmark: 3 11
 OBJECTIVE: 1 Information Technology Projects Service Categories:
 STRATEGY: 1 Texas Integrated Eligibility Redesign System & Supporting Tech Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$34,663,423	\$19,323,669	\$15,639,903	\$14,627,016	\$613,205
2003	CONSUMABLE SUPPLIES	\$1,524	\$0	\$0	\$0	\$0
2004	UTILITIES	\$159,024	\$60,813	\$39,983	\$39,983	\$39,983
2007	RENT - MACHINE AND OTHER	\$5,871,146	\$1,656,722	\$1,641,631	\$2,053,196	\$1,584,110
2009	OTHER OPERATING EXPENSE	\$50,289,233	\$53,410,273	\$51,190,200	\$65,141,083	\$50,750,745
5000	CAPITAL EXPENDITURES	\$7,605,472	\$20,170,039	\$19,969,443	\$3,244,298	\$3,141,715
TOTAL, OBJECT OF EXPENSE		\$98,589,822	\$94,621,516	\$88,481,160	\$85,105,576	\$56,129,758

Method of Financing:

1	General Revenue Fund	\$11,758,700	\$15,001,803	\$15,413,808	\$2,973,081	\$2,933,219
758	GR Match For Medicaid	\$20,112,569	\$12,080,725	\$11,645,265	\$16,703,042	\$11,929,034
8010	GR Match For Title XXI	\$1,351,421	\$942,965	\$930,696	\$1,359,580	\$1,046,330
8014	GR Match Food Stamp Adm	\$18,435,155	\$12,985,132	\$10,036,722	\$17,532,725	\$11,644,446
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$51,657,845	\$41,010,625	\$38,026,491	\$38,568,428	\$27,553,029

Method of Financing:

555	Federal Funds					
10.561.000	St Admin Match Food Stamp	\$17,476,724	\$17,838,498	\$19,041,380	\$19,217,073	\$13,266,426
93.558.000	Temp AssistNeedy Families	\$1,289,436	\$2,814,152	\$2,769,819	\$1,670,814	\$771,650
93.566.000	Refugee and Entrant Assis	\$46,802	\$43,413	\$41,128	\$44,841	\$31,625
93.767.000	CHIP	\$3,375,432	\$3,157,459	\$3,126,413	\$3,347,738	\$2,577,994
93.778.003	XIX 50%	\$17,478,555	\$17,193,216	\$16,515,394	\$16,141,453	\$11,929,034
93.778.004	XIX ADM @ 75%	\$2,207,858	\$0	\$0	\$1,681,999	\$0
93.778.007	XIX ADM @ 100	\$7,622	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$41,882,429	\$41,046,738	\$41,494,134	\$42,103,918	\$28,576,729

3.A. STRATEGY REQUEST
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 6 Information Technology Projects Statewide Goal/Benchmark: 3 11
 OBJECTIVE: 1 Information Technology Projects Service Categories:
 STRATEGY: 1 Texas Integrated Eligibility Redesign System & Supporting Tech Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
SUBTOTAL, MOF (FEDERAL FUNDS)		\$41,882,429	\$41,046,738	\$41,494,134	\$42,103,918	\$28,576,729
Method of Financing:						
777	Interagency Contracts	\$5,049,548	\$4,912,731	\$3,953,729	\$4,433,230	\$0
781	Bond Proceeds-Rev Bonds	\$0	\$7,651,422	\$5,006,806	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$5,049,548	\$12,564,153	\$8,960,535	\$4,433,230	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$85,105,576	\$56,129,758
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$98,589,822	\$94,621,516	\$88,481,160	\$85,105,576	\$56,129,758
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

HHSC delivers eligibility services to clients for the state and federal programs administered by HHSC including SNAP, TANF, CHIP, Medicaid for children and adults, & Medicaid for the Elderly and People with Disabilities (MEPD). Consumers access the eligibility services in person at local offices, by phone, mail, fax, or through the internet. Eligibility services are provided through a network of HHSC local offices. This strategy includes the capital project expense for implementing the enhanced eligibility system to increase access to services, implement efficient & simplified business processes, reduce fraud, & ensure compliance with federal law. The project scope for the enhanced eligibility system includes capital project expenses for the following areas: TIERS and Eligibility Supporting Technology (TIERS application enhancement, Self Service Portal, Task List Manager, CHIP into TIERS, & TIERS Training); SAVERR (conversion and operational support through Data Center Consolidation); & Telephony – Voice over Internet Protocol (VoIP).

Funding for FY 2012-13 assumes adjustments for one-time expense, TIERS transition to operations, SAVERR decommissioning, & replacement of SNAP-DoD funds. FY 2013 does not include funding for data center services dual mainframe costs under the IBM contract.

Legal Basis: Federal –TANF 42 USCA 601 et seq., SNAP 7 USCA 2011 et seq., Medicaid 42 USCA 1396 et seq., CHIP 42 USCA 1397 et seq.; State – Human Resources Code Chapters 22, 31, 32, 33, 34 and 44, and Health and Safety Code Chapters 62 and 63.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST

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

GOAL:	6	Information Technology Projects	Statewide Goal/Benchmark:	3	11
OBJECTIVE:	1	Information Technology Projects	Service Categories:		
STRATEGY:	1	Texas Integrated Eligibility Redesign System & Supporting Tech	Service:	09	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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External and internal factors affecting TIERS and Eligibility Technologies include 1) TIERS rollout schedule and SAVERR decommissioning; 2) caseload/workload growth and caseload mix changes; 3) staff retention and recruitment; 4) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipts of bonuses or imposition of sanctions and financial penalties; 5) cost allocation factor changes affecting the demand for general revenue; 6) re-procurements of contracted services; 7) Federal programs and policy changes; 8) implementation of program and policy changes from state legislation; 9) disasters; and 10) federal and state review and oversight. In addition to these business factors, the current contracts for operating the TIERS infrastructure expire in June 2012. These services must be re-procured, either through the State's consolidated Data Center Services (DCS) contract or through an external, competitive process.

3.A. STRATEGY REQUEST
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Agency code: **529** Agency name: **Health and Human Services Commission**

GOAL: 7 Office of Inspector General Statewide Goal/Benchmark: 3 3
 OBJECTIVE: 1 Client and Provider Accountability Service Categories:
 STRATEGY: 1 Office of Inspector General Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
5000	CAPITAL EXPENDITURES	\$47,464	\$16,863	\$16,084	\$16,084	\$16,084
TOTAL, OBJECT OF EXPENSE		\$43,190,564	\$48,889,742	\$50,095,587	\$49,273,254	\$49,156,620

Method of Financing:

1	General Revenue Fund	\$22,543	\$489,824	\$486,684	\$486,843	\$486,843
758	GR Match For Medicaid	\$7,676,003	\$8,313,680	\$8,604,550	\$8,459,114	\$8,459,114
8010	GR Match For Title XXI	\$24,470	\$52,488	\$53,203	\$52,996	\$52,996
8014	GR Match Food Stamp Adm	\$6,254,097	\$6,602,142	\$6,694,879	\$6,649,772	\$6,649,772
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$13,977,113	\$15,458,134	\$15,839,316	\$15,648,725	\$15,648,725

Method of Financing:

555	Federal Funds					
00.000.001	Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
10.561.000	St Admin Match Food Stamp	\$6,508,227	\$6,602,142	\$6,694,879	\$6,949,772	\$6,948,511
93.558.000	Temp AssistNeedy Families	\$1,098,125	\$1,265,142	\$1,379,680	\$670,090	\$670,069
93.566.000	Refugee and Entrant Assis	\$3,269	\$3,671	\$3,587	\$3,655	\$3,655
93.667.000	Social Svcs Block Grants	\$580	\$681	\$705	\$716	\$716
93.767.000	CHIP	\$61,507	\$129,190	\$131,248	\$130,738	\$130,738
93.778.002	MEDICAID REIMBURSE ADMIN	\$0	\$0	\$0	\$195,711	\$195,440
93.778.003	XIX 50%	\$6,368,189	\$7,071,910	\$7,047,444	\$6,697,481	\$6,697,580
93.778.004	XIX ADM @ 75%	\$5,942,317	\$7,289,057	\$7,460,204	\$7,328,940	\$7,214,057
CFDA Subtotal, Fund	555	\$19,982,214	\$22,361,793	\$22,717,747	\$21,977,103	\$21,860,766
SUBTOTAL, MOF (FEDERAL FUNDS)		\$19,982,214	\$22,361,793	\$22,717,747	\$21,977,103	\$21,860,766

Method of Financing:

777	Interagency Contracts	\$9,231,237	\$11,069,815	\$11,538,524	\$11,647,426	\$11,647,129
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3.A. STRATEGY REQUEST

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

GOAL:	7	Office of Inspector General	Statewide Goal/Benchmark:	3	3
OBJECTIVE:	1	Client and Provider Accountability	Service Categories:		
STRATEGY:	1	Office of Inspector General	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
SUBTOTAL, MOF (OTHER FUNDS)		\$9,231,237	\$11,069,815	\$11,538,524	\$11,647,426	\$11,647,129
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$49,273,254	\$49,156,620
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$43,190,564	\$48,889,742	\$50,095,587	\$49,273,254	\$49,156,620
FULL TIME EQUIVALENT POSITIONS:		604.6	659.5	659.5	659.5	659.5

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Office of Inspector General (OIG) is responsible for the investigation of fraud, waste, and abuse in the provision of HHS programs. (Government Code, Sec. 531.102)

OIG is responsible for 1) issuing sanctions & performing corrective actions against program providers and recipients, as appropriate; 2) auditing & reviewing the use of state or federal funds including contract and grant funds administered by a person or state entity receiving the funds from an HHS agency; 3) researching, detecting, & identifying events of fraud, waste, & abuse to ensure accountability & responsible use of resources; 4) conducting investigations, reviews, & monitoring cases internally, with appropriate referral to outside agencies for further action; 5) recommending policies that enhance the prevention & detection of fraud, waste, and abuse; & 6) providing education, technical assistance, & training to promote cost avoidance activities & sustain improved relationships with providers.

OIG is a modern investigative arm with extensive expertise & diverse resources capable of rapidly and objectively responding to current & emerging HHS issues. To ensure quality, OIG operates in accordance with the Association of Inspectors General's (Green Book) & audits are performed in accordance with U. S. General Accountability Office (Yellow Book).

Functional sections include: Medicaid Provider Integrity; General Investigations; Internal Affairs; Quality Review; Audit; Third Party Recovery; Legal; Sanctions; Technology Analysis Development & Support; Policy and Outreach, & Business Operations.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	7	Office of Inspector General	Statewide Goal/Benchmark:	3	3
OBJECTIVE:	1	Client and Provider Accountability	Service Categories:		
STRATEGY:	1	Office of Inspector General	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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The following factors combine to potentially impact OIG's ability to service its mission, meet performance expectations, and reduce ever increasing caseloads:

- « Potential for budget reductions
- « The downstream impact of federal mandates arising from recent healthcare reform legislation
- « Ever expanding oversight, coordination, investigation, audit, legal, and sanctions responsibility under the Federal Deficit Reduction Act (FDRA) of 2005 (which created a Federal Medicaid Integrity Program)
- « State Supported Living Center and Residential Facility investigation mandates
- « Increases in both provider criminal background checks and recipient enrollment
- « Expanding and recently revised mandates for audit/investigation of Long Term Care Facilities, Outpatient Hospitals, Managed Care Organizations, and additional HHS programs, such as SB 1188 (79th Legislature, Regular Session 2005)
- « Increased traffic on the OIG Hotline

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL:	8	Enterprise Exceptional Items	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Enterprise Exceptional Items	Service Categories:		
STRATEGY:	1	Maintain IT Services for HHS Provided by DIR Data Center Services	Service:	05	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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STRATEGY DESCRIPTION AND JUSTIFICATION:

This funding request is an FY 2012-13 exceptional item. There are no expenditures in the base request. See Schedule IV.A.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 8 Enterprise Exceptional Items Statewide Goal/Benchmark: 3 4
 OBJECTIVE: 1 Enterprise Exceptional Items Service Categories:
 STRATEGY: 2 Increase Capacity of HHS-Funded Community Services Service: 26 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$0	\$0	\$0	\$0
2005	TRAVEL	\$0	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$0	\$0	\$0	\$0	\$0
3001	CLIENT SERVICES	\$0	\$0	\$0	\$0	\$0
4000	GRANTS	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$0	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	8	Enterprise Exceptional Items	Statewide Goal/Benchmark:	3	4
OBJECTIVE:	1	Enterprise Exceptional Items	Service Categories:		
STRATEGY:	2	Increase Capacity of HHS-Funded Community Services	Service:	26	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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STRATEGY DESCRIPTION AND JUSTIFICATION:

This funding request is an FY 2012-13 exceptional item. There are no expenditures in the base request. See Schedule 4.A.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External Factors contributing to the increase in the number of individuals waiting for community services is the growth in State’s population and change in the demographics; i.e., increase in the number of disabled and the aging population. Also contributing to the increase in the number of individuals waiting for community services is public awareness, which has encourages individuals to express an interest in services.

An Internal Factor that impacts this exceptional item is HHSC’s exceptional item expanding STAR+Plus into Lubbock, El Paso and South Texas. The impact of this expansion is included in this exceptional item and results in a biennial decrease of \$9.6 million general revenue (\$24.0 million all funds). In addition, STAR+PLUS expansion will cause a shift in the amount of Increase Capacity of HHS-Funded Community Services funding needed by DADS to HHSC.

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 8 Enterprise Exceptional Items Statewide Goal/Benchmark: 3 31
 OBJECTIVE: 1 Enterprise Exceptional Items Service Categories:
 STRATEGY: 3 Support a Veteran's Health Initiative Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$0	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0	\$0
2005	TRAVEL	\$0	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This funding request is an FY 2012-13 exceptional item. There are no expenditures in the base request. See Schedule 4.A.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 8 Enterprise Exceptional Items Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Enterprise Exceptional Items Service Categories:
 STRATEGY: 4 Implement an Acquired Brain Injury Waiver Service: 22 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$0	\$0	\$0	\$0
2005	TRAVEL	\$0	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$0	\$0	\$0	\$0	\$0
3001	CLIENT SERVICES	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$0	\$0	\$0	\$0
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
8014	GR Match Food Stamp Adm	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
00.000.001	Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
10.561.000	St Admin Match Food Stamp	\$0	\$0	\$0	\$0	\$0
93.767.000	CHIP	\$0	\$0	\$0	\$0	\$0
93.778.000	XIX FMAP	\$0	\$0	\$0	\$0	\$0
93.778.003	XIX 50%	\$0	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$0	\$0	\$0	\$0

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL:	8	Enterprise Exceptional Items	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Enterprise Exceptional Items	Service Categories:		
STRATEGY:	4	Implement an Acquired Brain Injury Waiver	Service:	22	Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$0	\$0	\$0	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

This funding request is an FY 2012-13 exceptional item. There are no expenditures in the base request. See Schedule 4.A.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
 TIME: 12:42:07PM

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

GOAL: 8 Enterprise Exceptional Items Statewide Goal/Benchmark: 3 0
 OBJECTIVE: 1 Enterprise Exceptional Items Service Categories:
 STRATEGY: 5 Enhance Tech Supports of State Hospitals and State Centers Service: 10 Income: A.1 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0	\$0
5000	CAPITAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$0	\$0	\$0	\$0
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
8014	GR Match Food Stamp Adm	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	00.000.001 Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
	10.561.000 St Admin Match Food Stamp	\$0	\$0	\$0	\$0	\$0
	93.767.000 CHIP	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$0	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$0	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)					\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		0.0	0.0	0.0	0.0	0.0

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL: 8 Enterprise Exceptional Items

Statewide Goal/Benchmark: 3 0

OBJECTIVE: 1 Enterprise Exceptional Items

Service Categories:

STRATEGY: 6 Improve Security for IT Systems

Service: 05 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
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STRATEGY DESCRIPTION AND JUSTIFICATION:

This funding request is an FY 2012-13 exceptional item. There are no expenditures in the base request. See Schedule 4.A.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

3.A. STRATEGY REQUEST
82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL: 8 Enterprise Exceptional Items Statewide Goal/Benchmark: 3 0
OBJECTIVE: 1 Enterprise Exceptional Items Service Categories:
STRATEGY: 7 Increase Retention and Recruitment of Targeted HHS Staff Service: 10 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$0	\$0	\$0	\$0
8032	GR Certified As Match For Medicaid	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
129	Hospital Licensing Acct	\$0	\$0	\$0	\$0	\$0
524	Pub Health Svc Fee Acct	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	93.777.002 SURVEY & CERT @ 75%	\$0	\$0	\$0	\$0	\$0
	93.778.000 XIX FMAP	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$0	\$0	\$0	\$0	\$0
	93.778.004 XIX ADM @ 75%	\$0	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$0	\$0	\$0	\$0

3.A. STRATEGY REQUEST
82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

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

GOAL: 8 Enterprise Exceptional Items Statewide Goal/Benchmark: 3 0
OBJECTIVE: 1 Enterprise Exceptional Items Service Categories:
STRATEGY: 8 HHS Disproportionality Initiative Service: 30 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2009	Est 2010	Bud 2011	BL 2012	BL 2013
Objects of Expense:						
1001	SALARIES AND WAGES	\$0	\$0	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$0	\$0	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$0	\$0	\$0	\$0	\$0
2005	TRAVEL	\$0	\$0	\$0	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$0	\$0	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$0	\$0
758	GR Match For Medicaid	\$0	\$0	\$0	\$0	\$0
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
8014	GR Match Food Stamp Adm	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$0	\$0	\$0	\$0
Method of Financing:						
555	Federal Funds					
	00.000.001 Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
	10.561.000 St Admin Match Food Stamp	\$0	\$0	\$0	\$0	\$0
	93.767.000 CHIP	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$0	\$0	\$0	\$0	\$0
	93.778.004 XIX ADM @ 75%	\$0	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$0	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$0	\$0	\$0	\$0	\$0

3.A. STRATEGY REQUEST

82nd Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/21/2010
TIME: 12:42:07PM

SUMMARY TOTALS:

OBJECTS OF EXPENSE:	\$18,130,092,199	\$19,533,265,974	\$22,253,982,511	\$23,295,718,472	\$23,987,283,823
METHODS OF FINANCE (INCLUDING RIDERS):				\$23,295,718,472	\$23,987,283,823
METHODS OF FINANCE (EXCLUDING RIDERS):	\$18,130,092,199	\$19,533,265,974	\$22,253,982,511	\$23,295,718,472	\$23,987,283,823
FULL TIME EQUIVALENT POSITIONS:	11,664.0	12,471.4	12,440.9	12,440.9	12,440.9

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3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Tracy Henderson	Date: August 23, 2010	Request Level: Base																																																																																					
Current Rider Number	Page Number in 2010-11 GAA	Proposed Rider Language																																																																																							
HHSC 1	II-82	<p>Performance Measure Targets. The following is a listing of the key performance target levels for the Health and Human Services Commission. It is the intent of the Legislature that appropriations made by this Act be utilized in the most efficient and effective manner possible to achieve the intended mission of the Health and Human Services Commission. In order to achieve the objectives and service standards established by this Act, the Health and Human Services Commission shall make every effort to attain the following designated key performance target levels associated with each item of appropriation.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center;"><u>2010</u></th> <th style="text-align: center;"><u>2011</u></th> <th style="text-align: center;"><u>2012</u></th> <th style="text-align: center;"><u>2013</u></th> </tr> </thead> <tbody> <tr> <td colspan="5">A. Goal: HHS ENTERPRISE OVERSIGHT & POLICY</td> </tr> <tr> <td colspan="5">Outcome (Results/Impact):</td> </tr> <tr> <td>Average Medicaid and CHIP Children Recipient Months Per Month</td> <td style="text-align: right;">2,677,484</td> <td style="text-align: right;">2,720,740</td> <td style="text-align: right;">3,681,419</td> <td style="text-align: right;">3,778,234</td> </tr> <tr> <td colspan="5">A.1.2. Strategy: INTEGRATED ELIGIBILITY & ENROLLMENT</td> </tr> <tr> <td colspan="5">Output (Volume):</td> </tr> <tr> <td>Average Monthly Number of Eligibility Determinations:</td> <td style="text-align: right;">513,226</td> <td style="text-align: right;">522,397</td> <td style="text-align: right;">890,000</td> <td style="text-align: right;">940,000</td> </tr> <tr> <td colspan="5">Efficiencies:</td> </tr> <tr> <td>Average Cost Per Eligibility Determination</td> <td style="text-align: right;">56.93</td> <td style="text-align: right;">57.24</td> <td style="text-align: right;">46.42</td> <td style="text-align: right;">44.49</td> </tr> <tr> <td colspan="5">Explanatory:</td> </tr> <tr> <td>Percent of Poverty Met by TANF, Food Stamps, and Medicaid Benefits</td> <td style="text-align: right;">76.9%</td> <td style="text-align: right;">76.62%</td> <td style="text-align: right;">87.61%</td> <td style="text-align: right;">87.59%</td> </tr> <tr> <td>Total Value of Food Stamps Distributed</td> <td style="text-align: right;">2,710,000,000</td> <td style="text-align: right;">2,716,000,000</td> <td style="text-align: right;">5,561.00</td> <td style="text-align: right;">5,573.00</td> </tr> <tr> <td colspan="5">B. Goal: MEDICAID</td> </tr> <tr> <td colspan="5">Outcome (Results/Impact):</td> </tr> <tr> <td>Average Medicaid Acute Care (Includes STAR+PLUS) Recipient Months Per Month</td> <td style="text-align: right;">3,105,445</td> <td style="text-align: right;">3,168,320</td> <td style="text-align: right;">3,884,015</td> <td style="text-align: right;">3,986,452</td> </tr> <tr> <td colspan="5">B.1.4. Strategy: CHILDREN & MEDICALLY NEEDY</td> </tr> <tr> <td colspan="5">Output (Volume):</td> </tr> </tbody> </table>				<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	A. Goal: HHS ENTERPRISE OVERSIGHT & POLICY					Outcome (Results/Impact):					Average Medicaid and CHIP Children Recipient Months Per Month	2,677,484	2,720,740	3,681,419	3,778,234	A.1.2. Strategy: INTEGRATED ELIGIBILITY & ENROLLMENT					Output (Volume):					Average Monthly Number of Eligibility Determinations:	513,226	522,397	890,000	940,000	Efficiencies:					Average Cost Per Eligibility Determination	56.93	57.24	46.42	44.49	Explanatory:					Percent of Poverty Met by TANF, Food Stamps, and Medicaid Benefits	76.9%	76.62%	87.61%	87.59%	Total Value of Food Stamps Distributed	2,710,000,000	2,716,000,000	5,561.00	5,573.00	B. Goal: MEDICAID					Outcome (Results/Impact):					Average Medicaid Acute Care (Includes STAR+PLUS) Recipient Months Per Month	3,105,445	3,168,320	3,884,015	3,986,452	B.1.4. Strategy: CHILDREN & MEDICALLY NEEDY					Output (Volume):				
	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>																																																																																					
A. Goal: HHS ENTERPRISE OVERSIGHT & POLICY																																																																																									
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B. Goal: MEDICAID																																																																																									
Outcome (Results/Impact):																																																																																									
Average Medicaid Acute Care (Includes STAR+PLUS) Recipient Months Per Month	3,105,445	3,168,320	3,884,015	3,986,452																																																																																					
B.1.4. Strategy: CHILDREN & MEDICALLY NEEDY																																																																																									
Output (Volume):																																																																																									

3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Tracy Henderson	Date: August 23, 2010	Request Level: Base		
Current Rider Number	Page Number in 2010-11 GAA	Proposed Rider Language				
		Average Number of Legal Permanent Resident Recipient Months per Month	29,323	47,166	<u>83,812</u>	<u>84,581</u>
		B.1.5. Strategy: MEDICARE PAYMENTS				
		Output (Volume):				
		Average Supplemental Medical Insurance Part-B (SMIB) Recipient Months Per Month	536,425	551,479	<u>567,180</u>	<u>593,232</u>
		Efficiencies:				
		Average Supplemental Medical Insurance Benefits (SMIB) Premium Per Month	100.33	106.03	<u>117.22</u>	<u>117.22</u>
		B.1.6. Strategy: STAR+PLUS (INTEGRATED MANAGED CARE)				
		Output (Volume):				
		Average Aged and Medicare-eligible Recipient Months Per Month: STAR+PLUS	86,982	88,595	<u>132,329</u>	<u>135,377</u>
		Average Disabled and Blind Recipient Months Per Month: STAR+PLUS	78,250	81,594	<u>130,579</u>	<u>137,252</u>
		B.2.1. Strategy: COST REIMBURSED SERVICES				
		Output (Volume):				
		Average Number of Non-citizens Recipient Months Per Month	9,529	9,756	<u>10,951</u>	<u>11,463</u>
		B.2.2. Strategy: MEDICAID VENDOR DRUG PROGRAM				
		Output (Volume):				
		Total Medicaid Prescriptions Incurred	28,738,441	29,365,160	<u>36,942,856</u>	<u>37,786,590</u>
		B.3.3. Strategy: EPSDT COMPREHENSIVE CARE PROGRAM				
		Output (Volume):				
		Average Number of Texas Health Steps (EPSDT) Comprehensive Care Program Recipient Month per Month (Fee-for-Service Only)	508,835	517,292	<u>682,613</u>	<u>702,893</u>

3.B. Rider Revisions and Additions Request

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		<p>B.4.1. Strategy: STATE MEDICAID OFFICE</p> <p>Output (Volume): Medicaid Acute Care Recipient Months Per Month: Managed Care</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 15%; text-align: right;">2,178,617</td> <td style="width: 15%; text-align: right;">2,207,410</td> <td style="width: 15%; text-align: right;"><u>2,830,229</u></td> <td style="width: 15%; text-align: right;"><u>2,903,138</u></td> </tr> </table> <p>C. Goal: CHIP SERVICES</p> <p>Outcome (Results/Impact): Average CHIP Programs Recipient Months Per Month (Includes all CHIP Programs)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 15%; text-align: right;">530,504</td> <td style="width: 15%; text-align: right;">537,742</td> <td style="width: 15%; text-align: right;"><u>593,836</u></td> <td style="width: 15%; text-align: right;"><u>611,418</u></td> </tr> </table> <p>Average CHIP Programs Benefit Cost with Prescription Benefit Per Recipient Month (Includes all CHIP Programs)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 15%; text-align: right;">152.53</td> <td style="width: 15%; text-align: right;">153.34</td> <td style="width: 15%; text-align: right;"><u>157.86</u></td> <td style="width: 15%; text-align: right;"><u>157.74</u></td> </tr> </table> <p>C.1.4. Strategy: CHIP PERINATAL SERVICES</p> <p>Output (Volume): Average Perinate Recipient Months Per Month</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 15%; text-align: right;">70,017</td> <td style="width: 15%; text-align: right;">73,399</td> <td style="width: 15%; text-align: right;"><u>38,869</u></td> <td style="width: 15%; text-align: right;"><u>39,802</u></td> </tr> </table> <p>C.1.5. Strategy: CHIP VENDOR DRUG PROGRAM</p> <p>Output (Volume): Total Number of CHIP Prescriptions (Includes all CHIP Programs)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 15%; text-align: right;">1,966,138</td> <td style="width: 15%; text-align: right;">1,982,616</td> <td style="width: 15%; text-align: right;"><u>2,419,528</u></td> <td style="width: 15%; text-align: right;"><u>2,521,949</u></td> </tr> </table> <p>Efficiencies: Average Cost Per CHIP Prescription (Includes all CHIP Programs)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 15%; text-align: right;">62.98</td> <td style="width: 15%; text-align: right;">62.98</td> <td style="width: 15%; text-align: right;"><u>65.41</u></td> <td style="width: 15%; text-align: right;"><u>64.63</u></td> </tr> </table> <p>D. Goal: ENCOURAGE SELF SUFFICIENCY</p> <p>D.1.1. Strategy: TANF (CASH ASSISTANCE) GRANTS</p> <p>Output (Volume): Average Number of TANF Recipients Per Month</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 15%; text-align: right;">105,273</td> <td style="width: 15%; text-align: right;">105,273</td> <td style="width: 15%; text-align: right;"><u>126,491</u></td> <td style="width: 15%; text-align: right;"><u>129,621</u></td> </tr> </table> <p>Average Number of State Two-Parent Cash Assistance</p>				2,178,617	2,207,410	<u>2,830,229</u>	<u>2,903,138</u>		530,504	537,742	<u>593,836</u>	<u>611,418</u>		152.53	153.34	<u>157.86</u>	<u>157.74</u>		70,017	73,399	<u>38,869</u>	<u>39,802</u>		1,966,138	1,982,616	<u>2,419,528</u>	<u>2,521,949</u>		62.98	62.98	<u>65.41</u>	<u>64.63</u>		105,273	105,273	<u>126,491</u>	<u>129,621</u>
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3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Tracy Henderson	Date: August 23, 2010	Request Level: Base		
Current Rider Number	Page Number in 2010-11 GAA	Proposed Rider Language				
		Program Recipients Per Month	4,424	4,589	<u>6,719</u>	<u>6,886</u>
		Efficiencies:				
		Average Monthly Grant: Temporary Assistance for Needy Families (TANF)	68.45	69.42	<u>58.69</u>	<u>60.67</u>
		Average Monthly Grant: State Two-Parent Cash Assistance Program	66.54	67.45	<u>34.77</u>	<u>34.49</u>
		D.1.2. Strategy: REFUGEE ASSISTANCE				
		Output (Volume):				
		Number of Refugees Receiving Contracted Social Services, Financial Assistance, or Medical Assistance	7,800	7,800	<u>15,000</u>	<u>15,000</u>
		D.2.1. Strategy: FAMILY VIOLENCE SERVICES				
		Output (Volume):				
		Number of Persons Women and Children Served by Family Violence Programs/Shelters	80,942	80,942	<u>81,000</u>	<u>81,000</u>
		Efficiencies:				
		Health and Human Services Average Cost Per Person Receiving Emergency Shelter and/or Nonresident Services through the Family Violence Program	284.36	284.36	<u>811.10</u>	<u>865.18</u>
		D.2.2. Strategy: ALTERNATIVES TO ABORTION				
		Output (Volume):				
		Number of Persons Receiving Pregnancy Support Services as an Alternative to Abortion	16,000	16,000	<u>14,400</u>	<u>14,400</u>
		<i>Rider performance measures have been updated for base request performance for FY 2012-13. Performance associated with exceptional budget request is on page 30.</i>				
HHSC 2	II-83	Capital Budget. None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in the provision as appropriations either for "Lease Payments to the				

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		<p>Master Equipment Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of Government Code § 1232.103.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: right; width: 10%;"><u>2010</u></th> <th style="text-align: right; width: 10%;"><u>2011</u></th> <th style="text-align: right; width: 10%;"><u>2012</u></th> <th style="text-align: right; width: 10%;"><u>2013</u></th> </tr> </thead> <tbody> <tr> <td>a. 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Acquisition of Information Resource Technologies					(1) Data Center Consolidation	\$ 51,574,463	\$ 39,307,855	\$ <u>44,194,961</u>	\$ <u>26,383,053</u>	(2) Seat Management Services (PCs, Laptops, & Servers)	9,325,574	9,321,168	<u>11,698,298</u>	<u>11,718,756</u>	(3) Compliance with Federal HIPAA (Health Insurance Portability and Accountability Act) Regulations	4,036,000	2,535,430	<u>4,635,366</u>	_____	(4) Enterprise Messaging and Collaboration	406,575	406,575	_____	_____	(4) Enterprise Telecom Managed Services	_____	_____	<u>12,438,387</u>	<u>12,391,063</u>	(5) Enterprise Telecommunications Enhancements	3,163,705	0	_____	_____	(5) Enterprise Info & Asset Mgt (Data Warehouse)	12,228,522	12,228,522	<u>11,906,354</u>	<u>12,095,609</u>	(6) Integrated Eligibility Technologies (TIERS)	56,499,724	45,806,946	<u>68,426,440</u>	<u>53,294,645</u>	(7) Medicaid Eligibility and Health Information	12,838,075	6,366,442	<u>7,558,449</u>	<u>7,175,391</u>	(9) Information Technology Accessibility	17,540	2,957	_____	_____	(10) Enterprise Resource Planning	\$ 5,926,000	\$ 3,550,000	_____	_____	Total, Acquisition of Information Resource Technologies	\$ <u>156,016,175</u>	\$ <u>119,525,895</u>	\$ <u>160,858,255</u>	\$ <u>123,058,517</u>	b. 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		<p><u>General Revenue Fund</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">GR Match for Medicaid</td> <td style="width: 10%; text-align: right;">-\$ 31,464,624</td> <td style="width: 10%; text-align: right;">\$ 24,486,817</td> <td style="width: 10%; text-align: right;">\$ 30,356,099</td> <td style="width: 15%; text-align: right;">\$ 25,178,192</td> </tr> <tr> <td>GR Match for Title XXI (CHIP)</td> <td style="text-align: right;">4,483,753</td> <td style="text-align: right;">4,297,982</td> <td style="text-align: right;">1,435,425</td> <td style="text-align: right;">1,122,706</td> </tr> <tr> <td>GR Match for Food Stamp Administration</td> <td style="text-align: right;">19,422,184</td> <td style="text-align: right;">16,998,334</td> <td style="text-align: right;">26,577,263</td> <td style="text-align: right;">17,815,135</td> </tr> <tr> <td>General Revenue Fund</td> <td style="text-align: right;">18,016,270</td> <td style="text-align: right;">14,954,016</td> <td style="text-align: right;">3,382,430</td> <td style="text-align: right;">3,285,825</td> </tr> <tr> <td style="padding-left: 20px;">Subtotal, General Revenue Fund</td> <td style="text-align: right;"><u>\$ 70,386,831</u></td> <td style="text-align: right;"><u>\$ 57,737,146</u></td> <td style="text-align: right;"><u>\$ 61,751,217</u></td> <td style="text-align: right;"><u>\$ 47,401,858</u></td> </tr> <tr> <td>Federal Funds</td> <td style="text-align: right;">70,120,942</td> <td style="text-align: right;">58,155,650</td> <td style="text-align: right;">81,229,066</td> <td style="text-align: right;">60,068,739</td> </tr> <tr> <td>Interagency Contracts</td> <td style="text-align: right;">6,599,775</td> <td style="text-align: right;">6,599,775</td> <td style="text-align: right;">20,927,172</td> <td style="text-align: right;">18,588,536</td> </tr> <tr> <td>Bond Proceeds - Revenue Bonds</td> <td style="text-align: right;">12,658,228</td> <td style="text-align: right;">0</td> <td></td> <td></td> </tr> <tr> <td>Subtotal, Other Funds</td> <td style="text-align: right;">\$ 19,258,003</td> <td style="text-align: right;">\$ 6,599,775</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Total, Method of Financing</td> <td style="text-align: right;"><u>\$ 159,765,776</u></td> <td style="text-align: right;"><u>\$ 122,492,571</u></td> <td style="text-align: right;"><u>\$ 163,907,455</u></td> <td style="text-align: right;"><u>\$ 126,059,133</u></td> </tr> </table> <p><i>Capital Budget Rider is updated to reflect capital projects in the FY 2012-123 Base Request. Additional capital associated with exceptional item requests are on page30.</i></p>			GR Match for Medicaid	-\$ 31,464,624	\$ 24,486,817	\$ 30,356,099	\$ 25,178,192	GR Match for Title XXI (CHIP)	4,483,753	4,297,982	1,435,425	1,122,706	GR Match for Food Stamp Administration	19,422,184	16,998,334	26,577,263	17,815,135	General Revenue Fund	18,016,270	14,954,016	3,382,430	3,285,825	Subtotal, General Revenue Fund	<u>\$ 70,386,831</u>	<u>\$ 57,737,146</u>	<u>\$ 61,751,217</u>	<u>\$ 47,401,858</u>	Federal Funds	70,120,942	58,155,650	81,229,066	60,068,739	Interagency Contracts	6,599,775	6,599,775	20,927,172	18,588,536	Bond Proceeds - Revenue Bonds	12,658,228	0			Subtotal, Other Funds	\$ 19,258,003	\$ 6,599,775			Total, Method of Financing	<u>\$ 159,765,776</u>	<u>\$ 122,492,571</u>	<u>\$ 163,907,455</u>	<u>\$ 126,059,133</u>
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HHSC 4	II-84	<p>Reimbursement of Advisory Committee Members. Pursuant to Government Code § 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above – not to exceed \$83,000 \$63,200 per year, is limited to the following advisory committees: Hospital Payment Advisory Committee, Medical Care Advisory Committee, Physician Payment Advisory Committee, Drug Use Review Board, Pharmaceutical and Therapeutics Committee, Public Assistance Health Benefits Review and Design Committee, <u>Children's Policy Council</u>, <u>Volunteer Advocate Program Advisory Committee</u> and Guardianship Advisory Board.</p> <p>To the maximum extent possible, the Commission shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so that they may return the same day and reduce the need to reimburse members for overnight stays.</p> <p><i>Rider revisions include the addition of the Children's Policy Council which was previously supported by the Texas Council for Developmental Disabilities (TCDD). TCDD has reimbursed travel reimbursement for several HHSC advisory committees for many years. Also the Volunteer Advocate Program Advisory Committee is added pursuant to the enactment of H.B. 4154 by the 81st Legislature.</i></p>																																																				

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HHSC 5	II-84	<p>Vendor Drug Rebates – Medicaid and CHIP. All references in this rider to rebate revenue refer to vendor drug rebates as well as supplemental rebates earned via the preferred drug lists (methods of finance include Vendor Drug Rebates-Medicaid, Vendor Drug Rebates –CHIP, and Vendor Drug Rebates –Supplemental Rebates).</p> <ul style="list-style-type: none"> a. Medicaid. The Health and Human Services Commission is authorized to expend Medicaid rebate revenues appropriated above in Strategy B.2.2, Medicaid Vendor Drug Program, pursuant to the federal requirements of the Omnibus Budget and Reconciliation Act of 1990 as well as rebates collected in excess of federal requirements pursuant to state law. b. CHIP. The Health and Human Services Commission is authorized to expend CHIP rebate revenues and related interest earnings appropriated above in Strategy C.1.5, CHIP Vendor Drug Program. c. Rebates as a First Source of Funding. Expenditures for Medicaid and CHIP Vendor Drug Programs shall be made from rebates received in fiscal years 2010-2012 and 2013-2014. As rebates are generated, expenditures to support the Medicaid and CHIP Vendor Drug Programs shall be made from rebate revenues. In the event rebate revenues are not available for expenditure, General Revenue may be used to support both Vendor Drug Programs until rebate revenues are available. d. Appropriation. In addition to rebate revenues appropriated above in strategy B.2.2, Medicaid Vendor Drug Program, and Strategy C.1.5, CHIP Vendor Drug Program, the Health and Human Services Commission is appropriated Medicaid and CHIP vendor drug rebates generated in excess of those amounts, subject to the following requirements: <ul style="list-style-type: none"> (1) Vendor drug rebates shall be expended prior to utilization of any General revenue available for the purpose of the CHIP or Medicaid Vendor Drug Programs. (2) In the event General Revenue has been expended prior to the receipt of vendor drug rebates, the commission shall reimburse General Revenue. The Commission shall reimburse the General Revenue Fund with vendor drug rebates on a monthly basis in order to prevent accumulation of vendor drug rebates. (3) <u>Program Benefit Agreement revenues collected in lieu of state supplemental rebates will be expended prior to utilization of any General revenue available for the purpose of the Medicaid program specified in the Agreement.</u> 		

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		<p style="text-align: center;">e. Limited Use of Rebates. Rebates generated by the Medicaid program shall only be used for the Medicaid program. Rebates generated by the CHIP program shall only be used for the CHIP program.</p> <p style="text-align: center;"><i>Rider is updated for biennial dates and amended to add authority for pharmacy benefit agreements which are authorized in Government Code Section 531.070.</i></p>		
HHSC 6	II-85	<p>Medicaid Subrogation Receipts (State Share). For the purpose of this provision, Medicaid Subrogation Receipts are defined as tort settlements related to the Medicaid program. Amounts defined as Medicaid Subrogation Receipts are to be deposited into the General Revenue Fund, Object No. 3802. The Commission is authorized to receive and expend Medicaid Subrogation Receipts. Expenditures shall be made from recoupments and interest earnings received in fiscal year 2010 <u>2012</u> and fiscal year 2011 <u>2013</u>. The use of the state's share of Medicaid Subrogation Receipts is limited to funding services for Medicaid clients, Medicaid Subrogation Receipts shall be expended as they are received as a first source, and General Revenue shall be used as a second source, to support the Medicaid program. In the event that these revenues should be greater than the amounts identified in the method of finance above as Medicaid Subrogation Receipts (State Share), the Commission is hereby appropriated and authorized to expend these Other Funds thereby made available, subject to the following requirements:</p> <ul style="list-style-type: none"> a. Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes. b. In the event General Revenue has been expended prior to the receipt of the state's share of Medicaid Subrogation Receipts, the Commission shall reimburse General Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of Medicaid Subrogation Receipts balances. <p>The preceding paragraph shall be the exclusive appropriation authority for receipts from the above identified sources, and none of these receipts shall be appropriated by a provision of Article IX of this Act.</p> <p><i>Rider is updated for biennial dates.</i></p>		
HHSC 7	II-85	<p>Appropriation Transfers Between Fiscal Years. In addition to the transfer authority provided elsewhere in this Act and in order to provide for unanticipated events that increase costs associated with providing Medicaid or CHIP services for eligible clients, the Health and Human Services Commission is authorized to transfer General Revenue from funds appropriated in Medicaid or CHIP strategies in fiscal year 2013 <u>2014</u> to fiscal year 2012 <u>2010</u> and such funds are appropriated to the Commission for fiscal year 2012 <u>2010</u>. Such transfers may only be made subject to the following:</p>		

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		<p>a. Transfers under this section may be made only;</p> <p style="padding-left: 20px;">(1) If costs associated with providing Medicaid or CHIP services exceed the funds appropriated for these services for fiscal year 2012 2010, or</p> <p style="padding-left: 20px;">(2) For any other emergency expenditure requirements, including expenditures necessitated by public calamity.</p> <p>b. A transfer authority by this section must receive the prior written approval of the Governor and the Legislative Budget Board.</p> <p>c. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.</p> <p><i>Rider is updated for biennial dates.</i></p>		
HHSC 13	II-88	<p>Use of Additional Medicaid Program Income. For the purposes of this provision, Medicaid program income is defined as: 1) refunds/rebates of previously paid premiums and interest earnings generated in relationship to accounts listed below; 2) refunds/rebates received from the Medicaid claims payment contractor or other sources; and 3) managed care rebates as described below. Amounts defined as program income are to be deposited into the General Revenue Fund, Object No. 3639. The Health and Human Services Commission is authorized to receive and spend program income and interest earnings generated from fund balances with the Disbursement Account, and the STAR (Managed Care) Account, as defined in the contractual agreement with the fiscal agent and/or insurance carrier for purchased health services except for those interest earnings related to the Cash Management Improvement Act (CMIA). The Commission is also authorized to receive and spend experience rebates generated in accordance with its contractual agreements with health maintenance organizations who participate in Medicaid managed care.</p> <p>Expenditures shall be made from credits, managed care rebates, and interest earnings received in fiscal years 2012 2010 and 2013 2011. The use of the credits, managed care rebates, and interest earnings is limited to funding services for Medicaid clients. Medicaid program income shall be expended as they are received as a first source, and General Revenue shall be used as a second source, to support the Medicaid program. In the event that these revenues should be greater than the amounts identified in the method of finance above as Medicaid Program income, the commission is hereby appropriated and authorized to expend these General Revenue Funds thereby made available, subject to the</p>		

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		<p>following requirements:</p> <ul style="list-style-type: none"> a. Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes; and b. In the event General Revenue has been expended prior to the receipt of program income, the Commission shall reimburse General Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of program income balances. <p>The preceding paragraph shall be the exclusive appropriation authority for receipt from the above identified sources and none of these receipts shall be appropriated by a provision of Article IX of this Act.</p> <p><i>Rider has been updated for biennial date changes.</i></p>		
HHSC 14	II-88	<p>Use of Additional CHIP Experience Rebates. For the purpose of this provision, CHIP Experience Rebates are defined as: 1) refunds/rebates of previously paid CHIP premiums and related interest earnings; and 2) managed care rebates and related interest earnings as described below. Amounts defined as CHIP Experience Rebates are to be deposited into the General Revenue Fund. The Health and Human Services Commission is authorized to receive and spend experience rebates generated in accordance with its contractual agreements with managed care organizations and other providers who participate in the CHIP, Immigrant Health Insurance, School Employee Health Insurance, and CHIP Perinatal programs. Expenditures shall be made from CHIP Experience Rebates generated in fiscal years <u>2012 2040</u> and <u>2013 2044</u>. The method of financing items, Experience Rebates –CHIP, for appropriations made above, includes unexpended and unobligated balances of Experience Rebates – CHIP remaining as of August 31, <u>2011 2009</u>, and receipts earned in fiscal years <u>2012 2040</u> and <u>2013 2044</u>.</p> <p>The use of CHIP Experience Rebates is limited to health care services for CHIP clients. CHIP Experience Rebates shall be expended as they are received as a first source, and General Revenue shall be used as a second source, to support CHIP– related programs. In the event that these revenues should be greater than the amounts identified in the method of finance above as Experience Rebates – CHIP, the department is hereby appropriated and authorized to expend these General Revenue Funds thereby made available, subject to the following requirements:</p> <ul style="list-style-type: none"> a. Amounts available shall be expended prior to utilization of any General revenue available for the same purposes; and b. In the event General Revenue has been expended prior to the receipt of CHIP Experience Rebates, the 		

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		<p style="text-align: center;">Commission shall reimburse General Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of CHIP Experience Rebate balances.</p> <p>The preceding paragraph shall be the exclusive appropriation authority for receipts from the above identified sources and none of these receipts shall be appropriated by a provision of Article IX of this Act.</p> <p><i>Rider has been updated for biennial date changes.</i></p>		
HHSC 15	II-89	<p>CHIP: Unexpended Balances and Allocation of Funds.</p> <p>a. Unexpended Balances between Biennia. Unexpended balances in General Revenue Funds appropriated for Goal C (CHIP) strategies to the Health and Human Services Commission (HHSC) for the fiscal year ending August 31, 2011 2009 (estimated to be \$0 136,400,000) are appropriated to the agency and included above for the fiscal year beginning September 1, 2011 2009, only upon prior written approval by the Legislative Budget Board and the Governor. These General Revenue Funds are contingent on an unexpended balance from fiscal year 2011 2009. The amount of the appropriation is limited to the amount of the unexpended balance.</p> <p>b. Unexpended Balances within the Biennium. Unexpended balances in General revenue Funds appropriated for Goal C (CHIP) strategies to HHSC for the fiscal year ending August 31, 2012 2010 (estimated to be \$0) are appropriated to the agency for the fiscal year beginning September 1, 2012 2010, only upon prior written approval by the Legislative Budget Board and Governor.</p> <p>c. For authorization to expend the funds, HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time. The agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:</p> <p>(1) The following information shall be provided for the fiscal year with an unexpended balance:</p> <ul style="list-style-type: none"> (i) an explanation of the causes of the unexpended balance(s); (ii) the amount of the unexpended balance(s) by strategy; and (iii) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year. <p>(2) The Following information shall be provided for the fiscal year receiving the funds:</p>		

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		<p>(i) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;</p> <p>(ii) the amount of the expenditure by strategy;</p> <p>(iii) the incremental change in service levels compared to performance targets in this Act for that fiscal year;</p> <p>(iv) the capital budget impact.</p> <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval with 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p>d. It is the intent of the Legislature that tobacco settlement receipts appropriations made above in Goal C, CHIP Services, include \$324.4293.9 million for fiscal year 2012 2010 and \$334.2 302.6 million for fiscal year 2013 2014 in tobacco settlement receipts paid to the State pursuant to the Comprehensive Tobacco Settlement and Release. In the event that the state has not received a tobacco settlement payment for fiscal year 2012 2010 and fiscal year 2013 2014 by September 1 of each year of the biennium, the Comptroller of Public Accounts is hereby authorized to use general revenue funds as needed for program expenditures for cash flow purposes between the beginning of the fiscal year and the receipt by the state of the tobacco settlement payment for the fiscal year. Upon receipt of the tobacco settlement payment, the general revenue fund shall be reimbursed with tobacco settlement receipts for all expenditures made pursuant to this provision.</p> <p><i>Rider was updated for biennial date changes, estimated unexpended balance to be zero at the end of FY 2011, and FY2012-13 requested tobacco funding.</i></p>		
HHSC 22	II-91	<p>Temporary Assistance for Needy Families (TANF) Maintenance of Effort. It is the intent of the Legislature that all General Revenue appropriated above for TANF maintenance of effort shall be expended within the appropriate fiscal year</p>		

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		<p>for that purpose in order to secure the TANF federal block grant for the state. Out of funds appropriated above in Strategy D.1.1, TANF (Cash Assistance) Grants, \$62,851,931 in General Revenue is appropriated for TANF maintenance of effort for fiscal year 2012 2010, and \$62,851,931 in General Revenue is appropriated for TANF maintenance of effort for fiscal year 2013 2011. None of the General Revenue appropriated for TANF maintenance of effort in Strategy D.1.1, TANF (Cash Assistance) Grants, may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are appropriated. However, General Revenue appropriated for TANF maintenance of effort may be transferred to Strategy A.1.2, Integrated Eligibility and Enrollment, subject to the following limitations:</p> <ul style="list-style-type: none"> a. Declines or shifts in TANF caseloads prevent the Health and Human Services Commission from expending all General Revenue appropriated for TANF maintenance of effort in Strategy D.1.1, TANF (Cash Assistance) Grants, within the appropriate fiscal year; b. The amount of TANF MOE General Revenue transferred from Strategy D.1.1, TANF Cash Assistance) Grants, shall be expended as TANF maintenance of effort within Strategy A.1.2, Integrated Eligibility and Enrollment, for TANF program operating costs, within the appropriate fiscal year; and c. At least 30 days prior to transferring General Revenue Funds between Strategy D.1.1, TANF (Cash Assistance) Grants, and Strategy A.1.2, Integrated Eligibility and Enrollment, the Health and Human Services Commission shall notify the Legislative Budget Board and the Governor. <p><i>Rider was updated for biennial date changes. There is an exceptional item relating to maintaining TANF current services but TANF MOE was not requested, only GR. Additional state funding could be designated as TANF MOE with adjustments at other state agencies.</i></p>		
HHSC 24	II-91	<p>Performance Reporting for the Prescription Drug Rebate Program. The Commission shall report on an annual basis the following information to the Legislative Budget Board, the State Auditor's Office and the Governor: the outstanding prescription drug rebate balances for the Medicaid, CHIP, Kidney Health, and Children with Special Health Care Needs programs. The report shall include rebate principal and interest outstanding, age of receivables, and annual collection rates. The reports shall specify amounts billed, dollar value of pricing and utilization adjustments, and dollars collected. The Commission shall report these data on each year for which the Prescription Drug Rebate program has collected rebates and also on a cumulative basis for all years.</p> <p><i>Rider should be deleted. The origin of the report required in the rider was a negative SAO audit finding in 2003. All</i></p>		

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		<p><i>issues identified from that audit have been addressed and were verified by SAO years ago. This annual report provides a lot of repeat information each year because it requires HHSC to report on the history of the Medicaid rebate program, which began in 1991. Both the text descriptions of the program and the year-by-year tables are mostly repeat information.</i></p>		
HHSC 25	II-92	<p>TANF (Cash Assistance) Grants. Out of funds appropriated above in Strategy D.1.1, TANF (Cash Assistance) Grants, the commission shall adjust the TANF grant amount each year to ensure that the maximum monthly grant for a family of three is at least 17 percent of the federal poverty level and provide a one-time per year grant of up to \$30 <u>\$23.49</u> for each TANF child on August 1 of each year.</p> <p><i>Rider is amended to reflect reduced grant amount based upon on funding limitations in the FY 2012-13 Base Request. Funding to restore TANF grant amounts are reflected in Exceptional Item #3 and an Exceptional Rider version is on page 40.</i></p>		
HHSC 26	II-92	<p>Texas Integrated Eligibility Redesign Systems (TIERS). To fund the debt related to TIERS, the commission may seek funding from the most cost-effective type of financing, including but not limited to cash acquisition, commercial financing, and financing provided by the Texas Public Finance Authority. From any funds appropriated to the Health and Human Services Commission for the purpose of implementing the project, an amount not to exceed \$5,682,018 <u>\$6,131,027</u> (amounts needed for Master Lease Purchase Program) for the biennium in All Funds may be transferred to the Texas Public Finance Authority for lease payments to the Texas Public Finance Authority to pay debt service on the obligations issued by the Texas Public Finance Authority on behalf of the commission for the above-mentioned project.</p> <p><i>Rider is updated for MLPP amount for the 2012-13 biennium.</i></p>		
HHSC 30	II-93	<p>Office for Prevention of Developmental Disabilities. The Health and Human Services Commission shall expend, from funds otherwise appropriated to the commission by this Act, an amount not to exceed \$111,805 each fiscal year for salaries, benefits, travel expenses, and other support of the Office for Prevention of Developmental Disabilities. However, grants and donations received through the authority provided by Article IX Sec. 8.01, Acceptance of Gifts of Money, are not subject to this limit and may be expended by the Office. <u>All grant funding unexpended at the end of the August 31, 2011 is hereby authorized for expenditure for the biennium beginning September 1, 2011.</u></p> <p><i>Rider is amended to address issues with the availability of grant funding at the conclusion of a biennium.</i></p>		

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HHSC 33	II-93	<p>Appropriation of Unexpended Balances – Master Lease Purchase Program (MLPP). Any unexpended balances of MLPP funds for the TIERS project from previous appropriations, estimated to be \$12,658,228, are hereby authorized for the Health and Human Services Commission. The commission shall provide to the Legislative Budget Board and the Governor a detailed description of the project and cost at least 45 days prior to the expenditure of such funds.</p> <p><i>Rider should be deleted as there are no remaining unexpended balances available for this purpose.</i></p>		
HHSC 37	II-94	<p>Unexpended Balance Authority for Eligibility Determination Services. Unexpended balances in General Revenue Funds appropriated in Strategy A.1.2, Integrated Eligibility and Enrollment, for the fiscal year ending August 31, <u>2012</u> 2010, are appropriated to the agency for the following fiscal year only upon prior written approval by the Legislative Budget Board and the Governor. For authorization to expend the funds, an agency shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:</p> <ul style="list-style-type: none"> a. The following information shall be provided for the fiscal year with an unexpended balance: <ul style="list-style-type: none"> (1) an explanation of the causes of the unexpended balance(s); (2) the amount of the unexpended balance(s) by strategy; and (3) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year. b. The following information shall be provided for the fiscal year receiving the funds: <ul style="list-style-type: none"> (1) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing; (2) the amount of the expenditure by strategy; (3) the incremental change in service levels compared to performance targets in this Act for that fiscal year; and (4) the capital budget impact. <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of</p>		

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		<p>the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>Rider has been updated for biennial date changes.</i></p>		
HHSC 39	II-94	<p>Upper Payment Limit Reimbursement for Children's Hospitals. Out of the funds appropriated above in Strategy B.2.5, Upper Payment Limit, the Health and Human Services Commission shall use the amounts of \$12,500,000 in fiscal year 2012 2010 and \$12,500,000 in fiscal year 2013 2014 in General Revenue to provide upper payment limit reimbursement to children's hospitals (having a separate provider number). The Health and Human Services Commission shall implement Medicaid upper payment limit reimbursement to cover the actual costs incurred in providing Medicaid inpatient and outpatient services and Graduate Medical Education at children's hospitals. In the event that appropriations are insufficient to cover these Medicaid costs in all children's hospitals, the Health and Human Services Commission shall prioritize this Medicaid upper payment limit reimbursement to reduce the Medicaid losses in any children's hospital with a Medicaid patient load that exceeds 60 percent of the hospital's total inpatient days.</p> <p><i>The rider has updated for biennial date changes.</i></p>		
HHSC 40	II-95	<p>Hospital Uncompensated Care. No funds appropriated under this Article for medical assistance payments may be paid to a hospital if the Health and Human Services Commission determines that the hospital has not complied with the Commission's reporting requirements. The Commission shall ensure that the reporting of uncompensated care (defined to include bad debt, charity care and unreimbursed care) by Texas hospitals is consistent for all hospitals and subjected to a standard set of adjustments that account for payments to hospitals that are intended to reimburse uncompensated care. These adjustments are to be made in such a way that a reliable determination of the actual cost of uncompensated care in Texas is produced. In pursuing this objective, the commission, in coordination with the Attorney General, and with advice from representatives from the hospital industry, will:</p> <ul style="list-style-type: none"> a. review the current instruments for reporting uncompensated care by Texas hospitals to ensure that accounting for uncompensated care as well as its reporting is consistent across hospitals; b. coordinate the different instruments for reporting uncompensated care in Texas, e.g., Statement of Community Benefits, Annual Hospital Survey, and DSH Survey, so that there is consistency in reporting among these 		

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		<p style="text-align: center;">instruments while maintaining the integrity of each instrument's purpose;</p> <p style="text-align: center;">c. identify the sources of funding to hospitals that are intended to offset uncompensated care;</p> <p style="text-align: center;">d. develop a standard set of adjustments that apply the funding sources to reported uncompensated care in such a manner that a reliable determination of the actual cost to a hospital for uncompensated care can be made; and</p> <p style="text-align: center;">e. identify a standard ratio of cost to charges (RCC) to standardize the conversion of reported charges to costs.</p> <p>The commission shall conduct an appropriate number of audits to assure the accurate reporting of the cost of uncompensated hospital care.</p> <p>The commission shall submit a biennial report on uncompensated care costs, which considers the impact of patient specific and lump sum funding as offsets to uncompensated costs, to the Governor and Legislative Budget Board no later than December 1, <u>2012</u> 2010. The commission may report by hospital type.</p> <p><u>The commission shall also review the impact of health care reform efforts on the funding streams that reimburse uncompensated care, assess the need for those funding streams in future biennia, and consider which funds might be redirected to provide direct health coverage.</u></p> <p><i>Rider is updated for biennial dates and is amended to review the impact of health care reform. With the input of the hospital industry, HHSC has already adopted a methodology for the analysis of uncompensated care. This methodology converts charges to costs and considers offsetting revenue. HHSC will submit the first report in compliance with the current rider. While the state has and will improve its understanding of the impact of uncompensated care via this analysis, the nature of uncompensated care may dramatically change as health care reform is implemented. There is a continued need to assess previous uncompensated care impacts on hospitals and there is an equally important need to consider how health reform will impact available funding and the variable effect it may have by hospital type.</i></p>		
HHSC 41	II-95	<p>Hospital Reimbursement. Contingent upon federal approval, and to the extent allowed by law, no funds appropriated under this Article for the payment of inpatient hospital fees and charges under the medical assistance program may be expended, except under a prospective payment methodology for all Medicaid inpatient claims that employs sound cost reimbursement principles and:</p> <ul style="list-style-type: none"> a. enhances the Health and Human Services Commission's ability to be a prudent purchaser of health care; b. reflects costs that are allowable, reasonable and medically necessary to deliver health care services to the 		

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		<p>state's Medicaid population;</p> <p>c. reduces the variability in the Medicaid reimbursement rates paid to hospitals for treating patients with the same diagnoses;</p> <p>d. promotes and rewards increased efficiency in the operation of hospitals;</p> <p>e. emphasizes and rewards quality of outcomes and improves the treatment of Medicaid patients through pay-for-performance principles;</p> <p>f. recognizes, through add-on payments or other methods, the unique needs of rural hospitals; <u>and</u></p> <p>g. reformulates the Disproportionate Share Hospital (DSH) supplemental payment methodology to increase its focus on paying hospitals for uncompensated care and reduces the existence of the inpatient Medicaid shortfall that prevents the State from achieving this objective; and</p> <p>h. reimburses inpatient services in freestanding psychiatric facilities similar to the prospective payment system used by the Centers for Medicare and Medicaid Services.</p> <p><i>Rider is revised to remove subsection h which has been implemented during the current biennium.</i></p>		
HHSC 42	II-96	<p>Payments to Health Centers for Medicaid Family Planning. It is the intent of the Legislature that the Health and Human Services Commission shall, to the extent allowed by federal law, reimburse Federally Qualified Health Centers for family planning services under Medicaid, including the Women's Health Program, using a prospective payment system at a per visit rate, not to exceed three payments during a calendar year.</p> <p><i>Rider should be deleted.</i></p>		
HHSC 43	II-96	<p>Payments to Hospital Providers. Until the Health and Human Services Commission implements a new reimbursement system for Fee-for-Service (FFS) and Primary Care Case Management (PCCM) inpatient services, hospitals that meet one of the following criteria: 1) located in a county with 50,000 or fewer persons, or 2) is a Medicare-designated Rural Referral Center (RRC) or Sole Community Hospital (SCH), that are not located in a metropolitan statistical area (MSA) as defined by the U.S. Office of Management and Budget, or 3) is a Medicare-designated Critical Access Hospital (CAH), shall be reimbursed the greater of the prospective payment system rate or a cost-reimbursement methodology authorized by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) using the most recent data. Hospitals reimbursed under TEFRA cost principles shall be paid without the imposition of the TEFRA cap. Hospitals that meet the criteria as of September 1, 2011 <u>2009</u>, retain this reimbursement for FFS and PCCM inpatient services.</p>		

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		<i>Rider was updated for biennial date changes.</i>		
HHSC 46	II-97	<p>Enterprise Data Warehouse. Out of funds appropriated above in Strategy A.2.1, Consolidated System Support, the Health and Human Services Commission (HHSC) may expend \$14,899,934 <u>\$4,212,954</u> in General Revenue and any associated matching Federal Funds to develop/implement an enterprise data warehouse for data related to Medicaid services, human services, and public health services. In order to ensure maximum accountability, HHSC shall contract with a single vendor for the data warehouse.</p> <p>HHSC shall submit reports to the Legislative Budget Board and the Governor on September 1, 2011 <u>2009</u> and September 1, 2012 <u>2010</u> reflecting actual expenditures and accomplishments to date. The reports shall also reflect an estimate of planned expenditures and accomplishments for the remainder of the 2012-13 <u>2010-11</u> biennium.</p> <p><i>Rider has been updated for biennial date changes and funding in the 2012-13 base request.</i></p>		
HHSC 47	II-97	<p>Healthy Marriage Development Program. Out of funds appropriated above in Strategy A.1.2, Integrated Eligibility and Enrollment, the Health and Human Services Commission shall devote \$8,435,044 in All Funds, including \$6,130,942 <u>6,181,722</u> in General Revenue Funds and \$1,710,522 <u>415,544</u> in TANF Federal Funds for the biennium to a Healthy Marriage Development Program and similar activities that strengthen families.</p> <p><i>This rider is revised to reflect funding requested for the Healthy Marriage Program in the FY 2012-13 Base Request.</i></p>		
HHSC 48	II-97	<p>Physician-administered Biologics and Drugs. To the extent compatible with state and federal law, drugs and biological products are deemed covered benefits of Medicaid if those products are approved for sale by the U.S. Food and Drug Administration and satisfy the criteria of the Omnibus Budget Reconciliation Act of 1990 and the Deficit Reduction Act of 2005. The manufacturers of drugs and biological products which are deemed covered benefits under Medicaid shall obtain a unique HCPCS code of C, Q, or J and a National Drug Code that will enable the state Medicaid office to track the product for the purpose of receiving Medicaid rebates.</p> <p>HHSC shall develop and make available a process to analyze new, "first-in-class," physician-administered drugs and biological products for the purpose of issuing a Medicaid coverage report or opinion.</p> <p>For new physician-administered drugs and biological products slated for inclusion in an existing class covered by Medicaid, HHSC shall develop and make available an expedited process to analyze fiscal impact and incremental cost</p>		

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		<p>over current drug treatment and therapy.</p> <p>HHSC shall develop and make available a process for approving new FDA-approved indications of physician-administered drugs and biological products covered by Medicaid.</p> <p>HHSC may apply any reasonable administrative measures, including medical policy development and utilization controls that it deems prudent as the conditions of coverage that apply to each physician-administered drug or biological product.</p> <p><i>Rider should be deleted as the requirements have been implemented.</i></p>							
HHSC 49	II-97	<p>Medicaid Drug Utilization Review Program. Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall develop and submit a report on strategies implemented by the agency after the effective date of this Act to strengthen the Texas Medicaid Drug Utilization Review Program to the Legislative Budget Board and the Governor by December 1, 2009 and provide a follow-up report on December 1, 2010. Each report should include savings realized during the previous fiscal year and anticipated savings for the following fiscal year.</p> <p><i>This rider should be deleted. The required report was submitted in December 2009 and the follow-up report will be submitted in December 2010.</i></p>							
HHSC 50	II-97	<p>Behavioral Health Service Delivery in STAR and STAR+PLUS. Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall develop and submit a report on strategies implemented by the agency after the effective date of this Act to improve the transparency and accountability of behavioral health service delivery in STAR and STAR+PLUS Medicaid HMOs to the Legislative Budget Board and the Governor by September 1, 2010.</p> <p><i>This rider should be deleted as the required report will be submitted in September 2010.</i></p>							
HHSC 51	II-97	<p>Vendor Drug Program E-prescribing Plan. Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall develop an E-prescribing implementation plan, including relevant timeframes and projected expenditures and cost savings per fiscal year, to improve patient safety and to standardize electronic prescribing systems in the state's Vendor Drug Program for the Medicaid and Children's Health Insurance Programs and submit the plan to the Legislative Budget Board and the Governor by January 1, 2010. The Health and Human Services Commission shall also submit a progress report on the E-prescribing implementation plan, including any projected expenditures and cost savings per fiscal year, to the Legislative Budget Board and the Governor by January 1, 2011.</p> <p><i>This rider should be deleted. The required plant was submitted in January 2010 and the progress report will be submitted</i></p>							

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		<i>January 2011.</i>							
HHSC 52	II-98	<p>SAVERR to TIERS. Out of funds appropriated above in Strategy F.1.1, TIERS & Eligibility Supporting Technologies, the Health and Human Services Commission will convert all the remaining SAVERR cases into the TIERS system, contingent upon receipt of required approval by federal funding partners, no later than August 31, 2011.</p> <p><i>This rider should be deleted, conversion of SAVERR cases is scheduled for completion by December 2011.</i></p>							
HHSC 53	II-98	<p>Appropriations Related to Frew Strategic Initiatives. General Revenue appropriated above in Goal B, Medicaid, for Frew strategic initiatives is contingent on an unexpended balance from fiscal year 2009. The amount of appropriation is limited to the amount of the unexpended balance. Unexpended balances in General Revenue Funds appropriated to the Health and Human Services Commission for Frew strategic initiatives for the fiscal year ending August 31, 2009 (estimated to be \$113,000,000) are appropriated to the agency for the fiscal biennium beginning September 1, 2009. This unexpended balance is the remainder of the one-time appropriation of \$150,000,000 in General Revenue Funds that was appropriated for Strategic Initiatives for the 2008-09 biennium by the Eightieth Legislature.</p> <p><i>Rider should be deleted as there is no remaining \$150 million of the Frew Strategic Initiative funding from the 2008-09 biennium requested in the 2012-13 base Request.</i></p>							
HHSC 54	II-98	<p>Medicaid Substance Abuse Treatment.7 Contingent on passage of Senate Bill 796, or similar legislation relating to substance abuse treatment for adult Medicaid clients, the Health and Human Services Commission shall use funds appropriated above in Goal B, Medicaid, to provide coverage for comprehensive substance abuse treatment services for adult Medicaid clients.</p> <p><i>Rider should be deleted. Although Senate Bill 796 did not pass, Article IX, § 17.15 Medicaid Substance Abuse Treatment, directs HHSC to implement provisions of the legislation. The expanded services were implemented January 1, 2010.</i></p>							
HHSC 55	II-98	<p>Medical Transportation. To the extent allowed by federal and state law, a portion Out of the funds appropriated above to Strategy B.2.3, Medical Transportation, the Health and Human Services Commission is authorized shall be used to implement a expand the regionalized full-risk brokerage model upon a determination that the brokerage model is cost-effective, which utilizes a pre-payment methodology (capitation) to reimburse the broker or brokers. This program will be for all Medicaid non-emergency transportation under the Medical Transportation program in areas of the state that the</p>							

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		<p>Commission finds can sustain a regionalized model. To implement this change, the Commission shall apply to the Centers for Medicare and Medicaid Services for a state plan amendment as provided for in the Social Security Act, Section 1902(a)(70), and in accordance with Federal Regulations 42 CFR 440.170(a)(4).</p> <p><i>Rider is amended to allow expansion of transportation brokerage model should the model be determined to be cost-effective.</i></p>		
HHSC 57	II-98	<p>Local Reporting on UPL, and DSH and Indigent Care Expenditures. Out of funds appropriated above, and as the state Medicaid operating agency, the Health and Human Services Commission shall develop a report that non-state public hospitals, <u>and</u> private hospitals, hospital districts, physicians and private administrators shall use to describe any expenditures they make through the Upper Payment Limit (UPL) program <u>and</u>, the Disproportionate Share Hospital (DSH) program, and the Indigent Care program. The commission shall determine the format of the report, which must include expenditures by method of finance per year. In addition, the commission annually shall require contracted hospital providers <u>who receive UPL or UPL funds</u> to report payments to entities who provide consultative services regarding revenue maximization under the medical assistance program and any other governmentally funded program, including UPL and DSH. Information included in the reports of payments to entities providing consultative services from contracted hospitals shall include:</p> <ol style="list-style-type: none"> a. the total amount of aggregated payments to all such entities by county; b. the purpose of the payment(s); c. the source of the payment(s); d. the program for which consultative services were provided; and e. any other information the commission believes pertinent. <p><i>Rider should be amended to report on UPL and DSH expenditures.</i></p>		
HHSC 58	II-99	<p>Umbilical Cord Blood Bank Funding. Out of funds appropriated above in Strategy A.1.1, Enterprise Oversight and Policy, the Health and Human Services Commission shall use \$5,000,000 in General Revenue for the biennium for research and an unrelated donor umbilical cord blood bank, as follows:</p> <ol style="list-style-type: none"> a. The Health and Human Services Commission shall enter into a contract with a public cord blood bank in Texas for \$4,000,000 for the gathering and retention of umbilical cord blood from live births at its unrelated cord blood bank for the primary purpose of making the umbilical cord blood available for transplant 		

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		<p>purposes. The blood bank must be accredited by the American Association of Blood Banks and the International Organization of Standardization. Any unexpended balances of these funds remaining as of August 31, 2012 2010, are appropriated to the Health and Human Services Commission for the fiscal year beginning September 1, 2012 2010, for the same purposes.</p> <p>b. The Health and Human Services Commission shall enter into a contract with a Texas academic health institution for \$1,000,000 for the primary purpose of research leading to new cures derived by the usage of stem cells from umbilical cord blood. Such funds shall be used only for research from stem cells obtained from umbilical cord blood from a live birth. Any unexpended balances of these funds remaining as of August 31, 2012 2010, are appropriated to the Health and Human Services Commission for the fiscal year beginning September 1, 2012 2010, for the same purposes.</p> <p><i>Rider was updated for biennial dates.</i></p>		
HHSC 59	II-99	<p>Medicaid Cost Savings. The appropriations made above to the Health and Human Services Commission assume savings estimated to be \$107.1 million in General Revenue Funds. The Health and Human Services Commission should consider the following cost savings initiatives in order to achieve these savings:</p> <ul style="list-style-type: none"> a. Managed Care b. efforts to increase provider participation in managed care networks; and c. efforts to achieve additional HMO savings; savings amount may include experience rebates. d. Medical Transportation: expand use of broker model. e. Ultra Sound Utilization Project: limit use based on practice guidelines. f. Managed Care for Disabled Children: improve coordination of acute care for existing recipients. g. Market Rating of Managed Care Plans: phase-in market rating that considers the acuity of clients served and whether the hospital is TEFRA reimbursed. h. Third party Sources: efforts to increase third party sources of payment for Medicaid payments and Medicaid recipients. i. Additional Initiatives Identified by the Health and Human Services Commission. <p>The Commission shall provide a report explaining estimated cost savings measure to be utilized and estimating the</p>		

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		<p>savings in General Revenue and All Funds to be achieved during the biennium, including any additional initiatives identified by the Executive Commissioner during the biennium to achieve the targeted savings. The report shall be submitted to the Legislative Budget Board and the Governor by July 1, 2010 prior to implementing any of the saving measures.</p> <p><i>Rider should be deleted as the savings pertain to the 2010-11 biennium and should be achieved.</i></p>		
HHSC 61	II-99	<p>Office of Eligibility Services Staffing. It is the intent of the Legislature that the Executive Commissioner shall ensure that the agency will fill and maintain eligibility staffing at a level necessary to maintain a reasonable workload designed to meet required federal timeliness and reduce error rates.</p> <p style="margin-left: 40px;">a. The Health and Human Services Commission is authorized to maintain staffing, supporting technology and indirect costs at the fiscal year 2009 budgeted level of 9,039 full-time equivalents (FTEs). In determining the need for additional funding, the Commission shall take into account increases in contractor costs and supporting technology to be paid from amounts appropriated in Strategy A.1.2, Integrated Eligibility and Enrollment. Upon a determination that the amounts remaining in Strategy A.1.2 are insufficient to maintain the staffing level of 9,039 FTEs, the Health and Human Services Commission is hereby authorized to transfer from General Revenue appropriations made in Goal B, Medicaid to Strategy A.1.2, Integrated Eligibility and Enrollment, an amount not to exceed \$55 million for the biennium. The Commission shall notify the Governor, the Legislative Budget Board, and the Comptroller 15 days prior to any proposed funding transfer.</p> <p style="margin-left: 40px;">b. The Commission may request to increase its cap by up to 656 FTEs in fiscal year 2010 and up to 822 FTEs in fiscal year 2011 for anticipated workload and caseload growth. Upon a determination that funding in Strategy A.1.2 is insufficient to maintain the costs associated with staffing levels, contractors, supporting technology or any other related costs, the Executive Commissioner may request to transfer from General Revenue appropriations made in Goal B, Medicaid to Strategy A.1.2, Integrated Eligibility and Enrollment, amounts necessary to maintain the support of up to 9,695 FTEs in fiscal year 2010 and up to 9,861 FTEs in fiscal year 2011.</p> <p>Commission shall request approval from the Governor, the Legislative Budget Board, and the Comptroller at least 30 days prior to any proposed funding transfer. The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the</p>		

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		<p>Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p><i>Rider should be deleted as it pertains to funding in the 2010-11 biennium.</i></p>							
HHSC 62	II-100	<p>The Respiratory Syncytial Virus. Out of funds appropriated above, the Health and Human Services Medicaid Vendor Drug Program shall implement a pharmacy payment based on the state's reimbursement methodology approved by the Centers for Medicare and Medicaid (CMS) as of August 31, 2007, minus five percent, for drugs used for the prevention of Respiratory Syncytial Virus in newborns. Prior authorization criteria must be met. In order to ensure full access to Respiratory Syncytial Virus prophylaxis, the Health and Human Service Commission shall ensure that providers are informed of the availability of a variety of specialty pharmacies dispensing Respiratory Syncytial Virus prophylaxis.</p> <p><i>Rider should be deleted. Strict application of the rider resulted in reimbursement rates being below pharmacy costs for the product and potential access issues. HHSC policy already allows the Vendor Drug Program to use a payment amount that is lower than under its standard methodology.</i></p>							
HHSC 64	II-100	<p>Women's Health Services Demonstration Project: Savings and Performance Reporting. It is the intent of the Legislature that the Health and Human Services Commission submit an annual report to the Legislative Budget Board and the Governor that includes the following information:</p> <ul style="list-style-type: none"> a. enrollment levels of targeted low-income women, including service utilization by geographic region, delivery system, and age; b. savings or expenditures attributable to enrollment levels as reported in section (a) and; c. descriptions of all outreach activities undertaken for the reporting period. <p><i>Rider should be deleted as the waiver will expire and another waiver will be requested. Required federal reporting could be provided as requested to reduce additional reporting requirements.</i></p>							
HHSC65	II-100	<p>In-patient Psychiatric Services. The Health and Human Services Commission shall analyze the benefit to the state of modification of the Intensive Psychiatric Treatment Program and establishment of a program for the provision of Medicaid inpatient psychiatric services in Psychiatric Residential Treatment Facilities for child and adolescent Medicaid beneficiaries (as defined in Section 483.354 of the Code of Federal Regulations, Title 42). Contingent upon findings that a</p>							

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		<p>Medicaid state plan amendment is cost effective, the Health and Human Services Commission shall seek approval of this amendment and make necessary regulatory changes.</p> <p><i>Rider should be deleted as the study will be complete by January 2011.</i></p>		
HHSC 66	II-101	<p>Study Regarding the Need for Community Support and Residential Services for Individuals Suffering from Acquired Brain Injury.</p> <p style="margin-left: 40px;">a. It is the intent of the legislature that, out of General Revenue funds appropriated above, the executive commissioner of the Health and Human Services Commission conduct a study, not later than September 1, 2010, regarding the need for a system of community support and residential services for individuals suffering from acquired brain injury. The study must, at a minimum:</p> <ul style="list-style-type: none"> (1) evaluate current services and supports provided by the state to persons suffering from acquired brain injury; (2) assess the need in this state for community support and residential services to persons suffering from acquired brain injury; (3) ascertain opportunities available to this state to draw down federal funds for individuals with acquired brain injury for whom the state currently provides services and supports through general revenue funds; and (4) determine the feasibility and cost effectiveness of implementing a system of community support and residential services through either a Medicaid state plan amendment or medical assistance waiver for persons with acquired brain injury. <p style="margin-left: 40px;">b. The executive commissioner of the Health and Human Services Commission shall submit the results of the study described above to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and the chairs of the Senate Committee on Health and Human Services and the House Committee on Public Health.</p> <p><i>Rider should be deleted as the study and the report will be completed this biennium.</i></p>		
HHSC 67	II-101	<p>Fiscal Accountability for Programs for Persons with Intellectual or Developmental Disabilities. Contingent upon the implementation of a rate enhancement system or other appropriate financial performance standards for programs for persons with intellectual or developmental disabilities to ensure prudent use of funding appropriated by this Act, the</p>		

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		<p>Health and Human Services Commission is authorized to discontinue fiscal accountability spending requirements. If, before implementing this provision, the Commission determines that a waiver or authorization from a federal agency is necessary for implementation, the commission shall request the waiver or authorization and may delay implementing this provision until the waiver or authorization is granted.</p> <p><i>Rider should be deleted because a rate enhancement system is being implemented with CMS approval effective September 1, 2010.</i></p>		
HHSC 69	II-102	<p>Hemophilia Reimbursement Rates. Contingent upon approval from the Centers for Medicare and Medicaid Services (CMS), the Health and Human Services Commission (HHSC) shall amend the reimbursement methodology provided under the Vendor Drug Program for blood factor products by adding a \$0.05 furnishing fee to each unit of factor reimbursed in a prescription claim. The furnishing fee will be added to the existing dispensing fee methodology.</p> <p><i>Rider should be deleted. The state plan amendment has been submitted to CMS. No decision has been made at this time but either the amendment will be implemented or not during the current biennium based upon the CMS decision.</i></p>		
HHSC 70	II-102	<p>Healthy Marriage Program: Performance Report. Out of funds appropriated above in Strategy A.1.2, Integrated Eligibility and Enrollment, for the Healthy Marriage Program, the Health and Human Services Commission (HHSC) shall provide an annual report to the Legislative Budget Board, Governor, Senate Finance Committee, House Appropriations Committee, Senate Health and Human Services Committee, and House Human Services Committee that includes the following data elements for the past fiscal year:</p> <ul style="list-style-type: none"> a. unduplicated number of couples who received services; b. unduplicated number of couples who requested services, but did not receive them; c. amount of expenditures on direct care, broken out by type of service; d. amount of expenditures not related to direct care, broken out by category. <p>The report shall be submitted October 15 of each year of the biennium in a format specified by the Legislative Budget Board.</p> <p><i>Rider should be deleted. Program has been in place for two biennia.</i></p>		
NEW	NEW	<p><u>Full-time Equivalent Positions (FTE) %Local and Federal Funds.</u></p>		

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		<p>a. <u>Only local funds (appropriated receipts) and federal funds may be used to pay salaries and benefits for Full-time Equivalent Positions (FTE)–Local and Federal Funds, identified as local/federal out-stationed workers. The Health and Human Services Commission may utilize the FTE authority contained in the Number of Full-time Equivalent Positions (FTE)–Local and Federal Funds only to the extent that local and federal funds are readily available. Under no circumstances may unfilled FTE positions from the Number of Full-time Equivalent Positions (FTE)–Local and Federal Funds be transferred to the Number of Full-time Equivalent Positions (FTE)–State and Federal Funds.</u></p> <p>b. <u>The Health and Human Services Commission is authorized to increase the level of Full-time Equivalent Positions (FTE)%Local and Federal Funds upon a written notification to the Legislative Budget Board and the Governor at least 30 days prior to adjusting budgeted FTE levels hat includes the following information:</u></p> <ul style="list-style-type: none"> (1) <u>Number of FTEs</u> (2) <u>Location and Name of Host Facility, and</u> (3) <u>Estimated Annual Cost of the FTE Increase.</u> <p><i>Requested new rider would require an additional entry for the number of Agency FTEs who are out- stationed eligibility workers in hospitals and clinics and subtracted from the total agency FTE cap. The host facility provides the local funds as the state match for federal funds to HHSC. HHSC has approximately 503 out-stationed workers whose salaries and benefits are paid under contract by the host facility (nursing home, hospital, clinic, etc.). The positions are provided at the request of the facility and otherwise would not be requested by HHSC. Facilities realize a return on the investment because these patients otherwise go uninsured. Additionally, the inclusion of these FTEs in the HHSC agency FTE total may misrepresent the workforce and revenue needed for eligibility services. The new rider also provides a mechanism to respond to requests for additional out-stationed workers from these host facilities. The legacy Department of Human Services had a similar rider.</i></p>		
NEW	NEW	<p><u>All-Patient Refined –Diagnosis Related Payment Reimbursement.</u> The Health and Human Services Commission shall adopt rules and implement the All Patient Refined – Diagnosis Related Grouping (APR-DRG) payment methodology for all hospitals participating in the medical assistance program. The Commission shall implement the APR-DRG reimbursement methodology in a phased approach beginning with all acute care hospitals that are currently reimbursed under the Medicare Severity-Diagnosis Related Group (MS-DRG) methodology no later than September 1, 2012. The Commission shall evaluate whether to apply a full rebasing APR-DRG methodology to Tax Equity and Fiscal</p>		

3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Tracy Henderson	Date: August 23, 2010	Request Level: Base
Current Rider Number	Page Number in 2010-11 GAA	Proposed Rider Language		
		<p><u>Responsibility Act (TEFRA) and state-owned teaching facilities and will initiate implementation of these if they are determined to be feasible no later than September 1, 2013.</u></p> <p><i>This new rider would provide legislative intent for the transition from the current MS-DRG program to the APR-DRG program. This change in the DGR program would allow HHSC to more accurately compute a representative payment for inpatient hospital stays.</i></p>		
Article XII Section 22	XII-12	<p>Temporary Assistance for Needy Families Emergency Contingency Funding. Notwithstanding Rider 25 in the General Appropriations Act, Article II, Health and Human Services Commission (Conference Committee Report on Senate Bill No. 1, 81 Legislature, Regular Session), the Health and Human Services Commission may use Temporary Assistance for Needy Families (TANF) Emergency Contingency Funds received under the federal American Recovery and Reinvestment Act (ARRA) of 2009 to fund up to an additional \$75 for each TANF child for one-time grants (for a total of up to \$105 for each TANF child) in August 2010 in an effort to maximize federal ARRA funding to the state. Any additional ARRA TANF Emergency Contingency Funds that become available are hereby appropriated for the biennium beginning September 1, 2009 for the purpose of refinancing expenditures that have been made from regular TANF federal block grant funds and increasing the TANF reserves balance. The refinancing is expected to yield an estimated increase in the TANF reserves balance of \$3,100,000 by August 2011.</p> <p><i>Rider should be deleted as it pertains to FY 2010-11 ARRA funding.</i></p>		

3.B. Rider Revisions and Additions Request

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HHSC 1	I-82	<p>Performance Measure Targets. The following is a listing of the key performance target levels for the Health and Human Services Commission. It is the intent of the Legislature that appropriations made by this Act be utilized in the most efficient and effective manner possible to achieve the intended mission of the Health and Human Services Commission. In order to achieve the objectives and service standards established by this Act, the Health and Human Services Commission shall make every effort to attain the following designated key performance target levels associated with each item of appropriation.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center;"><u>2010</u></th> <th style="text-align: center;"><u>2011</u></th> <th style="text-align: center;"><u>2012</u></th> <th style="text-align: center;"><u>2013</u></th> </tr> </thead> <tbody> <tr> <td colspan="5">A. Goal: HHS ENTERPRISE OVERSIGHT & POLICY</td> </tr> <tr> <td colspan="5">Outcome (Results/Impact):</td> </tr> <tr> <td>Average Medicaid and CHIP Children Recipient Months Per Month</td> <td style="text-align: right;">2,677,484</td> <td style="text-align: right;">2,720,740</td> <td style="text-align: right;">3,681,419</td> <td style="text-align: right;">3,778,234</td> </tr> <tr> <td colspan="5">Output (Volume):</td> </tr> <tr> <td>Average Monthly Number of Eligibility Determinations:</td> <td style="text-align: right;">513,226</td> <td style="text-align: right;">522,397</td> <td style="text-align: right;">890,000</td> <td style="text-align: right;">940,000</td> </tr> <tr> <td colspan="5">Efficiencies:</td> </tr> <tr> <td>Average Cost Per Eligibility Determination</td> <td style="text-align: right;">56.93</td> <td style="text-align: right;">57.24</td> <td style="text-align: right;">48.22</td> <td style="text-align: right;">47.12</td> </tr> <tr> <td colspan="5">Explanatory:</td> </tr> <tr> <td>Percent of Poverty Met by TANF, Food Stamps, and Medicaid Benefits</td> <td style="text-align: right;">76.9%</td> <td style="text-align: right;">76.62%</td> <td style="text-align: right;">87.61%</td> <td style="text-align: right;">87.59%</td> </tr> <tr> <td>Total Value of Food Stamps Distributed</td> <td style="text-align: right;">2,710,000,000</td> <td style="text-align: right;">2,716,000,000</td> <td style="text-align: right;">5,561.00</td> <td style="text-align: right;">5,573.00</td> </tr> <tr> <td colspan="5">B. Goal: MEDICAID</td> </tr> <tr> <td colspan="5">Outcome (Results/Impact):</td> </tr> <tr> <td>Average Medicaid Acute Care (Includes STAR+PLUS) Recipient Months Per Month</td> <td style="text-align: right;">3,105,445</td> <td style="text-align: right;">3,168,320</td> <td style="text-align: right;">3,884,105</td> <td style="text-align: right;">3,986,810</td> </tr> <tr> <td colspan="5">B.1.4. Strategy: CHILDREN & MEDICALLY NEEDY</td> </tr> <tr> <td colspan="5">Output (Volume):</td> </tr> </tbody> </table>				<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	A. Goal: HHS ENTERPRISE OVERSIGHT & POLICY					Outcome (Results/Impact):					Average Medicaid and CHIP Children Recipient Months Per Month	2,677,484	2,720,740	3,681,419	3,778,234	Output (Volume):					Average Monthly Number of Eligibility Determinations:	513,226	522,397	890,000	940,000	Efficiencies:					Average Cost Per Eligibility Determination	56.93	57.24	48.22	47.12	Explanatory:					Percent of Poverty Met by TANF, Food Stamps, and Medicaid Benefits	76.9%	76.62%	87.61%	87.59%	Total Value of Food Stamps Distributed	2,710,000,000	2,716,000,000	5,561.00	5,573.00	B. Goal: MEDICAID					Outcome (Results/Impact):					Average Medicaid Acute Care (Includes STAR+PLUS) Recipient Months Per Month	3,105,445	3,168,320	3,884,105	3,986,810	B.1.4. Strategy: CHILDREN & MEDICALLY NEEDY					Output (Volume):				
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Current Rider Number	Page Number in 2010-11 GAA	Proposed Rider Language				
		Average Number of Legal Permanent Resident Recipient Months per Month	29,323	47,166	<u>83,812</u>	<u>84,581</u>
		B.1.5. Strategy: MEDICARE PAYMENTS				
		Output (Volume):				
		Average Supplemental Medical Insurance Part B (SMIB) Recipient Months Per Month	536,425	551,479	<u>567,180</u>	<u>593,232</u>
		Efficiencies:				
		Average Supplemental Medical Insurance Benefits (SMIB) Premium Per Month	100.33	106.03	<u>127.82</u>	<u>139.33</u>
		B.1.6. Strategy: STAR+PLUS (INTEGRATED MANAGED CARE)				
		Output (Volume):				
		Average Aged and Medicare-eligible Recipient Months Per Month: STAR+PLUS	86,982	88,595	<u>154,046</u>	<u>179,724</u>
		Average Disabled and Blind Recipient Months Per Month: STAR+PLUS	78,250	81,594	<u>142,265</u>	<u>161,500</u>
		B.2.1. Strategy: COST REIMBURSED SERVICES				
		Output (Volume):				
		Average Number of Non-citizens Recipient Months Per Month	9,529	9,756	<u>10,951</u>	<u>11,463</u>
		B.2.2. Strategy: MEDICAID VENDOR DRUG PROGRAM				
		Output (Volume):				
		Total Medicaid Prescriptions Incurred	28,738,444	29,365,160	<u>14,279,559</u>	<u>10,056,766</u>
		B.3.3. Strategy: EPSDT COMPREHENSIVE CARE PROGRAM				
		Output (Volume):				
		Average Number of Texas Health Steps (EPSDT) Comprehensive Care Program Recipient Month per Month				

3.B. Rider Revisions and Additions Request

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		(Fee-for-Service Only)	508,835	517,292	<u>681,969</u>	<u>701,558</u>
		B.4.1. Strategy: STATE MEDICAID OFFICE				
		Output (Volume):				
		Medicaid Acute Care Recipient Months Per Month:				
		Managed Care	2,178,617	2,207,410	<u>2,864,571</u>	<u>2,972,917</u>
		C. Goal: CHIP SERVICES				
		Outcome (Results/Impact):				
		Average CHIP Programs Recipient Months Per Month (Includes all CHIP Programs)	530,504	537,742	<u>593,836</u>	<u>611,418</u>
		Average CHIP Programs Benefit Cost with Prescription Benefit Per Recipient Month (Includes all CHIP Programs)	152.53	153.34	<u>163.35</u>	<u>169.59</u>
		C.1.4. Strategy: CHIP PERINATAL SERVICES				
		Output (Volume):				
		Average Perinate Recipient Months Per Month	70,017	73,399	<u>38,869</u>	<u>39,802</u>
		C.1.5. Strategy: CHIP VENDOR DRUG PROGRAM				
		Output (Volume):				
		Total Number of CHIP Prescriptions (Includes all CHIP Programs)	1,966,138	1,982,616	<u>2,419,528</u>	<u>2,521,949</u>
		Efficiencies:				
		Average Cost Per CHIP Prescription (Includes all CHIP Programs)	62.98	62.98	<u>69.63</u>	<u>73.26</u>
		D. Goal: ENCOURAGE SELF SUFFICIENCY				
		D.1.1. Strategy: TANF (CASH ASSISTANCE) GRANTS				
		Output (Volume):				

3.B. Rider Revisions and Additions Request

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		Average Number of TANF Recipients Per Month	405,273	405,273	<u>126,491</u>	<u>129,621</u>
		Average Number of State Two-Parent Cash Assistance Program Recipients Per Month	4,424	4,589	<u>6,719</u>	<u>6,886</u>
		Efficiencies:				
		Average Monthly Grant: Temporary Assistance for Needy Families (TANF)	68.45	69.42	<u>74.96</u>	<u>77.49</u>
		Average Monthly Grant: State Two-Parent Cash Assistance Program	66.54	67.45	<u>71.50</u>	<u>73.89</u>
		D.1.2. Strategy: REFUGEE ASSISTANCE				
		Output (Volume):				
		Number of Refugees Receiving Contracted Social Services, Financial Assistance, or Medical Assistance	7,800	7,800	<u>15,000</u>	<u>15,000</u>
		D.2.1. Strategy: FAMILY VIOLENCE SERVICES				
		Output (Volume):				
		Number of Persons Women and Children Served by Family Violence Programs/Shelters	80,942	80,942	<u>83,250</u>	<u>83,250</u>
		Efficiencies:				
		Health and Human Services Average Cost Per Person Receiving Emergency Shelter and/or Nonresident Services through the Family Violence Program	284.36	284.36	<u>811.10</u>	<u>865.18</u>
		D.2.2. Strategy: ALTERNATIVES TO ABORTION				
		Output (Volume):				
		Number of Persons Receiving Pregnancy Support Services as an Alternative to Abortion	16,000	16,000	<u>14,400</u>	<u>14,400</u>
		<i>Rider performance measures have been updated for exceptional item requests performance for FY 2012-13.</i>				

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HHSC 2	II-83	<p>Capital Budget. None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in the provision as appropriations either for "Lease Payments to the Master Equipment Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of Government Code § 1232.103.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: right; width: 10%;"><u>2010</u></th> <th style="text-align: right; width: 10%;"><u>2011</u></th> <th style="text-align: right; width: 10%;"><u>2012</u></th> <th style="text-align: right; width: 10%;"><u>2013</u></th> </tr> </thead> <tbody> <tr> <td colspan="5">a. <u>Repairs or Rehabilitation</u></td> </tr> <tr> <td style="padding-left: 20px;">(1) <u>Security Improvements – Winters Data Center</u></td> <td></td> <td></td> <td style="text-align: right;">\$ 3,375,000</td> <td style="text-align: right;">\$ 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3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Tracy Henderson	Date: August 23, 2010	Request Level: Exceptional		
Current Rider Number	Page Number in 2010-11 GAA	Proposed Rider Language				
		Technologies	\$ 156,016,175	\$ 119,525,895	<u>\$ 182,054,254</u>	<u>\$ 139,824,478</u>
		b. Acquisition of Capital Equipment and Items				
		(1) Facility Support Services – Fleet Operations	\$ 585,250	\$ 0	<u>202,295</u>	<u>165,503</u>
		c. Other Lease Payments to the Master Lease Purchase Program (MLPP)				
		(1) TIERS Lease Payments to Master Lease Program	\$ 3,164,354	\$ 2,966,676	<u>2,846,905</u>	<u>2,835,113</u>
		Total, Capital Budget	<u>\$ 159,765,776</u>	<u>\$ 122,492,571</u>	<u>\$ 188,478,454</u>	<u>\$ 143,950,094</u>
		Method of Financing (Capital Budget):				
		<u>General Revenue Fund</u>				
		GR Match for Medicaid	\$ 31,464,624	\$ 24,486,817	<u>\$ 33,086,023</u>	<u>\$ 26,205,349</u>
		GR Match for Title XXI (CHIP)	4,483,753	4,297,982	<u>1,445,792</u>	<u>1,128,115</u>
		GR Match for Food Stamp Administration	19,422,184	16,998,334	<u>27,898,253</u>	<u>21,768,768</u>
		General Revenue Fund	18,016,270	14,954,016	<u>4,261,810</u>	<u>4,068,569</u>
		Subtotal, General Revenue Fund	<u>\$ 70,386,834</u>	<u>\$ 57,737,146</u>	<u>\$ 66,691,878</u>	<u>\$ 53,170,801</u>
		Federal Funds	70,120,942	58,155,650	<u>85,490,626</u>	<u>65,186,097</u>
		Interagency Contracts	6,599,775	6,599,775	<u>36,295,950</u>	<u>25,593,196</u>
		Bond Proceeds – Revenue Bonds	12,658,228	0		
		Subtotal, Other Funds	<u>\$ 19,258,003</u>	<u>\$ 6,599,775</u>		
		Total, Method of Financing	<u>\$ 159,765,776</u>	<u>\$ 122,492,571</u>	<u>\$ 188,478,454</u>	<u>\$ 143,950,094</u>
		<i>Capital Budget Rider is updated to reflect capital projects in the FY 2012-13 Exceptional Items.</i>				
HHSC 25	II-92	TANF (Cash Assistance) Grants. Out of funds appropriated above in Strategy D.1.1, TANF (Cash Assistance) Grants, the commission shall adjust the TANF grant amount each year to ensure that the maximum monthly grant for a family of three is at least 17 percent of the federal poverty level and provide a one-time per year grant of up to \$30 <u>\$23.49</u> or each TANF child on August 1 of each year.				

3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: Tracy Henderson	Date: August 23, 2010	Request Level: Exceptional																				
Current Rider Number	Page Number in 2010-11 GAA	Proposed Rider Language																						
		<i>Rider has been updated to reflect funding related to Exceptional Item #3.</i>																						
NEW		<p><u>Frew Strategic Initiatives.</u> Out of the funds appropriated above, the Health and Human Services Commission is authorized to expend \$91.4 million general revenue and \$96.9 million All Funds during the 2012-13 biennium for compliance with the Frew lawsuit.</p> <p><i>Rider is requested to provide information on funding appropriated during the 2012-13 biennium supporting strategic initiatives as a result of the Frew lawsuit. Frew Strategic Initiative funding is requested in Exceptional Item # 4.</i></p>																						
NEW		<p><u>Informational Rider for Managed Care Expansion Exceptional Items.</u></p> <p>The following information pertains to Exceptional Items ## through ##.</p> <p style="margin-left: 20px;">a. <u>Estimated savings at the Department of Aging and Disability Services (DADS)</u></p> <p style="margin-left: 20px;"><u>Out of the funds appropriated above for expanding Medicaid managed care, the estimated biennial savings at DADS' long term care programs would total \$524,467,400 general revenue and \$1,329,448,416 all funds. The following table provides estimated annual long term care savings assuming current services funding for caseload and costs at DADS and HHSC.</u></p> <table style="margin-left: 40px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Exceptional Item</u></th> <th style="text-align: right;"><u>FY 2012</u></th> <th style="text-align: right;"><u>FY 2013</u></th> <th style="text-align: right;"><u>GR</u></th> <th style="text-align: right;"><u>All Funds</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><u>Expand Managed Care to Urban Contiguous Counties and STAR+Plus to Lubbock and El Paso</u></td> <td style="text-align: right;">(\$37,539,052)</td> <td style="text-align: right;">\$ (95,156,025)</td> <td style="text-align: right;">\$(58,557,607)</td> <td style="text-align: right;">\$(47,553,447)</td> </tr> <tr> <td style="text-align: left;"><u>Expand Medicaid Managed Care to South Texas</u></td> <td style="text-align: right;">(139,597,641)</td> <td style="text-align: right;">(353,859,673)</td> <td style="text-align: right;">(288,773,100)</td> <td style="text-align: right;">(731,997,719)</td> </tr> <tr> <td style="text-align: right;"><u>Total, DADS Savings</u></td> <td style="text-align: right;">(\$177,136,693)</td> <td style="text-align: right;">\$ (445,015,698)</td> <td style="text-align: right;">\$(347,330,707)</td> <td style="text-align: right;">\$(880,432,718)</td> </tr> </tbody> </table>			<u>Exceptional Item</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>GR</u>	<u>All Funds</u>	<u>Expand Managed Care to Urban Contiguous Counties and STAR+Plus to Lubbock and El Paso</u>	(\$37,539,052)	\$ (95,156,025)	\$(58,557,607)	\$(47,553,447)	<u>Expand Medicaid Managed Care to South Texas</u>	(139,597,641)	(353,859,673)	(288,773,100)	(731,997,719)	<u>Total, DADS Savings</u>	(\$177,136,693)	\$ (445,015,698)	\$(347,330,707)	\$(880,432,718)
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		<p>b. <u>Estimated Premium Tax Collected</u></p> <p><u>Out of the funds appropriated above for expanding Medicaid managed care, the estimated biennial increase of premium tax revenue collected by the Comptroller would total \$237,974,163. The following table provides estimated annual revenue collection based upon expenditures incurred by managed care organizations assuming current services funding for caseload and costs at DADS and HHSC.</u></p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Exceptional Item</u></th> <th colspan="2" style="text-align: center;"><u>Fiscal Year</u></th> </tr> <tr> <th></th> <th style="text-align: center;"><u>FY 2012</u></th> <th style="text-align: center;"><u>FY 2013</u></th> </tr> </thead> <tbody> <tr> <td><u>Expand Managed Care to Urban contiguous counties and STAR+Plus to Lubbock and El Paso</u></td> <td style="text-align: right;"><u>\$4,106,098</u></td> <td style="text-align: right;"><u>\$ 15,250,517)</u></td> </tr> <tr> <td><u>Expand Medicaid Managed Care to South Texas</u></td> <td></td> <td style="text-align: right;"><u>40,699,510</u></td> </tr> <tr> <td><u>Replace Medicaid PCCM service delivery with EPO Coverage</u></td> <td></td> <td style="text-align: right;"><u>40,997,358</u></td> </tr> <tr> <td><u>Capitate Medicaid Dental Services in Managed Care</u></td> <td></td> <td style="text-align: right;"><u>48,637,766</u></td> </tr> <tr> <td><u>Carve In STAR+Plus hospital Costs in Managed Care</u></td> <td></td> <td style="text-align: right;"><u>9,502,365</u></td> </tr> <tr> <td><u>Capitate Medicaid and CHIP Vendor Drug Programs</u></td> <td style="text-align: right;"><u>11,561,621</u></td> <td style="text-align: right;"><u>67,218,928</u></td> </tr> <tr> <td style="text-align: right;"><u>Total, Estimated Premium Tax Revenue</u></td> <td style="text-align: right;"><u>\$15,667,719</u></td> <td style="text-align: right;"><u>\$222,306,444</u></td> </tr> </tbody> </table> <p><i>This new rider would provide information on savings and revenue impact associated with the expansion of Medicaid managed care and the capitation of certain Medicaid services in Exceptional Items 16 through 21. The inclusion of the rider would depend on how funding was appropriated or reduced depending on the agency.</i></p>			<u>Exceptional Item</u>	<u>Fiscal Year</u>			<u>FY 2012</u>	<u>FY 2013</u>	<u>Expand Managed Care to Urban contiguous counties and STAR+Plus to Lubbock and El Paso</u>	<u>\$4,106,098</u>	<u>\$ 15,250,517)</u>	<u>Expand Medicaid Managed Care to South Texas</u>		<u>40,699,510</u>	<u>Replace Medicaid PCCM service delivery with EPO Coverage</u>		<u>40,997,358</u>	<u>Capitate Medicaid Dental Services in Managed Care</u>		<u>48,637,766</u>	<u>Carve In STAR+Plus hospital Costs in Managed Care</u>		<u>9,502,365</u>	<u>Capitate Medicaid and CHIP Vendor Drug Programs</u>	<u>11,561,621</u>	<u>67,218,928</u>	<u>Total, Estimated Premium Tax Revenue</u>	<u>\$15,667,719</u>	<u>\$222,306,444</u>
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3.B. Rider Revisions and Additions Request

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Special Provisions	Page Number in S.B. 1	Special Provisions																																
Sec. 7	II-105	<p>Federal Match Assumptions and Limitations on use of Available General Revenue Funds.</p> <p>a. Federal Match Assumptions. The following percentages reflect federal match assumptions used in Article II of this Act.</p> <p style="margin-left: 40px;">Federal Medical Assistance Percentage (FMAP)</p> <table style="margin-left: 80px; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2012</u></th> <th style="text-align: center;"><u>2010</u></th> <th style="text-align: center;"><u>2013</u></th> <th style="text-align: center;"><u>2011</u></th> </tr> </thead> <tbody> <tr> <td>Federal Fiscal Year</td> <td style="text-align: center;">60.55%</td> <td style="text-align: center;">58.73%</td> <td style="text-align: center;">60.55%</td> <td style="text-align: center;">58.29%</td> </tr> <tr> <td>State Fiscal Year</td> <td style="text-align: center;">60.55%</td> <td style="text-align: center;">58.79%</td> <td style="text-align: center;">60.55%</td> <td style="text-align: center;">58.33%</td> </tr> </tbody> </table> <p style="margin-left: 40px;">Enhanced Federal Medical Assistance Percentage (EFMAP)</p> <table style="margin-left: 80px; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2012</u></th> <th style="text-align: center;"><u>2010</u></th> <th style="text-align: center;"><u>2013</u></th> <th style="text-align: center;"><u>2011</u></th> </tr> </thead> <tbody> <tr> <td>Federal Fiscal Year</td> <td style="text-align: center;">72.39%</td> <td style="text-align: center;">71.44%</td> <td style="text-align: center;">72.39%</td> <td style="text-align: center;">70.80%</td> </tr> <tr> <td>State Fiscal Year</td> <td style="text-align: center;">72.39%</td> <td style="text-align: center;">71.45%</td> <td style="text-align: center;">72.39%</td> <td style="text-align: center;">70.83%</td> </tr> </tbody> </table> <p>b. Limitations on Use of Available General Revenue Funds. In the event the actual FMAP and EFMAP should be greater than shown in Section (a), the health and human services agencies listed in chapter 531, Government Code, are authorized to expend the General Revenue Funds thereby made available only upon prior written approval from the Legislative Budget Board and Governor.</p> <p>To request authorization to expend available General Revenue Funds, an agency shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information, by fiscal year:</p> <ol style="list-style-type: none"> (1) a detailed explanation of the proposed use (s) of the available General Revenue Funds and whether the expenditure (s) will be one-time or ongoing; (2) the amount available by strategy; (3) the strategy (ies) in which the funds will be expended and the associated amounts, including any matching federal funds; (4) an estimate of performance levels and, where relevant, a comparison to targets included in this Act; and (5) the capital budget and/or full-time equivalent impact. 				<u>2012</u>	<u>2010</u>	<u>2013</u>	<u>2011</u>	Federal Fiscal Year	60.55%	58.73%	60.55%	58.29%	State Fiscal Year	60.55%	58.79%	60.55%	58.33%		<u>2012</u>	<u>2010</u>	<u>2013</u>	<u>2011</u>	Federal Fiscal Year	72.39%	71.44%	72.39%	70.80%	State Fiscal Year	72.39%	71.45%	72.39%	70.83%
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Special Provisions	Page Number in S.B. 1	Special Provisions		
		<p>Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.</p> <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>The Comptroller of Public Accounts shall not allow the expenditure of General Revenue Funds made available if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>Rider has been amended for biennial dates and the FFIS estimated FMAP rates for FFY 2012 published April 2010.</i></p>		
Sec. 11	II-106	<p>Limitations on Transfer Authority. Notwithstanding the general transfer provisions of this Act, but in concert with agency-specific limitations on transfer authority in this Article, the Executive Commissioner of the Health and Human Services Commission is authorized to make transfers of funding, full-time equivalents (FTEs), and capital budget authority within and between health and human services agencies as listed in Chapter 531, Government Code. <u>Transfers which exceed \$1,000,000 in general revenue, capital authority in excess of \$100,000 or FTE adjustments of more than 10 FTEs are subject to the prior written approval of the Legislative Budget Board and the Governor. Transfers below these thresholds require written notification to the Legislative Budget Board and Governor.</u> No single transfer may exceed 12.5 percent of the originating strategy's appropriation for funding or FTEs for the fiscal year.</p> <p>To request a transfer, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:</p> <ul style="list-style-type: none"> a. a detailed explanation of the purpose(s) of the transfer, including the following: <ul style="list-style-type: none"> (1) a description of each initiative with funding and FTE information by fiscal year; and (2) an indication of whether the expenditure will be one-time or ongoing. b. the names of the originating and receiving agencies and/or strategies and the method of financing and FTEs for 		

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		<p>each strategy by fiscal year;</p> <p>c. an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving agencies and/or strategies; and</p> <p>d. the capital budget impact.</p> <p>Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.</p> <p>The Comptroller of Public Accounts shall not allow the transfer of funds if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p>In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.</p> <p><i>This rider is amended to request flexibility with certain transfers and to reduce the number of requests submitted that require approval.</i></p>																				
Sec. 14	II-107	<p>Medicaid Information Rider. This rider is informational and does not make any appropriations. The Health and Human Services Commission is the single state agency for Title XIX, the Medical Assistance Program (Medicaid) in Texas. Other agencies receive appropriations for and responsible for the operations of various Medicaid Programs. Appropriations made elsewhere in this Act and certain appropriations made in House Bill 4586, Eighty-first Legislature, related to the Medicaid program include the following:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Agency Name</u></th> <th style="text-align: right;"><u>FY 2010</u></th> <th style="text-align: right;"><u>FY 2011</u></th> </tr> </thead> <tbody> <tr> <td>Department of Aging and Disability Services</td> <td style="text-align: right;">\$ 6,205,722,826</td> <td style="text-align: right;">\$ 6,267,709,624</td> </tr> <tr> <td>Department of Assistive and Rehabilitative Services</td> <td style="text-align: right;">74,688,630</td> <td style="text-align: right;">79,760,440</td> </tr> <tr> <td>Department of Family And Protective Services</td> <td style="text-align: right;">20,593,944</td> <td style="text-align: right;">20,675,778</td> </tr> <tr> <td>Department of State Health Services</td> <td style="text-align: right;">171,586,284</td> <td style="text-align: right;">170,410,003</td> </tr> <tr> <td>Health and Human Services Commission</td> <td style="text-align: right;">15,811,441,567</td> <td style="text-align: right;">16,081,151,347</td> </tr> </tbody> </table>			<u>Agency Name</u>	<u>FY 2010</u>	<u>FY 2011</u>	Department of Aging and Disability Services	\$ 6,205,722,826	\$ 6,267,709,624	Department of Assistive and Rehabilitative Services	74,688,630	79,760,440	Department of Family And Protective Services	20,593,944	20,675,778	Department of State Health Services	171,586,284	170,410,003	Health and Human Services Commission	15,811,441,567	16,081,151,347
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Special Provisions	Page Number in S.B. 1	Special Provisions		
		<p>Article II, Special Provisions 0 0</p> <p>Total, Medical Assistance Program \$22,284,033,251 \$22,619,707,192</p> <p>Method of Financing:</p> <p>General Revenue for Medicaid \$8,949,921,821 \$9,243,209,168</p> <p>Tobacco Settlement Receipts For Medicaid 236,092,691 227,410,026</p> <p style="padding-left: 20px;">Subtotal, General Revenue Funds 9,186,014,512 9,470,619,194</p> <p>General Revenue – Dedicated 62,149,979 61,649,979</p> <p>Federal Funds 12,942,855,738 12,994,424,995</p> <p>Interagency Contracts 2,169,092 2,169,092</p> <p>Medicaid Subrogation Receipts 38,417,543 38,417,543</p> <p>Appropriated Receipts – Match for Medicaid 31,669,354 31,669,354</p> <p>MR Collections for Patient Support And Maintenance 20,757,033 20,757,035</p> <p style="padding-left: 20px;">Subtotal, Other Funds 93,013,022 93,013,024</p> <p>Total, All Funds \$22,284,033,251 \$22,619,707,192</p> <p><i>Rider will need to be updated for Medicaid appropriations in the General Appropriations Act.</i></p>		
Sec. 16	II-109	<p>Rate Limitations and Reporting Requirements. Notwithstanding other provisions of this Act, the use of appropriated funds for a rate paid by a health and human services agency as listed in Chapter 531, Government Code, shall be governed by the specific limitations included in this provision.</p> <p>For purposes of this provision, "rate" is defined to include all provider reimbursements (regardless of methodology) that account for significant expenditures by a health and human services agency, <u>not to include rates based on a cost settlement methodology</u>. Additionally, estimates of fiscal impacts should be based on the most current caseload forecast submitted by the Health and Human Services Commission pursuant to other provisions in this Act and should specify General Revenue Funds, TANF Federal Funds, and All Funds. Fiscal estimates that impact multiple risk groups may be</p>		

3.B. Rider Revisions and Additions Request

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		<p>reported at an aggregate level.</p> <p>a. Notice of Initial Rates. No later than September 1 of each fiscal year, the Executive Commissioner of the Health and Human Services Commission shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor:</p> <ol style="list-style-type: none"> (1) a list of each rate in effect on September 1 of the fiscal year and each rate in effect at the beginning and the end of the prior fiscal year; (2) an estimate of the fiscal impact, by agency and by year, for each rate change listed for subsection (1); and (3) a schedule and description of the rate-setting process for all rates listed for subsection (1). (4) <u>a schedule identifying an estimate of the amount of General Revenue Funds, TANF Federal Funds, and All Funds, if any, by which expenditures at such rate levels would exceed appropriated funding.</u> <p>b. Quarterly Reporting Notice of New or Revised Rates. At least 30 calendar days prior to the payment of a rate not initially reported in section (a) or to increase a rate that would have an annual fiscal impact greater than \$1,000,000 in General Revenue-related funds or TANF Federal Funds or other non-matching federal funds for the 2010-11 biennium, the <u>On a quarterly basis , in a format specified by the Legislative Budget Board, the Health an Human Services Commission shall provide a summary of all rate actions implemented, including those not requiring prior written approval. The Executive Commissioner of the Health and Human Services Commission shall submit the following information in writing to the Legislative Budget Board, the Governor, and the State Auditor quarterly for all rate changes implemented in the preceding quarter (excluding any rate changes initially reported under section (a)), regardless of the fiscal impact of the rate change:</u></p> <ol style="list-style-type: none"> (1) a list of each new rate <u>(or rate category for acute care services)</u> and/or each rate that will be increased, including the current and proposed rate; (2) an estimate of the fiscal impact, by agency and by year, for each rate <u>(or rate category for acute care services)</u> listed for subsection (1); (3) a schedule and description of the rate-setting process, if different from the original submission as required by section (a); and (4) an explanation of the factors related to <u>the change in rates in each rate (or rate category for acute care services)</u> listed for subsection (1). <p>c. <u>Prior Approval of New Rates and Rate Changes.</u> Limitation on Rates that Exceed Appropriated Funding.</p>		

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		<p>Without the prior written approval of the Legislative Budget Board and the Governor, no agency listed in Chapter 531, Government Code, may implement a new rate or a rate increase <u>pay a rate</u> that would result in <u>increased expenditures that exceed \$1,000,000 in General Revenue-related funds or TANF Federal Funds or other non-matching federal funds</u>, in any fiscal year, the amounts appropriated by this Act to a strategy for the services to which the rate applies, unless the <u>rate reimbursement level</u> was in effect prior to September 1, 2011 <u>2009</u>; or <u>is less than the reimbursement level in effect on that date</u>. <u>The request for approval shall be submitted at least 30 days prior to the payment of a rate that this section applies.</u></p> <p><u>This subsection shall not apply to new procedure cods required to conform to the federal Healthcare Common Procedure Coding System (HCPS); to revised rates occurring as a result of the Health and Human Services Commission's Biennial Calendar Fee Review, or to rates resulting from policy changes approved by actions of the Eighty-second Legislature.</u></p> <p>To request authorization for such a <u>new rate or rate increase</u>, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:</p> <ol style="list-style-type: none"> (1) a list of each new rate <u>(or rate category for acute care services)</u> and/or each rate for which an increase is proposed; (2) an estimate of the fiscal impacts of the new rate <u>(or rate category for acute care services)</u> and/or rate increase, by agency and by fiscal year.; and (3) the amount of General Revenue Funds, TANF Federal Funds, and All Funds, by fiscal year, by which each rate would exceed appropriated funding for each fiscal year. <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request for authorization for the rate and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>d. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. Notifications, requests and information provided subsequently shall be prepared in a format specified by</p>		

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		<p>the Legislative Budget Board.</p> <p>e. The Office of the State Auditor may review the fiscal impact information provided under sections (a) and through (c) along with supporting documentation, supporting records, and justification for the rate increase provided by the Health and Human Services Commission and report back to the Legislative Budget Board and the Governor before the rate is implemented by the Health and Human Services Commission or operating agency.</p> <p>f. The Comptroller of Public Accounts shall not allow the expenditure of funds for a new or increased rate if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p style="text-align: center;"><i>Rider has been amended to correct operational issues with rate reporting experienced during the 2010-11 biennium.</i></p>		
Sec.19	II-111	<p>General Revenue Funds for Medicaid Mental Health and Mental Retardation Services. For the purposes of this section and appropriation authority for the Medicaid mental health and mental retardation program responsibilities of the Department of State Health Services and the Department of Aging and Disability Services, the following subsections provide governance relating to appropriate use, classification and expenditure of funds.</p> <p>a. General Revenue Match for Medicaid. ABEST Method of Financing Code 758 - GR Match for Medicaid shall be used to report general revenue expenditures and request general revenue appropriations for the state's share of Medicaid payments for the following Medicaid mental health and mental retardation services:</p> <ol style="list-style-type: none"> (1) Community-based Intermediate Care Facilities for the Mentally Retarded (ICF-MR) that are privately operated through contractual arrangements between private providers and the Department of Aging and Disability Services; (2) Community-based Intermediate Care Facilities for the Mentally Retarded (ICF-MR), also known as Bond Homes, that are operated by the Department of Aging and Disability Services; (3) Home and Community-based Services (HCS) authorized by a 1915(c) federal waiver and provided through contractual arrangements between private providers and the Department of Aging and Disability Services; (4) Home and Community-based Services - Omnibus Budget Reconciliation Act of 1981 (HCS-O) authorized by a 1915(c) federal waiver and provided through contractual arrangements between private providers and the Department of Aging and Disability Services; 		

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		<p>(5) Texas Home Living services authorized by a 1915(c) federal waiver and provided through contractual arrangements between private providers and the Department of Aging and Disability Services;</p> <p>(6) Mental Retardation Local Authority (MRLA) waiver services;</p> <p>(7) Mental health services provided through contracts with Behavioral Health Organizations as a component of the NorthSTAR Project; and</p> <p>(8) Rehabilitation Services as approved in the State Medicaid Plan which are provided by Mental Health Authorities and Mental Retardation Authorities;</p> <p>(9) Targeted Case Management Services as approved in the State Medicaid Plan provided by Mental Health Authorities and Mental Retardation Authorities;</p> <p>(10) Service coordination Services as approved in the State Medicaid Plan provided by Mental Health Authorities and Mental Retardation Authorities; and</p> <p>(811) Salaries and operating costs related to direct program administration and indirect administration of the Departments.</p> <p>b. General Revenue Certified as Match for Medicaid. The Department of State Health Services and the Department of Aging and Disability Services shall use ABEST Method of Financing code 8032 - General Revenue Certified Match for Medicaid to identify general revenue funds requested and reported as expended for the purpose of drawing federal funds and to document that State funds have been spent for Medicaid mental health and mental retardation services and administrative expenditures for the following services:</p> <p>(1) Intermediate care facilities for the mentally retarded that are operated by the State and known as "state Schools supported livings centers";</p> <p>(2) Services delivered in mental health state hospitals operated by the Department of State Health Services including inpatient services for clients under the age of 21 and services that qualify under the federally approved Institutions for Mental Diseases (IMD) option for clients over the age of 65; and</p> <p>(3) Rehabilitation Services as approved in the State Medicaid Plan which are provided by Mental Health Authorities and Mental Retardation Authorities; and</p> <p>(4) Targeted Case Management Services as approved in the State Medicaid Plan provided by Mental Health Authorities and Mental Retardation Authorities;</p>		

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		<p>(5) Service Coordination Services as approved in the State Medicaid Plan provided by Mental Health Authorities and Mental Retardation Authorities; and</p> <p>(63) Medicaid Administrative Claims as approved in the State Medicaid Plan which are based on certain activities of Mental Health Authorities and Mental Retardation Authorities.</p> <p>c. Reporting requirements related to General Revenue Matching Funds for Medicaid Mental Health and Mental Retardation Services. The Department of State Health Services and the Department of Aging and Disability Services shall report monthly to the Legislative Budget Board, Comptroller of Public Accounts and Governor on the expenditures of General Revenue for Medicaid federal matching purposes by the method of financing codes identified above and the amounts of local, non-profit expenditures certified as state match for Medicaid federal funds by the departments for services provided by Mental Health Authorities and Mental Retardation Authorities.</p> <p>d. Medicaid Federal Funds. The Department of State Health Services and the Department of Aging and Disability Services shall report their expenditures and request legislative appropriations for federal Medicaid matching funds for client services, program administration and agency indirect administration. Automated Budgeting and Evaluation System of Texas (ABEST) Method of Financing Code (MOF) 555 and Medicaid CFDA 93.778 shall be used for the following:</p> <ol style="list-style-type: none"> (1) Federal funds drawn from the U.S. Centers for Medicare and Medicaid Services (CMS) using general revenue funds classified as General Revenue Match for Medicaid (ABEST MOF Code 758), General Revenue Certified as Match for Medicaid (ABEST MOF Code 8032), Tobacco Settlement Receipts Match for Medicaid (ABEST MOF Code 8024) or Tobacco Receipts Certified as Match for Medicaid (ABEST MOF Code 8023); (2) Federal funds drawn from CMS using the departments' certification of local, non-profit expenditures made by the Mental Health Authorities and Mental Retardation Authorities on behalf of Medicaid-eligible individuals; (3) Federal funds received from CMS for services rendered to certain Medicaid-eligible individuals over the age of 65 by federally recognized Institutions for Mental Diseases (IMD Medicaid option) based on billings from mental health state hospitals operated by the Department of State Health Services to the claims processing agent for the Texas Medicaid program in its capacity as the State's fiscal agent for certain 		

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		<p style="margin-left: 40px;">Medicaid payments; and</p> <p>(4) Federal funds received from CMS for general Medicaid health services including the Comprehensive Care Program for children based on billings from the state mental health and mental retardation facilities operated by the Department of State Health Services and the Department of Aging and Disability Services to the claims processing agent for the Texas Medicaid program in its capacity as the State's fiscal agent for certain Medicaid payments.</p> <p>e. Appropriation authority and accounting for Federal Funds for Medicaid Mental Health and Mental Retardation Services. Amounts defined as Medicaid Federal Funds shall be used as a first source, and general revenue which was not used as matching funds shall not be used to fund Medicaid eligible services. In the event that these revenues should be greater than the amounts included above in Federal Funds for mental health and mental retardation services for the Department of State Health Services and the Department of Aging and Disability Services, the departments are hereby appropriated and authorized to expend these federal funds made available, subject to the following requirements:</p> <p style="margin-left: 20px;">(1) Amounts made available shall be expended prior to utilization of any general revenue made available for the same purpose;</p> <p style="margin-left: 20px;">(2) In the event general revenue has been expended prior to the receipt of Medicaid Federal Funds, the departments shall reimburse general revenue upon receipt of the revenue. This process shall be completed on a monthly basis in order to not have an excess balance of Medicaid Federal Funds; and</p> <p style="margin-left: 20px;">(3) The departments shall report monthly to the Legislative Budget Board, Comptroller of Public Accounts and Governor on the amounts of Medicaid Federal Funds drawn and expended.</p> <p>f. Responsibility for proportionate share of indirect costs and benefits. Nothing in this provision shall exempt the departments from provisions of Article IX of this Act which apply equally to direct recoveries of benefits and indirect costs and to amounts recovered through an approved rate structure for services provided. Specifically, the departments do not have appropriation authority for Medicaid federal funds claimed on behalf of services provided by other agencies, including:</p> <p style="margin-left: 20px;">(1) Health and retirement services for active and retired Department of State Health Services and Department of Aging and Disability Services employees paid by the Employee Retirement System;</p> <p style="margin-left: 20px;">(2) Social Security payments, salary increases authorized in General Provisions, and Benefit Replacement</p>		

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		<p>Pay for Department of State Health Services and Department of Aging and Disability Services employees paid by the Comptroller of Public Accounts;</p> <p>(3) Debt service amounts paid on behalf of the Department of State Health Services and Department of Aging and Disability Services by the Texas Public Finance Authority; and</p> <p>(4) Indirect cost allocation plans negotiated with CMS for the purposes of the State-wide Cost Allocation Plan (SWCAP).</p> <p>g. Exclusive Appropriation Authority. The preceding subsections of this provision shall be the exclusive appropriation authority for Medicaid mental health and mental retardation services Federal Fund receipts from the above identified sources and none of these receipts shall be appropriated by a provision of Article IX of this Act.</p> <p><i>Rider has been updated for reference to State Supported Living Centers and for additional DADS programs financed with Medicaid.</i></p>		
Sec. 22	II-115	<p>Mental Health (MH) and Mental Retardation (MR) Medicare Receipts.</p> <p>a. For the purposes of this section and appropriation authority, MH and MR Medicare Receipts are classified as deposits in Revenue Object Code 3634 that are collected by the Department of State Health Services and the Department of Aging and Disability Services as payment for:</p> <p>(1) hospital, physician and other services rendered to Medicare-eligible individuals in state mental health <u>facilities</u> and mental retardation facilities <u>State Supported Living Centers</u> operated by the departments;</p> <p>(2) cost settlements for services rendered in state mental health <u>facilities</u> and <u>State Supported Living Centers</u> mental retardation facilities operated by the department as authorized by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA); and</p> <p>(3) prescription drugs reimbursed through the Medicare, Part D, prescription drug program.</p> <p>b. Accounting and Reporting. Amounts defined as MH and MR Medicare Receipts shall be deposited into the General Revenue Fund according to the identified Comptroller Revenue Object Code above. The departments shall report monthly to the Legislative Budget Board, Comptroller of Public Accounts and Governor on MH and MR Medicare Receipts collections by Comptroller Revenue Object Code, expenditures and anticipated revenues and balances.</p>		

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		<p>c. Mental Health Medicare Receipts. Included in the General Revenue Funds appropriated above to the Department of State Health Services in Strategy C.1.3, Mental Health State Hospitals, is \$23,821,799 per year for the 2012-13 2010-11 biennium, contingent upon generation of funds from MH Medicare Receipts collections. These funds shall be expended as collected and only within Strategy C.1.3, Mental Health State Hospitals. Appropriations made elsewhere in this Act for employee benefits include approximately \$2,227,201 per year from MH Medicare Receipts. MH Medicare Receipts collections above \$26,049,000 per year (excluding any amounts needed to comply with Article IX, Sec. 6.08, Benefits Paid Proportional by Fund) are hereby appropriated as Method of Financing Code 8034 - MH Medicare Receipts (General Revenue Funds) to the department for expenditures in Strategy C.1.3, Mental Health State Hospitals, pursuant to the limitations of this provision.</p> <p>d. Mental Retardation Medicare Receipts. Included in the GR Match for Medicaid Funds appropriated above to the Department of Aging and Disability Services in Strategy A.8.1, <u>State Supported Living Centers</u> MR State Schools Services, is \$17,995,46721,806,467 per year for the 2012-13 2010-11 biennium, contingent upon generation of funds from MR Medicare Receipts collections. These funds shall be expended as collected and only within Strategy A.8.1, <u>State Supported Living Centers</u> MR State Schools Services. Appropriations made elsewhere in this Act for employee benefits include approximately \$376,533 per year from MR Medicare Receipts. MR Medicare Receipts collections above \$18,372,00022,183,000 per year (excluding any amounts needed to comply with Article IX, Sec. 6.08, Benefits Paid Proportional by Fund) are hereby appropriated as Method of Financing Code 8097 - MR Medicare Receipts (General Revenue Funds) to the department for expenditures in Strategy A.8.1, <u>State Supported Living Centers</u> MR State Schools Services, pursuant to the limitation of this provision.</p> <p><i>Rider is amended for biennial dates, references to State Supported Living Centers, and funding for the 2012-13 biennium.</i></p>		
Sec. 41	II-119	<p>Limitation on Unexpended Balances: General Revenue for Medicaid. Unexpended balances in General Revenue Funds appropriated for the Medicaid program (GR Match for Medicaid and GR Certified as Match for Medicaid) to the Health and Human Services Commission, the Department of Aging and Disability Services, and the Department of State Health Services for fiscal year 2012 2010 are appropriated for the same purposes to the respective agencies for fiscal year 2013 2011 only upon prior written approval by the Legislative Budget Board and the Governor.</p>		

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		<p>For authorization to expend the funds, an agency shall submit a written request to the Legislative Budget Board and the Governor by April 1, 2012 2010. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:</p> <ul style="list-style-type: none"> a. The following information shall be provided for fiscal year 2012 2010: <ul style="list-style-type: none"> (1) a detailed explanation of the cause(s) of the unexpended balance(s); (2) the amount of the unexpended balance(s) by strategy; and (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act. b. The following information shall be provided for fiscal year 2013 2011: <ul style="list-style-type: none"> (1) a detailed explanation of the purpose(s) for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing; (2) the amount of the expenditure by strategy; (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act; and (4) the capital budget impact <p>An agency shall submit a revised written request by October 1, 2012 2010 if the amount of the estimated unexpended balance(s) varies by more than five percent from the amount estimated in the original request.</p> <p>Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.</p> <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>Rider has been amended for biennial date changes.</i></p>		

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Sec. 42	II-120	<p>Appropriation of Receipts: Civil Monetary Damages and Penalties. Included in the amounts appropriated above for the 2012-13 2040-44 biennium are the following:</p> <ul style="list-style-type: none"> a. \$2,660,000 in General Revenue Match for Medicaid for the Department of Aging and Disability Services; b. \$1,414,870 in General Revenue Match for Medicaid for the Health and Human Services Commission; and c. \$520,000 in General Revenue Match for the Department of State Health Services. <p>These amounts are contingent upon the collection of civil monetary damages and penalties under Human Resources Code § 32.021 and Health and Safety Code § 431.047. Any amounts collected above these amounts by the respective agency are hereby appropriated to the respective agency in amounts equal to the costs of the investigation and collection proceedings conducted under those sections, and any amounts collected as reimbursement for claims paid by the agency.</p> <p><i>Rider has been amended for biennial dates.</i></p>								
Sec. 44	II-120	<p>Appropriation of Unexpended Balances: Funds Recouped from Local Authorities. Notwithstanding other provisions of this Act, any state funds appropriated for fiscal year 2012 2040 recouped by the Department of Aging and Disability Services or the Department of State Health Services from a local mental health or mental retardation authority for failing to fulfill its performance contract with the State, are hereby appropriated to the respective agency for the same strategy, to reallocate to other local mental health or mental retardation authorities in fiscal year 2013 2044.</p> <p>Each agency shall provide a report to the Legislative Budget Board and the Governor by June 1, 2012 2040 that includes the amount of the recoupment by strategy, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.</p> <p><i>Rider has been modified for biennial date changes.</i></p>								
Sec. 45	II-121	<p>Enterprise Support Services. Out of funds appropriated above, the following amounts are allocated for enterprise support services:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Enterprise Support Service Category</u></th> <th style="text-align: center;"><u>2010</u></th> <th style="text-align: center;"><u>2011</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			<u>Enterprise Support Service Category</u>	<u>2010</u>	<u>2011</u>			
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		<p>Limitation on Assessments. The Health and Human Services Commission may not collectively assess agencies more than the total amount per fiscal year indicated above for all enterprise support service categories without prior written approval from the Legislative Budget Board and the Governor.</p> <p>For authorization to make an assessment that exceeds the total amount per fiscal year indicated above, the Executive Commissioner of the Health and Human Services Commission shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the Executive Commissioner shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information by fiscal year:</p> <p>(1) a detailed explanation of the reasons for the assessment and why it exceeds the total amount per fiscal year indicated above;</p> <p>(2) the amount of the assessment by enterprise support service category at both the agency and enterprise levels;</p> <p>(3) the amount of the assessment by major fund type at both the agency and enterprise levels; and</p> <p>(4) the impact of the assessment on each agency's performance levels.</p> <p>Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the</p>																																			

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		<p>Legislative Budget Board.</p> <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposed assessment and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>b. Reporting Requirements.</p> <p>(1) Annual Assessments. The Executive Commissioner of the Health and Human Services Commission shall submit to the Legislative Budget Board and the Governor, by September 1 of each fiscal year, a report that indicates the amounts assessed for enterprise support services for the new and two prior fiscal years. The report shall include the following information at both the agency and enterprise levels:</p> <ul style="list-style-type: none"> (i) amounts by service category; and (ii) amounts by major fund type. <p>(2) Monthly Expenditures. No later than 30 days following the close of each fiscal quarter, the Executive Commissioner shall submit to the Legislative Budget Board and the Governor a report that provides information about actual monthly expenditures for enterprise support services for the current and two prior fiscal years by service category.</p> <p>(3) Annual Expenditures. No later than October 1 of each year, the Executive Commissioner shall submit to the Legislative Budget Board and the Governor a report that provides information about actual annual expenditures for enterprise support services for the two prior fiscal years. The report shall include the following information at both the agency and enterprise levels:</p> <ul style="list-style-type: none"> (i) amounts by service category; and (ii) amounts by major fund type <p>The reports shall be prepared in a format approved by the Legislative Budget Board.</p> <p>e. Controlling Expenditures and Minimizing Use of General Revenue Funds. The Health and Human Services Commission shall critically examine the current methodologies (including cost allocation plans) used to allocate</p>		

3.B. Rider Revisions and Additions Request

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		<p>enterprise support services expenses among agencies and their strategies, including the resulting allocation of expenses to General Revenue Funds.</p> <p>The examination should compare enterprise support services expenditures across at least three fiscal years and include recommendations and/or cite actions taken to control expenditures and to minimize the General Revenue Fund share of such expenditures.</p> <p>The report, including supporting analysis and explanation, shall be prepared in a format approved by the Legislative Budget Board and submitted to the Legislative Budget Board and the Governor no later than April 1, 2010.</p> <p>The Comptroller of Public Accounts shall not allow the expenditure of funds for an increased assessment if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>Rider has been modified to delete subsection(c) for a report that was submitted during the 2010-11 biennium and for subsection (a) to provide flexibility during the biennium</i></p>		
Sec. 46	II-122	<p>Integrated Model of Care – Aged/Blind/Disabled Population. It is the intent of the Legislature that the Health and Human Services Commission implement the most cost effective integrated managed care model for the aged/blind/disabled population in the Dallas and Tarrant service area.</p> <p>It is specifically provided that funds appropriated for the provision of services to the Medicaid aged/blind/disabled population may not be expended to implement an integrated managed care model which would eliminate the revenues received for hospital and physician payments under the current federal Upper Payment Limit (UPL) program.</p> <p>Medicaid funds appropriated to the Department of Aging and Disability Services and the Health and Human Services Commission may be transferred between the agencies during the 2010-11 biennium to support the implementation of an integrated model of care under this provision, with prior approval.</p> <p>The Commission shall request approval from the Governor and the Legislative Budget Board at least 30 days prior to any proposed funding transfer. The request shall indicate the impact to performance measures at both agencies.</p> <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written</p>		

3.B. Rider Revisions and Additions Request

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		<p>disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p><i>Rider should be deleted as an integrated care model will be implemented during February 2011.</i></p>		
Sec. 48	II-123	<p>Contingency Appropriation for the Reshaping of the System for Providing Services to Individuals with Developmental Disabilities. \$207,900,000 in General Revenue Funds and \$256,603,063 in Federal Funds (\$464,503,063 in All Funds) appropriated elsewhere in this Act to the Department of Aging and Disability Services (DADS) and the Health and Human Services Commission (HHSC) for the 2010-11 biennium is contingent upon changes outlined below. These funds are appropriated for home and community-based programs and 1915(c) waivers for persons with mental retardation, intellectual disabilities, and developmental disabilities as an effort to reduce the disproportionately long wait time for services, expand waiver-related community services slots by 7,832 by August 2011, and to provide specific direction related to reshaping the system of care for persons with developmental disabilities.</p> <p>DADS is required to increase the number of Home and Community-Based Services (HCS) slots during fiscal years 2010 and 2011 for (1) individuals moving out of medium and large ICFs/MR, (2) children aging out of foster care services at the Department of Family and Protective Services, (3) children who are at risk of being institutionalized in ICFs/MR, and (4) individuals who are at imminent risk of institutionalization as a result of emergency or crisis situations.</p> <p>Additionally, the appropriation is contingent upon the following:</p> <ul style="list-style-type: none"> a.— DADS reducing the number of state school residents, through census management, not closure, and limiting the number of residents residing at each state school, without removing a state school resident from a state school against the resident's will or against the will of the resident's legally authorized guardian for the purpose of meeting any potential capacity limits, and without denying admission to a state school on the basis that the admission would cause the state school to exceed any potential capacity limit. It is the intent of the Legislature that the costs of serving reallocated residents be financed through reduced expenditures for the operation of state schools. b.— DADS identifying state school residents through the community living options information process who could move into community programs; and c.— transferring the case management function from HCS providers to local Mental Retardation Authorities (MRAs). 		

3.B. Rider Revisions and Additions Request

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		<p>The appropriation includes the following amounts:</p> <ul style="list-style-type: none"> a. \$157,700,000 in General Revenue to expand community service options as identified below for persons with mental retardation. <ul style="list-style-type: none"> 1) \$37,500,000 in General Revenue to Strategy A.3.3. Community Living Assistance and Support Services (CLASS) to add 1,890 CLASS slots; 2) \$99,400,000 in General Revenue to Strategy A.3.2. Home and Community-Based Services (HCS) to add 5,120 HCS slots; 3) \$100,000 in General Revenue to Strategy A.3.4. Deaf-Blind Multiple Disabilities (DBMD) to add 6 DBMD slots; 4) \$16,100,000 in General Revenue to Strategy A.3.2. Home and Community-Based Services (HCS) to add 620 Promoting Independence slots; and 5) \$4,600,000 in General Revenue to Strategy A.3.2. Home and Community-Based Services (HCS) to add 196 Emergency Institutionalization slots; b. \$10,200,000 in General Revenue in A.1.1, Intake, Access, and Eligibility for DADS and MRAs to train and hire case managers to provide targeted case management;; c. \$15,000,000 in General Revenue to Strategy A.4.2. MR Community Services; d. \$2,100,000 in General Revenue to Strategies B.1.1. Facility/Community-Based Regulation; e. \$22,900,000 in General Revenue transferred from the Strategy A.3.2. Home and Community-Based Services to A.1.1, Intake, Access, and Eligibility; and f. \$22,900,000 in General Revenue to Strategies A.3.2, Home and Community-Based Services and A.1.1, Intake, Access, and Eligibility. HHSC is directed to allocate \$22,900,000 in General Revenue to implement rate increases for Home and Community-Based Services across the supervised living/residential support services, foster/companion care, and supported home living service types and is authorized to allocate funding as appropriate to the direct and indirect portions of each service rate. This authorization is granted to the extent allowed by state and federal law. <p>Transfers related to reshaping the system of services for individuals with developmental disabilities to meet the objectives</p>		

3.B. Rider Revisions and Additions Request

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		<p>described above are subject to DADS Rider 9, Limitation: Medicaid Transfer Authority.</p> <p>It is the intent of the Legislature that the fiscal impact on each strategy and associated with each initiative be estimated and identified as to fully understand the cost implications to other agencies.</p> <p>It is the intent of the Legislature that HHSC and DADS shall jointly design a plan to implement a capitated or non-capitated pilot to serve persons with intellectual and developmental disabilities. The agency may contract to conduct a study, which shall include input from individuals receiving services, their families, service providers, mental retardation authorities, advocate organizations, and other interested parties. The plan shall include managed care models employed by other states for this population.</p> <p>HHSC and DADS shall provide a report to the Governor's Office, Lieutenant Governor's Office, Speaker's Office, Senate Finance Committee, House Appropriations Committee, Senate Health and Human Services Committee, House Human Services Committee, and the Legislative Budget Board by December 1, 2010. The report shall include recommendations for the pilot regarding: geographic scope, options for consolidating waiver services, costs and financing, utilization review, provider network, eligibility, service coordination, quality management, waiver development and federal requirements, and other issues as appropriate.</p> <p><i>Rider should be deleted as it relates to funding in the 2010-11 biennium.</i></p>		
Sec. 50	II-125	<p>Advisory Committee Limitation and Reporting Requirement. Notwithstanding other provisions of this Act, the use of appropriated funds for a reimbursement to an advisory committee for travel and related expenses that occur during the 2010-11 biennium and are paid by a health and human services agency shall be governed by the following limitation and reporting requirement:</p> <ul style="list-style-type: none"> a. An advisory committee shall be reimbursed for travel and related expenses that occur during the 2010-11 biennium only if that committee has met at least one time between January 1, 2007 and January 1, 2009. A committee created after January 1, 2009 is exempted from this restriction. b. Reimbursements made according to section (a) shall not exceed \$10,000 per committee in any given fiscal year unless a higher amount is specifically authorized for the committee by another provision of this Act. c. The Health and Human Services Commission shall submit a report to the Legislative Budget Board, the Governor, and the Comptroller of Public Accounts by September 1, 2009 that includes the following 		

3.B. Rider Revisions and Additions Request

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		<p>information:</p> <p>(1) a list, by agency, of all advisory committees;</p> <p>(2) an indication, for each committee listed, of whether or not the committee is eligible for reimbursement during the 2010-11 biennium; and</p> <p>(3) the amount budgeted by fiscal year, for each committee eligible for reimbursement.</p> <p><i>Rider should be deleted as it does not consider frequency of committee meetings or the size and composition of committees. Rider has caused hardship on required federally-required committees and members. Each HHS agency has a rider which limits total compensation. HHSC programs would rather manage within an overall agency cap to allow discretion in allocating funding</i></p>		
Sec. 51	II-125	<p>Rio Grande State Center. Out of funds appropriated above to the Department of Aging and Disability Services (DADS) in Strategy A.8.1, MR State School Services, DADS shall enter into an interagency contact with the Department of State Health Services (DSHS) to transfer \$2,736,420 in All Funds for each fiscal year of the biennium to DSHS, Strategy C.1.3, Mental Health State Hospitals, to fund 79.5 full-time equivalents and related services at the Rio Grande State Center.</p> <p><i>Rider should be deleted as it relates to FY 2010-11 funding and staffing.</i></p>		
Sec. 52	II-125	<p>Expansion of Community-based Services. This section does not make any appropriations. It summarizes appropriations made elsewhere in this Act to expand community-based services.</p> <p>a. Limitations and Reporting. Funds appropriated elsewhere in this Act, totaling \$190,220,675 in General Revenue Funds and \$433,202,506 in All Funds for the 2010-11 biennium, are contingent upon each agency listed in the tables below providing the following information to the Legislative Budget Board and the Governor:</p> <p>(1) by September 1, 2009, a written report detailing, by month and fiscal year, planned client service levels, average monthly cost per client, and total expenditures for each listed strategy for fiscal year 2010 and fiscal year 2011; and</p> <p>(2) no later than 30 days following the close of a fiscal quarter, a written report on actual client service levels, average monthly cost per client, and total expenditures for each listed strategy for the fiscal year.</p> <p>Each report shall compare the reported service levels, costs, and expenditures to those adopted by the Legislature</p>		

3.B. Rider Revisions and Additions Request

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		<p>in this Act.</p> <p>Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.</p> <p>The Comptroller of Public Accounts shall not allow the expenditure of funds if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p>b. Appropriations. Tables 1 and 2 indicate General Revenue Funds and All Funds annual appropriations (made elsewhere in this Act) to expand community-based programs.</p> <p><i>Table 1</i> <i>General Revenue Appropriations</i></p> <table style="width: 100%; margin-left: 40px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: right;">FY2010</th> <th style="width: 10%; text-align: right;">FY 2011</th> <th style="width: 20%; text-align: right;">Biennial</th> </tr> </thead> <tbody> <tr> <td>Agency/Strategy/Program</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DADS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>A.3.1. Community Based Alternatives (CBA)</td> <td style="text-align: right;">\$ 1,530,237</td> <td style="text-align: right;">\$ 4,610,732</td> <td style="text-align: right;">\$ 6,149,969</td> </tr> <tr> <td>A.3.2. Home and Community-based Services (HCS)*</td> <td style="text-align: right;">\$ 28,747,802</td> <td style="text-align: right;">\$ 81,921,391</td> <td style="text-align: right;">\$ 110,669,193</td> </tr> <tr> <td><i>includes the following:</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Independent Living</td> <td style="text-align: right;">\$ 22,760,277</td> <td style="text-align: right;">\$ 67,236,747</td> <td style="text-align: right;">\$ 89,997,024</td> </tr> <tr> <td>Promoting Independence</td> <td style="text-align: right;">\$ 4,800,465</td> <td style="text-align: right;">\$ 11,318,387</td> <td style="text-align: right;">\$ 16,118,852</td> </tr> <tr> <td>Preventing Institutionalization</td> <td style="text-align: right;">\$ 1,187,060</td> <td style="text-align: right;">\$ 3,366,257</td> <td style="text-align: right;">\$ 4,553,317</td> </tr> <tr> <td>A.3.3. Community Living Assistance and Support Services (CLASS)*</td> <td style="text-align: right;">\$ 7,808,350</td> <td style="text-align: right;">\$ 23,467,839</td> <td style="text-align: right;">\$ 31,276,189</td> </tr> <tr> <td>A.3.4. Deaf-Blind Multiple Disabilities (DBMD)*</td> <td style="text-align: right;">\$ 19,682</td> <td style="text-align: right;">\$ 79,228</td> <td style="text-align: right;">\$ 98,910</td> </tr> </tbody> </table>				FY2010	FY 2011	Biennial	Agency/Strategy/Program				DADS				A.3.1. Community Based Alternatives (CBA)	\$ 1,530,237	\$ 4,610,732	\$ 6,149,969	A.3.2. Home and Community-based Services (HCS)*	\$ 28,747,802	\$ 81,921,391	\$ 110,669,193	<i>includes the following:</i>				Independent Living	\$ 22,760,277	\$ 67,236,747	\$ 89,997,024	Promoting Independence	\$ 4,800,465	\$ 11,318,387	\$ 16,118,852	Preventing Institutionalization	\$ 1,187,060	\$ 3,366,257	\$ 4,553,317	A.3.3. Community Living Assistance and Support Services (CLASS)*	\$ 7,808,350	\$ 23,467,839	\$ 31,276,189	A.3.4. Deaf-Blind Multiple Disabilities (DBMD)*	\$ 19,682	\$ 79,228	\$ 98,910
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3.B. Rider Revisions and Additions Request

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		A.3.5. Medically Dependent Children Program (MDCP)	\$ 609,506	\$ 1,840,085	\$ 2,449,591
		A.3.6. Consolidated Waiver Program	\$ -	\$ -	\$ -
		A.4.1. Non-Medicaid Community Services	\$ 294,555	\$ 890,105	\$ 1,184,660
		A.4.4. In-home and Family Support	\$ 170,994	\$ 512,981	\$ 683,975
		A.4.5. Mental Retardation In-home Services	\$ -	\$ -	\$ -
		Primary Home Care/Community Attendant Services Offset	\$ (378,913)	\$ (1,132,600)	\$ (1,511,513)
		Administration/FTEs	\$ 598,974	\$ 1,113,824	\$ 1,712,795
		Subtotal, DADS	\$ 39,401,187	\$ 113,312,582	\$ 152,713,769
		<i>Waiver subset</i>	\$ 38,715,57	\$ 111,928,275	\$ 150,643,852
		* related to Special Provisions Sec. 48			
		DARS			
		B.3.3. Independent Living Services	\$ 190,837	\$ 198,855	\$ 389,692
		B.3.4. Comprehensive Rehabilitation	\$ 2,016,033	\$ 2,356,402	\$ 4,372,435
		Administration/FTEs	\$ -	\$ -	\$ -
		Subtotal, DARS	\$ 2,206,870	\$ 2,555,257	\$ 4,762,127
		DSHS			
		A.3.4. Children with Special Health Care Needs	\$ 1,987,109	\$ 2,160,940	\$ 4,148,049
		B.2.2. Mental Health Services for Children	\$ 2,677,068	\$ 2,677,070	\$ 5,354,138
		Administration/FTEs	\$ 290,016	\$ 257,893	\$ 547,909
		Subtotal, DSHS	\$ 4,954,193	\$ 5,095,903	\$ 10,050,096
		HHSC			
		STAR+PLUS	\$ 149,165	\$ 451,230	\$ 600,695
		Acute Care for Medical Assistance Waiver Clients	\$ 3,310,933	\$ 10,262,562	\$ 13,573,495

3.B. Rider Revisions and Additions Request

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		Incremental Vendor Drug cost for Waiver Clients	\$ 1,907,104	\$ 6,277,343	\$ 8,184,447
		Administration/FTEs	\$ 114,875	\$ 221,171	\$ 336,046
		Subtotal, HHSC	\$ 5,482,377	\$ 17,212,306	\$ 22,694,683
		Grand Total	\$ 52,044,627	\$ 138,176,048	\$ 90,220,675
		<i>Table 2</i>			
		<i>All Funds Appropriations</i>			
			FY2010	FY2011	Biennial
		Agency/Strategy/Program			
		DADS			
		A.3.1. Community Based Alternatives (CBA)	\$ 3,713,265	\$ 11,251,174	\$ 14,964,439
		A.3.2. Home and Community-based Services (HCS)*	\$ 67,787,850	\$ 197,353,830	\$ 265,141,680
		<i>includes the following:</i>			
		<i>-Independent Living</i>	\$ 55,041,794	\$ 163,384,286	\$ 218,426,080
		<i>-Promoting Independence</i>	\$ 9,865,542	\$ 25,771,158	\$ 35,636,700
		<i>-Preventing Institutionalization</i>	\$ 2,880,514	\$ 8,198,386	\$ 11,078,900
		A.3.3. Community Living Assistance and Support Services (CLASS)*	\$ 18,901,276	\$ 57,064,945	\$ 75,966,221
		A.3.4. Deaf-Blind Multiple Disabilities (DBMD)*	\$ 47,761	\$ 192,956	\$ 240,717
		A.3.5. Medically Dependent Children Program (MDCP)	\$ 1,479,024	\$ 4,481,454	\$ 5,960,478
		A.3.6. Consolidated Waiver Program	\$ —	\$ —	\$ —
		A.4.1. Non-Medicaid Community Services	\$ 294,555	\$ 890,105	\$ 1,184,660
		A.4.4. In-home and Family Support	\$ 170,994	\$ 512,981	\$ 683,975

3.B. Rider Revisions and Additions Request

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		A.4.5. Mental Retardation In-home Services Primary Home Care/Community Attendant Services Offset	\$ _____ \$ (919,468)	\$ _____ \$ (2,758,402)	\$ _____ \$ (3,677,870)
		Administration/FTEs	\$ 993,014	\$ 1,854,892	\$ 2,847,906
		Subtotal, DADS	\$ 92,468,271	\$ 270,843,935	\$ 363,312,206
		Waiver subse	\$ 91,929,176	\$ 270,344,359	\$ 362,273,535
		* related to Special Provisions Sec. 48			
		DARS			
		B.3.3. Independent Living Services	\$ 190,837	\$ 198,855	\$ 389,692
		B.3.4. Comprehensive Rehabilitation Administration/FTEs	\$ 2,016,033 \$ _____	\$ 2,356,402 \$ _____	\$ 4,372,435 \$ _____
		Subtotal, DARS	\$ 2,206,870	\$ 2,555,257	\$ 4,762,127
		DSHS			
		A.3.4. Children with Special Health Care Needs	\$ 1,987,109	\$ 2,160,940	\$ 4,148,049
		B.2.2. Mental Health Services for Children Administration/FTEs	\$ 2,677,068 \$ 290,016	\$ 2,677,070 \$ 257,893	\$ 5,354,138 \$ 547,909
		Subtotal, DSHS	\$ 4,954,193	\$ 5,095,903	\$ 10,050,096
		HHSC			
		STAR+PLUS Acute Care for Medical Assistance Waiver Clients	\$ 362,691 \$ 8,034,294	\$ 1,098,952 \$ 24,994,064	\$ 1,461,643 \$ 33,028,358
		Incremental Vendor Drug cost for Waiver Clients Administration/FTEs	\$ 4,627,769 \$ 229,749	\$ 15,288,219 \$ 442,339	\$ 19,915,988 \$ 672,088
		Subtotal, HHSC	\$ 13,254,503	\$ 41,823,574	\$ 55,078,077

3.B. Rider Revisions and Additions Request

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		<p>Grand Total \$ 112,883,837 \$320,318,669 \$ 433,202,506</p> <p>c. Targets for Selected Community-based Programs. Tables 3 through 5 reflect performance targets as established by this Act for each of the strategies/programs listed below. Reports required by section (a) of this provision and by other provisions of this Act shall include comparisons and variance explanations relative to these targets.</p> <p>(1) Table 3, Continuing Clients/Slots, indicates the number of client/slots in fiscal year 2009 who will continue to receive services in the 2010-11 biennium.</p> <p>(2) Table 4, Expansion Clients/Slots indicates the number of additional clients/slots who will be served as a result of increased funding specified in subsection (a).</p> <p>(3) Table 5 indicates the combined continuing and new clients/slots.</p> <p>The "End of Year Clients" column indicates the number of clients/slots who will be served in the final month of the fiscal year. The "Average Monthly" column indicates the number of clients/slots to be served on average for the fiscal year overall. Average monthly values reflect the approved rollout of new slots and tie to performance targets established within each agency's bill pattern.</p>																																					
		<p>Table 3 Continuing Client/Slots</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th colspan="2" style="text-align: center;">End of Year Clients</th> <th colspan="2" style="text-align: center;">Average Monthly Caseload</th> </tr> <tr> <th style="width: 50%;"></th> <th style="text-align: center;"><u>FY 2010</u></th> <th style="text-align: center;"><u>FY 2011</u></th> <th style="text-align: center;"><u>FY 2010</u></th> <th style="text-align: center;"><u>FY 2011</u></th> </tr> </thead> <tbody> <tr> <td>Agency/Strategy/Program</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Agency/Strategy/Program</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DADS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A.3.1. Community Based Alternatives (CBA)</td> <td style="text-align: center;">26,087</td> <td style="text-align: center;">26,087</td> <td style="text-align: center;">26,087</td> <td style="text-align: center;">26,087</td> </tr> <tr> <td>A.3.2. Home and Community-based Services (HCS)</td> <td style="text-align: center;">15,516</td> <td style="text-align: center;">15,516</td> <td style="text-align: center;">15,516</td> <td style="text-align: center;">15,516</td> </tr> </tbody> </table>				End of Year Clients		Average Monthly Caseload			<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2010</u>	<u>FY 2011</u>	Agency/Strategy/Program					Agency/Strategy/Program					DADS					A.3.1. Community Based Alternatives (CBA)	26,087	26,087	26,087	26,087	A.3.2. Home and Community-based Services (HCS)	15,516	15,516	15,516	15,516
	End of Year Clients		Average Monthly Caseload																																				
	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2010</u>	<u>FY 2011</u>																																			
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3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: David Kinsey	Date: August 23, 2010	Request Level: Base		
Special Provisions	Page Number in S.B. 1	Special Provisions				
		A.3.3. Community Living Assistance and Support Services (CLASS)	4,199	4,199	4,199	4,199
		A.3.4. Deaf-Blind Multiple Disabilities (DBMD)	154	154	154	154
		A.3.5. Medically Dependent Children Program (MDCP)	2,745	2,745	2,745	2,745
		A.3.6. Consolidated Waiver Program	160	160	160	160
		A.3.7. Texas Home Living Waiver	994	994	994	994
		A.4.1. Non-Medicaid Community Services	39,005	39,005	39,005	39,005
		A.4.2. Mental Retardation Community Services	39,005	39,005	39,005	39,005
		A.4.2. Mental Retardation Community Services	12,927	12,927	12,927	12,927
		A.4.4. In-home and Family Support	4,590	4,590	4,590	4,590
		A.4.5. Mental Retardation In-home Services	3,060	3,060	3,060	3,060
		Primary Home Care/Community Attendant Services Offset	0	0	0	0
		Subtotal DADS	109,437	109,437	109,437	109,437
		Waiver Subsett	49,855	49,855	49,855	49,855
		DARS				
		B.3.3. Independent Living Services	1,743	1,743	221	221
		B.3.4. Comprehensive Rehabilitation	581	581	185	185
		Subtotal, DARS	2,324	2,324	406	406
		DSHS				

3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: David Kinsey	Date: August 23, 2010	Request Level: Base		
Special Provisions	Page Number in S.B. 1	Special Provisions				
		A.3.4. Children with Special Health Care Needs	1,650	1,650	2,600	2,600
		B.2.2. Mental Health Services for Children	18,664	19,554	12,100	12,100
		Subtotal, DSHS	20,314	21,204	14,700	14,700
		Grand Total	132,072	132,965	124,543	124,543
		<i>Table 4</i>				
		<i>Expansion Client/Slots</i>				
			<u>End of Year Clients</u>		<u>Average Monthly Caseload</u>	
			<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2010</u>	<u>FY 2011</u>
		Agency/Strategy/Program				
		DADS				
		A.3.1. Community Based Alternatives (CBA)	430	861	215	645
		A.3.2. Home and Community-based Services (HCS)*	2,968	5,936	1,501	4,469
		<i>includes the following</i>				
		<i>-Independent Living</i>	2,560	5,120	1,280	3,840
		<i>-Promoting Independence</i>	310	620	168	478
		<i>-Preventing Institutionalization</i>	98	196	53	151
		A.3.3. Community Living Assistance and Support Services (CLASS)*	945	1,890	472	1,417
		A.3.4. Deaf-Blind Multiple Disabilities (DBMD)*	3	6	1	4
		A.3.5. Medically Dependent Children Program (MDCP)	174	348	87	261
		A.3.6. Consolidated Waiver Program	0	0	0	0
		A.3.7. Texas Home Living Waiver	0	0	0	0
		A.4.1. Non-Medicaid Community Services	249	498	125	374

3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: David Kinsey	Date: August 23, 2010	Request Level: Base																																																																															
Special Provisions	Page Number in S.B. 1	Special Provisions																																																																																	
		<p>A.4.2. Mental Retardation Community Services</p> <p>A.4.4. In-home and Family Support</p> <p>A.4.5. Mental Retardation In-home Services</p> <p>Primary Home Care/Community Attendant Services Offset</p> <p>Subtotal, DADS</p> <p>Waiver subset</p> <p>* related to Special Provisions Sec. 48</p> <p>DARS</p> <p>B.3.3. Independent Living Services</p> <p>B.3.4. Comprehensive Rehabilitation</p> <p>Subtotal, DARS</p> <p>DSHS</p> <p>A.3.4. Children with Special Health Care Needs</p> <p>B.2.2. Mental Health Services for Children</p> <p>Subtotal, DSHS</p> <p>Grand Total</p> <p>Table 5</p> <p>Total Client/Slots (Continuing and Expansion)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: right;">0</td> <td style="width: 25%; text-align: right;">0</td> <td style="width: 25%; text-align: right;">0</td> </tr> <tr> <td></td> <td style="text-align: right;">326</td> <td style="text-align: right;">651</td> <td style="text-align: right;">163</td> </tr> <tr> <td></td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td></td> <td style="text-align: right;">(215)</td> <td style="text-align: right;">(431)</td> <td style="text-align: right;">(108)</td> </tr> <tr> <td></td> <td style="text-align: right;">4,880</td> <td style="text-align: right;">9,759</td> <td style="text-align: right;">2,456</td> </tr> <tr> <td></td> <td style="text-align: right;">4,520</td> <td style="text-align: right;">9,041</td> <td style="text-align: right;">2,276</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">8</td> <td style="text-align: right;">8</td> <td style="text-align: right;">6</td> </tr> <tr> <td></td> <td style="text-align: right;">12</td> <td style="text-align: right;">13</td> <td style="text-align: right;">21</td> </tr> <tr> <td></td> <td style="text-align: right;">20</td> <td style="text-align: right;">21</td> <td style="text-align: right;">27</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">87</td> <td style="text-align: right;">87</td> <td style="text-align: right;">87</td> </tr> <tr> <td></td> <td style="text-align: right;">412</td> <td style="text-align: right;">412</td> <td style="text-align: right;">412</td> </tr> <tr> <td></td> <td style="text-align: right;">499</td> <td style="text-align: right;">499</td> <td style="text-align: right;">499</td> </tr> <tr> <td></td> <td style="text-align: right;">5,399</td> <td style="text-align: right;">10,279</td> <td style="text-align: right;">2,982</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">End of Year Clients</td> <td style="text-align: center;">Average Monthly Caseload</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">FY 2010</td> <td style="text-align: center;">FY 2011</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">FY 2010</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">FY 2011</td> </tr> </table>		0	0	0		326	651	163		0	0	0		(215)	(431)	(108)		4,880	9,759	2,456		4,520	9,041	2,276						8	8	6		12	13	21		20	21	27						87	87	87		412	412	412		499	499	499		5,399	10,279	2,982							End of Year Clients	Average Monthly Caseload			FY 2010	FY 2011				FY 2010				FY 2011
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3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: David Kinsey	Date: August 23, 2010	Request Level: Base		
Special Provisions	Page Number in S.B. 1	Special Provisions				
		Agency/Strategy/Program				
		DADS				
		A.3.1. Community-Based Alternatives (CBA)	26,517	26,948	26,302	26,732
		A.3.2. Home and Community-based Services (HCS)	18,484	21,452	17,017	19,985
		A.3.3. Community Living Assistance and Support Services (CLASS)	5,144	6,089	4,671	5,616
		A.3.4. Deaf-Blind Multiple Disabilities (DBMD)	457	460	155	158
		A.3.5. Medically Dependent Children Program (MDCP)	2,919	3,093	2,832	3,006
		A.3.6. Consolidated Waiver Program	160	160	160	160
		A.3.7. Texas Home Living Waiver	994	994	994	994
		A.4.1. Non-Medicaid Community Services	39,254	39,503	39,130	39,379
		A.4.2. Mental Retardation Community Services	12,927	12,927	12,927	12,927
		A.4.4. In-home and Family Support	4,916	5,241	4,753	5,079
		A.4.5. Mental Retardation In-home Services	3,060	3,060	3,060	3,060
		Primary Home Care/Community Attendant Services Offset	(215)	(431)	(108)	(323)
		Subtotal, DADS	114,317	119,196	111,893	116,773
		Waiver subset	54,375	58,896	52,131	56,651
		DARS				
		B.3.3. Independent Living Services	1,751	1,751	227	227
		B.3.4. Comprehensive Rehabilitation	593	594	206	209
		Subtotal, DARS	2,344	2,345	433	436

3.B. Rider Revisions and Additions Request

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Special Provisions	Page Number in S.B. 1	Special Provisions																																
		<p>DSHS</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">A.3.4. Children with Special Health Care Needs</td> <td style="width: 10%; text-align: right;">1,737</td> <td style="width: 10%; text-align: right;">1,737</td> <td style="width: 10%; text-align: right;">2,687</td> <td style="width: 10%; text-align: right;">2,687</td> </tr> <tr> <td>B.2.2. Mental Health Services for Children</td> <td style="text-align: right;">19,073</td> <td style="text-align: right;">19,966</td> <td style="text-align: right;">12,512</td> <td style="text-align: right;">12,512</td> </tr> <tr> <td>Subtotal, DSHS</td> <td style="text-align: right;">20,810</td> <td style="text-align: right;">21,703</td> <td style="text-align: right;">15,199</td> <td style="text-align: right;">15,199</td> </tr> <tr> <td>Grand Total</td> <td style="text-align: right;">137,471</td> <td style="text-align: right;">143,244</td> <td style="text-align: right;">127,525</td> <td style="text-align: right;">132,408</td> </tr> </table> <p><i>Rider should be deleted as it relates to FY 2010-11 funding.</i></p>			A.3.4. Children with Special Health Care Needs	1,737	1,737	2,687	2,687	B.2.2. Mental Health Services for Children	19,073	19,966	12,512	12,512	Subtotal, DSHS	20,810	21,703	15,199	15,199	Grand Total	137,471	143,244	127,525	132,408										
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Sec. 53	II-130	<p>Informational Listing of Stimulus Funds in Article II Agencies. The following is an informational list of the amounts in Article XII, American Recovery and Reinvestment Act funding related to agencies in Article II, Health and Human Services, and does not make appropriations.</p> <p><u>Department of Aging and Disability Services:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Senior Nutrition Program - Congregate Nutrition</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 20%; text-align: right;">4,000,000</td> </tr> <tr> <td>Senior Nutrition Program - Home Delivered Meals</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">2,000,000</td> </tr> <tr> <td>Title XX</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">4,200,00</td> </tr> <tr> <td>Title XX- Reduce GR</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">(4,200,000)</td> </tr> </table> <p><u>Department of Assistive and Rehabilitative Services:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">IDEA, Part C, Special Education Grants for Infants and Families</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 20%; text-align: right;">39,400,000</td> </tr> <tr> <td>Independent Living Services - State Grants</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">1,100,000</td> </tr> <tr> <td>Independent Living Services - Elderly/Blind</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">2,300,000</td> </tr> <tr> <td>Vocational Rehabilitation Services</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">44,800,000</td> </tr> </table> <p><u>Department of Family and Protective Services:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Child Care and Development Block Grant (CCDBG)</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 20%; text-align: right;">16,388,233</td> </tr> <tr> <td>Temporary Assistance for Needy Families (TANF)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">47,982,709</td> </tr> </table> <p><u>Department of State Health Services:</u></p>			Senior Nutrition Program - Congregate Nutrition	\$	4,000,000	Senior Nutrition Program - Home Delivered Meals	\$	2,000,000	Title XX	\$	4,200,00	Title XX- Reduce GR	\$	(4,200,000)	IDEA, Part C, Special Education Grants for Infants and Families	\$	39,400,000	Independent Living Services - State Grants	\$	1,100,000	Independent Living Services - Elderly/Blind	\$	2,300,000	Vocational Rehabilitation Services	\$	44,800,000	Child Care and Development Block Grant (CCDBG)	\$	16,388,233	Temporary Assistance for Needy Families (TANF)	\$	47,982,709
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3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: David Kinsey	Date: August 23, 2010	Request Level: Base
Special Provisions	Page Number in S.B. 1	Special Provisions		
		<p>Section 317 Immunizations (Prevention and Wellness) \$ 3,160,681</p> <p>Prevention and Wellness Fund: Prevention Services and Programs \$ 400,000</p> <p>Infection Reduction Activities \$ 2,137,389</p> <p>Temporary Assistance for Needy Families (TANF to Title XX) \$ 4,200,000</p> <p>Reduce Federal Funds – Title XX \$ (4,200,000)</p> <p><u>Health and Human Services Commission:</u></p> <p>Food Stamps (Supplemental Nutritional Assistance Program) \$ 27,600,000</p> <p>Medicaid-Enhanced FMAP \$ 2,513,000,000</p> <p>Medicaid-Enhanced FMAP – Reduce GR \$ (2,513,000,000)</p> <p>Prevention and Wellness Fund: Prevention Services and Programs \$ 2,126,424</p> <p><i>Rider should be deleted as it relates to FY 2010-11 funding.</i></p>		
Sec. 54	II-131	<p>Information on Funding Provided for One-time Attendant Wage and Provider Rate Increases.</p> <p>a. Appropriations made elsewhere in this Act for the 2010-11 biennium, totaling \$229.2 million in General Revenue and \$524.5 million in All Funds, include \$129.5 million in General Revenue and \$300.2 million in All Funds for a one step and temporary attendant wage increase and \$99.7 million in General Revenue and \$224.3 million in All Funds for a one step and temporary provider rate increase. The following biennial amounts (in millions) are allocated to the health and human services agencies as listed below (All Funds amounts are estimated):</p> <p>1) Department of Aging and Disability Services: \$186.8 in General Revenue, \$439.6 in All Funds</p> <p style="padding-left: 20px;">(i) Attendant Wage Increase: \$118.6 in General Revenue, \$273.8 in All Funds</p> <p style="padding-left: 20px;">(ii) Provider Rate Increase: \$68.2 in General Revenue, \$165.8 in All Funds</p> <p>2) Department of Family and Protective Services: \$20.8 in General Revenue, \$32.2 in All Funds for foster care provider rate increases</p> <p>3) Health and Human Services Commission: \$21.6 in General Revenue, \$52.6 in All Funds</p> <p style="padding-left: 20px;">(i) Attendant Wage Increase: \$10.9 in General Revenue, \$26.4 in All Funds</p> <p style="padding-left: 20px;">(ii) Provider Rate Increase: \$10.7 in General Revenue, \$26.2 in All Funds</p>		

3.B. Rider Revisions and Additions Request

Agency Code: 529	Agency Name: Health & Human Services Commission	Prepared By: David Kinsey	Date: August 23, 2010	Request Level: Base
Special Provisions	Page Number in S.B. 1	Special Provisions		
		<p>b. Article XII of this Act includes \$29 million for Early Childhood Intervention (ECI) temporary provider rate increases at the Department of Assistive and Rehabilitative Services, subject to certain conditions. The estimated one step increase in rates is 8%.</p> <p><i>Rider should be deleted as it relates to funding during the 2010-11biennium.</i></p>		

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
1.1.1.1	Centralized Financial Policy	\$2,612,778	\$2,774,842	\$2,813,968	\$2,804,799	\$2,804,799
1.1.1.2	Rate Setting (Medicaid/CHIP/Foster Care)	\$2,769,066	\$2,887,861	\$2,945,467	\$2,966,115	\$2,966,115
1.1.1.3	Guardianship	\$633,365	\$629,743	\$629,743	\$629,742	\$629,742
1.1.1.4	CRCG Adult/Child and TIFI	\$317,354	\$327,040	\$327,040	\$327,040	\$327,040
1.1.1.5	Umbilical Cord Blood Bank	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
1.1.1.6	Border Relations	\$522,299	\$1,139,021	\$1,139,015	\$1,143,556	\$1,143,556
1.1.1.7	Office of Acquired Brain Injury	\$126,658	\$391,212	\$391,312	\$393,447	\$393,447
1.1.1.8	Office of Elimination of Health Disparities (OEHD)	\$426,705	\$453,276	\$475,988	\$477,714	\$477,714
1.1.1.9	Texas Office for the Prevention of Developmental Disabilities (TOPDD)	\$363,318	\$367,686	\$367,687	\$364,360	\$364,360
1.1.1.10	Nurse Family Partnership	\$7,667,038	\$8,900,000	\$8,900,000	\$8,900,112	\$8,900,112
1.1.1.11	Red Light Trauma	\$13,395,932	\$0	\$0	\$0	\$0
1.1.1.11	Other (Exec. Commissioner, Deputies, Communications, & Legal)	\$20,770,679	\$24,938,915	\$29,516,651	\$36,374,248	\$31,356,188
Total, Sub-strategies		\$49,605,192	\$45,309,596	\$50,006,871	\$56,881,133	\$51,863,073

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY: 01 Centralized Financial Policy						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$2,507,924	\$2,609,889	\$2,620,286	\$2,625,035	\$2,625,035
1002	Other Personnel Costs	76,241	66,726	66,995	67,307	67,307
2003	Consumable Supplies	1,373	1,366	25,125	13,246	13,246
2004	Utilities	6,385	7,043	7,043	7,043	7,043
2005	Travel	3,108	15,211	14,711	14,961	14,961
2006	Rent - Building	50	0	0	0	0
2007	Rent - Machine and Other	0	1,506	3,506	2,506	2,506
2009	Other Operating Expense	17,697	73,101	76,302	74,701	74,701
Total, Objects of Expense		\$2,612,778	\$2,774,842	\$2,813,968	\$2,804,799	\$2,804,799
	Method of Financing:					
1	General Revenue Fund	\$4,722	\$3,487	\$2,741	\$2,739	\$2,739
758	GR Match for Medicaid	416,421	440,663	440,833	440,384	440,384
8010	GR Match for Title XXI (CHIP)	19,567	20,779	20,540	20,534	20,534
8014	GR Match for Food Stamp Administration	274,008	315,199	329,858	329,322	329,322
555	Federal Funds					
10.561	St Admin Match Food Stamp	274,009	315,199	329,858	329,322	329,322
93.558	Temp Assist Needy Families	29,214	29,992	29,721	29,627	29,627
93.566	Refugee and Entrant Assis	480	552	569	565	565
93.667	Social Svcs Block Grants	133	145	142	141	141
93.767	CHIP	49,452	51,135	50,545	50,530	50,530
93.778.003	Medicaid at 50% Match	416,420	440,656	440,833	440,384	440,384

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY: 01 Centralized Financial Policy						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
777	Interagency Contracts	1,128,352	1,157,035	1,168,328	1,161,251	1,161,251
	Total, Method of Financing	\$2,612,778	\$2,774,842	\$2,813,968	\$2,804,799	\$2,804,799
	Number of Positions (FTE)	34.6	37.0	37.0	37.0	37.0
Sub-strategy Description and Justification:						
<p>Centralized Financial Policy provides executive management, oversight, coordination, and leadership to and across all five HHS agencies in financial matters to maximize efficiencies and assure all five agencies prepare financial communications and reports consistently.</p> <p>Provides enterprise-wide budget and fiscal policy direction. Oversight functions include planning and development of enterprise financial and statistical reports, development of the HHS consolidated budget and appropriation request for the enterprise and monitoring and issue resolution in financial and performance areas. Other items include cost allocation oversight and management and revenue research and maximization. Develops cross-functional models for identifying potential efficiencies; identifying and analyzing financial, cost and utilization to identify underlying efficiencies.</p> <p>Produces caseload and cost forecasts monthly for the Enterprise (Medicaid [Acute Care, FFS, Managed care, Cost-Reimbursed, health Steps, Medical Transportation, Long-term Care, Vendor Drug, StarPLUS and Star Health], CHIP, CHIP Perinate, CHIP Dental, Protective Services [Foster Care, Adoption Subsidy, and Adult], TANF, Food Stamps, ECI, and Kidney Health).</p> <p>Develops actuarial methodology and forecasting models. Negotiates caseload trends. Reviews design and changes in the claims data file (STAT file) m</p>						
External/Internal Factors Impacting Sub-strategy:						
Changes (staffing and/or functions) within the HHS enterprise could impact Centralized Financial policy operations.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY: 02 Rate Setting						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Objects of Expense:						
1001	Salaries and Wages	\$2,637,351	\$2,708,782	\$2,801,231	\$2,803,221	\$2,803,221
1002	Other Personnel Costs	67,493	69,456	66,379	71,877	71,877
2001	Professional Fees and Services	0	51,793	51,793	51,793	51,793
2003	Consumable Supplies	620	948	5,027	2,988	2,988
2004	Utilities	3,433	2,448	2,448	2,448	2,448
2005	Travel	7,765	10,040	10,040	10,040	10,040
2006	Rent - Building	8,790	11,549	8,549	10,049	10,049
2009	Other Operating Expense	43,614	32,845	0	13,699	13,699
Total, Objects of Expense		\$2,769,066	\$2,887,861	\$2,945,467	\$2,966,115	\$2,966,115
Method of Financing:						
758	GR Match for Medicaid	\$1,220,693	\$1,278,756	\$1,307,703	\$1,317,197	\$1,317,197
555	Federal Funds 93.778.003 Medicaid at 50% Match	1,220,692	1,278,756	1,307,703	1,317,198	1,317,198
777	Interagency Contracts	327,681	330,349	330,061	331,720	331,720
Total, Method of Financing		\$2,769,066	\$2,887,861	\$2,945,467	\$2,966,115	\$2,966,115
Number of Positions (FTE)		44.5	48.0	48.0	48.0	48.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY: 02 Rate Setting						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
<p>As required by federal and state regulations, design, conduct, and interpret analyses of, program costs, and statistical data for use in rate determination. Ensure that proposed rates meet methodology requirements and achieve stated objectives. As required by federal regulation and state administrative law, develop rate determination methodologies that balance the competing requirements of cost containment, promotion of quality of care and access to care, and equity among providers. Per state statute, conduct hearings to receive public input on proposed rates. Process informal reviews of desk review and audit adjustments. Work with legal staff to resolve formal appeals of informal review decisions. Work with legal staff to resolve lawsuits pertaining to rate development and cost report adjustments. Develop inflation factors appropriate to adjust costs/rates for numerous programs. Monitor designated portions of long-term care rates pertaining to direct care staff compensation and ensure they conform to spending and /or staffing requirements tailored to each program.</p> <p>Ensure payments to nursing facilities for liability insurance are made only to facilities with liability insurance deemed appropriated by HHSC, as required by state statute. Prepare data collection instruments to collect cost and statistical data otherwise unavailable for long term care programs and train long term care providers to properly complete cost reports. Work with the Centers for Medicare and Medicaid Services to implement rate methodologies for the Texas Medicaid State Plan.</p>						
External/Internal Factors Impacting Sub-strategy:						
Changes in services and/or service providers used within the HHS enterprise or guidelines from the Centers for Medicare and Medicaid Services could impact rate analysis and rate determination operations.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY: 03 Guardianship						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$30,797	\$86,305	\$85,750	\$86,027	\$86,027
1002	Other Personnel Costs	1,200	3,060	3,046	3,053	3,053
2005	Travel	4,309	6,768	6,768	6,768	6,768
2009	Other Operating Expense	1,159	2,710	3,279	2,994	2,994
4000	Grants	595,900	530,900	530,900	530,900	530,900
	Total, Objects of Expense	\$633,365	\$629,743	\$629,743	\$629,742	\$629,742
	Method of Financing:					
1	General Revenue Fund	\$633,365	\$629,743	\$629,743	\$629,742	\$629,742
	Total, Method of Financing	\$633,365	\$629,743	\$629,743	\$629,742	\$629,742
	Number of Positions (FTE)	0.7	2.0	2.0	2.0	2.0

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-01-01		
AGENCY GOAL:	01 HHS Enterprise Oversight and Policy					
OBJECTIVE:	01 Enterprise Oversight and Policy					
STRATEGY:	01 Enterprise Oversight and Policy					
SUB-STRATEGY:	03 Guardianship					
		Expended	Estimated	Budgeted	Requested	
Code	Sub-strategy Request	2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
<p>The legislature established the HHSC 15 member Guardianship Advisory Board in 1997 to advise HHSC in the following activities: (1) To develop, and subject to appropriations, implement a statewide guardianship program to ensure that incapacitated individuals in Texas who need guardianship or less restrictive assistance receive the needed assistance; (2) To provide grants to foster the establishment and growth of local guardianship programs, local money management programs, and local legal guardianship programs, local legal guardianship programs, and local money management programs for incapacitated individuals without family, friends or funds.</p> <p>The 80th Legislature increased the number of DFPS-Adult Protective Services and DFPS-Child Protective Services investigators which has significantly increased the number of referrals to local guardianship programs for guardianship related support services. Also, federal investigations of state schools resulted in a need for a large increase in the number of guardians for state school residents from local programs.</p> <p>In addition there has been a large increase in the number of referrals from local county Probate Courts to the local guardianship programs as a result of more public awareness of Section 683, Probate Code, concerning the initiation of Court Initiated Guardianships for incapacitated individuals in local communities.</p>						
External/Internal Factors Impacting Sub-strategy:						
Population growth trends in Texas continue to impact the need for guardianship services as part of the comprehensive continuum for long-term care as more incapacitated individuals lacking family or funds require local program guardianship services to ensure their well-being.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY: 04 CRCG Adult/Child and TIF1						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$134,465	\$147,759	\$146,589	\$147,173	\$147,173
1002	Other Personnel Costs	6,126	3,788	3,758	\$3,774	\$3,774
2001	Professional Fees and Services	41,044	9,291	10,491	\$9,891	\$9,891
2003	Consumable Supplies	71	0	0	\$0	\$0
2004	Utilities	\$540	\$1,152	\$1,152	\$1,152	\$1,152
2005	Travel	\$3,734	\$6,069	\$6,069	\$6,069	\$6,069
2006	Rent - Building	\$500	\$500	\$500	\$500	\$500
2007	Rent - Machine and Other	\$0	\$1,377	\$1,377	\$1,377	\$1,377
2009	Other Operating Expense	\$874	\$2,104	\$2,104	\$2,104	\$2,104
4000	Grants	\$130,000	\$155,000	\$155,000	\$155,000	\$155,000
	Total, Objects of Expense	\$317,354	\$327,040	\$327,040	\$327,040	\$327,040
	Method of Financing:					
1	General Revenue Fund	\$317,354	\$327,040	\$327,040	\$327,040	\$327,040
	Total, Method of Financing	\$317,354	\$327,040	\$327,040	\$327,040	\$327,040
Number of Positions (FTE)		2.7	3.0	3.0	3.0	3.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL:	01 HHS Enterprise Oversight and Policy					
OBJECTIVE:	01 Enterprise Oversight and Policy					
STRATEGY:	01 Enterprise Oversight and Policy					
SUB-STRATEGY:	04 CRCG Adult/Child and TIFI					
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Sub-strategy Description and Justification:						
<p>The legislature established the Texas Integrated Funding Initiative (TIFI) in 1999 to provide guidelines in order to develop a system of care approach for children with severe emotional disturbances for community TIFI demonstration sites. HHSC uses interagency funds to develop systems of care for two communities. A State TIFI Consortium of participating state agency representatives of family and youth serves in an advisory capacity to HHSC to administer this initiative.</p> <p>Community Resources Coordination Groups (CRCGs) are county-based interagency groups comprised of public and private providers, who regularly meet to develop individual plans of service for persons with complex needs who require services from multiple agencies. Currently, Texas has 160 local CRCGs for children, youth and adults. The state CRCG office provides telephone and web-based training and technical assistance to support existing statewide CRCG operations for children and youth and in an effort to expand the CRCG model to serve adult populations.</p>						
External/Internal Factors Impacting Sub-strategy:						
Legal Base: Section 531.251-258, government Code; Section 531.055, Government Code						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY: 05 Umbilical Cord Blood Bank						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
2001	Objects of Expense: Professional Fees and Services	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
	Total, Objects of Expense	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
1	Method of Financing: General Revenue Fund	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
	Total, Method of Financing	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
Number of Positions (FTE)						
Sub-strategy Description and Justification:						
<p>HHSC received direction in Rider 58 from the 81st Legislature to continue to fund an umbilical cord blood bank contract (\$4 million) that was initiated based on H.B. 3572 from the 77th Legislature. Contract funds are for the gathering and retention of umbilical cord blood from live births for the primary purpose of making the umbilical cord blood available for recipients of transplants who are unrelated to the donors of the blood. The rider further directed HHSC to provide \$1 million in funding to support umbilical cord blood research at a Texas Academic Health Institution.</p>						
External/Internal Factors Impacting Sub-strategy:						
Economic impact to state general revenue for the 2012-13 biennium may affect continuance and or funding of this Rider.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY: 06 Border Relations						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Objects of Expense:						
1001	Salaries and Wages	\$316,538	\$349,763	\$358,612	\$358,612	\$358,612
1002	Other Personnel Costs	16,063	12,840	13,067	13,067	13,067
2001	Professional Fees and Services	164,758	752,621	743,703	748,244	748,244
2002	Fuels and Lubricants	1,658	1,417	1,417	1,417	1,417
2003	Consumable Supplies	875	164	0	0	0
2004	Utilities	2,662	3,792	3,792	3,792	3,792
2005	Travel	16,812	18,000	18,000	18,000	18,000
2006	Rent - Building	75	0	0	0	0
2009	Other Operating Expense	2,858	424	424	424	424
Total, Objects of Expense		\$522,299	\$1,139,021	\$1,139,015	\$1,143,556	\$1,143,556
Method of Financing:						
1	General Revenue Fund	\$1,552	\$2,259	\$1,593	\$1,602	\$1,602
758	GR Match for Medicaid	28,733	58,801	56,598	56,823	56,823
8010	GR Match for Title XXI (CHIP)	428	794	683	686	686
8014	GR Match for Food Stamp Administration	23,665	61,105	66,314	66,578	66,578
555	Federal Funds					
	10.561 St Admin Match Food Stamp	23,665	61,105	66,314	66,578	66,578
	93.558 Temp Assist Needy Families	5,537	11,608	11,504	11,550	11,550
	93.566 Refugee and Entrant Assis	191	451	456	457	457
	93.667 Social Svcs Block Grants	52	114	114	114	114
	93.767 CHIP	1,071	1,965	1,685	1,692	1,692

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 01 Enterprise Oversight and Policy						
SUB-STRATEGY: 06 Border Relations						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
777	93.778.003 Medicaid at 50% Match	28,733	58,803	56,598	56,823	56,823
	Interagency Contracts	408,672	882,016	877,156	880,653	880,653
	Total, Method of Financing	\$522,299	\$1,139,021	\$1,139,015	\$1,143,556	\$1,143,556
Number of Positions (FTE)		6.0	7.0	7.0	7.0	7.0
Sub-strategy Description and Justification:						
<p>The Border Affairs sub-strategy includes funding for HHS system agencies to work in the colonias and border communities and to enable colonias residents to become more self-sufficient by improving access to health and human services system, education, job training, and programs for youth and elderly persons.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Changes to staffing or functions in HHS system, as related to the Border Region, could impact Border Relations operations. Changes to economic conditions in countries of origin for residents of the Colonias, or economic conditions in Texas, could impact Border Relations operations. Increased population along the border, transportation needs, poverty, and isolation continue to limit colonias residents' access to services. Border Affairs operations require a significant amount of field work to be effective. Rising fuel costs could impact the effectiveness of services with the limited travel budget. Alternative approaches, like increased use of laptops in the field, could reduce the need for some routine field-to-office travel.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 1 HHS Enterprise Oversight and Policy						
OBJECTIVE: 1 Enterprise Oversight and Policy						
STRATEGY: 1 Enterprise Oversight and Policy						
SUB-STRATEGY: 7 Office of Acquired Brain Injury						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Objects of Expense:						
1001	Salaries and Wages	\$120,419	\$127,645	\$131,905	\$131,905	\$131,905
1002	Other Personnel Costs	1,920	3,273	3,383	\$3,383	\$3,383
2001	Professional Fees and Services	0	38,578	16,796	\$16,796	\$16,796
2003	Consumable Supplies	108	276			
2005	Travel	628	41,803	63,685	\$63,635	\$63,635
2009	Other Operating Expense	\$3,583	\$179,637	\$175,543	\$177,728	\$177,728
Total, Objects of Expense		\$126,658	\$391,212	\$391,312	\$393,447	\$393,447
Method of Financing:						
1	General Revenue Fund	\$126,658	\$141,212	\$141,312	\$143,447	\$143,447
555	Federal Funds					
	93.234 Projects of Regional and National	0	250,000	250,000	250,000	250,000
Total, Method of Financing		\$126,658	\$391,212	\$391,312	\$393,447	\$393,447
Number of Positions (FTE)		2.3	3.0	3.0	3.0	3.0
Sub-strategy Description and Justification:						
<p>During the 80th Legislature, Regular Session, 2007 HHSC requested funding and was approved funding for the Office of Acquired Brain Injury. Under Rider 51, HHSC is authorized to establish an Office of Acquired Brain injury to assist and coordinate services for person with acquired brain injury. The office is to coordinate services to families, including veterans, in order to provide them with a comprehensive system of care through federal, state and local resources.</p>						
External/Internal Factors Impacting Sub-strategy:						
A portion of program operations are funded through a federal grant.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 1 HHS Enterprise Oversight and Policy						
OBJECTIVE: 1 Enterprise Oversight and Policy						
STRATEGY: 1 Enterprise Oversight and Policy						
SUB-STRATEGY: 8 Office for the Elimination of Health Disparities (OEHD)						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Objects of Expense:						
1001	Salaries and Wages	\$190,053	\$192,215	\$217,722	\$217,723	\$217,723
1002	Other Personnel Costs	1,860	4,928	5,583	\$5,582	\$5,582
2001	Professional Fees and Services	63,279	73,865	71,428	\$72,647	\$72,647
2003	Consumable Supplies	4,521	209	209	\$209	\$209
2004	Utilities	234	700	700	\$700	\$700
2005	Travel	\$11,615	\$12,114	\$12,114	\$12,114	\$12,114
2006	Rent - Building	\$550	\$0	\$0	\$0	\$0
2007	Rent - Machine and Other	\$0	\$100	\$100	\$100	\$100
2009	Other Operating Expense	\$40,593	\$17,145	\$16,132	\$16,639	\$16,639
4000	Grants	\$114,000	\$152,000	\$152,000	\$152,000	\$152,000
Total, Objects of Expense		\$426,705	\$453,276	\$475,988	\$477,714	\$477,714
Method of Financing:						
1	General Revenue Fund	\$325,556	\$346,848	\$350,635	\$351,854	\$351,854
555	Federal Funds					
	93.006 HIV/AIDS Demonstration Program	\$101,149	\$106,428	\$125,353	\$125,860	\$125,860
Total, Method of Financing		\$426,705	\$453,276	\$475,988	\$477,714	\$477,714
Number of Positions (FTE)		3.3	5.0	5.0	5.0	5.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL:	1 HHS Enterprise Oversight and Policy					
OBJECTIVE:	1 Enterprise Oversight and Policy					
STRATEGY:	1 Enterprise Oversight and Policy					
SUB-STRATEGY:	8 Office for the Elimination of Health Disparities (OEHD)					
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Sub-strategy Description and Justification:						
<p>The Office for the Elimination of Health Disparities (OEHD) sub-strategy includes state and federal funding to reduce racial, ethnic, geographic and other health disparities throughout Texas. Efforts are focused across enterprise programs, disciplines and service systems. Activities include: identifying internal/external partners, resources and opportunities for collaboration to address health disparities; working with research and policy institutions to develop and promote evidence-based interventions and research; providing internal/external technical assistance, training, education and evaluation of health promotion and disease prevention programs, cultural competency, health literacy and strategic planning.</p> <p>The 80th Texas Legislature transferred the OEHD from the Texas Department of State Health Services to HHSC. The relocation to HHSC affords OEHD the opportunity to apply an integrated approach and partner with other health and human services agencies.</p> <p>OEHD received an interagency contract with Texas Department of State Health Services (DSHS) from July 2010 through February 2012. Its purpose is to provide cultural-appropriateness consulting to DSHS and its local partners related to its federal ARRA Prevention and Wellness grant.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Texas has many underserved geographic areas and the population is growing rapidly and becoming increasingly diverse. OEHD addresses these demographic challenges by implementing statewide, multilevel strategies and provides administrative support to the Health Disparities Task Force. Without adequate funding for OEHD efforts, demographic changes anticipated in the next decade, and the effects of aging, will magnify health disparities, which if left unattended, will reduce the state's productivity and increase human service costs.</p> <p>OEHD initiatives demonstrate promising results in: societal and cost benefits for reducing morbidity and mortality rates; strengthening the workforce of Texas by having a healthier population; cost-benefits through coordinated provision of services and pooling resources to enhance communication as well as planning and implementation of health disparities programs targeting the same populations. Culturally and linguistically appropriate health care results in better health outcomes.</p> <p>Note: OEHD federal grant funding for the Texas Partnership to Address and Eliminate Health Disparities (coded by the federal government as HIV/AIDS Demonstration Program) may not be available in FY 2011 due to the current grant project ending in FY 2010.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 1 HHS Enterprise Oversight and Policy						
OBJECTIVE: 1 Enterprise Oversight and Policy						
STRATEGY: 1 Enterprise Oversight and Policy						
SUB-STRATEGY: 9 Texas Office for the Prevention of Developmental Disabilities (TOPDD)						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$173,328	\$159,700	\$160,704	\$160,703	\$161,450
1002	Other Personnel Costs	3,840	4,056	4,121	4,121	4,140
2001	Professional Fees and Services	158,265	167,724	167,050	163,724	162,958
2003	Consumable Supplies	1,354	604	604	604	604
2004	Utilities	204	725	711	711	711
2005	Travel	13,157	20,994	20,994	20,994	20,994
2006	Rent - Building	0	1,079	1,093	1,093	1,093
2009	Other Operating Expense	13,170	12,804	12,410	12,410	12,410
	Total, Objects of Expense	\$363,318	\$367,686	\$367,687	\$364,360	\$364,360
	Method of Financing:					
1	General Revenue Fund	\$108,543	\$111,805	\$111,805	\$111,805	\$111,805
555	Federal Funds					
	93.643 Children's Justice Grants	52,215	4,627	4,627	0	0
666	Appropriated Receipts	202,560	251,254	251,255	252,555	252,555
	Total, Method of Financing	\$363,318	\$367,686	\$367,687	\$364,360	\$364,360
	Number of Positions (FTE)	3.6	4.0	4.0	4.0	4.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL:	1 HHS Enterprise Oversight and Policy					
OBJECTIVE:	1 Enterprise Oversight and Policy					
STRATEGY:	1 Enterprise Oversight and Policy					
SUB-STRATEGY:	9 Texas Office for the Prevention of Developmental Disabilities (TOPDD)					
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Sub-strategy Description and Justification:						
<p>The Texas Office for Prevention of Developmental Disabilities (TOPDD) minimizes the economic and human losses caused by preventable developmental disabilities (PDD). TOPDD operates under Human Resources Code Section 112.051, and is administratively attached to HHSC. TOPDD studies the incidence and causes of PDD, identifies the highest priority areas and strategies to address them to develop and coordinate prevention services. TOPDD applies for funding which is used for health and human services enterprise prevention programs. Two high priority issues for TOPDD are preventing both prenatal alcohol exposure and accidents causing traumatic brain injuries. With one child in 100 impacted by FASD, it is the leading cause of PDD, including mental retardation. The annual cost per child with FAS (children with FAS exhibit physical issues in addition to the neurological problems) is approximately \$ 1.4 million. TOPDD is implementing a CDC-proven model to prevent FASD through a network of substance abuse treatment facilities. As the state-appointed member of the leadership network on FASD, TOPDD engages Texas in a national movement to prevent FASD.</p> <p>During FY 2009 and FY 2010, TOPDD received a federal grant from the Texas Center for the Judiciary to present training to Court-Appoint Special Advocates for Children on topics including assisting with identifying children with FASD, intervention strategies to use on behalf of children with FASD and ways to assist these children in the justice system.</p> <p>With over 92% of children in Texas riding bicycles without helmets, (a very common cause of injury incidents), TOPDD uses bicycle safety as a platform to prevent brain injuries.</p> <p>TOPDD has a comprehensive, state of the art, training program which connects prevention experts with major stakeholders in prevention to implement best practices in reducing the incidence and severity of PDD. TOPDD strengthens the effectiveness and efficiency of our prevention system to provide a cost effective approach that both reduces the costs associated with PDD and their human impact.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>TOPDD is dependent on the funds it leverages and distributes (federal and foundation support) to fulfill its mission. These funds far exceed the agency's general revenue budget. Factors such as population growth and the number of stakeholders across the health and human services enterprise to engage in prevention are among the challenges for an agency with a big mission and a small staff.</p>						
<p>Note: At the time of the preparation for the LAR, no information regarding future donations for FY 2011-2013 was available.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 1 HHS Enterprise Oversight and Policy						
OBJECTIVE: 1 Enterprise Oversight and Policy						
STRATEGY: 1 Enterprise Oversight and Policy						
SUB-STRATEGY: 10 Nurse Family Partnership						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$52,631	\$126,370	\$126,589	\$126,588	\$126,588
1002	Other Personnel Costs	\$280	\$3,240	\$3,246	\$3,246	\$3,246
2001	Professional Fees and Services	\$0	\$2,450	\$2,450	\$2,450	\$2,450
2003	Consumable Supplies	\$532	\$0	\$0	\$0	\$0
2004	Utilities	\$1,273	\$2,000	\$2,000	\$2,000	\$2,000
2005	Travel	10,563	8,016	8,016	8,016	8,016
2006	Rent- Building	385	385	385	385	385
2009	Other Operating Expense	39,474	57,509	57,284	57,397	57,397
4000	Grants	7,561,900	8,700,030	8,700,030	8,700,030	8,700,030
Total, Objects of Expense		\$7,667,038	\$8,900,000	\$8,900,000	\$8,900,112	\$8,900,112
	Method of Financing:					
1	General Revenue Fund	\$2,467,038	\$5,600,000	\$5,600,000	\$5,600,112	\$5,600,112
555	Federal Funds					
	93.558 Temp Assist Needy Families	5,200,000	3,300,000	3,300,000	3,300,000	3,300,000
Total, Method of Financing		\$7,667,038	\$8,900,000	\$8,900,000	\$8,900,112	\$8,900,112
Number of Positions (FTE)		0.8	2.0	2.0	2.0	2.0
Sub-strategy Description and Justification:						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL:	1 HHS Enterprise Oversight and Policy					
OBJECTIVE:	1 Enterprise Oversight and Policy					
STRATEGY:	1 Enterprise Oversight and Policy					
SUB-STRATEGY:	10 Nurse Family Partnership					
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
<p>S.B. 156, 80th Legislature, Regular Session, 2007 directs HHSC to implement the Nurse- Family Partnership Competitive Grant Program to serve approximately 2,000 families in TX. This was also required thru HHSC Rider 63 in the 2008-2009 General Appropriations Act. Through the program bachelor's prepared registered nurses begin visiting low-income, first-time pregnant woman no later than the 28th week of pregnancy and continues to visit the families until the child turns 2 years old. NFP is an evidence based, nurse home visitation model that works to improve pregnancy outcomes, child health and development outcomes, and families' self sufficiency. Legislation requires that grantees strictly adhere to the program model by the NFP National Services Office. Eleven organizations across the state have been awarded contracts to implement the Texas Nurse-Family Partnership program. Implementation began on September 1, 2008.</p> <p>The TNFP Request for Proposal to serve 200 additional families for a total of 2,000 families statewide, is currently pending award announcements.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>The cost estimate for an initial year of TNFP operation was \$9.4 million of which \$7.9 million was appropriated by Rider 63 in the 2008-2009 General Appropriations Act. In Rider 63 of the 2008-2009 General Appropriations Act, a single year of funding was appropriated for the implementation of the Texas Nurse-Family Partnership (TNFP). In order for the desired 2,000 families to be served, the 81st Texas Legislature annualized the program and provided appropriations to serve 200 more families for a total of 2,000 families each year in the 2010-2011 biennium (\$17.8 million). In order for the program to continue providing services to 2,000 families with fidelity to the model, maintaining the appropriations from the 2010-2011 biennium in the 2012-2013 biennium is necessary.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 1 HHS Enterprise Oversight and Policy						
OBJECTIVE: 1 Enterprise Oversight and Policy						
STRATEGY: 1 Enterprise Oversight and Policy						
SUB-STRATEGY: 11 Red Light Trauma						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
4000	Objects of Expense: Grants	\$13,395,932	\$0	\$0	\$0	\$0
	Total, Objects of Expense	\$13,395,932	\$0	\$0	\$0	\$0
5137	Method of Financing: Red Light Trauma Fund	\$13,395,932	\$0	\$0	\$0	\$0
	Total, Method of Financing	\$13,395,932	\$0	\$0	\$0	\$0
Number of Positions (FTE)						
Sub-strategy Description and Justification:						
<p>HB 4586 Section 7, appropriated GR-Dedicated Funds under Strategy A.1.1. Enterprise Oversight and Policy to the Health and Human Services Commission for state fiscal year ending August 31, 2009. These funds are from the Regional Trauma Account 5137 and were used to reimburse uncompensated trauma care through the Department of State Health Services. A percentage of money collected from fines generated by photographic traffic signal enforcement is used to help fund trauma facilities (96 percent) and emergency medical services (EMS) (4 percent) in the state pursuant to legislative requirements.</p>						
External/Internal Factors Impacting Sub-strategy:						
HHSC would need annual appropriation authority for GR 5137 to expand the revenue deposited in the account by the Comptroller.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 1 HHS Enterprise Oversight and Policy						
OBJECTIVE: 1 Enterprise Oversight and Policy						
STRATEGY: 1 Enterprise Oversight and Policy						
SUB-STRATEGY: 12 Other (Exec Commissioner, Deputies, Communications, Legal)						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$12,496,226	\$13,287,680	\$13,876,539	\$14,041,417	\$14,040,670
1002	Other Personnel Costs	514,825	418,593	432,177	436,439	436,420
2001	Professional Fees and Services	3,631,839	7,566,335	11,698,304	17,689,086	12,683,280
2002	Fuels and Lubricants	2,377	2,449	2,320	2,320	2,320
2003	Consumable Supplies	102,148	123,332	228,381	173,182	173,199
2004	Utilities	596,931	540,867	441,702	775,842	774,573
2005	Travel	120,663	186,117	179,194	182,655	182,655
2006	Rent - Building	806,093	843,652	808,013	809,137	809,147
2007	Rent - Machine and Other	309,369	377,792	341,048	374,052	374,422
2009	Other Operating Expense	1,895,595	1,584,006	1,501,090	1,860,497	1,871,619
4000	Grants	286,145	0	0	0	0
5000	Capital Expenditures	8,468	8,092	7,883	29,621	7,883
	Total, Objects of Expense	\$20,770,679	\$24,938,915	\$29,516,651	\$36,374,248	\$31,356,188
	Method of Financing:					
1	General Revenue Fund	\$4,191,838	\$4,706,253	\$3,073,645	\$3,294,902	\$3,294,622
758	GR Match for Medicaid	2,261,545	2,875,984	2,872,421	3,356,988	3,356,866
8010	GR Match for Title XXI (CHIP)	67,414	80,145	75,687	78,556	78,554
8014	GR Match for Food Stamp Administration	1,851,511	1,946,783	2,011,397	2,053,791	2,054,195
8891	80(R) Supplemental: GR Match for Medicaid	500,000	0	0	0	0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-01		
AGENCY GOAL: 1 HHS Enterprise Oversight and Policy						
OBJECTIVE: 1 Enterprise Oversight and Policy						
STRATEGY: 1 Enterprise Oversight and Policy						
SUB-STRATEGY: 12 Other (Exec Commissioner, Deputies, Communications, Legal)						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
555	Federal Funds					
	00.000.001 Comptroller Misc. Claims Fed Fnd Payments					
	10.561 St Admin Match Food Stamp	1,851,509	1,946,783	2,011,397	2,053,791	2,053,707
	93.104	2,854	3,083	3,083	0	0
	93.110 Maternal and Child Health Federal	113,602	72,957	72,957	83,439	83,439
	93.243	0	0	0	3,083	3,083
	93.558 Temp Assist Needy Families	509,801	595,774	437,767	596,197	476,032
	93.566 Refugee and Entrant Assis	3,872	3,963	4,137	4,238	4,238
	93.667 Social Svcs Block Grants	154,293	143,251	138,344	137,847	137,841
	93.719	0	757,497	6,744,413	12,721,515	7,824,115
	93.767 CHIP	170,106	197,338	186,325	192,664	192,658
	93.778.002 Medicaid Reimburse Admin	0	0	0	100,920	100,798
	93.778.003 Medicaid at 50% Match	2,763,250	2,876,078	2,871,288	3,247,169	3,247,169
777	Interagency Contracts	6,329,084	8,733,026	9,013,790	8,449,148	8,448,871
Total, Method of Financing		\$20,770,679	\$24,938,915	\$29,516,651	\$36,374,248	\$31,356,188
Number of Positions (FTE)		221.6	225.6	228.1	228.1	228.1
Sub-strategy Description and Justification:						
This strategy represents in HHSC that are not a part of a specific sub-strategy and includes the agency's cost pool expenses charged to this strategy.						
External/Internal Factors Impacting Sub-strategy:						

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
01	2-1-1	\$12,204,668	\$14,976,916	\$14,976,916	\$12,206,633	\$12,206,633
02	Enrollment Broker	\$41,033,563	\$44,937,637	\$46,164,016	\$50,794,293	\$53,312,557
03	Eligibility Determination	\$403,356,963	\$468,634,833	\$498,401,167	\$495,726,332	\$501,810,153
04	Policy, Training and State Support	\$38,869,645	\$44,326,746	\$39,913,382	\$34,480,511	\$34,480,511
05	TIERS and Eligibility Supporting Technologies	\$80,600,485	\$102,420,786	\$114,208,703	\$131,597,070	\$118,005,503
06	Electronic Benefits Transfer (EBT)	\$15,107,518	\$16,929,071	\$17,220,998	\$17,099,278	\$17,099,278
07	Ombudsman	\$2,137,186	\$2,370,456	\$2,372,560	\$2,738,751	\$2,738,751
08	Healthy Marriage	\$12,891,564	\$4,180,657	\$4,180,657	\$3,920,732	\$3,920,732
09	Other	\$57,872,239	\$72,141,259	\$77,749,788	\$73,259,744	\$73,500,177
Total, Sub-strategies		\$664,073,831	\$770,918,361	\$815,188,187	\$821,823,344	\$817,074,295

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 01 2-1-1						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$455,777	\$603,406	\$603,406	\$536,305	\$536,305
1002	Other Personnel Costs	\$8,740	\$10,660	\$10,660	\$10,040	\$10,040
2001	Professional Fees and Services	\$11,466,498	\$14,087,352	\$14,087,352	\$11,622,410	\$11,622,410
2003	Consumable Supplies	\$1,463	\$7,000	\$7,000	\$0	\$0
2004	Utilities	\$10,119	\$9,300	\$9,300	\$9,300	\$9,300
2005	Travel	\$18,538	\$27,878	\$27,878	\$27,878	\$27,878
2006	Rent- Building	\$200	\$700	\$700	\$700	\$700
2009	Other Operating Expenses	243,333	\$230,620	\$230,620	0	0
	Total, Objects of Expense	\$12,204,668	\$14,976,916	\$14,976,916	\$12,206,633	\$12,206,633
	Method of Financing:					
001	General Revenue	\$7,394	8,785	8,785	\$8,705	\$8,705
0758	GR Match for Medicaid	\$2,416,107	\$2,431,883	\$2,431,883	\$2,409,738	\$2,409,738
8010	GR Match for CHIP	\$214,372	\$210,298	\$210,298	\$208,383	\$208,383
8014	GR Match for Food Stamp Administration	\$2,474,839	\$2,601,549	\$2,601,549	\$2,577,859	\$2,577,859
	Subtotal General Revenue Funds	\$5,112,712	\$5,252,515	\$5,252,515	\$5,204,685	\$5,204,685

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 01 2-1-1						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
555	Federal Funds					
10.561.000	State Admin Matching for Food Stamp Program - 50%	\$2,474,839	\$2,601,550	\$2,601,550	\$2,577,859	\$2,577,859
93.558.000	TANF (001 GR)	\$171,951	\$169,117	\$169,117	\$167,577	\$167,577
93.566.000	Refugee and Entrant Assistance_State Administered Programs	\$7,824	\$8,785	\$8,785	\$8,705	\$8,705
93.767.000	CHIP	\$539,265	\$517,784	\$517,784	\$513,069	\$513,069
93.778.003	Medical Assistance Program - 50%	\$2,416,106	\$2,431,883	\$2,431,883	\$2,409,738	\$2,409,738
97.073.000	State Homeland Security	\$180,000	\$180,000	\$180,000	\$300,000	\$300,000
666	Other: Appropriated Receipts: 666	\$347,752	\$266,180	\$266,180		
777	Interagency Contracts	\$954,219	\$3,549,102	\$3,549,102	\$1,025,000	\$1,025,000
Total, Method of Financing		\$12,204,668	\$14,976,916	\$14,976,916	\$12,206,633	\$12,206,633
Number of Positions (FTE)		9.0	15.0	15.0	13.0	13.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02	
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy					
OBJECTIVE: 01 Enterprise Oversight and Policy					
STRATEGY: 02 Integrated Eligibility and Enrollment					
SUB-STRATEGY: 01 2-1-1					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested
		2009	2010	2011	2012 2013
Sub-strategy Description and Justification:					
<p>The 2-1-1 sub-strategy consists of the Texas Information and Referral Network (TIRN). TIRN is a collaboration effort in which HHSC contracts with Area Information Centers (AIC) to provide statewide comprehensive human services information and referral with calls answered by local operators and the sharing of statewide resources databases coupled with local databases. The local AICs augment state contracted funding with local resources. The 2-1-1 TIRN also serves as the primary communication channel for people affected by disasters who are seeking information about available services and as the ongoing transportation registry for people requesting assistance with evacuation in the event of a disaster. The 2-1-1 TIRN receives funding from Texas Workforce Commission and the Texas Department of Agriculture to provide child care and summer nutrition information and referral. During 2010, the Department of State Health Services provided funding through an interagency contract to establish a joint call center protocol for responding to public health emergencies (i.e., H1N1).</p>					
External/Internal Factors Impacting Sub-strategy:					
<p>External and internal factors affecting the 2-1-1 sub-strategy include: call volume and duration; availability of local financial resources; changes in availability and demand for services; the interagency contracts and funding from the Texas Workforce Commission, Texas Department of Emergency Management, Texas Department of Health and Human Services, and the Texas Department of Agriculture; the number and severity of disasters; and the need to have infrastructure capable of addressing needs and volume during disasters.</p>					

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Statewide Goal Code:	Strategy Code:			
529	Health and Human Services Tracy Henderson	3	01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		02 Enrollment Broker				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
2001	Professional Fees and Services	\$36,984,761	\$39,192,554	\$40,331,091	\$45,249,591	\$47,513,682
2003	Consumable Supplies		\$15,000	\$15,000	\$15,000	\$15,000
2005	Travel	\$1,245				
2009	Other Operating Expenses	\$4,047,557	\$5,730,083	\$5,817,925	\$5,529,702	\$5,783,875
	Total, Objects of Expense	\$41,033,563	\$44,937,637	\$46,164,016	\$50,794,293	\$53,312,557
	Method of Financing:					
0758	GR Match for Medicaid	\$17,652,368	\$18,199,586	\$18,698,801	\$20,843,629	\$21,996,901
8010	GR Match for CHIP	\$1,496,295	\$2,294,989	\$2,358,117	\$2,451,725	\$2,510,935
	Subtotal General Revenue Funds	\$19,148,663	\$20,494,575	\$21,056,918	\$23,295,354	\$24,507,836
555	Federal Funds					
93.767.000	CHIP	\$3,772,507	\$5,963,398	\$6,128,218	\$6,374,108	\$6,526,618
93.778.003	Medical Assistance Program - 50%	\$17,652,368	\$18,199,586	\$18,698,802	\$20,843,629	\$21,996,901

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		02 Enrollment Broker				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
666	Other: Appropriated Receipts: 666	\$180,509				
777	Interagency Contracts	\$279,516	\$280,078	\$280,078	\$281,202	\$281,202
Total, Method of Financing		\$41,033,563	\$44,937,637	\$46,164,016	\$50,794,293	\$53,312,557
Number of Positions (FTE)		0.0	0.0	0.0	0.0	0.0
Sub-strategy Description and Justification:						
<p>The enrollment broker sub-strategy is the enrollment of CHIP and Medicaid clients into managed care arrangements. The enrollment broker provides, outreach, education, and enrollment services to managed care clients. The function is provided by a private contractor, but also includes related postage expense. In CHIP, the enrollment broker also calculates the cost-sharing amount and assesses the enrollment fee. Enrollment broker expenditures are dependent on the number of Medicaid and CHIP managed care clients.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>External and internal factors impacting enrollment broker services include: 1) changes in caseload; 2) changes in caseload mix; 3) changes in managed care programs and populations covered; 4) re-procurement of contracted services; and 5) changes in federal statutes and regulations.</p> <p>Expansion of the Medicaid managed care model as requested in some Exceptional Items could increase enrollment broker costs.</p>						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Statewide Goal Code:	Strategy Code:			
529	Health and Human Services Tracy Henderson	3	01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		03 Eligibility Determination				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$263,750,624	\$293,671,223	\$299,332,069	\$299,229,128	\$299,229,128
1002	Other Personnel Costs	\$8,342,576	\$14,179,535	\$10,002,447	\$11,832,299	\$11,832,299
2001	Professional Fees and Services	\$89,135,673	\$113,829,305	\$136,894,501	\$132,637,027	\$138,001,448
2003	Consumable Supplies	\$1,413,238	\$3,078,735	\$3,522,067	\$3,333,763	\$3,333,763
2004	Utilities	\$299,953	\$1,303,508	\$1,797,338	\$1,340,124	\$1,340,125
2005	Travel	\$8,724,616	\$9,946,160	\$12,691,181	\$9,811,368	\$9,811,368
2006	Rent- Building	\$1,074,962	\$1,152,672	\$1,154,521	\$1,515,978	\$1,673,159
2007	Rent- Machine and Other	\$98,088	\$453,284	\$496,149	\$468,424	\$468,424
2009	Other Operating Expenses	\$30,510,743	\$30,805,411	\$32,510,894	\$35,550,384	\$36,112,602
5000	Capital Expenditures	\$6,490	\$215,000		\$7,837	\$7,837
	Total, Objects of Expense	\$403,356,963	\$468,634,833	\$498,401,167	\$495,726,332	\$501,810,153
	Method of Financing:					
001	General Revenue	\$4,512,755	\$ 12,404,238	\$15,131,806	\$7,348,923	\$7,093,952
0758	GR Match for Medicaid	\$47,876,602	\$ 80,033,571	\$92,194,685	\$125,210,854	\$126,469,038
8010	GR Match for CHIP	\$6,330,421	\$ 14,295,840	\$11,158,086	\$9,777,551	\$9,974,344
8014	GR Match for Food Stamp Administration	\$73,964,316	\$ 99,826,911	\$106,563,667	\$85,533,982	\$86,880,999

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Statewide Goal Code:	Strategy Code:			
529	Health and Human Services Tracy Henderson	3	01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		03 Eligibility Determination				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
8025	Tobacco Match for CHIP	\$4,409,255				
8891	Supplemental GR for Medicaid	32,000,000				
	Subtotal General Revenue Funds	\$169,093,349	\$206,560,560	\$225,048,244	\$227,871,310	\$230,418,333
555	Federal Funds					
10.561.000	State Admin Matching for Food Stamp Program	\$73,964,311	\$ 104,255,967	\$118,682,305	\$95,933,982	\$97,280,999
10.561.003	SNAP-ARRA	\$13,843,316	\$ 13,987,018			
93.558.000	TANF (001 GR)	\$20,443,876	\$ 10,657,553	\$10,762,408	\$10,661,988	\$11,089,321
93.566.000	Refugee and Entrant Assistance_State Admini	\$208,159	\$ 253,891	\$263,430	\$395,120	\$397,929
93.767.000	CHIP	\$27,083,074	\$ 34,873,144	\$40,363,883	\$25,252,486	\$25,753,940
93.778.003	Medical Assistance Program - 50%	\$89,224,834	\$ 87,595,774	\$93,109,516	\$125,211,446	\$126,469,631
93.778.007	Medical Assistance Program - 100%	\$147,534	\$ 36,098	\$37,561		
666	Other: Appropriated Receipts: 666	\$9,348,510	\$ 10,414,828	\$10,133,820	\$10,400,000	\$10,400,000
777	Interagency Contracts					
	Total, Method of Financing	\$403,356,963	\$468,634,833	\$498,401,167	\$495,726,332	\$501,810,153
	Number of Positions (FTE)	7948.0	8532.0	8632.0	8567.0	8567.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		03 Eligibility Determination				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
Eligibility Determination is taking applications, processing recertification's, and determining eligibility and benefits for TANF cash assistance, state program cash assistance, SNAP, Medicaid, CHIP and Refugee cash and medical assistance. It consists of HHSC benefit office staff, HHSC and contractor call center operations, document processing services, HHSC centralized eligibility and benefit staff, and vendor and state operations management.						
External/Internal Factors Impacting Sub-strategy:						
External and internal factor affecting the eligibility determination sub-strategy include 1) TIERS rollout schedule and SAVERR decommissioning; 2) caseload/workload growth and caseload mix changes; 3) staff retention and recruitment; 4) laws and standards for case decision timeless and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 5) cost allocation factor changes affecting the demand for general revenue; 6) re-procurements of contracted services; 7) Federal program and policy changes; 8) implementation of program and policy changes from state legislation; 9) disasters; and 10) state and federal external oversight and review.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		04 Policy, Training, and State Support				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$17,990,485	\$19,392,165	\$19,447,574	\$17,957,515	\$17,957,515
1002	Other Personnel Costs	\$691,426	\$727,284	\$728,760	\$728,942	\$728,942
2001	Professional Fees and Services	\$15,282,822	\$18,836,903	\$15,034,319	\$11,151,128	\$11,151,128
2003	Consumable Supplies	\$45,539	\$1,134,063	\$446,398	\$136,628	\$136,628
2004	Utilities	\$431,415	\$265,491	\$265,491	\$253,307	\$253,307
2005	Travel	\$1,550,760	\$1,586,069	\$1,586,069	\$1,576,691	\$1,576,691
2006	Rent- Building	\$650	\$3,300	\$3,300	\$3,300	\$3,300
2007	Rent- Machine and Other	\$44,817	\$60,355	\$60,355	\$54,961	\$54,961
2009	Other Operating Expenses	\$2,831,731	\$2,321,116	\$2,341,116	\$2,618,039	\$2,618,039
	Total, Objects of Expense	\$38,869,645	\$44,326,746	\$39,913,382	\$34,480,511	\$34,480,511
	Method of Financing:					
001	General Revenue	\$45,108	\$ 49,922	\$46,392	\$43,291	\$43,291
0758	GR Match for Medicaid	\$7,928,648	\$ 8,722,153	\$7,744,814	\$5,745,920	\$5,745,920
8010	GR Match for CHIP	\$701,363	\$ 682,180	\$597,664	\$433,431	\$433,431
8014	GR Match for Food Stamp Administration	\$7,276,579	\$ 8,689,968	\$7,644,442	\$7,238,207	\$7,238,207
	Subtotal General Revenue Funds	\$15,951,698	\$18,144,223	\$16,033,312	\$13,460,849	\$13,460,849

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		04 Policy, Training, and State Support				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
555	Federal Funds					
10.561.000	State Admin Matching for Food Stamp Program	\$11,602,241	\$ 14,990,903	\$13,945,377	\$13,528,712	\$13,528,712
10.551.000	Food Stamps	\$2,984				
93.558.000	TANF (001 GR)	\$1,583,465	\$ 752,163	\$684,197	\$644,959	\$644,959
93.566.000	Refugee and Entrant Assistance_State Admini	\$30,929	\$ 38,045	\$34,514	\$33,063	\$33,063
93.767.000	CHIP	\$1,769,684	\$ 1,679,259	\$1,471,169	\$1,067,008	\$1,067,008
93.778.003	Medical Assistance Program - 50%	\$7,928,644	\$ 8,722,153	\$7,744,813	\$5,745,920	\$5,745,920
666	Other: Appropriated Receipts: 666					
777	Interagency Contracts					
Total, Method of Financing		\$38,869,645	\$44,326,746	\$39,913,382	\$34,480,511	\$34,480,511
Number of Positions (FTE)		393.0	426.0	426.0	393.0	393.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02		
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy			
OBJECTIVE:		01 Enterprise Oversight and Policy			
STRATEGY:		02 Integrated Eligibility and Enrollment			
SUB-STRATEGY:		04 Policy, Training, and State Support			
		Expended	Estimated	Budgeted	Requested
Code	Sub-strategy Request	2009	2010	2011	2012 2013
Sub-strategy Description and Justification:					
<p>The Policy, Training, and State Support sub-strategy consists of staff who develop policy for TANF, SNAP, Medicaid and CHIP eligibility; trainers who develop and deliver curriculum for state eligibility determination staff and the eligibility support services vendor; quality control and quality assurance activities related to the determination of eligibility and issuance of benefits; HHSC's contribution to the Texas Council on Economic and Workforce Competitiveness; special initiatives including nutrition education, SNAP outreach and application assistance through Food Banks, Children's Medical Coverage Outreach; and the state level oversight of these functions.</p>					
External/Internal Factors Impacting Sub-strategy:					
<p>External and internal factors affecting the policy, training and state support sub-strategy include 1) TIERS rollout schedule and SAVERR decommissioning; 2) caseload/workload growth and caseload mix changes; 3) staff retention and recruitment; 4) laws and standards for case decision timeless and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 5) cost allocation factor changes affecting the demand for general revenue; 6) re-procurements of contracted services; 7) Federal program and policy changes; 8) implementation of program and policy changes from state legislation; 9) disasters; and 10) state and federal external oversight and review.</p>					

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02			
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 05 TIERS and Eligibility Supporting Technologies Non-Capital						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$11,635,115	\$13,355,028	\$13,303,675	\$13,468,427	\$11,492,697
1002	Other Personnel Costs	\$338,285	\$315,100	\$311,917	\$287,389	\$287,389
2001	Professional Fees and Services	\$29,172,565	\$51,069,349	\$62,711,594	\$81,381,338	\$69,889,869
2003	Consumable Supplies	\$4,568	\$9,923	\$9,923	\$10,304	\$10,304
2004	Utilities	\$16,874,289	\$19,246,672	\$19,324,221	\$17,429,671	\$17,429,670
2005	Travel	\$704,834	\$847,478	\$864,977	\$576,547	\$564,880
2006	Rent- Building	\$1,000				
2009	Other Operating Expenses	\$21,869,829	\$17,577,236	\$17,682,396	\$18,443,394	\$18,330,694
	Total, Objects of Expense	\$80,600,485	\$102,420,786	\$114,208,703	\$131,597,070	\$118,005,503
	Method of Financing:					
001	General Revenue	\$63,535	\$ 108,790	\$360,121	\$295,622	\$217,586
0758	GR Match for Medicaid	\$17,514,137	\$ 22,294,850	\$24,715,254	\$28,748,215	\$25,565,169
8010	GR Match for CHIP	\$2,339,462	\$ 2,719,261	\$3,087,312	\$3,318,636	\$3,168,839
8014	GR Match for Food Stamp Administration	\$17,411,639	\$ 22,471,522	\$22,620,803	\$29,512,526	\$26,634,568
	Subtotal General Revenue Funds	\$37,328,773	\$47,594,423	\$50,783,490	\$61,874,999	\$55,586,162

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		05 TIERS and Eligibility Supporting Technologies Non-Capital				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
555	Federal Funds					
10.561.000	State Admin Matching for Food Stamp Program	\$17,411,639	\$ 22,998,574	\$28,190,937	\$29,512,526	\$26,634,568
93.558.000	TANF (001 GR)	\$1,822,144	\$ 2,084,114	\$2,095,513	\$2,462,750	\$1,995,999
93.566.000	Refugee and Entrant Assistance_State Admini	\$67,895	\$ 61,248	\$69,012	\$70,231	\$61,934
93.767.000	CHIP	\$5,893,749	\$ 6,889,674	\$7,824,161	\$8,428,238	\$8,066,667
93.778.003	Medical Assistance Program - 50%	\$17,284,213	\$ 21,873,741	\$24,327,194	\$28,523,592	\$25,528,025
93.778.004	Medical Assistance Program - 75%	\$689,281	\$ 873,480	\$854,525	\$674,445	\$111,870
93.778.005	Medical Assistance Program - 90%	\$1,450				
666	Other: Appropriated Receipts: 666					
777	Interagency Contracts	\$101,341	\$ 45,532	\$63,871	\$50,289	\$20,278
Total, Method of Financing		\$80,600,485	\$102,420,786	\$114,208,703	\$131,597,070	\$118,005,503
Number of Positions (FTE)		223.0	238.0	238.0	238.0	238.0
Sub-strategy Description and Justification:						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02			
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 05 TIERS and Eligibility Supporting Technologies Non-Capital						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
<p>The TIERS and eligibility supporting technologies non-capital sub-strategy consists of the cost of TIERS, SAVERR and eligibility supporting technologies not meeting the definition of capital, and, thus not included in the TIERS and Eligibility Supporting Technologies capital strategy (06-01-01). It includes state staff overseeing, managing and operating the systems, databases, security, hosting, architecture platform, applications supporting eligibility determination and enrollment into managed care, and state staff providing onsite technology support in local benefit offices and call centers. State staffs are assisted by staff augmentation contractors possessing skills not available from state employees. Vendors providing application maintenance, hosting and other services are also in the sub-strategy as well as payments to DIR for voice, data, SAVERR mainframe support in the state consolidated data center, and telephony.</p> <p>Funding for FY 2012-13 assumes adjustments for SAVERR decommissioning, completion of TIERS rollout schedule, caseload growth and mix changes, TIERS transition to operations, and replacement of SNAP-DoD funding. FY 2013 does not include funding for SAVERR state staff/contractors.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>External and internal factors affecting TIERS and eligibility supporting technologies non-capital include 1) TIERS rollout schedule and SAVERR decommissioning; 2) caseload/workload growth; 3) caseload mix changes; 4) system capacity; 5) staff retention and recruitment; 6) training; 7) laws and standards for case decision timelessness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 8) cost allocation factor changes affecting the demand for general revenue; 9) re-procurements of contracted services; 10) Federal program and policy changes; 11) implementation of program and policy changes from state legislation; 12) disasters; and 13) state and federal external oversight and review.</p>						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Statewide Goal Code:	Strategy Code:			
529	Health and Human Services Tracy Henderson	3	01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		06 Electronic Benefits Transfer (EBT)				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$926,834	\$1,023,349	\$1,023,349	\$1,023,450	\$1,023,450
1002	Other Personnel Costs	\$18,737	\$17,280	\$17,280	\$17,280	\$17,280
2001	Professional Fees and Services	\$13,923,673	\$15,621,839	\$15,903,766	\$15,762,874	\$15,762,874
2003	Consumable Supplies	\$637	\$3,500	\$3,500	\$3,500	\$3,500
2004	Utilities	\$3,117	\$4,322	\$4,322	\$4,322	\$4,322
2005	Travel	\$6,733	\$20,634	\$20,634	\$20,343	\$20,343
2007	Rent- Machine and Other	\$0	\$120	\$120	\$120	\$120
2009	Other Operating Expenses	\$227,787	\$238,027	\$248,027	\$267,389	\$267,389
	Total, Objects of Expense	\$15,107,518	\$16,929,071	\$17,220,998	\$17,099,278	\$17,099,278
	Method of Financing:					
001	General Revenue	\$27,759	\$ 33,835	\$34,724	\$34,317	\$34,317
8014	GR Match for Food Stamp Administration	\$7,205,839	\$8,105,772	\$8,242,281	\$8,185,766	\$8,185,766
	Subtotal General Revenue Funds	\$7,233,598	\$8,139,607	\$8,277,005	\$8,220,083	\$8,220,083

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02			
AGENCY GOAL:		01 HHS Enterprise Oversight and Policy				
OBJECTIVE:		01 Enterprise Oversight and Policy				
STRATEGY:		02 Integrated Eligibility and Enrollment				
SUB-STRATEGY:		06 Electronic Benefits Transfer (EBT)				
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
555	Federal Funds					
10.561.000	State Admin Matching for Food Stamp Program	\$7,205,839	\$8,105,772	\$8,242,281	\$8,185,766	\$8,185,766
93.558.000	TANF (001 GR)	\$668,081	\$ 683,692	\$701,712	\$693,429	\$693,429
Total, Method of Financing		\$15,107,518	\$16,929,071	\$17,220,998	\$17,099,278	\$17,099,278
Number of Positions (FTE)		14.0	14.0	14.0	14.0	14.0
Sub-strategy Description and Justification:						
The Electronic Benefits Transfer (EBT) sub-strategy includes state oversight staff and the contracts, including the state data center services through DIR, for the operation of the Lone Star card system (EBT) for issuance of TANF and SNAP benefits and the Lone Star Imaging System (LSIS) finger imaging system for TANF and SNAP recipients. EBT transaction acts are a variable cost largely driven by the TANF and SNAP caseloads.						
External/Internal Factors Impacting Sub-strategy:						
External and internal factors affecting EBT include 1) caseload/workload growth; 2) caseload mix changes; 3) laws and standards for benefit issuance, including federal standards that determine imposition of sanctions and financial penalties; 4) cost allocation factor changes affecting the demand for general revenue; 5) re-procurements of contracted services; 6) Federal program and policy changes; 7) implementation of program and policy changes from state legislation; 8) disasters; and 9) state and federal external oversight and review.						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 07 Ombudsman						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Objects of Expense:						
1001	Salaries and Wages	\$1,971,945	\$2,223,529	\$2,225,582	\$2,582,821	\$2,582,821
1002	Other Personnel Costs	\$69,654	\$55,718	\$55,769	\$64,720	\$64,720
2001	Professional Fees and Services	\$19,049				
2003	Consumable Supplies	\$7,954	\$48,409	\$48,409	\$26,357	\$26,357
2004	Utilities	\$5,643	\$746	\$746	\$3,533	\$3,533
2005	Travel	\$4,894	\$13,883	\$13,883	\$10,827	\$10,827
2006	Rent- Building		\$725	\$725	\$1,267	\$1,267
2007	Rent- Machine and Other	\$50	\$2,748	\$2,748	\$2,424	\$2,424
2009	Other Operating Expenses	\$57,997	\$24,698	\$24,698	\$45,052	\$45,052
5000	Capital Expenditures				\$1,750	\$1,750
Total, Objects of Expense		\$2,137,186	\$2,370,456	\$2,372,560	\$2,738,751	\$2,738,751
Method of Financing:						
001	General Revenue	\$1,145	\$238	\$238	\$274	\$274
0758	GR Match for Medicaid	\$324,122	\$422,012	\$422,387	\$487,580	\$487,580
8010	GR Match for CHIP	\$8,573	\$11,283	\$11,293	\$13,036	\$13,036
8014	GR Match for Food Stamp Administration	\$662,213	\$669,488	\$670,082	\$773,505	\$773,505
Subtotal General Revenue Funds		\$996,053	\$1,103,021	\$1,104,000	\$1,274,395	\$1,274,395

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 07 Ombudsman						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
555	Federal Funds					
10.561.000	State Admin Matching for Food Stamp Program - 50%	\$662,213	\$669,488	\$670,082	\$773,505	\$773,505
93.558.000	TANF (001 GR)	\$92,120	\$76,092	\$76,159	\$87,914	\$87,914
93.566.000	Refugee and Entrant Assistance_State Administered F	\$213	\$237	\$237	\$274	\$274
93.767.000	CHIP	\$21,588	\$27,782	\$27,806	\$32,098	\$32,098
93.778.003	Medical Assistance Program - 50%	\$324,122	\$422,012	\$422,387	\$487,580	\$487,580
777	Interagency Contracts	\$40,877	\$71,824	\$71,889	\$82,985	\$82,985
	Total, Method of Financing	\$2,137,186	\$2,370,456	\$2,372,560	\$2,738,751	\$2,738,751
	Number of Positions (FTE)	51.0	61.0	61.0	61.0	61.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 07 Ombudsman						
		Expended	Estimated	Budgeted	Requested	
Code	Sub-strategy Request	2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
<p>Established by a directive in House Bill 2292, 78th Texas Legislature, Regular Session, the HHSC Office of the Ombudsman serves as an impartial and confidential resource, assisting the citizens of Texas in resolving health and human services-related complaints and issues when circumstances require assistance beyond the normal HHS agencies' channels. The Office of the Ombudsman provides services for inquiries, complaints, concerns, consumer relations, and consumer rights. The majority of inquiries and complaints handled by the Office of the Ombudsman relate to eligibility and benefits for SNAP food benefits, Medicaid and TANF cash assistance. The office also supports inquiries and complaints related to programs and services provided by other HHSC and enterprise agencies' programs. The Office of the Ombudsman serves as a contact for out-of-state agencies that need to verify duplicate benefits. It also serves as a contact for HHS agencies' Centers for Consumers and External Affairs (CCEA), other HHSC organizational areas, other agencies, legislative offices, and federal congressional offices and agencies.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>External and Internal factors affecting the Ombudsman sub-strategy include: 1) TIERS rollout schedule and SAVERR decommissioning; 2) caseload/workload growth and caseload mix changes; 3) staff retention and recruitment; 4) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 5) cost allocation factor changes affecting the demand for general revenue; 6) re-procurements of contracted services; 7) federal program and policy changes; 8) implementation of program and policy changes from state legislation; 9) disasters; and 10) state and federal external oversight and review.</p>						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 08 Healthy Marriage						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$420,505	\$162,645	\$162,645	\$162,885	\$162,885
1002	Other Personnel Costs	\$12,300	\$5,760	\$5,760	\$5,760	\$5,760
2001	Professional Fees and Services	\$2,398,035	\$548,804	\$548,804	\$272,696	\$272,696
2003	Consumable Supplies	\$431	\$1,500	\$1,500	\$1,500	\$1,500
2004	Utilities	\$1,386	\$3,100	\$3,100	\$3,100	\$3,100
2005	Travel	\$20,195	\$18,500	\$18,500	\$18,500	\$18,500
2006	Rent- Building	\$22,953				
2009	Other Operating Expenses	\$18,349			\$120,280	\$120,280
4000	Grants	\$9,997,410	\$3,440,348	\$3,440,348	\$3,336,011	\$3,336,011
5000	Capital Expenditures				0	0
	Total, Objects of Expense	\$12,891,564	\$4,180,657	\$4,180,657	\$3,920,732	\$3,920,732
	Method of Financing:					
001	General Revenue	\$95,026	\$ 3,070,491	\$ 3,070,491	\$3,065,471	\$3,065,471
	Subtotal General Revenue Funds	\$95,026	\$3,070,491	\$3,070,491	\$3,065,471	\$3,065,471

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 08 Healthy Marriage						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
555	Federal Funds					
93.086.000	Healthy Marriage Grant	\$808,261	\$900,001	\$900,001	\$855,261	\$855,261
93.558.000	TANF (001 GR)	\$11,807,371	\$207,772	\$207,772		
93.670.000		180,906	2,393	2,393		
Total, Method of Financing		\$12,891,564	\$4,180,657	\$4,180,657	\$3,920,732	\$3,920,732
Number of Positions (FTE)		8.0	3.0	3.0	3.0	3.0
Sub-strategy Description and Justification:						
<p>The Healthy Marriage strategy funds "Together in Texas" program services that support the development of healthy marriages and the strengthening of families. HHSC contracts with community and faith-based organizations to provide premarital, marital, and relationship education and other services.</p> <p>Program objectives include: enhancing the relationship and communication skills of Texas families by providing relationship education services; developing and enlarging the capacity of local community service and family support delivery systems to deliver related services; providing technical assistance; and providing public awareness about both the benefits of healthy marriage and the availability of related services.</p> <p>The Health and Human Services Commission also maintains and modifies the legislative mandated "Together" web portal (80th Legislature, Regular Session, 2007, H.B. 2685) for public information and service search as well as provider registration, community education, and program information and referral services.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>This is an emerging area of public policy service deployment. Therefore, the providers, processes, and community- and faith-based partners are focused on responding to the challenges of the various anticipated demands for change in the current business model. Public information, service capacity, and quality service delivery represent three key factors impacting the current service strategy.</p> <p>Internal: The reduction of funding, from the state and local communities, continues to be a factor that affects the availability of secular services that can be offered free, as well as, the expansion of existing programs to better meet a community's need.</p>						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 09 Other						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Objects of Expense:						
1002	Other Personnel Costs	\$1,230,990	\$978,051	\$996,521	\$996,521	\$996,521
2001	Professional Fees and Services	\$1,332,458	\$4,527,287	\$2,354,132	\$1,805,056	\$1,778,052
2002	Fuels and Lubricants	\$53,615	\$60,150	\$63,513	\$63,513	\$63,513
2003	Consumable Supplies	\$2,757,599	\$3,366,467	\$3,569,199	\$3,506,239	\$3,504,081
2004	Utilities	\$8,111,549	\$10,322,625	\$14,026,010	\$8,272,160	\$8,269,430
2006	Rent- Building	\$19,859,830	\$22,479,795	\$24,223,202	\$27,666,184	\$28,293,461
2007	Rent- Machine and Other	\$7,917,600	\$11,128,451	\$11,750,963	\$10,041,710	\$9,996,737
2009	Other Operating Expenses	\$14,188,697	\$19,151,973	\$20,636,567	\$20,778,680	\$20,468,700
5000	Capital Expenditures	\$2,419,901	\$126,460	\$129,681	\$129,681	\$129,681
Total, Objects of Expense		\$57,872,239	\$72,141,259	\$77,749,788	\$73,259,744	\$73,500,177
Method of Financing:						
001	General Revenue	\$675,251	\$ 1,279,637	\$526,612	\$343,159	\$325,792
0758	GR Match for Medicaid	\$14,411,187	\$ 11,474,139	\$13,175,191	\$12,505,206	\$12,532,163
8010	GR Match for CHIP	\$162,849	\$ 137,155	\$65,311	\$96,570	\$98,229
8014	GR Match for Food Stamp Administration	\$13,780,817	\$ 19,798,503	\$20,212,435	\$22,063,556	\$22,279,192
Subtotal General Revenue Funds		\$29,030,104	\$32,689,434	\$33,979,549	\$35,008,491	\$35,235,376

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 09 Other						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
555	Federal Funds					
10.561.000	State Admin Matching for Food Stamp Program - 50%	\$13,612,628	\$20,815,922	\$22,612,704	\$22,415,911	\$22,361,734
10.551.000	Food Stamps	\$168,486				
93.558.000	TANF (001 GR)	\$3,223,257	\$ 3,685,262	\$3,618,887	\$3,865,446	\$3,904,864
93.566.000	Refugee and Entrant Assistance_State Administered F	\$31,940	\$ 41,885	\$41,276	\$43,950	\$44,675
93.767.000	CHIP	\$412,200	\$ 341,188	\$324,276	\$195,411	\$199,594
93.778.003	Medical Assistance Program - 50%	\$11,393,624	\$ 11,937,232	\$12,450,726	\$11,730,535	\$11,753,934
777	Interagency Contracts		\$ 2,630,336	\$4,722,370		
	Total, Method of Financing	\$57,872,239	\$72,141,259	\$77,749,788	\$73,259,744	\$73,500,177
		\$0	\$0	\$0	\$0	\$0
	Number of Positions (FTE)	0.0	0.0	0.0	0.0	0.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-01-02		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 01 Enterprise Oversight and Policy						
STRATEGY: 02 Integrated Eligibility and Enrollment						
SUB-STRATEGY: 09 Other						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
<p>The Other strategy consists of the IEE strategy's share of the costs in the centralized agency cost pool, the regional space cost pool, and seat management. The centralized cost pool includes such costs as central office space, supplies, utilities, building security, janitorial services and SORM. The regional cost pool includes supplies, utilities, building security, janitorial services and leases for HHS local offices. Seat management includes the fees for staff desk and laptop PCs and servers. Cost pools and seat management costs are allocated to the various strategies on a state staff per capita basis.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>External and Internal factors affecting the Other sub-strategy include: 1) caseload/workload growth and caseload mix changes; 2) staff retention and recruitment; 3) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 4) cost allocation factor changes affecting the demand for general revenue; 5) re-procurements of contracted services and leases; Federal program and policy changes; 6) implementation of program and policy changes from state legislation; 7) disasters; and 8) state and federal external oversight and review.</p>						

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
1.2.1.1	Enterprise Information Technology	\$17,854,843	\$29,491,383	\$30,155,692	\$30,394,658	\$30,394,658
1.2.1.2	Human Resources	\$23,494,758	\$22,617,904	\$22,703,448	\$22,716,044	\$22,716,044
1.2.1.3	Civil Rights	\$3,269,205	\$3,490,510	\$3,610,584	\$3,613,699	\$3,613,699
1.2.1.4	Procurement	\$5,968,539	\$6,245,578	\$6,341,249	\$6,341,250	\$6,341,250
1.2.1.5	Faith & Community-based Initiative	\$2,000,000	\$156,063	\$200,000	\$200,000	\$200,000
1.2.1.6	Other	\$71,012,336	\$67,743,781	\$68,865,011	\$68,210,216	\$68,100,621
Total, Sub-strategies		\$123,599,681	\$129,745,219	\$131,875,984	\$131,475,867	\$131,366,272

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 01 Enterprise Information Technology						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Objects of Expense:						
1001	Salaries and Wages	\$8,301,532	\$8,298,768	\$9,446,402	\$9,446,401	\$9,446,401
1002	Other Personnel Costs	310,660	215,250	243,444	243,444	243,444
2001	Professional Fees and Services	4,327,961	11,913,968	11,622,683	11,784,139	11,784,139
2003	Consumable Supplies	3,533	5,058	2,679	2,679	2,679
2004	Utilities	389,739	348,428	347,488	347,505	347,505
2005	Travel	13,634	28,828	41,760	35,294	35,294
2006	Rent - Building					
2007	Rent - Machine and Other	0	4,804	10,094	8,199	8,199
2009	Other Operating Expense	4,476,286	8,676,279	8,441,142	8,526,997	8,526,997
5000	Capital Expenditures	31,498	0	0	0	0
Total, Objects of Expense		\$17,854,843	\$29,491,383	\$30,155,692	\$30,394,658	\$30,394,658
Method of Financing:						
1	General Revenue Fund	\$157,053	\$189,702	\$176,874	\$178,484	\$178,484
758	GR Match for Medicaid	1,183,811	1,533,706	1,563,211	1,568,146	1,568,146
8010	GR Match for Title XXI (CHIP)	17,982	19,977	18,851	18,907	18,907
8014	GR Match for Food Stamp Administration	1,023,457	1,720,833	1,904,432	1,910,213	1,910,213
555	Federal Funds					
	10.561 St Admin Match Food Stamp	1,023,456	1,720,833	1,904,432	1,910,213	1,910,213
	93.558 Temp Assist Needy Families	253,089	336,453	354,484	355,483	355,483
	93.566 Refugee and Entrant Assis	7,184	11,092	12,054	12,094	12,094
	93.667 Social Svcs Block Grants	1,625	2,311	2,327	2,339	2,339
	93.767 CHIP	45,496	49,086	46,430	46,576	46,576
	93.778.003 Medicaid at 50% Match	1,143,855	1,488,407	1,508,022	1,512,954	1,512,954
	93.778.004 Medicaid at 75% Match	119,865	138,670	165,570	165,574	165,574
777	Interagency Contracts	12,877,970	22,280,313	22,499,005	22,713,675	22,713,675
Total, Method of Financing		\$17,854,843	\$29,491,383	\$30,155,692	\$30,394,658	\$30,394,658
Number of Positions (FTE)		144.7	157.0	157.0	157.0	157.0

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 01 Enterprise Information Technology						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Sub-strategy Description and Justification:						
HHS Enterprise Information Technology (IT) is responsible for IT oversight and interagency cooperation of all five HHS agencies. Functional activities include developing project management, architectural, and security policies and standards and providing applicaiton development and infrastructure management services. Enterprise IT services help meet the agency goals for overall Enterprise Oversight.						
External/Internal Factors Impacting Sub-strategy:						
EIT projects may require federal approval to obtain higher federal match through a process that can take several months to get the Advanced Planning Documents (APD) approved. Also the DIR's Data Center Services project can impact funding.						

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 02 Human Resources						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Objects of Expense:						
1001	Salaries and Wages	\$3,082,864	\$3,518,832	\$3,614,240	\$3,620,469	\$3,620,469
1002	Other Personnel Costs	154,564	90,174	92,622	92,833	92,833
2001	Professional Fees and Services	19,678,083	18,582,734	18,579,106	18,585,262	18,585,262
2003	Consumable Supplies	16,988	23,524	29,652	29,652	29,652
2004	Utilities	3,573	7,380	4,940	4,940	4,940
2005	Travel	87,213	134,424	134,424	134,424	134,424
2006	Rent - Building	4,220	8,548	8,488	8,488	8,488
2009	Other Operating Expense	467,253	252,288	239,976	239,976	239,976
Total, Objects of Expense		\$23,494,758	\$22,617,904	\$22,703,448	\$22,716,044	\$22,716,044
Method of Financing:						
1	General Revenue Fund	\$70,368	\$46,154	\$29,513	\$29,533	\$29,533
758	GR Match for Medicaid	\$1,253,402	\$1,117,595	\$1,073,192	\$1,073,787	\$1,073,787
8010	GR Match for Title XXI (CHIP)	\$19,544	\$15,776	\$12,941	\$12,948	\$12,948
8014	GR Match for Food Stamp Administration	982,899	1,120,605	1,257,544	1,258,242	1,258,242
555	Federal Funds					
	10.561 St Admin Match Food Stamp	982,899	1,120,603	1,257,544	1,258,242	1,258,242
	93.558 Temp Assist Needy Families	234,268	218,277	217,953	218,074	218,074
	93.566 Refugee and Entrant Assis	8,027	8,135	9,081	9,086	9,086
	93.667 Social Svcs Block Grants	2,348	2,246	2,271	2,271	2,271
	93.767 CHIP	48,810	38,830	32,012	32,029	32,029
	93.778.003 Medicaid at 50% Match	1,253,404	1,117,592	1,073,192	1,073,787	1,073,787
777	Interagency Contracts	18,638,789	17,812,091	17,738,205	17,748,045	17,748,045
Total, Method of Financing		\$23,494,758	\$22,617,904	\$22,703,448	\$22,716,044	\$22,716,044
Number of Positions (FTE)		57.8	72.6	72.6	72.6	72.6

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 02 Human Resources						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Sub-strategy Description and Justification:						
<p>The HHS Human Resources sub-strategy includes funding for human resources related services for all five HHS agencies, supporting a workforce of approximately 55,000 HHS enterprise employees.</p> <p>HHSC provides human resources related services for all five HHS system agencies. HHSC has outsourced many of the human resources functions to a private provider. This contract has facilitated development of AccessHR, a web-based employee/manager self-service system. Employees and managers use this system to manage approval of employee timesheet entries, payroll functions, job postings, application submissions, and hiring. Many routine transactions which previously required the use of paper forms and the involvement of state human resources staff are now completed through AccessHR.</p> <p>The consolidation of Enterprise HR has facilitated efficiencies at all levels and enabled the HHS system to respond effectively to the needs of each HHS agency. HHS Human Resources and related services are managed by a staff of approximately 80 state employees. Legal Base: Section 531.0055, government Code.</p>						

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 02 Human Resources						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
External/Internal Factors Impacting Sub-strategy:						
<p>A number of external factors affect the HHS Human Resources workload. The primary factors impacting HHS HR are the number of state employees in the five HHS agencies, a continuously changing workforce environment, and HHS program needs to rapidly respond to hiring and retention demands. With such a large HHS workforce, changes to state and federal laws related to recruitment, compensation, benefits workers compensation, payroll taxes, or unemployment insurance place significant demands on human resources.</p> <p>HHS Human Resources is also participating in The Texas Enterprise Resource Planning (ERP) project known as ProjectONE — Our New Enterprise. ProjectONE is led by the Texas Comptroller of Public Accounts and encompasses other initiatives to integrate data and processes into more cohesive and standardized systems for the highest levels of efficiency, this project is bringing together subject matter expertise from agency employees, Comptroller's office staff and a vendor team to integrate the financial and human resource/payroll systems on a more user-friendly Web-based system. ProjectONE was selected as the name to reflect the most important goal of this process: to guide state financial and human resources/payroll record-keeping into one common system utilizing statewide standards.</p> <p>Other challenges include implementing legislative workforce related initiatives and provisions, targeted changes to state job classifications and new training requirements. Managing HHS Enterprise HR also requires the particular need for HHS agencies to efficiently respond to disasters and emergencies on short notice. HHS agencies must have the ability to respond quickly to implement program changes that can require hiring a significant number of new employees in a short timeframe. The consolidation of Enterprise HR, outsourcing with a private contractor, and the development of AccessHR has facilitated efficiencies at all levels.</p>						

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 03 Civil Rights						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Objects of Expense:						
1001	Salaries and Wages	\$2,941,881	\$3,340,123	\$3,463,269	\$3,463,269	\$3,463,269
1002	Other Personnel Costs	151,719	85,644	88,802	88,802	88,802
2001	Professional Fees and Services	11,812	0	0	0	0
2003	Consumable Supplies	6,816	13,844	6,922	6,922	6,922
2004	Utilities	7,805	6,012	4,200	4,200	4,200
2005	Travel	49,280	20,222	17,107	18,664	18,664
2006	Rent	3	2,062	2,062	2,062	2,062
2009	Other Operating Expense	99,889	22,603	28,222	29,780	29,780
Total, Objects of Expense		\$3,269,205	\$3,490,510	\$3,610,584	\$3,613,699	\$3,613,699
Method of Financing:						
1	General Revenue Fund	\$9,979	\$6,808	\$5,057	\$5,059	\$5,059
758	GR Match for Medicaid	181,482	179,789	179,410	179,565	179,565
8010	GR Match for Title XXI (CHIP)	2,823	2,398	2,166	2,168	2,168
8014	GR Match for Food Stamp Administration	143,984	189,326	210,208	210,390	210,390
555	Federal Funds					
	10.561 St Admin Match Food Stamp	143,984	189,325	210,208	210,390	210,390
	93.558 Temp Assist Needy Families	34,867	35,593	36,467	36,498	36,498
	93.566 Refugee and Entrant Assis	1,184	1,391	1,444	1,445	1,445
	93.667 Social Svcs Block Grants	327	347	361	361	361

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 03 Civil Rights						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
777	93.767 CHIP	7,104	5,892	5,344	5,348	5,348
	93.778.003 Medicaid at 50% Match	181,483	179,788	179,410	179,565	179,565
	Interagency Contracts	2,561,988	2,699,853	2,780,509	2,782,910	2,782,910
	Total, Method of Financing	\$3,269,205	\$3,490,510	\$3,610,584	\$3,613,699	\$3,613,699
Number of Positions (FTE)		59.3	71.0	71.0	71.0	71.0
Sub-strategy Description and Justification:						
<p>The HHSC Civil Rights Office (CRO) sub-strategy includes funding for civil rights guidance and support to all employees of the HHS Enterprise and all clients receiving or applying for HHS Enterprise services. The services provided by the CRO supports the HHS infrastructure to ensure citizens are treated with dignity and respect and in an environment free of discrimination.</p> <p>CRO duties include: discrimination complaint resolution, including mediation for employees, clients and contractors; civil rights training to employees; assisting programs in developing civil rights training specific to program services; reviewing, analyzing, and reporting civil rights data, workforce reporting and analysis; conducting compliance reviews; assisting programs in the view of procedure manuals, contracts, rules, policies, and informational publications; assisting in monitoring enterprise technology initiatives to ensure accessibility; ensuring person with limited English proficiency are able to access HHS services; and assisting in processing requests for reasonable accommodations.</p> <p>Legal Base: Section 531.0055, Government Code.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Factors impacting civil rights duties include state and federal laws prohibiting unlawful discrimination; and civil rights policies and procedures of federal funding agencies. Additional factors include projected workforce population growth. With the growth of the number of HHS system employees, the CRO has seen a recent increase in the demand for services.</p>						

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 04 Procurement						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Objects of Expense:						
1001	Salaries and Wages	\$5,398,561	\$5,954,417	\$6,053,776	\$6,053,777	\$6,053,777
1002	Other Personnel Costs	317,927	165,151	161,462	161,462	161,462
2001	Professional Fees and Services	39,455	53,470	53,470	53,470	53,470
2003	Consumable Supplies	12,984	7,308	3,654	3,654	3,654
2004	Utilities	7,704	5,006	8,660	8,660	8,660
2005	Travel	20,642	15,352	15,353	15,353	15,353
2006	Rent - Building	6,341	6,000	6,000	6,000	6,000
2007	Rent - Machine and Other	558	500	500	500	500
2009	Other Operating Expense	164,367	38,374	38,374	38,374	38,374
Total, Objects of Expense		\$5,968,539	\$6,245,578	\$6,341,249	\$6,341,250	\$6,341,250
Method of Financing:						
1	General Revenue Fund	\$16,791	\$9,826	\$5,707	\$5,707	\$5,707
758	GR Match for Medicaid	309,283	249,616	202,159	202,159	202,159
8010	GR Match for Title XXI (CHIP)	4,881	3,420	2,473	2,473	2,473
8014	GR Match for Food Stamp Administration	247,513	256,923	236,846	236,846	236,846

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 04 Procurement						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
555	Federal Funds					
	10.561 St Admin Match Food Stamp	247,513	256,922	236,846	236,846	236,846
	93.558 Temp Assist Needy Families	59,129	49,265	41,218	41,218	41,218
	93.566 Refugee and Entrant Assis	1,956	1,914	1,902	1,902	1,902
	93.667 Social Svcs Block Grants	565	198	0	0	0
	93.767 CHIP	12,260	8,405	6,024	6,024	6,024
	93.778.003 Medicaid at 50% Match	309,282	249,619	202,159	202,159	202,159
777	Interagency Contracts	4,759,366	5,159,470	5,405,915	5,405,916	5,405,916
	Total, Method of Financing	\$5,968,539	\$6,245,578	\$6,341,249	\$6,341,250	\$6,341,250
	Number of Positions (FTE)	127.3	138.0	138.0	138.0	138.0
Sub-strategy Description and Justification:						
Procurement is responsible for providing the strategic and operating frameworks that ensure time/best values procurement and contracting service to meet the changing needs of HHS agencies in a manner compliant with statutory requirements. This includes all procurement and solicitations activities, contract administration, and reporting.						
External/Internal Factors Impacting Sub-strategy:						
Internal factors that affect this sub-strategy include agency staff, technology changes, decisions regarding strategic and consolidation sourcing recommendations, and the potential revisions to delegate authority for purchasing within the system. Extra factors include staffing and programmatic function changes at the HHS agencies and changes in laws or rules relating to procurement.						

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 05 Faith and Community Based Initiative						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages		\$103,411	\$146,250	\$146,250	\$146,250
1002	Other Personnel Costs		2,652	3,750	3,750	3,750
2001	Professional Fees and Services		7,904	11,825	11,825	11,825
2003	Consumable Supplies		94	47	47	47
2005	Travel		6,980	3,490	3,490	3,490
2006	Rent - Building		768	384	384	384
2007	Rent - Machine and Other		34,254	34,254	34,254	34,254
4000	Grants	2,000,000				
	Total, Objects of Expense	\$2,000,000	\$156,063	\$200,000	\$200,000	\$200,000
	Method of Financing:					
1	General Revenue Fund	\$2,000,000	\$156,063	\$200,000	\$200,000	\$200,000
	Total, Method of Financing	\$2,000,000	\$156,063	\$200,000	\$200,000	\$200,000
Number of Positions (FTE)		0.0	4.5	4.5	4.5	4.5

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	01-02-01		
AGENCY GOAL:	01 HHS Enterprise Oversight and Policy					
OBJECTIVE:	02 HHS Consolidated System Support Services					
STRATEGY:	01 Consolidated System Support					
SUB-STRATEGY:	05 Faith and Community Based Initiative					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
<p>In 2009, the HHSC Office of Community Collaboration (OOC) contracted with OneStar to create a faith and community-based health and human services initiative that establishes a multi-agency, stakeholder-driven network of partnership and provides a system of operational and financial support to faith and community-based organizations so that these organizations are able to better deliver charitable and social services to Texans in need. H. B. 492, Section 17.35</p>						
External/Internal Factors Impacting Sub-strategy:						
The legislation created a dedicated GR account, for when HHSC has no appropriation authority. There is also no funding in this account.						

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 06 Other						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$10,227,957	\$10,929,014	\$10,946,498	\$10,978,894	\$10,978,894
1002	Other Personnel Costs	702,314	488,076	448,493	449,420	449,420
2001	Professional Fees and Services	35,044,976	29,346,234	28,369,373	38,181,951	36,752,237
2002	Fuels and Lubricants	67,724	52,813	49,532	49,532	49,532
2003	Consumable Supplies	244,077	273,971	218,779	222,900	222,936
2004	Utilities	919,619	12,016,676	12,139,546	1,242,169	1,239,630
2005	Travel	210,225	254,793	233,742	246,847	246,847
2006	Rent - Building	1,868,081	2,099,370	1,942,977	1,945,457	1,945,479
2007	Rent - Machine and Other	610,558	1,631,762	3,706,230	2,310,931	2,324,671
2009	Other Operating Expense	4,444,473	5,009,349	5,525,208	7,279,594	8,566,626
3002	Food for Persons - Wards of State	4,879,086	5,269,000	5,269,000	5,269,000	5,269,000
4000	Grants	4,000,000	0	0	0	0
5000	Capital Expenditures	7,793,246	372,723	15,633	33,521	55,349
	Total, Objects of Expense	\$71,012,336	\$67,743,781	\$68,865,011	\$68,210,216	\$68,100,621
	Method of Financing:					
1	General Revenue Fund	\$13,750,624	\$6,287,770	\$11,933,540	\$5,088,777	\$6,897,026
758	GR Match for Medicaid	5,438,249	5,295,748	4,083,104	7,382,164	7,721,804
8010	GR Match for Title XXI (CHIP)	65,000	2,016,159	58,216	39,001	38,868
8014	GR Match for Food Stamp Administration	5,110,898	3,203,744	2,333,543	4,950,892	2,803,136
555	Federal Funds					
	10.561 St Admin Match Food Stamp	5,110,900	3,203,748	2,333,542	4,950,895	2,804,528
	93.558 Temp Assist Needy Families	1,437,061	1,543,579	3,618,653	1,135,143	1,145,750

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 06 Other						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	93.566 Refugee and Entrant Assis	26,646	18,418	9,316	26,492	7,926
	93.667 Social Svcs Block Grants	4,695	4,191	20,800	3,851	3,831
	93.767 CHIP	163,143	141,672	152,557	96,010	95,679
	93.778.002 Medicaid Reimbursement for Admin	0	4,767,149	11,015,592	5,598,376	5,671,775
	93.778.003 Medicaid at 50% Match	4,378,455	122,414	147,768	1,666,134	2,024,293
	93.778.004 Medicaid at 75% Match	3,203,470	0	0	4,509,330	4,554,458
	93.778.005 Medicaid at 90% Match	7,668	0	0	3,653,023	3,125,698
777	Interagency Contracts	32,315,527	41,139,189	33,158,380	29,110,128	31,205,849
	Total, Method of Financing	\$71,012,336	\$67,743,781	\$68,865,011	\$68,210,216	\$68,100,621
	Number of Positions (FTE)	272.8	261.7	263.7	263.7	263.7

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 01-02-01		
AGENCY GOAL: 01 HHS Enterprise Oversight and Policy						
OBJECTIVE: 02 HHS Consolidated System Support Services						
STRATEGY: 01 Consolidated System Support						
SUB-STRATEGY: 06 Other						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
<p>Sub-strategy Description and Justification: This strategy represents other consolidated departments in HHSC that are not part of a specific sub-strategy. This sub-strategy includes such departments as Payroll/Time/Leave, the Deputy Executive Commissioner for System Support Services, Business Services, and Workforce Support Services.</p> <p>Business Services is responsible for leasing office space for HHS agencies, managing the DADS State Supported Living Centers (SSLC) and DSHS State Hospitals, and the frozen food program. Facility Support Services provides both direct services, such as food delivery, centralized food buying, and warehousing; and indirect services, such as technical assistance and consultation, in the functional areas of real estate management; computer-aided facility management; competency training and development; nutrition and food services; laundry; environmental services; fleet operations (over the road and fleet management); risk management; administration services; interstate compact coordinator services; maintenance and construction; and supply services. Workforce Support Services provides and centralizes post-consolidation administration, management oversight and leadership for the Civil Rights Office, the Enterprise Risk Management Office, the Contract Oversight and Quality Assurance Unit (for the AccessHR and Employee Assistance Program contracts), the Training and Organizational Development unit, and the Informal Dispute Resolution Unit.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Internal factors that affect this sub-strategy include decisions concerning outsourcing of services, optimization projects currently underway, agency staff changes, and technology changes. External factors that might affect this sub-strategy include changes in staffing at the five health and human services agencies, changes in law or rules relating to SSLC and State Hospitals and economic trends effecting fuel, construction and food costs.</p>						

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Heath and Human Services	Tracy Henderson	3	02-01-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 01 Medicare and SSI						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
2.1.1.1	Integrated Care Management	\$206,839,179	\$0	\$0	\$0	\$0
Total, Sub-strategies		\$206,839,179	\$0	\$0	\$0	\$0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 01 Medicare and SSI						
SUB-STRATEGY: 01 Integrated Care Management						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
3001	Objects of Expense:					
	Client Services	206,839,179				
	Total, Objects of Expense	\$206,839,179	\$0	\$0	\$0	\$0
758 555	Method of Financing:					
	GR Match for Medicaid	65,654,203				
	Federal Funds: 93.778.000 Medicaid Assistance	141,184,976				
	Total, Method of Financing	\$206,839,179	\$0	\$0	\$0	\$0
Number of Positions (FTE)		0.0	0.0	0.0	0.0	0.0
Sub-strategy Description and Justification:						
<p>This sub-strategy represents the cost of a health care model for the Aged, Blind, and Disabled populations that reside in Dallas and Tarrant counties. State law authorized HHSC to design a managed care waiver in Texas to meet the complex care needs of people with disabilities and those age 65 or older who are in Medicaid. The effective date of this waiver is February, 2008. The 1915(b) component of this waiver ended May 31, 2009. Effective June 1, 2009, the state transferred case management and coordination of long term services and supports to the Texas Department of Aging and Disability Services (DADS).</p> <p>Legal Base Section: 531.061, Government Code.</p>						
External/Internal Factors Impacting Sub-strategy:						
Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage.						

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-02		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 02 TANF Adults and Children						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
2.1.2.1	Foster Care Children	\$232,063,908	\$257,225,319	\$297,384,939	\$321,361,896	\$338,556,928
Total, Sub-strategies		\$232,063,908	\$257,225,319	\$297,384,939	\$321,361,896	\$338,556,928

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-02		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 02 TANF Adults and Children						
SUB-STRATEGY: 01 Foster Care Children						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
3001	Objects of Expense:					
	Client Services	\$232,063,908	\$257,225,319	\$297,384,939	\$321,361,896	\$338,556,928
	Total, Objects of Expense	\$232,063,908	\$257,225,319	\$297,384,939	\$321,361,896	\$338,556,928
	Method of Financing:					
758	GR Match for Medicaid	73,660,952	74,983,324	106,999,101	126,777,268	133,560,708
555	Federal Funds					
	93.778.000 Medical Assistance	158,402,956	151,220,622	173,454,722	194,584,628	204,996,220
	93.778.014 STIM		\$31,021,373	\$16,931,116		
	Total, Method of Financing	\$232,063,908	\$257,225,319	\$297,384,939	\$321,361,896	\$338,556,928
Number of Positions (FTE)						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	02-01-02		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 02 TANF Adults and Children						
SUB-STRATEGY: 01 Foster Care Children						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
<p>The Texas Legislature directed HHSC to create a comprehensive, cost effective health care delivery model for children in foster care receiving Medicaid. The health care delivery model, called STAR Health, began providing services to children on April 1, 2008. Previously, children in foster care received fee-for-service Medicaid.</p> <p>STAR Health is a statewide managed care program that provides health services to children in foster care and kinship care. Children included in this program are children in state conservatorship, young adults up to 22 years of age with a voluntary foster care placement agreement, and young adults under 21 years of age who were previously in foster care and are receiving transitional Medicaid services. Most foster and kinship care children are Medicaid eligible, and most are automatically enrolled in the STAR Health program, with the exception of certain groups that may remain in fee-for-service Medicaid.</p> <p>Many foster children move in and out of state conservatorship and many come into foster care with unique physical and behavioral health care needs. These children are a high-risk population with a greater need for comprehensive services and better coordinated care. STAR Health provides coordinated care through the following mechanisms: enrollment into the program as soon as the child enters state conservatorship; improved access to services through a statewide network of providers; a medical home through a primary care doctor who coordinates care and promotes preventative health practices; service coordination; and a 24-hour nurse hotline for caregivers and caseworkers. STAR Health also includes the Health Passport, a web-based summary of each child's medical information which can be accessed by health care providers and caregivers. Legal Base: Title XIX Social Security Act; S.B. 6, enacted by the 79th Legislature, Regular Session, 2005</p>						
External/Internal Factors Impacting Sub-strategy:						
Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage.						

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-04		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 04 Children and Medically Needy						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
2.1.4.1	Children	\$3,858,980,030	\$3,896,654,726	\$4,751,346,735	\$5,363,490,107	\$5,516,130,178
2.1.4.2	Medically Needy	\$184,357,864	\$198,571,311	\$215,442,565	\$225,663,696	\$230,578,827
2.1.4.3	Other	\$138,611,986	\$176,173,888	\$187,571,558	\$135,589,970	\$129,972,836
Total, Sub-strategies		\$4,181,949,880	\$4,271,399,925	\$5,154,360,858	\$5,724,743,773	\$5,876,681,841

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-04		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 04 Children and Medically Needy						
SUB-STRATEGY: 01 Children						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense:					
	Client Services	\$3,858,980,030	\$3,896,654,726	\$4,751,346,735	\$5,364,890,107	\$5,516,130,178
	Total, Objects of Expense	\$3,858,980,030	\$3,896,654,726	\$4,751,346,735	\$5,364,890,107	\$5,516,130,178
	Method of Financing:					
758	GR Match for Medicaid	\$684,170,679	\$783,625,075	\$1,113,901,500	\$1,803,724,572	\$1,864,665,845
8024	Tobacco receipts Match for Medicaid	\$266,961,208	\$236,092,691	\$227,410,026	\$227,410,026	\$227,410,026
705	Medicaid Program Income	\$47,398,023	\$49,683,821	\$12,172,418	\$12,172,418	\$12,172,418
8080	Fund No 6-Medicaid Match	\$10,000,000				
8044	Medicaid Subrogation Receipts	\$56,727,003	\$56,822,709	\$56,822,709	\$56,822,709	\$56,822,709
8062	Approp. Receipts Medicaid	\$23,806,634	\$1,593,264	\$4,142,499	\$4,142,499	\$4,142,499
8901	Supplemental GR Match 81st Session	\$158,691,463				
8129	Supplemental GR Match Medicaid			289,928,786		
5049	GR DSHS Transfer Account	5,000,000				
555	Federal Funds:					
	93.778 Medicaid Assistance	2,259,854,860	2,299,519,405	2,684,547,849	3,187,307,671	3,278,203,992
	93.767.778 CHIP match for Medicaid		9,233,969	68,167,698	68,481,752	69,233,379
	93.778.014 STIM	346,370,160	460,083,792	294,253,250	3,428,460	3,479,310
	Total, Method of Financing	\$3,858,980,030	\$3,896,654,726	\$4,751,346,735	\$5,363,490,107	\$5,516,130,178
Number of Positions (FTE)						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-04		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 04 Children and Medically Needy						
SUB-STRATEGY: 01 Children						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Sub-strategy Description and Justification:						
<p>Medicaid children represent the majority of the Medicaid caseload. This sub-strategy includes three groups of children eligible for Medicaid based on age and income : newborns under age 1 up to 185% of the federal poverty level (FPL), expansion children ages 1-5 up to 133% FPL, and federally mandated children ages 6-18 up to 100% FPL. This sub-strategy also includes newborns of Medicaid-eligible mothers who are deemed eligible for 12 months. It does not include children who are eligible for Medicaid based on TANF-level income or SSI disability. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.</p>						
External/Internal Factors Impacting Sub-strategy:						
Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-04		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 04 Children and Medically Needy						
SUB-STRATEGY: 02 Medically Needy						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
3001	Objects of Expense: Client Services	\$184,357,864	\$198,571,311	\$215,442,565	\$225,663,696	\$230,578,827
	Total, Objects of Expense	\$184,357,864	\$198,571,311	\$215,442,565	\$225,663,696	\$230,578,827
758 555	Method of Financing: GR Match for Medicaid	\$58,518,259	\$57,885,192	\$77,516,235	\$89,024,328	\$90,963,347
	Federal Funds: 93.778 Medicaid Assistance	125,839,605	116,738,419	125,660,467	136,639,368	139,615,480
	93.767.778 CHIP match for Medicaid					
	93.778.014 STIM		23,947,700	12,265,863		
	Total, Method of Financing	\$184,357,864	\$198,571,311	\$215,442,565	\$225,663,696	\$230,578,827
Number of Positions (FTE)						
Sub-strategy Description and Justification:						
<p>This sub-strategy represents children under age 19 and pregnant women whose income exceeds the limit for other Medicaid programs, and whose medical bills reduce excess income to a specified income limit (\$275 per month and assets under \$2,000 for a family of three), to qualify them for Medicaid coverage of additional medical bills. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.</p> <p>Texas also used to have Medicaid Medically Needy coverage for parents and other caretakers of children, which was discontinued in FY2004.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>While these Medically Needy clients are not mandated Medicaid populations, the State cannot reduce Medicaid eligibility for children without jeopardizing federal CHIP funds. Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage.</p>						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	02-01-04		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 04 Children and Medically Needy						
SUB-STRATEGY: 03 Other						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages	5,489,464	7,242,515	6,522,891	5,732,968	5,732,968
1002	Other Personnel Costs	150,596	172,747	231,089	148,934	148,934
2001	Professional Fees and Services	112,336,745	147,516,625	159,858,905	107,509,017	103,292,054
2002	Fuels and Lubricants	419	418	375	375	375
2003	Consumable Supplies	18,168	711,348	735,468	721,222	721,222
2004	Utilities	177,291	181,680	151,779	224,327	224,026
2005	Travel	87,277	179,452	164,074	126,619	126,619
2006	Rent- Building	129,193	135,691	119,980	120,274	120,276
2007	Rent- Machine and Other	64,140	78,566	65,588	73,488	73,576
2009	Other Operating Expenses	727,655	15,895,481	15,662,173	15,473,510	15,473,545
3001	Client Services			0		
4000	Grants	3,477,481	4,057,416	4,057,416	4,057,416	4,057,416
5000	Capital Expenditures	3,557	1,947	1,820	1,820	1,821
	Total, Objects of Expense	\$122,661,986	\$176,173,888	\$187,571,558	\$134,189,970	\$129,972,836

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	02-01-04		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 04 Children and Medically Needy						
SUB-STRATEGY: 03 Other						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Method of Financing:					
758	GR Match for Medicaid	46,389,319	101,024,190	104,950,429	70,250,935	68,931,965
555	Federal Funds:					
	93.778 Medicaid Assistance	92,222,667	75,149,698	82,621,128	65,339,035	61,040,871
	93.767.778 CHIP match for Medicaid					
	93.778.014 STIM					
	Total, Method of Financing	\$138,611,986	\$176,173,888	\$187,571,558	\$135,589,970	\$129,972,836
	Number of Positions (FTE)	98.0	82.8	82.8	82.8	82.8
Sub-strategy Description and Justification:						
This sub-strategy includes general administrative cost for the Medicaid program. Items such as payments to the Medicaid claims administrator, administrative salaries, travel and overhead supplies are included.						
External/Internal Factors Impacting Sub-strategy:						
Changes to federal regulations could impact the administrative costs of operating the Medicaid program.						

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	02-01-05		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 05 For Clients Dually Eligible for Medicare and Medicaid						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
2.1.5.1	Medicare Part A	\$247,154,426	\$253,251,130	\$265,403,830	\$268,929,308	\$274,774,908
2.1.5.2	Medicare Part B	\$571,878,369	\$645,947,086	\$743,180,138	\$771,461,216	\$806,938,340
2.1.5.3	Qualified Medicare Beneficiary	\$139,921,345	\$142,982,167	\$151,007,159	\$158,080,957	\$165,664,458
2.1.5.4	Other	\$22,833,044	\$27,569,428	\$29,264,580	\$29,880,139	\$31,045,569
Total, Sub-strategies		\$981,787,184	\$1,069,749,811	\$1,188,855,707	\$1,228,351,620	\$1,278,423,275

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-05		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 05 For Clients Dually Eligible for Medicare and Medicaid						
SUB-STRATEGY: 01 Part A						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense: Client Services	\$247,154,426	\$253,251,130	\$265,403,830	\$268,929,308	\$274,774,908
	Total, Objects of Expense					
758 555	Method of Financing: GR Match for Medicaid	\$78,450,934	\$73,824,815	\$95,492,298	\$106,092,612	\$108,398,701
	Federal Funds: 93.778 Medicaid Assistance	\$168,703,492	\$148,884,229	\$154,801,207	\$162,836,696	\$166,376,207
	93.778.014 STIM		30,542,086	15,110,325		
	Total, Method of Financing	\$247,154,426	\$253,251,130	\$265,403,830	\$268,929,308	\$274,774,908
Number of Positions (FTE)						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-05
AGENCY GOAL: 02 Medicaid				
OBJECTIVE: 01 Medicaid Health Services				
STRATEGY: 05 For Clients Dually Eligible for Medicare and Medicaid				
SUB-STRATEGY: 01 Part A				
Sub-strategy Description and Justification:				
<p>This sub-strategy includes the payment of Medicare Part A premiums to the Social Security Administration for certain Medicaid qualified aged and disabled clients who are eligible for Title XVIII Medicare coverage. Part A is hospital insurance and generally covers inpatient hospital services (excluding physician services provided in the hospital), skilled nursing facility costs when a nursing facility is required after a hospital visit, and hospice care. Dual eligible Medicare/Medicaid clients utilize covered Medicare services before utilizing Medicaid services, making this a cost effective sub-strategy. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.</p> <p>Legal Base: Title XVIII, Social Security Act</p>				
External/Internal Factors Impacting Sub-strategy:				
<p>The demand for medical services covered by this sub-strategy is expected to continue to increase due to a continuation in caseload growth and utilization of services. Since services covered under this sub-strategy are mandated under a State Administered Medicaid Program, the risk of non-compliance and loss of federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation.</p>				

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-05		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 05 For Clients Dually Eligible for Medicare and Medicaid						
SUB-STRATEGY: 02 Part B						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
3001	Objects of Expense: Client Services	\$571,878,369	\$645,947,086	\$743,180,138	\$771,461,216	\$806,938,340
	Total, Objects of Expense	\$571,878,369	\$645,947,086	\$743,180,138	\$771,461,216	\$806,938,340
758 555	Method of Financing: GR Match for Medicaid	\$181,306,066	\$186,936,417	\$266,665,029	\$304,341,450	\$318,337,176
	Federal Funds: 93.778 Medicaid Assistance	\$306,987,854	\$382,385,347	\$433,003,709	\$467,119,766	\$488,601,164
	93.778.014 STIM	83,584,449	76,625,322	43,511,400		
	Total, Method of Financing	\$571,878,369	\$645,947,086	\$743,180,138	\$771,461,216	\$806,938,340
Number of Positions (FTE)						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-05		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 05 For Clients Dually Eligible for Medicare and Medicaid						
SUB-STRATEGY: 02 Part B						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
<p>This sub-strategy includes the payment of Medicare Part B premiums to the Social Security Administration for certain Medicaid qualified aged and disabled clients who are eligible for Title XVIII Medicare coverage. Part B is supplementary medical insurance, which covers services such as physician services (both inpatient and outpatient), clinical laboratory tests, durable medical equipment, diagnostic tests, and ambulance services. Dual eligible Medicare/Medicaid clients utilize covered Medicare services before utilizing Medicaid services, making this a cost effective sub-strategy. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.</p> <p>Legal Base: Title XVIII, Social Security Act</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>The demand for medical services covered by this sub-strategy is expected to continue to increase due to the continuance in caseload growth and utilization of services. Since services covered under this sub-strategy are mandated under a State administered Medicaid program, the risk of non-compliance and loss of federal financial participation would be jeopardized for failure to reimburse medical providers at a rate reasonable and adequate to ensure provider participation.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-05		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 05 For Clients Dually Eligible for Medicare and Medicaid						
SUB-STRATEGY: 03 Qualified Medicare Beneficiary						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense: Client Services	\$139,921,345	\$142,982,167	\$151,007,159	\$158,080,957	\$165,664,458
	Total, Objects of Expense	\$139,921,345	\$142,982,167	\$151,007,159	\$158,080,957	\$165,664,458
758 555	Method of Financing: GR Match for Medicaid	\$44,413,367	\$41,680,493	\$54,332,376	\$62,362,937	\$65,354,628
	Federal Funds: 93.778 Medicaid Assistance	\$95,507,978	\$84,058,025	\$88,077,442	\$95,718,020	\$100,309,830
	93.778.014 STIM		17,243,649	8,597,341		
	Total, Method of Financing	\$139,921,345	\$142,982,167	\$151,007,159	\$158,080,957	\$165,664,458
Number of Positions (FTE)						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	02-01-05		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 05 For Clients Dually Eligible for Medicare and Medicaid						
SUB-STRATEGY: 03 Qualified Medicare Beneficiary						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
Sub-strategy Description and Justification:						
<p>This sub-strategy includes the payment of deductible and co-insurance payments for medical services provided to certain Medicaid qualified aged and disabled clients who are eligible for Title XVIII Medicare coverage. For dual eligible Medicare/Medicaid clients who are in fee-for-service Medicare, services are provided through the payment of Medicare co-insurance and deductibles by an independent contractor. For dual eligible Medicare/Medicaid clients enrolled in a Medicare managed care plan, HHSC has been coordinating with the Medicare plans to pay a fixed monthly rate to the plans for deductible and co-insurance payments. Dual eligible Medicare/Medicaid clients utilize covered Medicare services before utilizing Medicaid services, making this a cost effective sub-strategy. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services. Legal Base: Title XVIII, Social Security Act.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>The demand for medical services covered by this sub-strategy is expected to continue to increase due to a continuance in caseload growth and utilization of services. Since services covered under this sub-strategy are mandated under State administered Medicaid program, the risk of non-compliance and loss of federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-05		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 05 For Clients Dually Eligible for Medicare and Medicaid						
SUB-STRATEGY: 04 Other						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries and Wages	\$1,155,280	\$1,183,995	\$1,125,830	\$1,146,019	\$1,146,019
1002	Other Personnel Costs	\$36,846	\$36,350	\$33,680	\$34,222	\$34,222
2001	Professional Fees and Services	\$2,200,378	\$4,488,799	\$3,200,151	\$2,854,927	\$2,854,927
2002	Fuels and Lubricants	\$114	\$121	\$108	\$108	\$108
2003	Consumable Supplies	\$4,797	\$160,589	\$165,870	\$162,672	\$162,673
2004	Utilities	\$47,353	\$43,648	\$35,761	\$53,176	\$53,109
2005	Travel	\$18,155	\$20,860	\$19,581	\$19,843	\$19,843
2006	Rent- Building	\$35,205	\$39,222	\$34,600	\$34,666	\$34,667
2007	Rent- Machine and Other	\$17,498	\$22,436	\$16,055	\$17,827	\$17,846
2009	Other Operating Expenses	\$80,721	\$94,212	\$78,409	\$79,436	\$79,444
3001	Client Services	\$19,197,096	\$21,313,956	\$24,389,332	\$25,312,040	\$26,477,508
4000	Grants	\$38,631	\$164,676	\$164,676	\$164,676	\$164,676
5000	Capital Expenditures	\$970	\$564	\$527	\$527	\$527
	Total, Objects of Expense	\$22,833,044	\$27,569,428	\$29,264,580	\$29,880,139	\$31,045,569

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-05		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 05 For Clients Dually Eligible for Medicare and Medicaid						
SUB-STRATEGY: 04 Other						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
	Method of Financing:					
758	GR Match for Medicaid	\$2,108,729	\$2,967,947	\$2,323,234	\$2,278,893	\$2,278,874
555	Federal Funds:					
	93.778 Medicaid Assistance	\$20,724,315	\$24,601,481	\$26,941,346	\$27,601,246	\$28,766,695
	93.778.014 STIM					
	Total, Method of Financing	\$22,833,044	\$27,569,428	\$29,264,580	\$29,880,139	\$31,045,569
	Number of Positions (FTE)	21.7	18.6	18.6	18.6	18.6
Sub-strategy Description and Justification:						
This sub-strategy includes payments for Medicare beneficiaries with income less than 135 percent of the federal poverty level who do not qualify for full Medicaid benefits. Medicaid pays a portion of the Medicare Part B premium. Administrative salaries, travel and overhead are included in this strategy.						
External/Internal Factors Impacting Sub-strategy:						
The federal government determines Texas' monthly clawback payment based on a formula it uses to estimate each state's prescription drug savings from Medicare Part D. The clawback amount is 85% of Texas Medicaid's estimated savings in calendar year 2009, 83 1/3% in calendar year 2010, and 81 2/3% in calendar year 2011.						

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-06		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 06 Star+Plus						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
2.1.6.1	Disabled and Blind LTC	\$179,375,730	\$193,450,620	\$266,615,472	\$322,521,242	\$342,756,008
2.1.6.2	Disabled and Blind Acute Care	\$364,883,822	\$488,194,053	\$697,364,475	\$844,017,078	\$890,100,909
2.1.6.3	Aged and Medicare LTC	\$400,389,333	\$442,550,170	\$553,049,209	\$670,529,142	\$695,156,751
Total, Sub-strategies		\$944,648,885	\$1,124,194,843	\$1,517,029,156	\$1,837,067,462	\$1,928,013,668

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-06		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 06 Star+Plus						
SUB-STRATEGY: 01 Disabled and Blind LTC						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
3001	Objects of Expense: Client Services	\$179,375,730	\$193,450,620	\$266,615,472	\$322,521,242	\$342,756,008
	Total, Objects of Expense	\$179,375,730	\$193,450,620	\$266,615,472	\$322,521,242	\$342,756,008
	Method of Financing:					
758 8062	GR Match for Medicaid Approp. Receipts Medicaid	\$56,936,846	\$56,392,468	\$95,928,247	\$127,234,630	\$135,217,245
555	Federal Funds: 93.778 Medicaid Assistance 93.778.014 STIM	122,438,884	113,728,007 23,330,145	155,507,917 15,179,308	195,286,612	207,538,763
	Total, Method of Financing	\$179,375,730	\$193,450,620	\$266,615,472	\$322,521,242	\$342,756,008
Number of Positions (FTE)						
Sub-strategy Description and Justification:						
<p>This sub-strategy includes the long term care costs for Disabled and Blind participants in the STAR+PLUS program. STAR+PLUS is a Texas Medicaid managed care program designed to meet the complex care needs of people with disabilities and those age 65 or older who are in Medicaid. The program combines regular Medicaid services, such as doctor visits, with long-term services and supports, such as assistance with activities of daily living in the home. On January 1, 2007, STAR+PLUS expanded to include 29 counties in the following service areas: Bexar, Harris/Harris Expansion, Nueces, and Travis. Participants of STAR+PLUS choose a health plan (HMO) from those available in their county, and receive Medicaid services through that health plan. In 2011, HHSC will expand the STAR+PLUS program to the Dallas and Tarrant Medical Service Areas.</p>						
External/Internal Factors Impacting Sub-strategy:						
Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans with disabilities who need long term care and supports through Medicaid.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-06		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 06 Star+Plus						
SUB-STRATEGY: 02 Disabled and Blind Acute Care						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense: Client Services	\$364,883,822	\$488,194,053	\$697,364,475	\$844,017,078	\$890,100,909
	Total, Objects of Expense	\$364,883,822	\$488,194,053	\$697,364,475	\$844,017,078	\$890,100,909
758 8062 555	Method of Financing: GR Match for Medicaid	\$115,820,207	\$142,312,634	\$250,911,738	\$332,964,738	\$351,144,809
	Approp. Receipts Medicaid					
	Federal Funds: 93.778 Medicaid Assistance	249,063,615	287,005,216	406,749,452	511,052,340	538,956,100
	93.778.014 STIM		58,876,203	39,703,285		
	Total, Method of Financing	\$364,883,822	\$488,194,053	\$697,364,475	\$844,017,078	\$890,100,909
Number of Positions (FTE)						
Sub-strategy Description and Justification:						
<p>This sub-strategy includes the acute care costs for Disabled and Blind participants in the STAR+PLUS program. STAR+PLUS is a Texas Medicaid managed care program designed to meet the complex care needs of people with disabilities and those age 65 or older who are in Medicaid. The program combines acute care Medicaid services, such as doctor visits, with long-term services and supports, such as assistance with activities of daily living in the home. On February 1, 2007, STAR+PLUS expanded to include 29 counties in the following service areas: Bexar, Harris/Harris Expansion, Nueces, and Travis. Participants of STAR+PLUS choose a health plan (HMO) from those available in their county, and receive Medicaid services through that health plan. In 2011, HHSC will expand the STAR+PLUS program to the Dallas and Tarrant Medical Service Areas.</p>						
External/Internal Factors Impacting Sub-strategy:						
Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans with disabilities who need acute care and supports through Medicaid.						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-01-06		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 01 Medicaid Health Services						
STRATEGY: 06 Star+Plus						
SUB-STRATEGY: 03 Aged and Medicare LTC						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense: Client Services	\$400,389,333	\$442,550,170	\$553,049,209	\$670,529,142	\$695,156,751
	Total, Objects of Expense	\$400,389,333	\$442,550,170	\$553,049,209	\$670,529,142	\$695,156,751
758 8062 555	Method of Financing: GR Match for Medicaid	\$127,090,248	\$129,007,063	\$198,987,105	\$264,523,746	\$274,239,338
	Approp. Receipts Medicaid					
	Federal Funds:					
	93.778 Medicaid Assistance	273,299,085	260,171,557	322,575,169	406,005,396	420,917,413
	93.778.014 STIM		53,371,550	31,486,935		
Total, Method of Financing		\$400,389,333	\$442,550,170	\$553,049,209	\$670,529,142	\$695,156,751
Number of Positions (FTE)						
Sub-strategy Description and Justification:						
<p>This sub-strategy includes the long term care costs for Aged and Medicare-Related participants in the STAR+PLUS program. STAR+PLUS is a Texas Medicaid managed care program designed to meet the complex care needs of people with disabilities and those age 65 or older who are in Medicaid. The program combines regular Medicaid services, such as doctor visits, with long-term services and supports, such as assistance with activities of daily living in the home. On January 1, 2007, STAR+PLUS expanded to include 29 counties in the following service areas: Bexar, Harris/Harris Expansion, Nueces, and Travis. Participants of STAR+PLUS choose a health plan (HMO) from those available in their county, and receive Medicaid services through that health plan. In 2011, HHSC will expand the STAR+PLUS program to the Dallas and Tarrant Medical Service Areas.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of aged and Medicare-related Texans who need long term care and supports through Medicaid.</p>						

3.D. Sub-strategy Summary

Agency Code: 529	Agency Name: Health and Human Sevices	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-02-01		
AGENCY GOAL 02 Medicaid						
OBJECTIVE: 02 Other Medicaid Services						
STRATEGY: 01 Cost Reimbursed						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
2.2.1.1	FQHC	\$41,543,398	\$36,314,023	\$38,506,280	\$38,506,280	\$38,506,280
2.2.1.2	SHARS	\$96,546,345	\$96,546,345	\$91,351,021	\$96,546,345	\$96,546,345
2.2.1.3	Undocumented Aliens & LPRs	\$311,260,758	\$308,139,494	\$316,200,660	\$332,477,257	\$348,024,758
2.2.1.4	Other	\$61,041,748	\$174,759,881	\$108,581,351	\$163,835,562	\$163,835,549
Total, Sub-strategies		\$510,392,249	\$615,759,743	\$554,639,312	\$631,365,444	\$646,912,932

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-02-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 02 Other Medicaid Services						
STRATEGY: 01 Cost Reimbursed						
SUB-STRATEGY: 01 Federally Qualified Health Centers						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense:					
	Client Services	\$41,543,398	\$36,314,023	\$38,506,280	\$38,506,280	\$38,506,280
	Total, Objects of Expense	\$41,543,398	\$36,314,023	\$38,506,280	\$38,506,280	\$38,506,280
758 555	Method of Financing:					
	GR Match for Medicaid	\$13,186,567	\$10,585,840	\$13,854,559	\$15,190,727	\$15,190,727
	Federal Funds:					
	93.778 Medicaid Assistance	26,270,716	21,348,712	22,459,430	23,315,553	23,315,553
	93.778.014 STIM	2,086,115	4,379,471	2,192,291		
	Total, Method of Financing	\$41,543,398	\$36,314,023	\$38,506,280	\$38,506,280	\$38,506,280
Number of Positions (FTE)						
Sub-strategy Description and Justification:						
<p>This sub-strategy, which contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services, includes the following Medicaid services that are provided to eligible Medicaid recipients by Federally Qualified Health Centers (FQHC), as independent contractors, on a Prospective Payment System basis. The Omnibus Budget Reconciliation Act of 1989 directs States to implement a payment system to FQHCs for services provided on or after April 1, 1990. Services are defined as the same activities provided by rural health clinics to include services provided by physicians, physician assistants, nurse practitioners, clinical psychologists, and clinical social workers. In addition, FQHCs provide Behavioral Health and Vision Services. FQHCs may also provide other ambulatory services included in a State's Medicaid Program.</p> <p>Legal Base: Omnibus Budget Reconciliation Act of 1989.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Since services covered under this sub-strategy are mandated under State administered Medicaid program, the risk of non-compliance and loss of federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-02-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 02 Other Medicaid Services						
STRATEGY: 01 Cost Reimbursed						
SUB-STRATEGY: 02 SHARS						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
3001	Objects of Expense:					
	Client Services	96,546,345	96,546,345	91,351,021	96,546,345	96,546,345
	Total, Objects of Expense	\$96,546,345	\$96,546,345	\$91,351,021	\$96,546,345	\$96,546,345
758	Method of Financing: GR Match for Medicaid					
555	Federal Funds: 93.778 Medicaid Assistance 93.778.014 STIM	96,546,345	96,546,345	91,351,021	96,546,345	96,546,345
	Total, Method of Financing	\$96,546,345	\$96,546,345	\$91,351,021	\$96,546,345	\$96,546,345
Number of Positions (FTE)						
Sub-strategy Description and Justification:						
<p>This sub-strategy, which contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services, includes the following Medicaid services that are provided to eligible Medicaid recipients by independent contractors on a cost reimbursed basis: School Health and Related Services (SHARS) Administration- This includes contract administrative services incurred by the Medicaid insuring agency for the processing of claims for the SHARS project. The SHARS project reimburses school districts and school cooperatives the federal share of services that are determined to be medically necessary and reasonable.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Since services covered under this sub-strategy are mandated under State administered Medicaid program, the risk of non-compliance and loss of federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-02-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 02 Other Medicaid Services						
STRATEGY: 01 Cost Reimbursed						
SUB-STRATEGY: 03 Undocumented Aliens & Legal Permanent Residents						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
3001	Objects of Expense:					
	Client Services	311,260,758	308,139,494	316,200,660	332,477,257	348,024,758
	Total, Objects of Expense	\$311,260,758	\$308,139,494	\$316,200,660	\$332,477,257	\$348,024,758
758	Method of Financing: GR Match for Medicaid	\$98,799,352	\$85,095,836	\$111,201,807	\$131,162,278	\$137,295,767
555	Federal Funds:					
	93.778 Medicaid Assistance	175,731,726	176,610,712	182,784,428	201,314,979	210,728,991
	93.778.014 STIM	36,729,680	46,432,946	22,214,425		
	Total, Method of Financing	\$311,260,758	\$308,139,494	\$316,200,660	\$332,477,257	\$348,024,758
Number of Positions (FTE)						
Sub-strategy Description and Justification:						
<p>The sub-strategy provides services in accordance with the Omnibus Reconciliation Act of 1986, which mandates Medicaid coverage for aliens residing illegally in the U.S. who have an emergency condition. An applicant must meet all Medicaid eligibility criteria, except citizenship, and have an emergency medical condition. Medicaid coverage is limited to services related to the emergency condition.</p> <p style="text-align: right;">Legal Base: Omnibus Budget Reconciliation Act of 1986</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Since services covered under this sub-strategy are mandated under the Medicaid program, the risk of non-compliance and loss of federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation.</p>						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	02-02-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 02 Other Medicaid Services						
STRATEGY: 01 Cost Reimbursed						
SUB-STRATEGY: 04 Other						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
	Objects of Expense:					
1001	Salaries and Wages	462,008	456,236	370,973	377,556	377,556
1002	Other Personnel Costs	14,735	14,032	11,393	11,569	11,569
2001	Professional Fees and Services	14,268,729	16,164,429	15,026,643	14,903,943	14,903,943
2002	Fuels and Lubricants	46	48	43	43	43
2003	Consumable Supplies	1,919	56,657	58,352	57,230	57,231
2004	Utilities	18,936	16,476	13,062	19,176	19,152
2005	Travel	7,261	8,140	6,373	6,458	6,458
2006	Rent- Building	14,082	15,449	13,618	13,641	13,641
2007	Rent- Machine and Other	6,999	8,841	5,858	6,479	6,486
2009	Other Operating Expenses	32,720	36,048	28,625	28,989	28,992
3001	Client Services	46,198,483	157,925,486	92,988,386	148,352,453	148,352,453
4000	Grants	15,442	57,817	57,817	57,817	57,817
5000	Capital Expenditures	388	222	208	208	208
Total, Objects of Expense		\$61,041,748	\$174,759,881	\$108,581,351	\$163,835,562	\$163,835,549
	Method of Financing:					
758	GR Match for Medicaid	20,374,065	59,510,151	58,655,029	58,962,644	58,962,637
555	Federal Funds:					
	93.778 Medicaid Assistance	40,463,942	111,105,698	49,311,190	104,872,918	104,872,912
	93.793.000 Transformation Grant					
	93.778.014 STIM	203,741	4,144,032	615,132		
777	Interagency Contracts					
55175845		\$61,041,748	\$174,759,881	\$108,581,351	\$163,835,562	\$163,835,549
Number of Positions (FTE)		8.6	7.2	7.2	7.2	7.2

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-02-01
AGENCY GOAL:	02 Medicaid			
OBJECTIVE:	02 Other Medicaid Services			
STRATEGY:	01 Cost Reimbursed			
SUB-STRATEGY:	04 Other			

Sub-strategy Description and Justification:	
This sub-strategy includes general administrative cost for the Medicaid program. It also includes payments made to hospitals for the Medicaid Graduate Medical Education program, and medical payments for Breast and Cervical Cancer, Substance Abuse, Rural Health Clinics, and Tuberculosis Clinics.	
External/Internal Factors Impacting Sub-strategy:	
Since services under this sub-strategy are mandated under State administrated Medicaid program, the risk of non-compliance and loss of federal financial participation would be jeopardized for failure to reimburse medical providers at a rate reasonable and adequate to ensure provider participation. Federal matching funds for GME were inadvertently omitted in the base reconciliation.	

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	02-04-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 04 Administrative Support						
STRATEGY: 01 State Medicaid Office						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
2.4.1.1	Medicaid Administrative Claiming	\$29,486,642	\$20,329,536	\$20,330,626	\$20,329,538	\$20,329,538
2.4.1.2	Ombudsman	\$666,783	\$824,116	\$834,841	\$832,148	\$832,148
Total, Sub-strategies		\$30,153,425	\$21,153,652	\$21,165,467	\$21,161,686	\$21,161,686

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-04-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 04 Administrative Support						
STRATEGY: 01 State Medicaid Office						
SUB-STRATEGY: 01 Medicaid Administrative Claiming						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Objects of Expense:					
1001	Salaries & Wages	\$259,986	\$347,522	\$339,283	\$343,403	\$343,403
1002	Other Personnel Costs	4,560	8,911	8,699	8,805	8,805
2001	Professional Fess and Services	29,211,066	19,960,522	19,960,522	19,960,522	19,960,522
2002	Fuels and Lubricants	0	0	0	0	0
2003	Consumable Supplies	10	0	0	0	0
2004	Utilities	680	1,640	2,730	2,416	2,416
2005	Travel	3,980	3,901	10,802	7,352	7,352
2006	Rent - Bldg	0	680	680	680	680
2009	Other Operating Expense	6,360	6,360	7,910	6,360	6,360
	Total, Objects of Expense	\$29,486,642	\$20,329,536	\$20,330,626	\$20,329,538	\$20,329,538
	Method of Financing:					
888	Earned Federal Funds	\$137,788	\$184,507	\$185,052	\$184,508	\$184,508
758	GR Match for Medicaid	0	1,393,679	505,500	505,500	505,500
555	Federal Funds: 93.778.003 Medicaid Assistance Program - 50% 93.778.007 Medicaid Assistance Program - 100%	29,348,854	18,751,350	19,640,074	19,639,530	19,639,530
	Total, Method of Financing	\$29,486,642	\$20,329,536	\$20,330,626	\$20,329,538	\$20,329,538

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-04-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 04 Administrative Support						
STRATEGY: 01 State Medicaid Office						
SUB-STRATEGY: 01 Medicaid Administrative Claiming						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
	Number of Positions (FTE)	4.7	6.0	6.0	6.0	6.0
Sub-strategy Description and Justification:						
<p>This sub-strategy includes the federal dollars that are reimbursed to local providers such as independent school districts, local health departments, mental health mental retardation centers and early childhood intervention providers participating in the Medicaid Administrative Claiming project. These federal dollars represent the federal share of Medicaid outreach and allowable administrative activities performed by providers under contract with HHSC.</p> <p>Legal Base: Title XIX of the Social Security Act.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>An external factor that could impact this substrategy is a change in federal Medicaid legislation related to Medicaid Administrative Claiming. During the past few years, the federal government has scrutinized state Medicaid Administrative Claiming programs and the Centers for Medicare and Medicaid Services (CMS) has imposed new requirements on them. Some of the federal changes likely will reduce the federal funds coming to Texas for Medicaid administrative services. HHSC has worked with CMS to update Texas' Medicaid Administrative Claiming program for school districts, and anticipates similar changes to other Medicaid Administrative Claiming programs in the near future.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-04-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 04 Administrative Support						
STRATEGY: 01 State Medicaid Office						
SUB-STRATEGY: 02 Ombudsman						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
	Objects of Expense:					
1001	Salaries & Wages	\$590,102	\$702,318	\$696,640	\$702,081	\$702,081
1002	Other Personnel Costs	23,788	18,008	17,862	18,003	18,003
2001	Professional Fees and Services	21,968	0	0	0	0
2002	Fuels and Lubricants					
2003	Consumable Supplies	\$3,592	\$30,000	\$30,000	\$30,000	\$30,000
2004	Utilities	\$174	\$1,000	\$1,000	\$1,000	\$1,000
2005	Travel	\$2,304	\$33,439	\$33,439	\$33,439	\$33,439
2006	Rent - Building					
2007	Rent - Machine and Other	\$0	\$456	\$456	\$456	\$456
2008	Debt Service					
2009	Other Operating Expense	\$24,855	\$38,895	\$55,444	\$47,169	\$47,169
	Total, Objects of Expense	\$666,783	\$824,116	\$834,841	\$832,148	\$832,148
	Method of Financing:					
758	GR Match for Medicaid	\$179,919	\$231,395	\$234,076	\$233,404	\$233,404
555	Federal Funds:					
	93.777.001 State Survey & Cert 50%					
	93.777.002 State S&C of Health Care Providers 75%	486,864	592,721	600,765	598,744	598,744
	Total, Method of Financing	\$666,783	\$824,116	\$834,841	\$832,148	\$832,148
	Number of Positions (FTE)	12.0	16.0	16.0	16.0	16.0

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 02-04-01		
AGENCY GOAL: 02 Medicaid						
OBJECTIVE: 04 Administrative Support						
STRATEGY: 01 State Medicaid Office						
SUB-STRATEGY: 02 Ombudsman						
Code	Sub-strategy Request	Expended 2009	Estimated 2010	Budgeted 2011	Requested	
					2012	2013
Sub-strategy Description and Justification:						
<p>The Office of Ombudsman sub-strategy includes funding for an impartial and confidential resource to assist citizens in resolving certain Medicaid -related complaints.</p> <p>This sub-strategy includes funding specifically for informal dispute resolution related to long-term care facilities and complaints regarding Medicaid Managed Care. Informal dispute resolution for long-term care facilities is related to federal certification and state licensure citations received during survey visits.</p> <p>Legal Base: Title XIX of the Social Security Act; Sections 531.0211-.0213, Government Code.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Internal factors that affect this sub-strategy include program and policy changes. Increased nursing facility survey efforts at DADS has resulted in an increased need for informal dispute resolution services.</p>						

3.D. Sub-strategy Summary

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3			
AGENCY GOAL: 04 Encourage Self Sufficiency						
OBJECTIVE: 01 Assistance Services						
STRATEGY: 01 TANF Grants						
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
01		\$87,811,352	\$118,322,568	\$133,565,130	\$91,651,303	\$97,720,173
02		\$3,904,305	\$4,966,927	\$5,447,531	\$2,803,732	\$2,849,941
03		\$4,108,000	\$3,328,906	\$2,785,483	\$2,180,914	\$2,180,914
04		\$229,533	\$0	\$0	\$0	\$0
05		\$9,473,205	\$3,026,520	\$3,141,990	\$2,520,926	\$2,583,312
06		\$597,000	\$667,551	\$690,726	\$559,733	\$559,733
07		\$0	\$0	\$0	\$0	\$0
Total, Sub-strategies		\$106,123,395	\$130,312,472	\$145,630,860	\$99,716,608	\$105,894,073

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	04-01-01		
AGENCY GOAL: 04 Encourage Self Sufficiency						
OBJECTIVE: 01 Assistance Services						
STRATEGY: 01 TANF Grants						
SUB-STRATEGY: 01 TANF Capped Entitlement Services (CES)						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense:					
	Client Services	88,040,885	118,322,568	133,565,130	91,651,303	97,720,173
	Total, Objects of Expense	\$88,040,885	\$118,322,568	\$133,565,130	\$91,651,303	\$97,720,173
759	Method of Financing:					
	GR MOE TANF (001GR)	\$64,489,853	\$62,851,931	\$78,030,990	\$62,851,931	\$62,851,931
	Subtotal General Revenue Funds	\$64,489,853	\$62,851,931	\$78,030,990	\$62,851,931	\$62,851,931
369	Federal - TANF Emerg Cont Fund Stimulus		\$29,032,206	\$27,289,258		
555	Federal Funds:	\$23,321,499	\$26,438,431	\$28,244,882	\$28,799,372	\$34,868,242
	Subtotal Federal Funds	23,321,499	55,470,637	55,534,140	28,799,372	34,868,242
	Total, Method of Financing	\$87,811,352	\$118,322,568	\$133,565,130	\$91,651,303	\$97,720,173
Number of Positions (FTE)		0.0	0.0	0.0	0.0	0.0
Sub-strategy Description and Justification:						
<p>The TANF-Basic program provides financial assistance to families with needy children who are deprived of parental support because of the absence or disability of one or both parents and the unemployment or underemployment of the remaining parent. Temporary Family Assistance (TFA) is an employment focused, time limited assistance program that provides families with monthly cash assistance for ongoing needs such as food, shelter, and clothing. The 2010-11 General Appropriations Act (Article II, HHSC, Rider 25, S.B. 1, 81st Legislature, 2009) establishes the monthly payment amount at 17% of the Federal Poverty Level. The purpose of the program is to provide temporary financial assistance to needy dependent children and the parents or relatives with whom they are living. The program meets TANF Purpose 1, provides assistance to needy families so that children may be cared for in their own homes or in the homes of relatives. TANF is a block grant program to help move recipients into work and turn welfare into a program of temporary assistance. In addition to other changes to the TANF program, the Recovery Act established the Emergency Contingency Fund for State TANF Programs (Emergency Fund).</p> <p>It provides up to \$5 billion to help States, Territories, and Tribes in FY 2009 and FY 2010 that have an increase in assistance caseloads and basic assistance expenditures, or in expenditures related to short-term benefits or subsidized employment.</p>						

External/Internal Factors Impacting Sub-strategy:

Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living. TANF basic assistance after several years of decreasing, TANF recipients began to rise in February 09' and continued to do so until very recently, where it has begun to level out. Caseload growth trend are estimated at 8.2% in FY 2010 and slows to an 2.5% increase by FY 2013. The low point for TANF recipient caseload was just under 110,000, in the spring of 2009. The ARRA funds provided an opportunity to collaborate with the Texas Food Bank Network to obtain TANF-ECF funds to provide supplemental food packages during FFY 2010-11.

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 04-01-01		
AGENCY GOAL: 04 Encourage Self Sufficiency						
OBJECTIVE: 01 Assistance Services						
STRATEGY: 01 TANF Grants						
SUB-STRATEGY: 02 TANF State Program						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense: Client Services	3,904,305	4,966,927	5,447,531	2,803,732	2,849,941
	Total, Objects of Expense	\$3,904,305	\$4,966,927	\$5,447,531	\$2,803,732	\$2,849,941
001	Method of Financing: General Revenue	3,904,305	4,966,927	5,447,531	2,803,732	2,849,941
	Total, Method of Financing	\$3,904,305	\$4,966,927	\$5,447,531	\$2,803,732	\$2,849,941
Number of Positions (FTE)		0.0	0.0	0.0	0.0	0.0
Sub-strategy Description and Justification:						
<p>In fiscal year 2007 HHSC operated a TANF- Separate State Program (SSP) for two-parent families for which HHSC claimed MOE. Federal law provided states the option of establishing state-funded programs and the flexibility to set alternative work activity participation rates. HHSC changed the operation of the TANF SSP program to a solely state-funded program in fiscal year 2008. The TANF-SP program provides financial assistance to low-income families with children in which there are two certified adults on the case. Beginning in FY 2008, the two-parent separate state program was funded with state general revenue instead of TANF maintenance of effort (MOE) funds in an effort to avoid potential federal sanctions. The TANF two-parent population represents approximately 2.05 percent of the total TANF caseload.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living. Prior to the creation of the separate state funded program, local workforce boards had to focus more time and resources to help two-parent families meet their work requirements than for single parent families in order to meet the higher two-parent work participation requirements. With the creation of the state-funded cash assistance program, local workforce boards are able to focus resources appropriately.</p>						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	04-01-01		
AGENCY GOAL: 04 Encourage Self Sufficiency						
OBJECTIVE: 01 Assistance Services						
STRATEGY: 01 TANF Grants						
SUB-STRATEGY: 03 TANF One-time Payments						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense:					
	Client Services	4,108,000	\$3,328,906	\$2,785,483	\$2,180,914	\$2,180,914
	Total, Objects of Expense	\$4,108,000	\$3,328,906	\$2,785,483	\$2,180,914	\$2,180,914
555	Method of Financing:					
	Federal Funds: 93.558.00C TANF (001 GR)	\$4,108,000	\$3,328,906	\$2,785,483	\$2,180,914	\$2,180,914
	Total, Method of Financing	\$4,108,000	\$3,328,906	\$2,785,483	\$2,180,914	\$2,180,914
Number of Positions (FTE)		0.0	0.0	0.0	0.0	0.0
Sub-strategy Description and Justification:						
<p>The TANF one-time grant benefit payment provides assistance to families in crises who are eligible for TANF cash assistance benefits and choose to receive a one-time cash grant of \$1,000 in lieu of regular ongoing TANF cash assistance benefits. The purpose of the program is to provide temporary, immediate assistance to TANF-eligible families. The supplemental payment is not to exceed \$1,000 and is intended to help the TANF-eligible families with initial costs.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.</p>						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	04-01-01		
AGENCY GOAL: 04 Encourage Self Sufficiency						
OBJECTIVE: 01 Assistance Services						
STRATEGY: 01 TANF Grants						
SUB-STRATEGY: 04 Supplemental Child Support Payments (\$50 Disregard Expenses and First Excess Expenses)						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense:					
	Client Services	229,533	0	0	0	0
	Total, Objects of Expense	\$229,533	\$0	\$0	\$0	\$0
555	Method of Financing:					
	Federal Funds:					
	93.558.00C TANF (001 GR)	\$96,917				
	Subtotal Federal Funds	96,917	0	0	0	0
777	Interagency Contracts	132,616				
	Total, Method of Financing	\$229,533	\$0	\$0	\$0	\$0
Number of Positions (FTE)		0.0	0.0	0.0	0.0	0.0
Sub-strategy Description and Justification:						
<p>The 2008-09 General Appropriations Act (Article II, HHSC, Rider 21, H.B. 1, 80th Legislature, regular Session, 2007) directs the Health and Human Service Commission to make supplemental payments to families receiving welfare who would be eligible to receive child support "pass through" and "first excess" payments up to \$50. The "pass through" and "first excess" payments have been assumed by the Office of Attorney General.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.</p>						

3.D. Sub-strategy Request

Agency Code: 529	Agency Name: Health and Human Services	Prepared By: Tracy Henderson	Statewide Goal Code: 3	Strategy Code: 04-01-01		
AGENCY GOAL: 04 Encourage Self Sufficiency						
OBJECTIVE: 01 Assistance Services						
STRATEGY: 01 TANF Grants						
SUB-STRATEGY: 05 TANF One-time \$30 Payments						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense: Client Services	9,473,205	3,026,520	3,141,990	2,520,926	2,583,312
	Total, Objects of Expense	\$9,473,205	\$3,026,520	\$3,141,990	\$2,520,926	\$2,583,312
555	Method of Financing:					
	Federal Funds: 93.558.000 TANF (001 GR)	\$9,473,205	\$3,026,520	\$3,141,990	\$2,520,926	\$2,583,312
	Total, Method of Financing	\$9,473,205	\$3,026,520	\$3,141,990	\$2,520,926	\$2,583,312
Number of Positions (FTE)		0.0	0.0	0.0	0.0	0.0
Sub-strategy Description and Justification:						
<p>The 2008-09 General Appropriations Act, Article II, HHSC, Rider 21, H.B. 1, 80th Legislature directs the Health and Human Service Commission to provide a one-time per year grant up to a \$30 payment for each TANF or state program eligible child on August 1st of each year. These payments coincide with back-to school shopping and the tax-free weekend. The FFY 2010 ARRA TANF Emergency Contingency Fund (ECF) Grant awarded to HHSC through S.B. 1, Art. XII granted authority in the FY 2009 supplemental appropriation to increase the annual subsidy for TANF children from \$30 to \$105 for each child on TANF as of August 1 of each year for increased expenditures in FY2010. HHSC partnered with the Food Bank, Inc to create a new program for the distribution of short-term, non-recurrent benefits to needy families in the state of Texas entitled "Summer Stimulus Relief Program."</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.</p>						

3.D. Sub-strategy Request

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:		
529	Health and Human Services	Tracy Henderson	3	04-01-01		
AGENCY GOAL: 04 Encourage Self Sufficiency						
OBJECTIVE: 01 Assistance Services						
STRATEGY: 01 TANF Grants						
SUB-STRATEGY: 06 One-time Grandparent Grants						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2009	2010	2011	2012	2013
3001	Objects of Expense:					
	Client Services	597,000	\$667,551	\$690,726	\$559,733	\$559,733
	Total, Objects of Expense	\$597,000	\$667,551	\$690,726	\$559,733	\$559,733
555	Method of Financing:					
	Federal Funds:					
	93.558.00C TANF (001 GR)	\$597,000	\$667,551	\$690,726	\$559,733	\$559,733
	Total, Method of Financing	\$597,000	\$667,551	\$690,726	\$559,733	\$559,733
Number of Positions (FTE)		0.0	0.0	0.0	0.0	0.0
Sub-strategy Description and Justification:						
<p>One-time Grandparents Grant – is a supplemental payment issued to qualifying grandparent who is the caretaker of a grandchild and who meets certain eligibility requirements for the support of a dependent child. The purpose of the program is to provide a one-time supplemental grant to certain grandparents that are supporting a dependent child. The supplemental payment is not to exceed \$1000 and is intended to help the grandparents with initial costs.</p>						
External/Internal Factors Impacting Sub-strategy:						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.</p>						

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