

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	Centralized Financial Policy	3,050,420	2,636,673	2,692,309	2,897,750	2,897,750
02	Rate Setting (Medicaid/CHIP/Foster Care)	2,783,711	3,131,634	3,114,872	3,114,872	3,114,872
03	CRCG Adult/Child and TIFI	-	111,252	136,783	136,783	136,783
04	Umbilical Cord Blood Bank	-	1,000,000	1,000,000	1,000,000	1,000,000
05	Border Relations	1,056,865	1,127,649	1,134,434	1,134,434	1,134,434
06	Office of Acquired Brain Injury	156,359	527,346	317,767	317,767	317,767
07	Texas Office for the Prevention of Developmental Disabilities	200,559	326,880	346,129	346,129	346,129
08	Nurse Family Partnership	9,009,769	8,874,999	8,874,999	8,874,999	8,874,999
09	Grants for Developing Health Information Networks	8,693,187	3,261,645	190,338	190,338	190,339
10	Home Visitation Program	9,916,596	22,000,027	15,002,392	11,407,696	4,512,873
11	Other	17,355,352	25,042,130	22,749,556	22,863,826	22,658,214
<b>Total, Sub-strategies</b>		<b>\$ 52,222,818</b>	<b>\$ 68,040,235</b>	<b>\$ 55,559,579</b>	<b>\$ 52,284,594</b>	<b>\$ 45,184,160</b>

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<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 01 Centralized Financial Policy						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	2,913,592	2,492,346	2,531,372	2,730,684	2,730,684
1002	OTHER PERSONNEL COSTS	68,385	59,751	60,560	66,690	66,690
2003	CONSUMABLE SUPPLIES	2,680	4,904	4,826	4,826	4,826
2004	UTILITIES	9,366	10,402	10,500	10,500	10,500
2005	TRAVEL	11,107	12,958	14,569	14,569	14,569
2006	RENT - BUILDING	1,895	-	-	-	-
2007	RENT - MACHINE AND OTHER	2,248	-	-	-	-
2009	OTHER OPERATING EXPENSE	41,147	56,312	70,482	70,481	70,481
<b>Total, Objects of Expense</b>		<b>\$ 3,050,420</b>	<b>\$ 2,636,673</b>	<b>\$ 2,692,309</b>	<b>\$ 2,897,750</b>	<b>\$ 2,897,750</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	1,022	26,974	27,267	32,952	32,952
0758	GR Match for Medicaid	487,797	496,562	504,179	598,492	598,492
8010	GR Match for Title XXI (CHIP)	20,997	28,147	28,270	29,380	29,437
8014	GR Match for Food Stamp Administration	310,751	322,773	323,569	323,569	323,569
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	310,750	322,773	323,569	323,569	323,569
	93.558.000 Temporary Assist/Needy Families	16,704	14,440	14,538	14,538	14,538
	93.566.000 Refugee and Entrant Assis	824	409	428	428	428
	93.667.000 Social Svcs Block Grant	-	102	107	107	107
	93.767.000 CHIP	52,559	69,176	69,477	68,366	68,309
	93.778.003 XIX 50%	486,393	496,562	504,178	598,493	598,493
0777	Interagency Contracts	1,362,623	858,755	896,727	907,856	907,856
<b>Total, Method of Financing</b>		<b>\$ 3,050,420</b>	<b>\$ 2,636,673</b>	<b>\$ 2,692,309</b>	<b>\$ 2,897,750</b>	<b>\$ 2,897,750</b>
<b>Number of Positions (FTE)</b>		<b>38.8</b>	<b>36.0</b>	<b>39.8</b>	<b>39.8</b>	<b>39.8</b>
<b>Sub-strategy Description and Justification:</b>						

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<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	01 Enterprise Oversight and Policy					
<b>SUB-STRATEGY:</b>	01 Centralized Financial Policy					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<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>Staff provides enterprise-wide budget and fiscal policy direction and develops cross-functional models for identifying potential efficiencies; and analyzing financial, cost and utilization to identify underlying efficiencies. Oversight functions include planning and development of enterprise financial and statistical reports, development of the HHS consolidated budget and appropriation request for the enterprise and monitoring and issue resolution in financial and performance areas. Other items include cost allocation oversight and management and revenue research and maximization.</p> <p>Staff also produces caseload and cost forecasts monthly for the HHS System (Medicaid [Acute Care, FFS, Managed Care, Cost-Reimbursed, Texas Health Steps, Medical Transportation, Long-term Care, Vendor Drug, STAR+PLUS and STAR Health], Children's Health Insurance Program (CHIP), CHIP Perinate, CHIP Dental, Protective Services [Foster Care, Adoption Subsidy, and Adult], Texas Women's Health Program, TANF, Food Stamps, ECI, and Kidney Health); develops actuarial methodology and forecasting models; and reviews design and changes in the claims data file (STAT file) maintained by the claims administrator contractor. Staff also performs actuarial analysis for the rate setting process.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>An external factor impacting this strategy is federal and state health policy changes. Changes to Medicaid and CHIP and the implementation of new programs place increased demands on coordination of oversight and policy functions. HHSC also has a need to provide oversight and develop policies that are client-focused. Additionally, many HHS enterprise efforts are financed by interagency contracts with other HHS agencies, and available funding for these enterprise operations depend on the ability of the contributing agencies to continue current levels of funding.</p> <p>An internal factor impacting this strategy is the challenge and opportunity to provide services more efficiently through such means as increasing the scope of health-care services delivered through Medicaid managed care, and implementing transformational policies to improve quality of care for Medicaid clients. These types of initiatives often require changes to HHS enterprise staffing, functions, services, and providers, thereby impacting this strategy. Functions within this strategy focus on balancing oversight and operations, streamlining administrative services, and strengthening analytical and forecasting support for major decisions with financial significance.</p>						

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<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 02 Rate Setting (Medicaid/CHIP/Foster Care)						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	2,627,268	2,862,674	2,891,532	2,891,532	2,891,532
1002	OTHER PERSONNEL COSTS	67,594	75,181	75,939	75,939	75,939
2001	PROFESSIONAL FEES AND SERVICES	33,433	100,049	59,841	59,841	59,841
2003	CONSUMABLE SUPPLIES	1,331	5,089	3,044	3,044	3,044
2004	UTILITIES	2,508	3,767	3,767	3,767	3,767
2005	TRAVEL	757	2,541	2,501	2,501	2,501
2006	RENT - BUILDING	9,235	11,729	11,729	11,729	11,729
2009	OTHER OPERATING EXPENSE	41,585	70,604	66,519	66,519	66,519
<b>Total, Objects of Expense</b>		<b>\$ 2,783,711</b>	<b>\$ 3,131,634</b>	<b>\$ 3,114,872</b>	<b>\$ 3,114,872</b>	<b>\$ 3,114,872</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	223	86,657	86,193	86,193	86,193
0758	GR Match for Medicaid	1,314,500	1,437,666	1,429,971	1,429,971	1,429,971
0555	Federal Funds	-	-	-	-	-
	93.778.003 XIX 50%	1,314,500	1,437,666	1,429,971	1,429,971	1,429,971
0777	Interagency Contracts	154,488	169,645	168,737	168,737	168,737
<b>Total, Method of Financing</b>		<b>\$ 2,783,711</b>	<b>\$ 3,131,634</b>	<b>\$ 3,114,872</b>	<b>\$ 3,114,872</b>	<b>\$ 3,114,872</b>
<b>Number of Positions (FTE)</b>		<b>42.5</b>	<b>48.8</b>	<b>52.0</b>	<b>52.0</b>	<b>52.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>Rate Analysis staff, as required by federal and state regulations, designs, conducts, and interprets analyses of program cost and statistical data for use in rate determination as well as ensure that proposed rates meet methodology requirements and achieve stated objectives. As required by federal regulation and state administrative law, staff develops rate determination methodologies that balance the competing requirements of cost containment, promotion of quality of care, access to care, and equity among providers. They conduct hearings to receive public input on proposed rules and rates; process informal reviews of audit adjustments; work with legal staff to resolve formal appeals of informal review decisions and to resolve lawsuits (state and federal) pertaining to rate development and cost report adjustments. They also administer the staff enhancement accountability systems for long term services and support programs, the disproportionate share hospital (DSH) supplemental payment program, uncompensated care (UC) supplemental payment program and develop inflation factors appropriate to adjust costs/rates for numerous programs. They also assist with processing Texas Healthcare Transformation and Quality Improvement Program 1115 Demonstration Waiver payments for Delivery System Reform Incentive Payments (DSRIP).</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						

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<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	01 Enterprise Oversight and Policy					
<b>SUB-STRATEGY:</b>	02 Rate Setting (Medicaid/CHIP/Foster Care)					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<p>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. The deadlines for submitting proposed rates for public hearings and for federal and state approvals can impact workload.</p> <p>For hospital reimbursement programs, there is increasing complexity to determine payment amounts to hospitals under the Disproportionate Share Hospital (DSH) program and the Texas Healthcare Transformation and Quality Improvement Program 1115 Demonstration Waiver. These payments also require coordination with the public entities providing state match as well as the Comptroller of Public Accounts.</p>						

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<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 03 CRCG Adult/Child and TIFI						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
1001	<b>Objects of Expense:</b> SALARIES AND WAGES	-	47,656	72,890	72,890	72,890
2005	TRAVEL	-	5,000	5,000	5,000	5,000
2009	OTHER OPERATING EXPENSE	-	58,596	58,893	58,893	58,893
	<b>Total, Objects of Expense</b>	<b>\$ -</b>	<b>\$ 111,252</b>	<b>\$ 136,783</b>	<b>\$ 136,783</b>	<b>\$ 136,783</b>
0001	<b>Method of Financing:</b> General Revenue Fund	-	111,252	136,783	136,783	136,783
	<b>Total, Method of Financing</b>	<b>\$ -</b>	<b>\$ 111,252</b>	<b>\$ 136,783</b>	<b>\$ 136,783</b>	<b>\$ 136,783</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Texas Integrated Funding Initiative (TIFI) was funded for the 2014-15 biennium. Grants to TIFI demonstration sites ended. However, a federal System of Care grant continued funding for planning activities for TIFI and a recent federal four year grant award received in July 2013 allowed for the implementation of a System of Care framework that builds upon the TIFI to occur. The TIFI legislation was amended to move the TIFI Consortium to the System of Care Consortium legislation during the 83rd Legislature.</p> <p>Community Resource Coordination Groups (CRCGs) are comprised of public and private agencies that develop comprehensive and coordinated multi-agency services responsive to children, youth, and families with complex needs. Local CRCGs serve individual or multi-county areas and work collaboratively to respond to the needs of the residents in their service areas. Currently, Texas has an estimated 176 local CRCGs for children, youth and adults. HHSC's Community Access and Services provides training, technical assistance, and coordination for the state-wide network of local CRCGs. Additionally, HHSC convenes quarterly meetings of the state work group member agencies to provide guidance to the program.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>State funding was not appropriated for these initiatives for FY 2012-13. A minimal level of support to the local CRCG's was provided by the Office of Community Access and Services in Strategy A.1.2, Integrated Eligibility and Support during that time.</p>						

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<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 04 Umbilical Cord Blood Bank						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
2001	<b>Objects of Expense:</b> PROFESSIONAL FEES AND SERVICES	-	1,000,000	1,000,000	1,000,000	1,000,000
	<b>Total, Objects of Expense</b>	\$ -	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
0001	<b>Method of Financing:</b> General Revenue Fund	-	1,000,000	1,000,000	1,000,000	1,000,000
	<b>Total, Method of Financing</b>	\$ -	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
Contract funds are used for the gathering and retention of umbilical cord blood from live births for the primary purpose of making umbilical cord blood available for recipients of transplants who are unrelated to the donors of the blood. Previously through rider authority, HHSC has funded an umbilical cord blood contract that was initially based on H.B. 3572, 77th Legislature. During the 2014-15 biennium, \$1,000,000 in General Revenue funding was provided in each year of the biennium.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
None						

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<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 05 Border Relations						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<b>Objects of Expense:</b>						
1001	SALARIES AND WAGES	396,322	427,890	436,948	436,948	436,948
1002	OTHER PERSONNEL COSTS	20,810	21,951	22,416	22,416	22,416
2001	PROFESSIONAL FEES AND SERVICES	609,689	627,750	624,579	624,579	624,579
2002	FUELS AND LUBRICANTS	2,515	2,120	2,109	2,109	2,109
2003	CONSUMABLE SUPPLIES	278	289	288	288	288
2004	UTILITIES	2,715	5,591	5,590	5,590	5,590
2005	TRAVEL	20,499	36,000	36,000	36,000	36,000
2009	OTHER OPERATING EXPENSE	4,037	6,058	6,504	6,504	6,504
<b>Total, Objects of Expense</b>		<b>\$ 1,056,865</b>	<b>\$ 1,127,649</b>	<b>\$ 1,134,434</b>	<b>\$ 1,134,434</b>	<b>\$ 1,134,434</b>
<b>Method of Financing:</b>						
0001	General Revenue Fund	423	545	548	548	548
0758	GR Match for Medicaid	69,810	72,918	73,357	73,357	73,357
8010	GR Match for Title XXI (CHIP)	1,096	4,706	4,734	4,892	4,900
8014	GR Match for Food Stamp Administration	40,956	40,563	40,807	40,807	40,807
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	40,956	40,563	40,807	40,807	40,807
	93.558.000 Temporary Assist/Needy Families	3,587	3,176	3,195	3,195	3,195
	93.566.000 Refugee and Entrant Assis	495	451	454	454	454
	93.667.000 Social Svcs Block Grant	6	113	113	113	113
	93.767.000 CHIP	2,693	11,562	11,632	11,474	11,466
	93.778.003 XIX 50%	69,810	72,918	73,357	73,357	73,357
0777	Interagency Contracts	827,033	880,134	885,430	885,430	885,430
<b>Total, Method of Financing</b>		<b>\$ 1,056,865</b>	<b>\$ 1,127,649</b>	<b>\$ 1,134,434</b>	<b>\$ 1,134,434</b>	<b>\$ 1,134,434</b>
<b>Number of Positions (FTE)</b>		<b>7.6</b>	<b>8.0</b>	<b>8.0</b>	<b>8.0</b>	<b>8.0</b>
<b>Sub-strategy Description and Justification:</b>						
The Border Relations sub-strategy funds the HHS Office of Border Affairs which coordinates the HHS agencies' work in the colonias and border communities. This coordination enables 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.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						

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<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	01 Enterprise Oversight and Policy					
<b>SUB-STRATEGY:</b>	05 Border Relations					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<p>Changes to staffing or functions in HHS system, as related to the Border Region, could impact Border Affairs operations. Changes to economic conditions in countries of origin for residents of the Colonias, or economic conditions in Texas, could impact Border Affairs 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>						

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<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 06 Office of Acquired Brain Injury						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	76,162	116,642	200,138	200,138	200,138
1002	OTHER PERSONNEL COSTS	960	1,468	2,519	2,519	2,519
2001	PROFESSIONAL FEES AND SERVICES	74,599	315,506	86,884	86,884	86,884
2003	CONSUMABLE SUPPLIES	84	3,310	911	911	911
2004	UTILITIES	610	402	338	338	338
2005	TRAVEL	2,456	36,427	7,000	7,000	7,000
2006	RENT - BUILDING	-	4,636	3,898	3,898	3,898
2007	RENT - MACHINE AND OTHER	-	909	764	764	764
2009	OTHER OPERATING EXPENSE	1,488	48,046	15,315	15,315	15,315
<b>Total, Objects of Expense</b>		<b>\$ 156,359</b>	<b>\$ 527,346</b>	<b>\$ 317,767</b>	<b>\$ 317,767</b>	<b>\$ 317,767</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	-	278,008	317,767	317,767	317,767
0555	Federal Funds	-	-	-	-	-
	93.234.000 TRAUMATIC BRAIN INJURY	156,359	249,338	-	-	-
<b>Total, Method of Financing</b>		<b>\$ 156,359</b>	<b>\$ 527,346</b>	<b>\$ 317,767</b>	<b>\$ 317,767</b>	<b>\$ 317,767</b>
<b>Number of Positions (FTE)</b>		<b>1.4</b>	<b>1.4</b>	<b>3.5</b>	<b>3.5</b>	<b>3.5</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Office of Acquired Brain Injury serves as the state's lead department in providing guidance, referrals and service coordination for survivors of brain injuries and their families, including returning combat veterans, by arranging a comprehensive system of care through federal, state and local resources. The office also supports the Texas Traumatic Brain Injury Advisory Council. The 83rd Legislature appropriated general revenue funding for OABI for the 2014-15 biennium. OABI also received an unexpected fifth year extension of \$250,000 to the four-year grant for FY 2014 that funds the Texas Juvenile Justice Screening Pilot Program, the Veteran Tactical Response Law Enforcement Training Program and concussion/brain injury training for Texas athletic trainers and coaches. This federal grant expires August 31, 2014</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>More than 144,000 Texans sustain a traumatic brain injury each year (based upon reports from physicians, urgent care centers, emergency rooms, hospitals or other medical facilities). More than 5,700 are permanently disabled annually, and an estimated 440,000 Texans (2% of the population) live with a disability from traumatic brain injury. (These figures do not include service members with brain injury returning from Iraq or Afghanistan.). Individuals with brain injuries and their families do not know where or how to access services and supports.</p>						

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<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 07 Texas Office for the Prevention of Developmental Disabilities (TOPDD)						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	137,728	180,820	197,844	197,844	197,844
1002	OTHER PERSONNEL COSTS	480	5,590	6,116	6,116	6,116
2001	PROFESSIONAL FEES AND SERVICES	32,903	54,168	54,168	54,168	54,168
2003	CONSUMABLE SUPPLIES	2,025	1,206	1,206	1,206	1,206
2004	UTILITIES	1,034	6,632	7,663	7,663	7,663
2005	TRAVEL	17,395	24,871	34,250	34,250	34,250
2006	RENT - BUILDING	1,783	15,368	17,757	17,757	17,757
2009	OTHER OPERATING EXPENSE	7,211	38,225	27,125	27,125	27,125
<b>Total, Objects of Expense</b>		<b>\$ 200,559</b>	<b>\$ 326,880</b>	<b>\$ 346,129</b>	<b>\$ 346,129</b>	<b>\$ 346,129</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	98,269	202,098	206,459	206,459	206,459
0666	Appropriated Receipts	102,290	124,782	139,670	139,670	139,670
<b>Total, Method of Financing</b>		<b>\$ 200,559</b>	<b>\$ 326,880</b>	<b>\$ 346,129</b>	<b>\$ 346,129</b>	<b>\$ 346,129</b>
<b>Number of Positions (FTE)</b>		<b>2.7</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Office for Developmental Disabilities Prevention is the state's organizing, planning and education entity around the prevention of developmental and secondary disabilities. TOPDD seeks to minimize the human and economic impact in Texas caused by the incidence of preventable disabilities. The office is administratively attached to HHSC.</p> <p>Along with overall efforts to prevent developmental disabilities, TOPDD has traditionally focused on two major areas: the prevention of both fetal alcohol spectrum disorders &amp; head injuries in children. Given that these disabilities are preventable and widespread, the state has a unique opportunity to improve the quality of life for all Texans while reducing the economic impact on families, communities and the state through prevention efforts.</p> <p>TOPDD is the education hub for professionals and the public around FASD and head injury prevention, and the convener of organizations from throughout the state to develop statewide and local plans that establish and integrate the prevention of developmental disabilities across systems, with an emphasis on improving and coordinating services. Through this effort, the state creates unified coordinated systems of care that utilize evidence based prevention approaches to maximize and increase resources devoted to the prevention of developmental disabilities.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>TOPDD is dependent on the funds it leverages and distributes (federal and foundation support) to fulfill its mission. A rider establishes a set amount of state funding to support TOPDD operations. Factors such as population growth, the broad spectrum of challenges caused by preventable developmental disabilities and the size of the state are among the challenges for TOPDD.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 08 Nurse Family Partnership						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	127,981	64,654	73,391	73,391	73,391
1002	OTHER PERSONNEL COSTS	5,500	2,009	2,281	2,281	2,281
2001	PROFESSIONAL FEES AND SERVICES	110,633	182	182	182	182
2003	CONSUMABLE SUPPLIES	532	156	156	156	156
2004	UTILITIES	1,591	447	447	447	447
2005	TRAVEL	9,877	8,016	8,016	8,016	8,016
2006	RENT - BUILDING	22,709	1,589	1,590	1,590	1,590
2007	RENT - MACHINE AND OTHER	-	348	348	348	348
2009	OTHER OPERATING EXPENSE	2,961	3,515	3,707	3,707	3,707
4000	GRANTS	8,727,985	8,794,083	8,784,881	8,784,881	8,784,881
<b>Total, Objects of Expense</b>		<b>\$ 9,009,769</b>	<b>\$ 8,874,999</b>	<b>\$ 8,874,999</b>	<b>\$ 8,874,999</b>	<b>\$ 8,874,999</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	5,732,421	5,624,999	5,624,999	5,624,999	5,624,999
0555	Federal Funds	-	-	-	-	-
	93.505.000 ACA Home Visiting Program	255,027	-	-	-	-
	93.558.000 Temporary AssistNeedy Families	3,022,321	3,250,000	3,250,000	3,250,000	3,250,000
<b>Total, Method of Financing</b>		<b>\$ 9,009,769</b>	<b>\$ 8,874,999</b>	<b>\$ 8,874,999</b>	<b>\$ 8,874,999</b>	<b>\$ 8,874,999</b>
<b>Number of Positions (FTE)</b>		<b>2.0</b>	<b>1.0</b>	<b>1.3</b>	<b>1.3</b>	<b>1.3</b>
<b>Sub-strategy Description and Justification:</b>						
<p>Texas Nurse Family Partnership (TNFP) pair Bachelor's-prepared registered nurses with low-income, first-time mothers to improve prenatal care and provide one-on-one child development education and counseling. The evidence-based nurse home visiting services are designed to improve pregnancy outcomes, child health and development outcomes, a families' self-sufficiency and to reduce child abuse and neglect. Nurses partner with low income, first-time mothers no later than the 28th week of pregnancy and continue to visit the families until the child is two years old. A woman can get help through this program if she does not have other children, meets the income level at or below 185 percent of the federal poverty level, and is a Texas resident.</p> <p>There are currently 13 TNFP sites funded through Texas general revenue and TANF Federal Funds. Additional Nurse Family Partnership sites have been implemented as part of the Texas Home Visitation Program (refer to Sub-Strategy 1-1-1-11). TNFP sites collaborate with other human services agencies in their communities to assist in meeting the goals of the program.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-01		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	01 Enterprise Oversight and Policy					
<b>SUB-STRATEGY:</b>	08 Nurse Family Partnership					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<p>External and internal factors affecting the Texas Nurse Family Partnership program include: 1) Maternal and Infant Early Childhood Home Visiting grant provisions which require Texas to maintain evidence-based home visiting efforts at March 2012 levels or risk losing federal home visiting funding; 2) continued high demand and waiting lists for TNFP service at sites where maximum nurse home visitor and client capacity have been reached.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 09 Grants for Developing Health Information Networks						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	192,441	171,908	175,406	175,406	175,407
1002	OTHER PERSONNEL COSTS	1,320	1,406	1,805	1,805	1,805
2001	PROFESSIONAL FEES AND SERVICES	498,644	2,859,747	998	998	998
2003	CONSUMABLE SUPPLIES	142	181	3	3	3
2004	UTILITIES	4,024	2,934	2,934	2,934	2,934
2005	TRAVEL	4,112	6,724	6,724	6,724	6,724
2009	OTHER OPERATING EXPENSE	12,706	17,532	2,468	2,468	2,468
4000	GRANTS	7,979,798	201,213	-	-	-
<b>Total, Objects of Expense</b>		<b>\$ 8,693,187</b>	<b>\$ 3,261,645</b>	<b>\$ 190,338</b>	<b>\$ 190,338</b>	<b>\$ 190,339</b>
	<b>Method of Financing:</b>					
0758	GR Match for Medicaid	28,612	85,552	78,475	78,475	78,475
8010	GR Match for Title XXI (CHIP)	2,630	7,829	7,181	8,266	8,322
0369	Federal American Recovery and Reinvestment Fund	-	-	-	-	-
	93.719.000 State Grants_Hlth Info Tech - Stimulus	8,623,643	3,054,141	-	-	-
	93.778.014 Medicaid - Stimulus	-	-	-	-	-
0555	Federal Funds	-	-	-	-	-
	93.767.000 CHIP	6,602	19,242	17,650	16,565	16,510
	93.778.003 XIX 50%	28,611	85,552	78,475	78,475	78,475
0777	Interagency Contracts	3,089	9,329	8,557	8,557	8,557
<b>Total, Method of Financing</b>		<b>\$ 8,693,187</b>	<b>\$ 3,261,645</b>	<b>\$ 190,338</b>	<b>\$ 190,338</b>	<b>\$ 190,339</b>
<b>Number of Positions (FTE)</b>		<b>4.0</b>	<b>3.0</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Office of e-Health Coordination provides leadership to and acts as a single point of coordination for health information technology initiatives in the State of Texas. The office ensures that health information technology projects and programs are coordinated across the State's health and human services agencies, facilitates coordination between Texas and federal or multi-state projects, and to provide assistance to local and regional health IT projects. This includes (1) creating a collaboration and coordination infrastructure on related health information policy and technology, (2) identifying and prioritizing health information technology initiatives that can help improve health outcomes, (3) supporting the state-level infrastructure efforts of the Texas Health Services Authority, and (4) collaborating with the Electronic Health Information Exchange System Advisory Committee and other state-level health information technology leadership bodies.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
The federal grant funding expired March 2014.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 10 Home Visitation Program						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	202,528	623,519	1,065,203	641,724	479,995
1002	OTHER PERSONNEL COSTS	3,680	4,615	25,439	14,087	12,390
2001	PROFESSIONAL FEES AND SERVICES	1,738,980	2,842,275	1,788,513	1,099,366	86,089
2003	CONSUMABLE SUPPLIES	810	1,464	816	104	-
2005	TRAVEL	26,290	99,686	120,000	143,356	8,484
2006	RENT - BUILDING	9,065	-	-	-	-
2009	OTHER OPERATING EXPENSE	746,931	484,336	217,667	130,846	15,523
4000	GRANTS	7,188,312	17,943,931	11,769,754	9,376,305	3,910,392
<b>Total, Objects of Expense</b>		<b>\$ 9,916,596</b>	<b>\$ 22,000,027</b>	<b>\$ 15,002,392</b>	<b>\$ 11,407,696</b>	<b>\$ 4,512,873</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	8,959	2,691,849	5,240,828	3,966,655	3,966,655
0555	Federal Funds	-	-	-	-	-
	93.505.000 ACA Home Visiting Program	7,823,083	11,397,900	7,087,174	894,823	-
<b>Total, Method of Financing</b>		<b>\$ 9,916,596</b>	<b>\$ 22,000,027</b>	<b>\$ 15,002,392</b>	<b>\$ 11,407,696</b>	<b>\$ 4,512,873</b>
<b>Number of Positions (FTE)</b>		<b>4.6</b>	<b>8.1</b>	<b>14.0</b>	<b>8.5</b>	<b>6.5</b>
<b>Sub-strategy Description and Justification:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-01		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	01 Enterprise Oversight and Policy					
<b>SUB-STRATEGY:</b>	10 Home Visitation Program					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<p>Texas Home Visiting Program (THVP) provides evidence-based home visiting programs in targeted communities to support the development and implementation of home visiting programs in communities across Texas and contribute to the development of a comprehensive early childhood system that promotes maternal, infant, and early childhood health, safety, and development, and strong parent-child relationships in these communities.</p> <p>THVP is funded with general revenue and U.S. Department of Health and Human Services Health Resources and Services Administration's Maternal, Infant, and Early Childhood Home Visiting Program grants. Based on a county-level needs and capacity assessment, there are currently nine communities that receive funding and support to implement this program using the following home visiting program models:</p> <ul style="list-style-type: none"> <li>- Early Head Start-Home-Based Option (EHS-HB),</li> <li>- Home Instruction for Parents of Preschool Youngsters (HIPPY),</li> <li>- Nurse Family Partnership (NFP), and</li> <li>- Parents as Teachers (PAT).</li> </ul> <p>EHS-HB provides home visiting services in two of the seven communities and NFP provides services in five of the seven communities. While state and federal reporting requirements for NFP vary, NFP programs adhere to NFP Model fidelity regardless of the source of funding.</p> <p>The THVP contributes to the priority goals established in Securing Our Future by: ensuring young children are ready to succeed in kindergarten; improving education and employment outcomes for families; promoting health and safety in the home; and ensuring through evaluation and continuous quality improvement that the program implements each evidence based program with fidelity and efficiency.</p> <p>The 83rd Legislature, through S.B. 426, directed the development and implementation of a strategic plan to serve at risk pregnant women and families with young children through evidence-based home visiting programs. Through close coordination and shared learning with federally funded home visiting models, Texas is poised to create sustainable prevention and early intervention programming with strong local coalitions and comprehensive service plans.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
External and internal factors affecting the Home Visiting Program include federal provisions which require Texas to maintain evidence based home visiting efforts at March 2010 levels, or risk losing federal home visiting funding.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 01 Enterprise Oversight and Policy						
<b>SUB-STRATEGY:</b> 11 Other						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	10,667,293	12,707,465	12,469,588	14,828,634	14,828,632
1002	OTHER PERSONNEL COSTS	485,277	453,772	425,023	500,918	500,571
2001	PROFESSIONAL FEES AND SERVICES	3,170,867	7,700,186	5,713,240	3,954,451	3,750,568
2002	FUELS AND LUBRICANTS	2,250	2,678	2,675	2,675	2,675
2003	CONSUMABLE SUPPLIES	53,558	98,351	96,755	96,818	96,805
2004	UTILITIES	567,520	598,880	619,447	331,512	331,512
2005	TRAVEL	99,395	214,583	229,755	235,668	234,451
2006	RENT - BUILDING	755,524	888,414	948,653	1,098,542	1,098,542
2007	RENT - MACHINE AND OTHER	284,010	332,322	369,512	182,916	182,916
2009	OTHER OPERATING EXPENSE	1,260,506	2,043,165	1,873,262	1,631,692	1,631,542
5000	CAPITAL EXPENDITURES	9,152	2,314	1,646	-	-
<b>Total, Objects of Expense</b>		<b>\$ 17,355,352</b>	<b>\$ 25,042,130</b>	<b>\$ 22,749,556</b>	<b>\$ 22,863,826</b>	<b>\$ 22,658,214</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	1,346,466	1,856,380	1,732,489	1,559,772	1,559,772
0758	GR Match for Medicaid	2,325,391	3,746,523	3,288,482	3,173,325	3,173,325
8010	GR Match for Title XXI (CHIP)	43,509	59,560	60,559	70,936	71,055
8014	GR Match for Food Stamp Administration	1,307,711	1,455,068	1,461,792	1,543,765	1,543,765
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	1,307,725	1,455,246	1,461,970	1,544,051	1,544,051
	93.104.000 Comprehensive Community M	356,536	41,526	-	-	-
	93.110.000 Maternal and Child Health	138,950	-	-	-	-
	93.243.000 Project Reg. & Natl Significance	10,152	965,951	62,780	982,314	776,703
	93.505.000 ACA Home Visiting Program	772,226	-	-	-	-
	93.558.000 Temporary AssistNeedy Families	232,577	230,974	232,405	236,499	236,499
	93.566.000 Refugee and Entrant Assis	3,981	9,916	10,128	10,908	10,908
	93.609.000 The Affordable Care Act – Medicaid Adult Quality Grants	301,470	227,040	-	-	-
	93.667.000 Social Svcs Block Grant	105,605	128,771	129,364	130,323	130,323
	93.748.000 Cooperative Agreements for Prescription Drug Monitoring F	8,984	206,250	234,766	-	-
	93.767.000 CHIP	109,171	147,210	149,695	166,388	166,268
	93.778.003 XIX 50%	2,327,741	3,746,156	3,288,117	3,172,957	3,172,957
0666	Appropriated Receipts	-	25,000	-	-	-
0777	Interagency Contracts	6,657,157	10,740,559	10,637,009	10,272,588	10,272,588
<b>Total, Method of Financing</b>		<b>\$ 17,355,352</b>	<b>\$ 25,042,130</b>	<b>\$ 22,749,556</b>	<b>\$ 22,863,826</b>	<b>\$ 22,658,214</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-01		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	01 Enterprise Oversight and Policy					
<b>SUB-STRATEGY:</b>	11 Other					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
	<b>Number of Positions (FTE)</b>	<b>171.8</b>	<b>204.2</b>	<b>221.5</b>	<b>227.0</b>	<b>229.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>This sub-strategy represents other departments in HHSC that are not a part of a specific sub-strategy. It includes the Executive budgets for the HHSC Commissioner and Chief of Staff Services, Communications, Legal Services, Risk and Compliance Management, Long Term Care Partnership along with the agency's cost pool and capital expenses charged to this strategy.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>A key external factor is change to federal and state health policy. Changes to Medicaid, CHIP, other HHS programs as well as the implementation of new programs place increased demands on oversight and policy functions. HHSC also has a need to provide oversight and develop policies that are client-focused.</p> <p>Changes in demographic trends (e.g., an aging population and increased longevity) and of economic conditions (e.g., caseloads) also present factors that must be considered in HHS policy considerations. Additionally, many HHS enterprise efforts are financed by interagency contracts with other HHS agencies, and available funding for these enterprise operations depend on the ability of the contributing agencies to continue current levels of funding.</p> <p>The primary internal factor impacting this sub-strategy is the challenge and opportunity to provide services more efficiently through such means as increasing the scope of health-care services delivered through Medicaid managed care and to implement transformational policies to improve quality of care for Medicaid clients. These types of initiatives often require changes to HHS enterprise staffing, functions, services, and providers, thereby impacting this strategy. Functions within this strategy focus on balancing oversight and operations, streamlining administrative services, and strengthening analytical and forecasting support for major decisions with financial significance.</p>						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 02 Integrated Eligibility and Enrollment						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	2-1-1	11,858,284	12,437,756	12,430,332	12,430,332	12,430,332
02	Eligibility Determination	445,092,101	496,496,413	492,362,893	487,835,005	487,835,004
03	Policy, Training and State Support	38,956,507	49,069,551	51,438,359	51,438,358	51,438,358
04	TIERS /Eligibility Supporting Technologies Non Capital	87,920,891	108,652,510	110,232,393	114,547,997	108,142,262
05	Electronic Benefits Transfer (EBT)	14,042,184	14,055,696	14,577,061	14,577,061	14,577,061
06	Ombudsman	1,815,166	2,222,533	2,678,427	2,678,427	2,678,427
07	Healthy Marriage	210,042	235,392	236,871	236,871	236,871
08	Other	70,666,399	77,081,891	122,410,104	63,462,056	63,462,057
<b>Total, Sub-strategies</b>		<b>\$ 670,561,574</b>	<b>\$ 760,251,742</b>	<b>\$ 806,366,440</b>	<b>\$ 747,206,107</b>	<b>\$ 740,800,372</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 02 Integrated Eligibility and Enrollment						
<b>SUB-STRATEGY:</b> 01 2-1-1						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	481,638	443,159	454,893	454,894	454,894
1002	OTHER PERSONNEL COSTS	14,252	13,040	13,385	13,385	13,385
2001	PROFESSIONAL FEES AND SERVICES	11,155,666	11,830,181	11,810,180	11,810,180	11,810,180
2003	CONSUMABLE SUPPLIES	415	1,403	1,403	1,403	1,403
2004	UTILITIES	20,997	7,266	7,267	7,267	7,267
2005	TRAVEL	18,289	24,998	25,000	25,000	25,000
2006	RENT - BUILDING	-	46	46	46	46
2007	RENT - MACHINE AND OTHER	-	187	188	188	188
2009	OTHER OPERATING EXPENSE	167,027	117,476	117,970	117,969	117,969
<b>Total, Objects of Expense</b>		<b>\$ 11,858,284</b>	<b>\$ 12,437,756</b>	<b>\$ 12,430,332</b>	<b>\$ 12,430,332</b>	<b>\$ 12,430,332</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	3,988	4,838	4,843	4,843	4,843
0758	GR Match for Medicaid	2,312,720	2,476,920	2,479,680	2,479,680	2,479,680
8010	GR Match for Title XXI (CHIP)	216,675	226,594	226,846	234,410	234,802
8014	GR Match for Food Stamp Administration	2,587,588	2,713,109	2,716,132	2,716,132	2,716,132
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	2,587,588	2,713,109	2,716,132	2,716,132	2,716,132
	93.558.000 Temporary Assist/Needy Families	108,629	109,814	109,936	109,936	109,936
	93.566.000 Refugee and Entrant Assis	9,297	9,675	9,686	9,686	9,686
	93.767.000 CHIP	539,734	556,777	557,397	549,833	549,441
	93.778.003 XIX 50%	2,297,777	2,476,920	2,479,680	2,479,680	2,479,680
	97.073.000 St. Homeland Security Progrm	180,000	180,000	180,000	180,000	180,000
0777	Interagency Contracts	1,014,288	970,000	950,000	950,000	950,000
<b>Total, Method of Financing</b>		<b>\$ 11,858,284</b>	<b>\$ 12,437,756</b>	<b>\$ 12,430,332</b>	<b>\$ 12,430,332</b>	<b>\$ 12,430,332</b>
<b>Number of Positions (FTE)</b>		<b>8.7</b>	<b>7.9</b>	<b>8.0</b>	<b>8.0</b>	<b>8.0</b>
<b>Sub-strategy Description and Justification:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	02 Integrated Eligibility and Enrollment					
<b>SUB-STRATEGY:</b>	01 2-1-1					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<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 professional human services information and referral with calls answered by certified call specialists and the development and sharing of statewide resources databases. The statewide database is utilized as a resource by state and community planners in identifying trends and unmet needs across the state. The local AICs augment state contracted funding with local resources.</p> <p>The 2-1-1 TIRN also serves as the primary communication channel for people affected by disasters who are seeking information about available services. The 2-1-1TIRN receives funding from the Texas Department of Emergency Management to support callers seeking information about available resources prior, during and after a disaster and for the ongoing State of Texas Emergency Assistance Registration for people requesting assistance with evacuation a disaster. The 2-1-1TIRN also receives funding from the Texas Workforce Commission to provide child care information and referral.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<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, 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

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 02 Integrated Eligibility and Enrollment						
<b>SUB-STRATEGY:</b> 02 Eligibility Determination						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	273,173,646	296,027,646	286,502,471	281,540,353	281,540,352
1002	OTHER PERSONNEL COSTS	8,786,175	13,557,941	13,075,458	13,509,688	13,509,688
2001	PROFESSIONAL FEES AND SERVICES	126,940,804	136,432,090	141,696,547	141,696,547	141,696,547
2003	CONSUMABLE SUPPLIES	322,165	1,300,042	1,316,298	1,316,298	1,316,298
2004	UTILITIES	303,347	664,770	650,545	650,545	650,545
2005	TRAVEL	8,950,188	9,390,322	9,391,264	9,391,264	9,391,264
2006	RENT - BUILDING	1,306,922	1,662,032	1,740,958	1,740,958	1,740,958
2007	RENT - MACHINE AND OTHER	109,947	161,964	167,184	167,184	167,184
2009	OTHER OPERATING EXPENSE	25,171,163	37,299,606	37,822,168	37,822,168	37,822,168
5000	CAPITAL EXPENDITURES	27,744	-	-	-	-
	<b>Total, Objects of Expense</b>	<b>\$ 445,092,101</b>	<b>\$ 496,496,413</b>	<b>\$ 492,362,893</b>	<b>\$ 487,835,005</b>	<b>\$ 487,835,004</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	1,773,334	4,607,129	4,778,165	4,775,513	4,775,513
0758	GR Match for Medicaid	110,781,449	129,612,247	128,572,093	127,343,334	127,343,334
8010	GR Match for Title XXI (CHIP)	8,822,376	9,956,706	9,811,954	10,031,400	10,048,733
8014	GR Match for Food Stamp Administration	91,608,107	86,110,061	85,301,522	84,480,829	84,480,829
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	72,759,155	86,110,061	85,301,522	84,480,829	84,480,829
	10.580.000 SNAP:Customer Mgmt Flow Sys Dplymnt	33,400	43,041	-	-	-
	93.558.000 Temporary AssistNeedy Families	6,802,907	6,545,884	6,480,019	6,420,445	6,420,445
	93.566.000 Refugee and Entrant Assis	463,887	504,181	506,432	502,809	502,809
	93.767.000 CHIP	22,116,129	24,468,000	24,112,237	23,529,656	23,512,322
	93.778.003 XIX 50%	120,356,378	139,075,675	138,035,521	136,806,762	136,806,762
0666	Appropriated Receipts	9,574,979	9,463,428	9,463,428	9,463,428	9,463,428
	<b>Total, Method of Financing</b>	<b>\$ 445,092,101</b>	<b>\$ 496,496,413</b>	<b>\$ 492,362,893</b>	<b>\$ 487,835,005</b>	<b>\$ 487,835,004</b>
	<b>Number of Positions (FTE)</b>	<b>8,504.9</b>	<b>8,562.3</b>	<b>8,493.9</b>	<b>8,483.9</b>	<b>8,483.9</b>
<b>Sub-strategy Description and Justification:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	02 Integrated Eligibility and Enrollment					
<b>SUB-STRATEGY:</b>	02 Eligibility Determination					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<p>Eligibility Determination takes applications, processes renewals, and determines eligibility and benefits for Temporary Assistance for Needy Families (TANF) cash assistance, Supplemental Nutrition Assistance Program (SNAP), Medicaid, Children's Health Insurance Program (CHIP) and Refugee services. Eligibility Determination is comprised of HHSC local benefit office staff, HHSC and contractor call center operations, document processing services, HHSC centralized eligibility and benefit staff, and vendor and state operations management.</p> <p>Eligibility determination services continue to be modernized to maximize the use of self-service options for clients, web-based automation, document imaging and electronic case files, shared work flow between local benefit offices and eligibility units, and contracted support of eligibility and enrollment functions.</p>					
	<b>External/Internal Factors Impacting Sub-strategy:</b>					
	<p>External factors affecting eligibility determination and enrollment include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted services; 4) federal programs and policy changes such as federal health care reform; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.</p> <p>Internal factors affecting eligibility determination and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies. Salary amounts include overtime expenditures which fluctuate each year based on staffing levels, experience, and workload.</p>					

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 02 Integrated Eligibility and Enrollment						
<b>SUB-STRATEGY:</b> 03 Policy, Training and State Support						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	19,013,821	22,387,742	24,764,593	24,764,592	24,764,592
1002	OTHER PERSONNEL COSTS	835,597	1,170,957	1,267,215	1,267,215	1,267,215
2001	PROFESSIONAL FEES AND SERVICES	16,696,864	19,519,387	19,219,387	19,219,387	19,219,387
2003	CONSUMABLE SUPPLIES	35,077	90,665	91,611	91,611	91,611
2004	UTILITIES	53,091	87,230	84,121	84,121	84,121
2005	TRAVEL	1,234,677	1,756,175	1,806,125	1,806,125	1,806,125
2006	RENT - BUILDING	450	-	-	-	-
2007	RENT - MACHINE AND OTHER	42,374	40,815	40,571	40,571	40,571
2009	OTHER OPERATING EXPENSE	1,044,556	4,016,580	4,164,736	4,164,736	4,164,736
	<b>Total, Objects of Expense</b>	<b>\$ 38,956,507</b>	<b>\$ 49,069,551</b>	<b>\$ 51,438,359</b>	<b>\$ 51,438,358</b>	<b>\$ 51,438,358</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	11,579	20,823	22,549	22,549	22,549
0758	GR Match for Medicaid	6,628,096	8,384,643	9,132,360	9,132,360	9,132,360
8010	GR Match for Title XXI (CHIP)	569,551	752,270	793,070	819,529	820,900
0369	Federal American Recovery and Reinvestment Fund 93.714.000 TANF Emrgcy Contngncy Fnd-Stimulus	-	-	-	-	-
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	12,636,061	20,058,066	19,923,559	19,923,559	19,923,559
	93.558.000 Temporary AssistNeedy Families	688,473	730,792	830,164	830,164	830,164
	93.566.000 Refugee and Entrant Assis	21,308	27,529	30,413	30,413	30,413
	93.767.000 CHIP	1,423,969	1,851,141	1,948,747	1,922,287	1,920,916
	93.778.003 XIX 50%	6,618,056	8,384,643	9,132,360	9,132,360	9,132,360
	93.778.005 XIX FMAP @ 90%	90,359	-	-	-	-
	<b>Total, Method of Financing</b>	<b>\$ 38,956,507</b>	<b>\$ 49,069,551</b>	<b>\$ 51,438,359</b>	<b>\$ 51,438,358</b>	<b>\$ 51,438,358</b>
<b>Number of Positions (FTE)</b>		<b>383.8</b>	<b>387.3</b>	<b>451.8</b>	<b>461.8</b>	<b>461.8</b>
<b>Sub-strategy Description and Justification:</b>						
The Policy, Training, and State Support sub-strategy consists of staff who develop, implement and support policy for Temporary Assistance for Needy Families (TANF), cash assistance, Supplemental Nutrition Assistance Program (SNAP), Medicaid and Children's Health Insurance Program (CHIP) eligibility; training staff who develop and deliver curriculum for state eligibility determination staff and community partners; state support staff who provide quality control and quality assurance activities related to eligibility determination and benefit issuance accuracy; HHSC's contribution to the Texas Council on Economic and Workforce Competitiveness; special initiatives including nutrition education, application assistance and education and informing for HHSC benefit programs by community-based organizations; and the state level oversight of these functions.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	02 Integrated Eligibility and Enrollment					
<b>SUB-STRATEGY:</b>	03 Policy, Training and State Support					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>External factors affecting the policy, training and state support sub-strategy include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted services; 4) federal programs and policy changes such as federal health care reform; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) state and federal review and oversight.</p> <p>Internal factors affecting policy, training and state support include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 02 Integrated Eligibility and Enrollment						
<b>SUB-STRATEGY:</b> 04 TIERS /Eligibility Supporting Technologies Non Capital						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	12,629,651	14,783,613	15,635,932	17,527,808	17,527,808
1002	OTHER PERSONNEL COSTS	362,136	427,967	447,956	491,880	491,880
2001	PROFESSIONAL FEES AND SERVICES	44,121,465	58,914,839	50,411,428	54,824,048	48,208,247
2003	CONSUMABLE SUPPLIES	10,723	7,434	7,377	8,440	8,440
2004	UTILITIES	9,452,638	7,524,975	7,533,671	7,551,563	7,551,942
2005	TRAVEL	61,928	44,602	44,601	44,287	44,287
2007	RENT - MACHINE AND OTHER	10,597	8,815	121	242	242
2009	OTHER OPERATING EXPENSE	21,233,575	26,940,265	36,151,307	34,099,729	34,309,416
5000	CAPITAL EXPENDITURES	38,178	-	-	-	-
<b>Total, Objects of Expense</b>		<b>\$ 87,920,891</b>	<b>\$ 108,652,510</b>	<b>\$ 110,232,393</b>	<b>\$ 114,547,997</b>	<b>\$ 108,142,262</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	58,812	944,542	923,253	305,128	305,128
0758	GR Match for Medicaid	16,616,871	24,125,366	24,428,165	25,698,463	24,439,031
8010	GR Match for Title XXI (CHIP)	3,106,181	3,330,296	3,476,516	2,840,177	2,241,811
8014	GR Match for Food Stamp Administration	17,252,152	23,167,579	23,390,912	25,089,523	24,271,541
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	17,252,151	23,167,579	23,390,912	25,059,968	24,241,985
	93.558.000 Temporary Assist/Needy Families	862,682	1,287,388	1,318,785	1,789,109	1,669,660
	93.566.000 Refugee and Entrant Assis	55,779	63,037	63,407	63,346	63,346
	93.767.000 CHIP	7,753,173	8,441,357	8,812,278	6,976,109	5,443,018
	93.778.003 XIX 50%	15,573,568	24,125,366	24,428,165	25,570,061	24,310,629
	93.778.005 XIX FMAP @ 90%	9,389,522	-	-	1,156,113	1,156,113
0777	Interagency Contracts	-	-	-	-	-
<b>Total, Method of Financing</b>		<b>\$ 87,920,891</b>	<b>\$ 108,652,510</b>	<b>\$ 110,232,393</b>	<b>\$ 114,547,997</b>	<b>\$ 108,142,262</b>
<b>Number of Positions (FTE)</b>		<b>220.2</b>	<b>300.2</b>	<b>276.0</b>	<b>276.0</b>	<b>276.0</b>
<b>Sub-strategy Description and Justification:</b>						
The TIERS and Eligibility Supporting Technologies (TIERS/EST) non-capital sub-strategy consists of the cost of TIERS Systems and eligibility supporting technologies not meeting the definition of capital, and, thus not included in the TIERS and Eligibility Supporting Technologies capital strategy (6-1-1). It includes state staff overseeing, managing and operating the systems, databases, security, hosting, architecture platform, and applications supporting eligibility determination and enrollment into managed care, as well as state staff providing onsite technology support in local benefit offices and call centers. State staff is assisted by staff augmentation contractors possessing						
<b>External/Internal Factors Impacting Sub-strategy:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	02 Integrated Eligibility and Enrollment					
<b>SUB-STRATEGY:</b>	04 TIERS /Eligibility Supporting Technologies Non Capital					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<p>External factors affecting TIERS/EST non-capital sub-strategy include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted services; 4) federal programs and policy changes such as federal health care reform; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.</p> <p>Internal factors affecting TIERS and supporting non-capital sub-strategy include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 02 Integrated Eligibility and Enrollment						
<b>SUB-STRATEGY:</b> 05 Electronic Benefits Transfer (EBT)						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	817,068	876,276	896,880	896,880	896,880
1002	OTHER PERSONNEL COSTS	28,092	29,693	30,392	30,392	30,392
2001	PROFESSIONAL FEES AND SERVICES	12,871,172	12,666,271	12,844,149	12,844,149	12,844,149
2003	CONSUMABLE SUPPLIES	591	1,629	23,383	23,383	23,383
2004	UTILITIES	6,207	4,652	4,654	4,654	4,654
2005	TRAVEL	6,423	15,882	14,107	14,107	14,107
2006	RENT - BUILDING	-	68,632	587	587	587
2009	OTHER OPERATING EXPENSE	312,631	392,661	762,909	762,909	762,909
<b>Total, Objects of Expense</b>		<b>\$ 14,042,184</b>	<b>\$ 14,055,696</b>	<b>\$ 14,577,061</b>	<b>\$ 14,577,061</b>	<b>\$ 14,577,061</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	16,091	20,839	21,368	21,368	21,368
8014	GR Match for Food Stamp Administration	6,793,715	6,743,392	7,041,206	7,041,206	7,041,206
0555	Federal Funds	-	-	-	-	-
	10.551.000 Food Stamps	10,784	2,400	-	-	-
	10.561.000 St Admin Match Food Stamp	6,793,714	6,827,401	7,041,206	7,041,206	7,041,206
	93.558.000 Temporary AssistNeedy Families	427,880	461,664	473,281	473,281	473,281
<b>Total, Method of Financing</b>		<b>\$ 14,042,184</b>	<b>\$ 14,055,696</b>	<b>\$ 14,577,061</b>	<b>\$ 14,577,061</b>	<b>\$ 14,577,061</b>
<b>Number of Positions (FTE)</b>		<b>12.9</b>	<b>14.0</b>	<b>14.0</b>	<b>14.0</b>	<b>14.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The EBT sub-strategy includes state oversight staff and the contracts for the operation of the Lone Star card system (EBT). The EBT system issues Temporary Assistance for Needy Families (TANF) cash assistance, and Supplemental Nutrition Assistance Program (SNAP) benefits to eligible recipients. The current EBT contract includes both fixed and variable costs. Costs are largely driven by the TANF and SNAP caseloads. The agency is in the process of re-procuring EBT services through a single, turnkey vendor contract. Contract costs for the new EBT system will be based upon a cost per case month (CPCM) model rather than the fixed and variable cost model.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	02 Integrated Eligibility and Enrollment					
<b>SUB-STRATEGY:</b>	05 Electronic Benefits Transfer (EBT)					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<p>External factors affecting Electronic Benefit Transfer sub-strategy include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipt of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted services; 4) federal programs and policy changes 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.</p> <p>Many of the expenditures of contracted support functions, such as EBT, are derived by a unit cost of transactions or number of clients, which are caseload driven.</p> <p>Internal factors affecting eligibility and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 02 Integrated Eligibility and Enrollment						
<b>SUB-STRATEGY:</b> 06 Ombudsman						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	1,707,548	2,054,569	2,495,621	2,495,621	2,495,621
1002	OTHER PERSONNEL COSTS	62,515	78,437	94,715	94,715	94,715
2003	CONSUMABLE SUPPLIES	2,871	4,575	3,655	3,655	3,655
2004	UTILITIES	2,983	3,851	3,848	3,848	3,848
2005	TRAVEL	921	16,600	16,600	16,600	16,600
2009	OTHER OPERATING EXPENSE	38,328	63,750	63,237	63,237	63,237
5000	CAPITAL EXPENDITURES	-	751	751	751	751
<b>Total, Objects of Expense</b>		<b>\$ 1,815,166</b>	<b>\$ 2,222,533</b>	<b>\$ 2,678,427</b>	<b>\$ 2,678,427</b>	<b>\$ 2,678,427</b>
	<b>Method of Financing:</b>					
0758	GR Match for Medicaid	567,583	579,709	698,621	698,621	698,621
8010	GR Match for Title XXI (CHIP)	10,319	49,871	60,100	62,105	62,209
8014	GR Match for Food Stamp Administration	250,378	364,950	439,810	439,810	439,810
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	250,378	364,950	439,810	439,810	439,810
	93.558.000 Temporary AssistNeedy Families	39,076	53,527	64,506	64,506	64,506
	93.566.000 Refugee and Entrant Assis	150	-	-	-	-
	93.767.000 CHIP	25,583	122,541	147,678	145,673	145,569
	93.778.003 XIX 50%	567,584	579,709	698,621	698,621	698,621
0777	Interagency Contracts	104,115	107,276	129,281	129,281	129,281
<b>Total, Method of Financing</b>		<b>\$ 1,815,166</b>	<b>\$ 2,222,533</b>	<b>\$ 2,678,427</b>	<b>\$ 2,678,427</b>	<b>\$ 2,678,427</b>
<b>Number of Positions (FTE)</b>		<b>39.5</b>	<b>38.4</b>	<b>55.0</b>	<b>55.0</b>	<b>55.0</b>
<b>Sub-strategy Description and Justification:</b>						
Established by a directive in House Bill 2292, 78th Texas Legislature, Regular Session 2003, the HHS 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 (OO) responds to inquiries and complaints related to SNAP food benefits, Medicaid, the Texas Women's Health Program, 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 OO serves as a contact for HHS stakeholders including clients and providers, HHS agency program staff, state and federal legislative offices, and other state and federal agencies.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
External and Internal factors affecting the Ombudsman sub-strategy include: 1) changes and implementation of state and federal policies, rules, and regulations impacting client eligibility 2) potential for increased eligibility depending upon economic stability in Texas; 3) expansion of Medicaid managed care; 4) staffing levels and staff turnover rate; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) state and federal external oversight and review.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 02 Integrated Eligibility and Enrollment						
<b>SUB-STRATEGY:</b> 07 Healthy Marriage						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	55,371	58,487	59,877	59,877	59,877
1002	OTHER PERSONNEL COSTS	1,920	2,034	2,082	2,082	2,082
2001	PROFESSIONAL FEES AND SERVICES	-	104,772	104,760	104,760	104,760
2003	CONSUMABLE SUPPLIES	47	62	62	62	62
2004	UTILITIES	115	100	100	100	100
2005	TRAVEL	674	1,500	1,500	1,500	1,500
2009	OTHER OPERATING EXPENSE	151,915	68,437	68,490	68,490	68,490
	<b>Total, Objects of Expense</b>	<b>\$ 210,042</b>	<b>\$ 235,392</b>	<b>\$ 236,871</b>	<b>\$ 236,871</b>	<b>\$ 236,871</b>
	<b>Method of Financing:</b>					
0555	Federal Funds					
	93.558.000 Temporary AssistNeedy Families	210,042	235,392	236,871	236,871	236,871
	<b>Total, Method of Financing</b>	<b>\$ 210,042</b>	<b>\$ 235,392</b>	<b>\$ 236,871</b>	<b>\$ 236,871</b>	<b>\$ 236,871</b>
<b>Number of Positions (FTE)</b>		<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>With the goal of increasing the well-being of Texas children statewide by providing marriage and relationship education to their parents, the Healthy Marriage program administers "Twogether in Texas" through a partnership of public, private, community, faith-based organizations, and leaders who work collaboratively to build awareness, and provide relationships training and support.</p> <p>Although there were no appropriations for fiscal years 2013-2015, HHSC designated limited funding in support of website operations. This sub-strategy funds the "Twogether" website, which supports a statewide volunteer network of community, and faith-based organizations that provides premarital, marital, and relationship education and other services.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
The service delivery of healthy marriage promotion and services is impacted by the capacity and quality of services and the availability of state and local funding.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 01 Enterprise Oversight and Policy						
<b>STRATEGY:</b> 02 Integrated Eligibility and Enrollment						
<b>SUB-STRATEGY:</b> 08 Other						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	4,081,683	7,813,572	8,731,092	8,731,097	8,731,098
1002	OTHER PERSONNEL COSTS	2,880,797	413,857	16,513	16,513	16,513
2001	PROFESSIONAL FEES AND SERVICES	3,962,308	5,650,437	48,745,379	1,624,212	1,624,212
2002	FUELS AND LUBRICANTS	74,850	79,758	78,301	78,301	78,301
2003	CONSUMABLE SUPPLIES	1,794,376	2,207,876	2,147,253	2,147,254	2,147,254
2004	UTILITIES	7,050,697	6,621,752	6,959,515	5,558,608	5,558,608
2005	TRAVEL	146,812	159,367	157,110	157,110	157,110
2006	RENT - BUILDING	26,540,709	27,912,619	29,121,407	26,148,244	26,148,244
2007	RENT - MACHINE AND OTHER	8,514,127	7,878,399	8,994,858	3,537,839	3,537,839
2009	OTHER OPERATING EXPENSE	15,446,276	18,311,978	17,450,668	15,462,878	15,462,878
5000	CAPITAL EXPENDITURES	173,764	32,276	8,008	-	-
<b>Total, Objects of Expense</b>		<b>\$ 70,666,399</b>	<b>\$ 77,081,891</b>	<b>\$ 122,410,104</b>	<b>\$ 63,462,056</b>	<b>\$ 63,462,057</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	406,582	50,098	49,292	32,603	32,603
0758	GR Match for Medicaid	20,003,363	20,756,119	41,608,578	17,521,345	17,521,345
8010	GR Match for Title XXI (CHIP)	156,660	1,699,674	1,525,925	1,458,905	1,461,468
8014	GR Match for Food Stamp Administration	14,319,645	13,757,033	13,913,439	11,048,370	11,048,370
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	14,454,058	14,324,996	15,444,829	11,047,919	11,047,919
	93.558.000 Temporary AssistNeedy Families	1,174,779	950,372	964,177	760,071	760,070
	93.566.000 Refugee and Entrant Assis	87,377	82,298	82,570	68,272	68,272
	93.667.000 Social Svcs Block Grant	-	68	74	74	74
	93.767.000 CHIP	387,281	4,174,831	4,248,172	3,422,011	3,419,450
	93.778.003 XIX 50%	19,229,127	20,758,517	43,994,031	17,523,469	17,523,469
	93.778.007 XIX ADM @ 100	447,527	-	-	-	-
0777	Interagency Contracts	-	527,885	579,017	579,017	579,017
<b>Total, Method of Financing</b>		<b>\$ 70,666,399</b>	<b>\$ 77,081,891</b>	<b>\$ 122,410,104</b>	<b>\$ 63,462,056</b>	<b>\$ 63,462,057</b>
<b>Number of Positions (FTE)</b>		<b>142.4</b>	<b>90.3</b>	<b>101.7</b>	<b>101.7</b>	<b>101.7</b>
<b>Sub-strategy Description and Justification:</b>						
The Other strategy consists of the IEE strategy's share of the costs in the centralized agency cost pool, the regional space cost pool, and capital (seat and telecom management services). 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. Cost pools are allocated across strategies based on an FTE allocation.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-01-02		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	01 Enterprise Oversight and Policy					
<b>STRATEGY:</b>	02 Integrated Eligibility and Enrollment					
<b>SUB-STRATEGY:</b>	08 Other					
<b>Code</b>	<b>Sub-strategy Request</b>	<b>Expended 2013</b>	<b>Estimated 2014</b>	<b>Budgeted 2015</b>	<b>Requested</b>	
					<b>2016</b>	<b>2017</b>
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>External factors affecting eligibility and enrollment include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipts of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted services; 4) federal programs and policy changes such as federal health care reform; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.</p> <p>Internal factors affecting eligibility and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.</p>						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 02 HHS Consolidated System Support Services						
<b>STRATEGY:</b> 01 Consolidated System Support						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	Enterprise Information Technology	28,371,156	40,942,948	25,425,207	42,090,401	42,090,400
02	Human Resources	15,314,671	18,889,339	19,253,683	19,253,683	19,253,683
03	Civil Rights	3,054,052	3,325,396	3,723,098	3,723,098	3,723,098
04	Procurement	5,660,333	9,129,599	11,721,153	11,721,153	11,721,153
05	Faith & Community-based Initiative	-	39,987	67,640	67,640	67,639
06	Center for the Elimination of Disproportionality and Disparities	1,902,323	1,959,368	1,857,104	1,857,103	1,857,104
07	Other	58,853,678	90,647,166	94,491,121	132,738,929	134,305,232
<b>Total, Sub-strategies</b>		<b>\$ 113,156,213</b>	<b>\$ 164,933,803</b>	<b>\$ 156,539,006</b>	<b>\$ 211,452,007</b>	<b>\$ 213,018,309</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 02 HHS Consolidated System Support Services						
<b>STRATEGY:</b> 01 Consolidated System Support						
<b>SUB-STRATEGY:</b> 01 Enterprise Information Technology						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	8,473,531	10,116,525	11,115,070	11,115,071	11,115,071
1002	OTHER PERSONNEL COSTS	243,851	279,438	301,364	301,364	301,364
2001	PROFESSIONAL FEES AND SERVICES	5,476,570	6,203,641	6,328,375	6,328,375	6,328,375
2003	CONSUMABLE SUPPLIES	3,563	9,513	9,484	9,484	9,484
2004	UTILITIES	461,605	438,136	438,132	438,132	438,132
2005	TRAVEL	29,002	56,139	56,136	56,136	56,136
2006	RENT - BUILDING	-	777	777	777	777
2007	RENT - MACHINE AND OTHER	14,050	8,869	8,869	8,869	8,869
2009	OTHER OPERATING EXPENSE	13,668,984	23,829,910	7,167,000	23,832,193	23,832,192
	<b>Total, Objects of Expense</b>	<b>\$ 28,371,156</b>	<b>\$ 40,942,948</b>	<b>\$ 25,425,207</b>	<b>\$ 42,090,401</b>	<b>\$ 42,090,400</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	107,766	64,959	60,213	68,268	68,268
0758	GR Match for Medicaid	2,116,507	2,922,445	1,936,639	3,018,286	3,018,285
8010	GR Match for Title XXI (CHIP)	26,254	189,363	125,763	58,463	58,561
8014	GR Match for Food Stamp Administration	1,243,775	1,629,173	1,080,885	1,682,691	1,682,691
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	1,243,775	1,629,234	1,080,950	1,682,756	1,682,756
	93.558.000 Temporary AssistNeedy Families	110,710	126,829	84,336	131,001	131,001
	93.566.000 Refugee and Entrant Assis	15,017	19,129	13,103	19,769	19,769
	93.667.000 Social Svcs Block Grant	639	3,599	2,036	3,703	3,703
	93.767.000 CHIP	64,687	465,114	308,981	617,548	617,450
	93.778.003 XIX 50%	2,115,104	2,934,097	1,949,993	3,030,639	3,030,639
	93.778.004 XIX ADMIN @ 75%	4,210	-	-	-	-
0777	Interagency Contracts	21,322,712	30,959,006	18,782,308	31,777,277	31,777,277
	<b>Total, Method of Financing</b>	<b>\$ 28,371,156</b>	<b>\$ 40,942,948</b>	<b>\$ 25,425,207</b>	<b>\$ 42,090,401</b>	<b>\$ 42,090,400</b>
<b>Number of Positions (FTE)</b>		<b>168.0</b>	<b>168.0</b>	<b>166.0</b>	<b>166.0</b>	<b>166.0</b>
<b>Sub-strategy Description and Justification:</b>						
HHS Information Technology (IT) is responsible for IT oversight and interagency coordination of all five HHS agencies and was created September 1, 2004, as part of the HHS consolidation mandated by HB2292 during the 78th Legislative Session. Functional activities include developing project management, architectural, and security policies and standards and providing application development, infrastructure management, and customer service. During the 2012-13 biennium, HHSC implemented the consolidation of the former two IT operations (Enterprise and Commission) within the agency into a single area.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	02 HHS Consolidated System Support Services					
<b>STRATEGY:</b>	01 Consolidated System Support					
<b>SUB-STRATEGY:</b>	01 Enterprise Information Technology					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<p>Some IT 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, changes to the State's Consolidated Data Center Services can impact funding requirements. Program needs and changes in business delivery models may impact funding requirements.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 02 HHS Consolidated System Support Services						
<b>STRATEGY:</b> 01 Consolidated System Support						
<b>SUB-STRATEGY:</b> 02 Human Resources						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	3,413,866	3,881,038	4,234,754	4,234,754	4,234,754
1002	OTHER PERSONNEL COSTS	135,703	146,886	160,685	160,685	160,685
2001	PROFESSIONAL FEES AND SERVICES	11,594,176	14,514,641	14,497,380	14,497,380	14,497,380
2003	CONSUMABLE SUPPLIES	4,501	8,850	8,334	8,334	8,334
2004	UTILITIES	4,577	7,541	5,712	5,712	5,712
2005	TRAVEL	72,954	94,187	101,499	101,499	101,499
2009	OTHER OPERATING EXPENSE	88,894	236,196	245,319	245,319	245,319
	<b>Total, Objects of Expense</b>	<b>\$ 15,314,671</b>	<b>\$ 18,889,339</b>	<b>\$ 19,253,683</b>	<b>\$ 19,253,683</b>	<b>\$ 19,253,683</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	6,195	9,115	9,291	9,291	9,291
0758	GR Match for Medicaid	1,015,938	1,223,982	1,247,628	1,247,628	1,247,628
8010	GR Match for Title XXI (CHIP)	11,442	79,019	80,546	24,075	24,115
8014	GR Match for Food Stamp Administration	599,494	680,999	694,156	694,156	694,156
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	599,494	680,999	694,156	694,156	694,156
	93.558.000 Temporary AssistNeedy Families	53,785	52,805	53,825	53,825	53,825
	93.566.000 Refugee and Entrant Assis	7,508	7,544	7,689	7,689	7,689
	93.667.000 Social Svcs Block Grant	89	1,886	1,922	1,922	1,922
	93.767.000 CHIP	28,193	193,997	197,744	254,215	254,175
	93.778.003 XIX 50%	1,015,937	1,223,982	1,247,628	1,247,628	1,247,628
0777	Interagency Contracts	11,976,596	14,735,011	15,019,098	15,019,098	15,019,098
	<b>Total, Method of Financing</b>	<b>\$ 15,314,671</b>	<b>\$ 18,889,339</b>	<b>\$ 19,253,683</b>	<b>\$ 19,253,683</b>	<b>\$ 19,253,683</b>
<b>Number of Positions (FTE)</b>		<b>64.9</b>	<b>64.0</b>	<b>76.6</b>	<b>76.6</b>	<b>76.6</b>
<b>Sub-strategy Description and Justification:</b>						
<p>In 2003, HHSC consolidated human resources services and staff of the twelve HHS legacy enterprise agencies and in October 2004 outsourced many transactional human resources functions to an HR contractor. The vendor contract facilitated a web-based employee/manager self-service human resources and payroll system. Employees and managers use this system to manage employee leave, personal data, pay, performance management, job postings, application screening, interviewing and administrative training. Many routine transactions which previously required the use of paper forms and the involvement of state human resources staff are now completed through the Centralized Accounting and Payroll and Personnel System (CAPPS). This shared services human resources and payroll model has facilitated efficiencies at many administrative levels and enabled the HHS Enterprise to respond effectively to program and services changes and staffing adjustments. HHS Human Resources and Training, is now operated by a staff of approximately 75 state employees providing employee relations, training, records management, reporting, contract management, workforce planning, policy and payroll oversight.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	02 HHS Consolidated System Support Services					
<b>STRATEGY:</b>	01 Consolidated System Support					
<b>SUB-STRATEGY:</b>	02 Human Resources					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>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. HHS Human Resources is also participating in The Texas Enterprise Resource Planning project known as ProjectONE or Centralized Accounting and Payroll/Personnel System (CAPPS), led by the Texas Comptroller of Public Accounts. CAPPS encompasses other initiatives to integrate data and processes into more cohesive and standardized systems for financial and human resource/payroll systems on a more user-friendly Web-based system.</p> <p>Other challenges include implementing legislative workforce related initiatives and provisions, targeted changes to state job classifications and new training requirements. Managing HHS HR also requires the particular need for HHS agencies to efficiently respond to disasters and emergencies on short notice. HHS agencies must have the ability to respond quickly to implement program changes that can require hiring a significant number of new employees in a short timeframe.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 02 HHS Consolidated System Support Services						
<b>STRATEGY:</b> 01 Consolidated System Support						
<b>SUB-STRATEGY:</b> 03 Civil Rights						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	2,837,586	2,985,438	3,408,157	3,408,157	3,408,157
1002	OTHER PERSONNEL COSTS	122,910	132,137	150,847	150,847	150,847
2003	CONSUMABLE SUPPLIES	4,719	25,179	25,179	25,179	25,179
2004	UTILITIES	2,839	5,653	5,654	5,654	5,654
2005	TRAVEL	43,237	98,663	47,289	47,289	47,289
2006	RENT - BUILDING	2,944	2,607	2,608	2,608	2,608
2009	OTHER OPERATING EXPENSE	39,817	75,719	83,364	83,364	83,364
<b>Total, Objects of Expense</b>		<b>\$ 3,054,052</b>	<b>\$ 3,325,396</b>	<b>\$ 3,723,098</b>	<b>\$ 3,723,098</b>	<b>\$ 3,723,098</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	1,174	1,607	1,799	1,799	1,799
0758	GR Match for Medicaid	204,274	215,033	240,750	240,750	240,750
8010	GR Match for Title XXI (CHIP)	1,680	13,878	15,537	4,644	4,652
8014	GR Match for Food Stamp Administration	120,521	119,618	133,924	133,924	133,924
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	120,521	119,618	133,924	133,924	133,924
	93.558.000 Temporary AssistNeedy Families	10,784	9,366	10,487	10,487	10,487
	93.566.000 Refugee and Entrant Assis	1,500	1,330	1,489	1,489	1,489
	93.667.000 Social Svcs Block Grant	-	333	372	372	372
	93.767.000 CHIP	4,132	34,096	38,174	49,067	49,059
	93.778.003 XIX 50%	204,274	215,033	240,750	240,750	240,750
0777	Interagency Contracts	2,385,192	2,595,484	2,905,892	2,905,892	2,905,892
<b>Total, Method of Financing</b>		<b>\$ 3,054,052</b>	<b>\$ 3,325,396</b>	<b>\$ 3,723,098</b>	<b>\$ 3,723,098</b>	<b>\$ 3,723,098</b>
<b>Number of Positions (FTE)</b>		<b>57.8</b>	<b>64.0</b>	<b>65.0</b>	<b>65.0</b>	<b>65.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>In 2003, HHSC consolidated all civil rights staff from legacy agencies into one Civil Rights Office (CRO) serving all five HHS agencies. The CRO sub-strategy includes funding for civil rights compliance, including guidance and support to all HHS employees and all clients receiving or applying for HHS 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. 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>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	02 HHS Consolidated System Support Services					
<b>STRATEGY:</b>	01 Consolidated System Support					
<b>SUB-STRATEGY:</b>	03 Civil Rights					
<b>Code</b>	<b>Sub-strategy Request</b>	<b>Expended 2013</b>	<b>Estimated 2014</b>	<b>Budgeted 2015</b>	<b>Requested</b>	
					<b>2016</b>	<b>2017</b>
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Factors impacting civil rights duties include state and federal laws prohibiting discrimination; and civil rights policies and procedures of federal funding agencies. Additional factors include projected workforce and state population growth. With the growth of the number of HHS system employees, as well as growth in the state population needing services, the CRO has seen a continued increase in the demand for services.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 02 HHS Consolidated System Support Services						
<b>STRATEGY:</b> 01 Consolidated System Support						
<b>SUB-STRATEGY:</b> 04 Procurement						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	5,141,130	8,359,394	10,846,834	10,846,834	10,846,834
1002	OTHER PERSONNEL COSTS	215,815	264,861	335,469	335,469	335,469
2001	PROFESSIONAL FEES AND SERVICES	-	3,349	3,323	3,323	3,323
2003	CONSUMABLE SUPPLIES	1,903	7,730	7,672	7,672	7,672
2004	UTILITIES	5,090	13,774	14,048	14,048	14,048
2005	TRAVEL	13,000	19,607	20,001	20,001	20,001
2006	RENT - BUILDING	5,765	8,087	8,248	8,248	8,248
2007	RENT - MACHINE AND OTHER	-	8,199	8,362	8,362	8,362
2009	OTHER OPERATING EXPENSE	277,630	444,598	477,196	477,196	477,196
<b>Total, Objects of Expense</b>		<b>\$ 5,660,333</b>	<b>\$ 9,129,599</b>	<b>\$ 11,721,153</b>	<b>\$ 11,721,153</b>	<b>\$ 11,721,153</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	1,866	2,220	2,813	2,813	2,813
0758	GR Match for Medicaid	308,226	333,625	426,612	426,612	426,612
8010	GR Match for Title XXI (CHIP)	2,832	21,645	27,639	8,261	8,275
8014	GR Match for Food Stamp Administration	181,436	185,090	236,420	236,420	236,420
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	181,436	185,090	236,420	236,420	236,420
	93.558.000 Temporary AssistNeedy Families	16,227	14,515	18,520	18,520	18,520
	93.566.000 Refugee and Entrant Assis	2,156	2,204	2,813	2,813	2,813
	93.767.000 CHIP	6,937	53,146	67,867	87,245	87,231
	93.778.003 XIX 50%	308,225	333,625	426,612	426,612	426,612
0777	Interagency Contracts	4,650,992	7,998,439	10,275,437	10,275,437	10,275,437
<b>Total, Method of Financing</b>		<b>\$ 5,660,333</b>	<b>\$ 9,129,599</b>	<b>\$ 11,721,153</b>	<b>\$ 11,721,153</b>	<b>\$ 11,721,153</b>
<b>Number of Positions (FTE)</b>		<b>105.9</b>	<b>189.5</b>	<b>205.5</b>	<b>205.5</b>	<b>205.5</b>
<b>Sub-strategy Description and Justification:</b>						
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. The expenditures for full HHS consolidation of procurement functions are reflected in fiscal years 2014 through 2017.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
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 Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 02 HHS Consolidated System Support Services						
<b>STRATEGY:</b> 01 Consolidated System Support						
<b>SUB-STRATEGY:</b> 05 Faith & Community-based Initiative						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
1001	<b>Objects of Expense:</b> SALARIES AND WAGES	-	36,531	63,858	63,858	63,857
2004	UTILITIES	-	499	499	499	499
2005	TRAVEL	-	1,000	1,000	1,000	1,000
2009	OTHER OPERATING EXPENSE	-	1,957	2,283	2,283	2,283
<b>Total, Objects of Expense</b>		<b>\$ -</b>	<b>\$ 39,987</b>	<b>\$ 67,640</b>	<b>\$ 67,640</b>	<b>\$ 67,639</b>
0001	<b>Method of Financing:</b> General Revenue Fund	-	73	124	124	124
0758	GR Match for Medicaid	-	10,386	17,569	17,569	17,569
8010	GR Match for Title XXI (CHIP)	-	670	1,134	339	339
8014	GR Match for Food Stamp Administration	-	5,779	9,775	9,775	9,775
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	-	5,779	9,775	9,775	9,775
	93.558.000 Temporary AssistNeedy Families	-	449	759	759	759
	93.566.000 Refugee and Entrant Assis	-	71	119	119	119
	93.667.000 Social Svcs Block Grant	-	11	19	19	19
	93.767.000 CHIP	-	1,647	2,786	3,581	3,580
	93.778.003 XIX 50%	-	10,386	17,569	17,569	17,569
0777	Interagency Contracts	-	4,736	8,011	8,011	8,011
<b>Total, Method of Financing</b>		<b>\$ -</b>	<b>\$ 39,987</b>	<b>\$ 67,640</b>	<b>\$ 67,640</b>	<b>\$ 67,639</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.5</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Faith and Community-Based Initiative (FCBI) was created under House Bill 492, 81st Legislature, Regular Session, 2009. The purpose of the Faith and Community-Based Initiative is to strengthen the capacity of local faith and community-based organizations (FCBOs) and to forge stronger partnerships between FCBOs and State Government to provide charitable services to Texans in need. This legislation created the Interagency Coordinating Group (ICG) of state agency liaisons charged with improving the working relationship between faith-based and community organizations and the State Government. A designated HHSC FCBI liaison from the Office of Community Access and Services represents the agency on the ICG. Moreover, HB 1965, 82nd Legislature, Regular Session, 2011 requires HHSC to provide administrative support to the ICG.</p> <p>In 2013, the 83rd Legislature, Regular Session, enacted Senate Bill 993, creating the Texas Nonprofit Council. This twelve-member body will work with the Interagency Coordinating Group (ICG) and make recommendations for improving contracting relationships between state agencies and faith and community-based organizations, develop best practices for cooperating and collaborating with faith and community-based organizations, identify and address duplication of services provided by the state and faith and community-based organizations, and identify and address gaps in state services that faith and community-based organizations can fill.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	02 HHS Consolidated System Support Services					
<b>STRATEGY:</b>	01 Consolidated System Support					
<b>SUB-STRATEGY:</b>	05 Faith & Community-based Initiative					
<b>Code</b>	<b>Sub-strategy Request</b>	<b>Expended 2013</b>	<b>Estimated 2014</b>	<b>Budgeted 2015</b>	<b>Requested</b>	
					<b>2016</b>	<b>2017</b>
<b>External/Internal Factors Impacting Sub-strategy:</b>						
The legislation created a dedicated GR account, for which HHSC has no appropriation authority. Current operations are funded with other state general revenue funding in the absence of funding in the dedicated general revenue account.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 02 HHS Consolidated System Support Services						
<b>STRATEGY:</b> 01 Consolidated System Support						
<b>SUB-STRATEGY:</b> 06 Center for the Elimination of Disproportionality and Disparities						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	1,302,478	1,269,404	1,389,635	1,389,634	1,389,635
1002	OTHER PERSONNEL COSTS	33,552	33,784	37,779	37,779	37,779
2001	PROFESSIONAL FEES AND SERVICES	214,213	281,456	134,112	134,112	134,112
2003	CONSUMABLE SUPPLIES	3,832	10,988	6,000	6,000	6,000
2004	UTILITIES	7,110	7,973	7,973	7,973	7,973
2005	TRAVEL	218,221	147,799	147,794	147,794	147,794
2006	RENT - BUILDING	3,112	4,527	4,527	4,527	4,527
2009	OTHER OPERATING EXPENSE	119,805	166,136	104,533	104,533	104,533
4000	GRANTS	-	37,301	24,751	24,751	24,751
	<b>Total, Objects of Expense</b>	<b>\$ 1,902,323</b>	<b>\$ 1,959,368</b>	<b>\$ 1,857,104</b>	<b>\$ 1,857,103</b>	<b>\$ 1,857,104</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	613	836	829	829	829
0758	GR Match for Medicaid	105,736	111,828	110,891	110,891	110,891
8010	GR Match for Title XXI (CHIP)	980	7,217	7,157	2,139	2,143
8014	GR Match for Food Stamp Administration	62,338	62,208	61,686	61,686	61,686
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	62,350	62,208	61,686	61,686	61,686
	93.296.000 St Grant to Improve Minority Health	143,344	164,757	141,087	141,087	141,087
	93.558.000 Temporary AssistNeedy Families	5,563	4,871	4,830	4,830	4,830
	93.566.000 Refugee and Entrant Assis	774	692	686	686	686
	93.643.000 Children's Justice Grants	29,146	44,631	-	-	-
	93.667.000 Social Svcs Block Grant	2	173	171	171	171
	93.767.000 CHIP	2,411	17,732	17,583	22,600	22,597
	93.778.003 XIX 50%	105,758	111,828	110,891	110,891	110,891
0666	Appropriated Receipts	34	80	-	-	-
0777	Interagency Contracts	1,383,274	1,370,307	1,339,607	1,339,607	1,339,607
	<b>Total, Method of Financing</b>	<b>\$ 1,902,323</b>	<b>\$ 1,959,368</b>	<b>\$ 1,857,104</b>	<b>\$ 1,857,103</b>	<b>\$ 1,857,104</b>
	<b>Number of Positions (FTE)</b>	<b>22.5</b>	<b>24.3</b>	<b>25.1</b>	<b>25.1</b>	<b>25.1</b>
<b>Sub-strategy Description and Justification:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	02 HHS Consolidated System Support Services					
<b>STRATEGY:</b>	01 Consolidated System Support					
<b>SUB-STRATEGY:</b>	06 Center for the Elimination of Disproportionality and Disparities					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<p>The Center for Elimination of Disproportionality and Disparities (CEDD) was established in September 2010. It includes the Office of Minority Health and Health Equity which replaced the Office for the Elimination of Health Disparities. CEDD also oversees the Office of Border Affairs. CEDD reviews and analyzes statistics, related to racial and ethnic disparities within health and human services, education, juvenile justice, and other human serving systems. CEDD also researches findings, service delivery methodologies, best practices and develops and provides training curricula and other technical assistance and resources to partner organizations. This sub-strategy includes funding to reduce racial, ethnic, geographic, and other health disparities throughout Texas. Efforts are focused across agency programs, disciplines and service systems. Activities include: identifying internal and 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 and external technical assistance, training, education and evaluation of health promotion and disease prevention programs, cultural competency, health literacy and strategic planning. Transfers of funding and staff among the HHS agencies to fully implement the CEDD mission is reflected in all years.</p> <p>Legal Base: Senate Bill 501, 82nd Legislature, Regular Session, 2011; House Bill 1396, 80th Legislature, Regular Session, 2007</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Texas has many underserved geographic areas and the population is growing rapidly and becoming increasingly diverse. CEDD addresses these demographic challenges by implementing statewide, multilevel strategies and provides consultation and other technical support to internal and external partners. . Without adequate funding for CEDD 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>Changes in the enabling legislation could impact scope of the office.</p> <p>CEDD 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>Current federal grant funding may not be available in subsequent years.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b> 01 HHS Enterprise Oversight and Policy						
<b>OBJECTIVE:</b> 02 HHS Consolidated System Support Services						
<b>STRATEGY:</b> 01 Consolidated System Support						
<b>SUB-STRATEGY:</b> 07 Other						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	9,662,917	11,217,681	12,544,617	12,544,617	12,544,617
1002	OTHER PERSONNEL COSTS	703,790	469,931	447,119	447,119	447,119
2001	PROFESSIONAL FEES AND SERVICES	31,755,722	53,576,864	58,866,870	71,297,576	73,482,291
2002	FUELS AND LUBRICANTS	92,787	124,413	116,785	116,785	116,785
2003	CONSUMABLE SUPPLIES	105,554	250,387	319,596	172,377	172,377
2004	UTILITIES	991,680	1,132,661	1,178,585	12,941,253	12,893,921
2005	TRAVEL	185,714	241,726	258,851	258,851	258,851
2006	RENT - BUILDING	1,845,278	2,382,230	2,520,363	2,520,363	2,520,363
2007	RENT - MACHINE AND OTHER	532,847	580,226	669,033	8,165,387	8,182,987
2009	OTHER OPERATING EXPENSE	5,791,090	6,623,604	8,194,450	11,588,234	15,043,097
3002	FOOD FOR PERSONS - WARDS OF STATE	5,500,553	6,567,824	6,567,824	6,567,824	6,567,824
5000	CAPITAL EXPENDITURES	1,685,746	7,479,619	2,807,028	6,118,543	2,075,000
<b>Total, Objects of Expense</b>		<b>\$ 58,853,678</b>	<b>\$ 90,647,166</b>	<b>\$ 94,491,121</b>	<b>\$ 132,738,929</b>	<b>\$ 134,305,232</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	3,037,163	1,067,565	1,332,350	815,408	584,892
0758	GR Match for Medicaid	6,811,244	11,300,650	12,301,970	17,011,008	18,260,043
8010	GR Match for Title XXI (CHIP)	93,922	361,124	396,398	899,992	940,091
8014	GR Match for Food Stamp Administration	4,472,251	4,339,384	5,263,903	8,968,854	8,078,491
0555	Federal Funds	-	-	-	-	-
	10.561.000 St Admin Match Food Stamp	4,472,251	4,370,589	5,124,226	8,812,380	8,923,500
	93.558.000 Temporary AssistNeedy Families	340,919	298,427	337,992	553,864	610,296
	93.566.000 Refugee and Entrant Assis	34,174	33,222	35,650	56,226	74,590
	93.667.000 Social Svcs Block Grant	2,168	5,618	5,738	9,686	12,446
	93.767.000 CHIP	232,103	887,935	973,680	1,297,711	1,552,773
	93.778.003 XIX 50%	6,649,689	6,845,709	7,912,278	12,518,873	12,028,777
	93.778.004 XIX ADMIN @ 75%	6,038	10,252,085	13,038,073	3,562,104	10,225,174
	93.778.005 XIX FMAP @ 90%	1,477,969	10,349,284	13,128,967	28,453,228	26,766,397
0777	Interagency Contracts	31,223,787	40,535,574	34,639,896	49,779,595	46,247,762
<b>Total, Method of Financing</b>		<b>\$ 58,853,678</b>	<b>\$ 90,647,166</b>	<b>\$ 94,491,121</b>	<b>\$ 132,738,929</b>	<b>\$ 134,305,232</b>
<b>Number of Positions (FTE)</b>		<b>234.3</b>	<b>235.2</b>	<b>269.6</b>	<b>269.6</b>	<b>269.6</b>
<b>Sub-strategy Description and Justification:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 01-02-01		
<b>AGENCY GOAL:</b>	01 HHS Enterprise Oversight and Policy					
<b>OBJECTIVE:</b>	02 HHS Consolidated System Support Services					
<b>STRATEGY:</b>	01 Consolidated System Support					
<b>SUB-STRATEGY:</b>	07 Other					
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<p>This sub-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 Services and Community Access.</p> <p>Business Services is responsible for leasing office space for HHS agencies managing facility support functions for the DADS State Schools 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.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<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.E. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 01 Aged & Medicare-Related						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	STAR+PLUS	1,792,318,477	1,974,745,665	3,058,951,899	4,382,774,690	4,486,688,890
02	Non-STAR+PLUS	156,701,180	165,379,055	85,018,116	66,598,621	70,253,775
<b>Total, Sub-strategies</b>		<b>\$ 1,949,019,657</b>	<b>\$ 2,140,124,720</b>	<b>\$ 3,143,970,015</b>	<b>\$ 4,449,373,311</b>	<b>\$ 4,556,942,665</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 01 Aged & Medicare-Related						
<b>SUB-STRATEGY:</b> 01 STAR+PLUS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	1,792,318,477	1,974,745,665	3,058,951,899	4,382,774,690	4,486,688,890
	<b>Total, Objects of Expense</b>	<b>\$ 1,792,318,477</b>	<b>\$ 1,974,745,665</b>	<b>\$ 3,058,951,899</b>	<b>\$ 4,382,774,690</b>	<b>\$ 4,486,688,890</b>
0758 0369 0555	<b>Method of Financing:</b> GR Match for Medicaid	681,519,811	741,460,414	1,181,679,473	1,819,670,131	1,869,357,726
	Federal American Recovery and Reinvestment Fund 93.778.014 Medicaid - Stimulus	68,238	-	-	-	-
	Federal Funds 93.778.000 XIX FMAP	1,110,730,428	1,128,921,568	1,851,982,306	2,563,104,559	2,617,331,164
	93.778.007 XIX @ 100%	-	104,363,683	25,290,120	-	-
	<b>Total, Method of Financing</b>	<b>\$ 1,792,318,477</b>	<b>\$ 1,974,745,665</b>	<b>\$ 3,058,951,899</b>	<b>\$ 4,382,774,690</b>	<b>\$ 4,486,688,890</b>
Number of Positions (FTE)		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 01 Aged & Medicare-Related						
<b>SUB-STRATEGY:</b> 01 STAR+PLUS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>This sub-strategy includes the acute and long-term care costs for Aged and Medicare-Related participants in the STAR+PLUS program and Dual Eligible Integrated Care Demonstration (Dual Demo) 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 daily living activities in the home. STAR+PLUS was expanded to the Medicaid Rural Service Areas on September 1, 2014.</p> <p>STAR+PLUS is now a statewide Medicaid managed care program. On March 1, 2015, most adult Medicaid clients in nursing facilities will also begin receiving care through the STAR+PLUS program. The Dual Demo program is scheduled to begin on March 1, 2015 in Bexar, Dallas, El Paso, Harris, Hidalgo and Tarrant counties. Beginning in FY2017, children with SSI and SSI-related Medicaid will be moved to STAR Kids.</p> <p>Funding for FY 2016-17 assumes the current projected Medicaid caseloads at FY 2015 cost levels. Home and community-based attendant services and supports, referred to as Community First Choice, to Medicaid recipients with disabilities qualify for a 6 percent increase in the FMAP rate.</p> <p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 01 Aged & Medicare-Related						
<b>SUB-STRATEGY:</b> 01 STAR+PLUS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>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.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures. Additionally, changes in other state and federal requirements have the potential to impact costs and/or require rate adjustments. Two areas of particular concern are the impact on provider costs of the Affordable Care Act Employer Mandate and a new Department of Labor rule that requires the application of the Fair Labor Standards Act to home care services; both of these requirements are currently expected to be effective January 1, 2015.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 01 Aged & Medicare-Related						
<b>SUB-STRATEGY:</b> 02 Non-STAR+PLUS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b>					
	CLIENT SERVICES	156,701,180	165,379,055	85,018,116	66,598,621	70,253,775
	<b>Total, Objects of Expense</b>	<b>\$ 156,701,180</b>	<b>\$ 165,379,055</b>	<b>\$ 85,018,116</b>	<b>\$ 66,598,621</b>	<b>\$ 70,253,775</b>
	<b>Method of Financing:</b>					
0758	GR Match for Medicaid	59,584,811	62,095,097	32,842,675	27,650,867	29,270,903
0369	Federal American Recovery and Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	5,966	-	-	-	-
0469	<b>General Revenue - Dedicated</b>					
0555	Federal Funds					
	93.778.000 XIX FMAP	97,057,042	93,919,149	49,840,421	38,919,876	40,960,312
	93.778.005 XIX FMAP @ 90%	49,369	37,004	40,858	27,878	22,560
	93.778.007 XIX @ 100%	3,992	9,327,805	2,294,162	-	-
	<b>Total, Method of Financing</b>	<b>\$ 156,701,180</b>	<b>\$ 165,379,055</b>	<b>\$ 85,018,116</b>	<b>\$ 66,598,621</b>	<b>\$ 70,253,775</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 01 Aged & Medicare-Related						
<b>SUB-STRATEGY:</b> 02 Non-STAR+PLUS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>This sub-strategy applies to the Aged and Medicare Related clients who are not in a managed care organization and receive all Medicaid services via fee-for-service. On March 1, 2015, most adult Medicaid clients in nursing facilities will also begin receiving care through the STAR+PLUS program while some recipients will receive services via fee-for-service. Generally, only dually eligible clients in an Intermediate Care Facilities for Individuals with Intellectual Disabilities or Related Conditions (ICF-ID) or in one of the 1915(c) Intellectual and Developmental Disabilities (IDD) waivers will be excluded from STAR+PLUS starting 9/1/14.</p> <p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>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.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures. Additionally, changes in other state and federal requirements have the potential to impact costs and/or require rate adjustments. Two areas of particular concern are the impact on provider costs of the Affordable Care Act Employer Mandate and a new Department of Labor rule that requires the application of the Fair Labor Standards Act to home care services; both of these requirements are currently expected to be effective January 1, 2015.</p>						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-02		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 02 Disability-Related						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	STAR+PLUS	2,028,002,232	1,990,440,472	2,942,820,796	3,228,282,074	3,240,511,927
02	Non-STAR+PLUS	2,417,421,336	2,976,090,886	2,239,248,373	2,240,685,859	251,748,508
03	STAR Kids	-	-	-	-	2,644,142,119
<b>Total, Sub-strategies</b>		<b>\$ 4,445,423,568</b>	<b>\$ 4,966,531,358</b>	<b>\$ 5,182,069,169</b>	<b>\$ 5,468,967,933</b>	<b>\$ 3,492,260,435</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-02		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 02 Disability-Related						
<b>SUB-STRATEGY:</b> 01 STAR+PLUS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b>					
	CLIENT SERVICES	2,028,002,232	1,990,440,472	2,942,820,796	3,228,282,074	3,240,511,927
	<b>Total, Objects of Expense</b>	<b>\$ 2,028,002,232</b>	<b>\$ 1,990,440,472</b>	<b>\$ 2,942,820,796</b>	<b>\$ 3,228,282,074</b>	<b>\$ 3,240,511,927</b>
	<b>Method of Financing:</b>					
705	Medicaid Program Income	-	1,092,419	-	-	-
0758	GR Match for Medicaid	797,443,341	769,972,142	1,139,933,676	1,361,514,075	1,371,749,838
8137	GR Match for Medicaid - FY 12-13 Entitlement/waiver Demand			57,477,769		
0555	Federal Funds					
	93.778.000 XIX FMAP	1,204,453,871	1,088,905,010	1,619,832,823	1,855,154,566	1,857,148,656
	93.778.007 XIX @ 100%	221,119	124,664,184	30,600,839	-	-
	93.791.000 Money Follows the Person Rebalancing Dem	25,883,901	5,806,717	11,613,433	11,613,433	11,613,433
8138	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	83,362,256	-	-
	<b>Total, Method of Financing</b>	<b>\$ 2,028,002,232</b>	<b>\$ 1,990,440,472</b>	<b>\$ 2,942,820,796</b>	<b>\$ 3,228,282,074</b>	<b>\$ 3,240,511,927</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-02		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 02 Disability-Related						
<b>SUB-STRATEGY:</b> 01 STAR+PLUS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>This sub-strategy includes the acute and long-term care costs for Disability-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 daily living activities in the home. STAR+PLUS will be expanded into the Medicaid Rural Services Area (MRSAs) on September 1, 2014. On March 1, 2015, most adult Medicaid clients in nursing facilities will also begin receiving care through the STAR+PLUS program.</p> <p>Funding for FY 2016-17 assumes the current projected Medicaid caseloads at FY 2015 cost levels. Home and community-based attendant services and supports, referred to as Community First Choice, to Medicaid recipients with disabilities qualify for a 6 percent increase in the FMAP rate.</p> <p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>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.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures. Additionally, changes in other state and federal requirements have the potential to impact costs and/or require rate adjustments. Two areas of particular concern are the impact on provider costs of the Affordable Care Act Employer Mandate and a new Department of Labor rule that requires the application of the Fair Labor Standards Act to home care services; both of these requirements are currently expected to be effective January 1, 2015.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-02		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 02 Disability-Related						
<b>SUB-STRATEGY:</b> 02 Non-STAR+PLUS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b>					
	CLIENT SERVICES	2,417,421,336	2,976,090,886	2,239,248,373	2,240,685,859	251,748,508
	<b>Total, Objects of Expense</b>	<b>\$ 2,417,421,336</b>	<b>\$ 2,976,090,886</b>	<b>\$ 2,239,248,373</b>	<b>\$ 2,240,685,859</b>	<b>\$ 251,748,508</b>
	<b>Method of Financing:</b>					
0758	GR Match for Medicaid	950,569,244	1,151,256,271	867,397,237	944,999,620	106,568,339
8075	Cost Sharing - Medicaid Clients	113,230	111,971	111,971	111,971	111,971
8137	GR Match for Medicaid - FY 12-13 Entitlement/waiver Demand			43,735,929		
0555	Federal Funds					
	93.778.000 XIX FMAP	1,464,841,814	1,681,310,810	1,229,275,025	1,294,855,205	144,486,289
	93.778.005 XIX FMAP @ 90%	1,633,469	1,294,676	1,409,120	719,063	581,909
	93.778.007 XIX @ 100%	263,579	142,117,158	33,887,164	-	-
8138	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	63,431,927	-	-
	<b>Total, Method of Financing</b>	<b>\$ 2,417,421,336</b>	<b>\$ 2,976,090,886</b>	<b>\$ 2,239,248,373</b>	<b>\$ 2,240,685,859</b>	<b>\$ 251,748,508</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-02		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 02 Disability-Related						
<b>SUB-STRATEGY:</b> 02 Non-STAR+PLUS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>This sub-strategy applies to the Disability-Related clients who do not receive their services through STAR+PLUS, There are some Disability-Related clients who may voluntarily opt out of STAR+PLUS, including those clients under age 21 (until the implementation of the STAR kids program).</p> <p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>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.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures. Additionally, changes in other state and federal requirements have the potential to impact costs and/or require rate adjustments. Two areas of particular concern are the impact on provider costs of the Affordable Care Act Employer Mandate and a new Department of Labor rule that requires the application of the Fair Labor Standards Act to home care services; both of these requirements are currently expected to be effective January 1, 2015.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-02		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 02 Disability-Related						
<b>SUB-STRATEGY:</b> 03 STAR Kids						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	-	-	-	-	2,644,142,119
	<b>Total, Objects of Expense</b>	\$ -	\$ -	\$ -	\$ -	\$ 2,644,142,119
0758  0555	<b>Method of Financing:</b> GR Match for Medicaid	-	-	-	-	1,119,298,927
	Federal Funds 93.778.000 XIX FMAP	-	-	-	-	1,524,843,192
	<b>Total, Method of Financing</b>	\$ -	\$ -	\$ -	\$ -	\$ 2,644,142,119
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-02		
<b>AGENCY GOAL:</b>	02 Medicaid					
<b>OBJECTIVE:</b>	01 Medicaid Health Services					
<b>STRATEGY:</b>	02 Disability-Related					
<b>SUB-STRATEGY:</b>	03 STAR Kids					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>This new sub-strategy applies to Disability-Related clients under the age of 21 who will be served in the new STAR Kids managed care program. STAR Kids will be an integrated care program designed to meet the complex care needs of children with disabilities. This program combines regular Medicaid services, such as doctor visits, with long-term services and supports (LTSS), such as personal care services, and will include services provided by DADS in the Medically Dependent Children Program (MDCP) prior to September 1, 2016. The STAR Kids program is scheduled for implementation statewide on September 1, 2016.</p> <p>S.B. 7, 83rd Legislature, Regular Session, 2013, directs HHSC to establish a mandatory STAR Kids capitated managed care program tailored to provide Medicaid benefits to children and young adults with disabilities.</p> <p>Children and young adults with SSI or SSI-related Medicaid currently receive Medicaid services through STAR+PLUS or fee-for-service. The SSI-related group includes children and young adults who receive Home and Community Based Services (HCBS) through DSHS or DADS waiver programs.</p> <p>Beginning on September 1, 2016, most children and young adults who receive social security income (SSI) and SSI-related Medicaid will be required to receive services through STAR Kids. Children in state conservatorship will be excluded from STAR Kids. MDCP STAR Kids members will receive all of their services through STAR Kids, including HCBS waiver services. Children and young adults enrolled in other HCBS waiver programs will receive all acute care and other State Plan Medicaid benefits through STAR Kids, but will separately receive LTSS specific to their program.</p> <p>The STAR Kids population has physical, behavioral and intellectual challenges that require a need for comprehensive services and robust service coordination. STAR Kids MCOs will be required to ensure access to a broad provider base, comprehensive service coordination, transition planning services for teens and young adults, patient-centered health homes, and a thorough screening and assessment process. On an annual basis all STAR Kids MCOs will also be required to provide members with the STAR Kids Screening and Assessment Instrument (SAI), which must be administered using an electronic format prescribed by HHSC. The SAI will be used to help establish and update Individual Service Plans (ISPs), and to help establish service needs.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-02		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 02 Disability-Related						
<b>SUB-STRATEGY:</b> 03 STAR Kids						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>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.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures. Additionally, changes in other state and federal requirements have the potential to impact costs and/or require rate adjustments. Two areas of particular concern are the impact on provider costs of the Affordable Care Act Employer Mandate and a new Department of Labor rule that requires the application of the Fair Labor Standards Act to home care services; both of these requirements are currently expected to be effective January 1, 2015.</p>						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-04		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 04 Other Adults						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	TANF Level Income	564,019,198	563,848,645	668,698,929	769,888,789	777,760,532
02	Breast & Cervical Cancer Program	91,052,632	99,968,722	104,967,159	104,877,155	104,893,142
<b>Total, Sub-strategies</b>		<b>\$ 655,071,830</b>	<b>\$ 663,817,367</b>	<b>\$ 773,666,088</b>	<b>\$ 874,765,944</b>	<b>\$ 882,653,674</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-04		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 04 Other Adults						
<b>SUB-STRATEGY:</b> 01 TANF Level Income						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	564,019,198	563,848,645	668,698,929	769,888,789	777,760,532
	<b>Total, Objects of Expense</b>	<b>\$ 564,019,198</b>	<b>\$ 563,848,645</b>	<b>\$ 668,698,929</b>	<b>\$ 769,888,789</b>	<b>\$ 777,760,532</b>
0758 0555	<b>Method of Financing:</b> GR Match for Medicaid	219,757,615	219,375,098	275,905,785	323,730,036	327,621,868
	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	-	94,056	79,210	-	-
	93.778.000 XIX FMAP	328,691,020	312,444,945	382,866,785	432,285,211	436,217,994
	93.778.005 XIX FMAP @ 90%	15,570,563	1,858,728	2,154,254	13,873,542	13,920,670
	93.778.007 XIX @ 100%	-	30,075,818	7,692,895	-	-
<b>Total, Method of Financing</b>		<b>\$ 564,019,198</b>	<b>\$ 563,848,645</b>	<b>\$ 668,698,929</b>	<b>\$ 769,888,789</b>	<b>\$ 777,760,532</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-04		
<b>AGENCY GOAL:</b>	02 Medicaid					
<b>OBJECTIVE:</b>	01 Medicaid Health Services					
<b>STRATEGY:</b>	04 Other Adults					
<b>SUB-STRATEGY:</b>	01 TANF Level Income					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>The Other Adults Strategy includes the capitated monthly managed care payments (STAR) and the fee-for-service payments to hospitals, physicians and other providers for providing Medicaid health benefits to eligible adults (parents or caretakers) with incomes up to 12 percent of the federal poverty limit. Additionally, clients deemed Medicaid eligible as Medically Needy are included in this Other Adults TANF Level Income sub-strategy. This group may include some children and some Pregnant Women, as these clients become Medicaid eligible as a result of their Medical costs. All costs for Medically Needy clients are paid fee-for-service. Under Title XIX, Medicaid medical services are legally mandated entitlement services. Expenditures related to prescription drugs are excluded from this sub-strategy.</p> <p>The FY2014 and FY2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>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.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Breast and Cervical Cancer Program services are matched at the Enhanced FMAP rate (the same as CHIP) but do not qualify for the 23 point increase effective October 1, 2015. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-04		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 04 Other Adults						
<b>SUB-STRATEGY:</b> 02 Breast & Cervical Cancer Program						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	91,052,632	99,968,722	104,967,159	104,877,155	104,893,142
	<b>Total, Objects of Expense</b>	<b>\$ 91,052,632</b>	<b>\$ 99,968,722</b>	<b>\$ 104,967,159</b>	<b>\$ 104,877,155</b>	<b>\$ 104,893,142</b>
0758  0555	<b>Method of Financing:</b> GR Match for Medicaid	25,995,526	28,870,967	30,776,371	31,284,680	31,353,151
	Federal Funds 93.767.778 CHIP for Medicaid (EFMAP)	65,057,106	71,097,755	74,190,788	73,592,475	73,539,991
	<b>Total, Method of Financing</b>	<b>\$ 91,052,632</b>	<b>\$ 99,968,722</b>	<b>\$ 104,967,159</b>	<b>\$ 104,877,155</b>	<b>\$ 104,893,142</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>: This sub-strategy includes medical payments for Medicaid Breast and Cervical Cancer (MBCC) which provides Medicaid to eligible women who are screened under the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are found to have breast or cervical cancer, including pre-cancerous conditions. A woman eligible for MBCC receives full Medicaid benefits beginning the day after she received a qualifying diagnosis and for the duration of her cancer treatment. The MBCC program provides full Medicaid coverage for eligible uninsured women ages 18-64 who have been diagnosed with a qualifying breast or cervical cancer.</p> <p>Services are not limited to the treatment of breast and cervical cancer. A woman can continue to receive full Medicaid benefits as long as she meets the eligibility criteria at her coverage renewal period and provides proof from her treating physician that she is receiving active treatment for breast or cervical cancer. Active treatment may include traditional treatments such as chemotherapy and radiation, as well as active disease surveillance for clients with triple negative receptor breast cancer, and hormonal treatment.</p> <p>The amounts for FY 2013 represent a reallocation of expenditures based upon a new appropriation structure for the 2014-15 biennium.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-04		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 04 Other Adults						
<b>SUB-STRATEGY:</b> 02 Breast & Cervical Cancer Program						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Breast and Cervical Cancer Program services are matched at the Enhanced FMAP rate (the same as CHIP) but do not qualify for the 23 point increase effective October 1, 2015. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.</p>						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	Ages Up to 1	1,947,142,717	2,163,197,029	2,289,382,710	2,030,387,871	2,058,236,447
02	Ages 1 to 5	1,469,080,604	1,665,128,661	1,604,039,517	1,692,471,766	1,713,554,127
03	Ages 6 to 14	1,351,543,320	1,433,495,648	1,755,855,598	1,848,789,275	1,880,898,461
04	Ages 15 to 18	402,334,308	432,993,577	621,412,714	646,648,236	663,230,458
05	Ages 19 and up	24,761,152	28,747,705	45,116,009	43,040,389	45,925,474
06	Ages STAR HEALTH Foster Care	291,419,866	332,578,222	311,848,681	319,213,351	324,091,700
<b>Total, Sub-strategies</b>		<b>\$ 5,486,281,967</b>	<b>\$ 6,056,140,842</b>	<b>\$ 6,627,655,229</b>	<b>\$ 6,580,550,888</b>	<b>\$ 6,685,936,667</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 01 Ages Up to 1						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b>					
	CLIENT SERVICES	1,947,142,717	2,163,197,029	2,289,382,710	2,030,387,871	2,058,236,447
	<b>Total, Objects of Expense</b>	<b>\$ 1,947,142,717</b>	<b>\$ 2,163,197,029</b>	<b>\$ 2,289,382,710</b>	<b>\$ 2,030,387,871</b>	<b>\$ 2,058,236,447</b>
	<b>Method of Financing:</b>					
705	Medicaid Program Income	8,574,420	27,499,266	12,881,384	12,120,833	12,113,233
0758	GR Match for Medicaid	589,824,001	714,929,094	578,840,846	718,906,810	729,624,366
8024	Tobacco Receipts Match for Medicaid	143,766,170	52,358,694	77,774,500	57,348,755	57,218,997
8137	GR Match for Medicaid - FY 12-13 Entitlement/waiver Demand			212,184,223		
0369	Federal American Recovery and Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	1,757,033	-	-	-	-
0555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	-	146,652	185,519	254,998	263,990
	93.778.000 XIX FMAP	1,090,633,831	1,208,323,005	1,010,685,878	1,202,365,712	1,219,707,959
	93.778.005 XIX FMAP @ 90%	183,061	2,667,360	2,813,814	-	-
	93.778.007 XIX @ 100%	76,095,591	112,178,344	26,653,627	-	-
8138	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	322,998,087	-	-
0777	Interagency Contracts	9,937,513	16,072,335	16,298,226	14,321,120	14,294,982
8044	Medicaid Subrogation Receipts	25,119,247	28,575,254	27,634,301	24,683,500	24,627,651

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 01 Ages Up to 1						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
8062	Approp Receipts-Match For Medicaid	1,251,850	447,025	432,305	386,143	385,269
	<b>Total, Method of Financing</b>	<b>\$ 1,947,142,717</b>	<b>\$ 2,163,197,029</b>	<b>\$ 2,289,382,710</b>	<b>\$ 2,030,387,871</b>	<b>\$ 2,058,236,447</b>
	<b>Number of Positions (FTE)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>Medicaid children represent the majority of the Medicaid caseload. This sub-strategy includes the newborns under age 1 up to 185% of the federal poverty level (FPL) group of children eligible for Medicaid based on age and income. This sub-strategy also includes newborns of Medicaid-eligible mothers who are deemed eligible for 12 months. It does not include children who are eligible for Medicaid based on Supplemental Security Income disability. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services. In January 2014, the Medicaid program income eligibility increased to 133% of FPL pursuant to the Affordable Care Act which moves certain children in CHIP to Medicaid. These former CHIP children retain the higher federal match rate while in the Medicaid program.</p> <p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b>	02 Medicaid					
<b>OBJECTIVE:</b>	01 Medicaid Health Services					
<b>STRATEGY:</b>	05 Children					
<b>SUB-STRATEGY:</b>	01 Ages Up to 1					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Strategy estimates include additional caseload: 167,281 in 2016 and 170,310 in 2017, to account for increases from clients currently eligible but not enrolled, since children are mandated to have insurance under the Affordable Care Act.</p> <p>Providing an adequate level of outreach to individuals with Medicaid who are less than 21 years of age is also necessary for compliance with the Frew Consent Decree.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 02 Ages 1 to 5						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b>					
	CLIENT SERVICES	1,469,080,604	1,665,128,661	1,604,039,517	1,692,471,766	1,713,554,127
	<b>Total, Objects of Expense</b>	<b>\$ 1,469,080,604</b>	<b>\$ 1,665,128,661</b>	<b>\$ 1,604,039,517</b>	<b>\$ 1,692,471,766</b>	<b>\$ 1,713,554,127</b>
	<b>Method of Financing:</b>					
705	Medicaid Program Income	6,469,231	21,167,658	9,025,249	10,103,571	10,084,692
0758	GR Match for Medicaid	445,010,523	550,319,231	405,560,672	599,259,627	607,437,909
8024	Tobacco Receipts Match for Medicaid	108,468,726	40,303,292	54,492,144	47,804,240	47,636,825
8137	GR Match for Medicaid - FY 12-13 Entitlement/waiver Demand			148,665,349		
0369	Federal American Recovery and Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	1,325,648	-	-	-	-
0555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	-	2,762,911	3,136,059	4,313,799	4,465,914
	93.778.000 XIX FMAP	821,917,601	924,807,281	703,057,252	998,155,543	1,011,203,578
	93.778.005 XIX FMAP @ 90%	1,082,133	-	-	-	-
	93.778.007 XIX @ 100%	57,412,616	91,056,547	22,712,607	-	-
8138	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	226,306,285	-	-
0777	Interagency Contracts	7,497,656	12,371,738	11,419,235	11,937,666	11,901,075
8044	Medicaid Subrogation Receipts	18,951,974	21,995,904	19,361,774	20,575,442	20,503,384

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 02 Ages 1 to 5						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
8062	Approp Receipts-Match For Medicaid	944,496	344,099	302,891	321,878	320,750
	<b>Total, Method of Financing</b>	<b>\$ 1,469,080,604</b>	<b>\$ 1,665,128,661</b>	<b>\$ 1,604,039,517</b>	<b>\$ 1,692,471,766</b>	<b>\$ 1,713,554,127</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>Medicaid children represent the majority of the Medicaid caseload. This sub-strategy includes the expansion children ages 1-5 up to 133% of the federal poverty level (FPL) group of children eligible for Medicaid based on age and income. It does not include children who are eligible for Medicaid based on Supplemental Security Income disability. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services. In January 2014, the Medicaid program income eligibility increased to 133% of FPL pursuant to the Affordable Care Act which moves certain children in CHIP to Medicaid. These former CHIP children retain the higher federal match rate while in the Medicaid program</p> <p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 02 Ages 1 to 5						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Strategy estimates include additional caseload: 167,281 in 2016 and 170,310 in 2017, to account for increases from clients currently eligible but not enrolled, since children are mandated to have insurance under the Affordable Care Act.</p> <p>Providing an adequate level of outreach to individuals with Medicaid who are less than 21 years of age is also necessary for compliance with the Frew Consent Decree.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 03 Ages 6 to 14						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b>					
	CLIENT SERVICES	1,351,543,320	1,433,495,648	1,755,855,598	1,848,789,275	1,880,898,461
	<b>Total, Objects of Expense</b>	<b>\$ 1,351,543,320</b>	<b>\$ 1,433,495,648</b>	<b>\$ 1,755,855,598</b>	<b>\$ 1,848,789,275</b>	<b>\$ 1,880,898,461</b>
	<b>Method of Financing:</b>					
705	Medicaid Program Income	5,951,645	18,223,064	9,879,453	11,036,741	11,069,555
0758	GR Match for Medicaid	409,406,399	473,765,325	443,945,407	654,607,535	666,759,813
8024	Tobacco Receipts Match for Medicaid	99,790,428	34,696,775	59,649,612	52,219,463	52,288,999
8137	GR Match for Medicaid - FY 12-13 Entitlement/waiver Demand			162,735,944		
0369	Federal American Recovery and Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	1,219,586	-	-	-	-
0555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	9,579,485	21,437,365	137,586,921	236,087,871	245,365,403
	93.778.000 XIX FMAP	740,999,135	770,607,092	631,520,767	854,638,923	865,072,827
	93.778.005 XIX FMAP @ 90%	6,575,064	3,508,166	4,743,791	4,331,103	4,420,736
	93.778.007 XIX @ 100%	52,819,183	81,374,807	24,042,542	-	-
8138	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	247,725,291	-	-
0777	Interagency Contracts	6,897,789	10,650,728	12,500,021	13,040,234	13,063,324
8044	Medicaid Subrogation Receipts	17,435,676	18,936,094	21,194,290	22,475,799	22,505,729

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 03 Ages 6 to 14						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
8062	Approp Receipts-Match For Medicaid	868,930	296,232	331,559	351,606	352,075
	<b>Total, Method of Financing</b>	<b>\$ 1,351,543,320</b>	<b>\$ 1,433,495,648</b>	<b>\$ 1,755,855,598</b>	<b>\$ 1,848,789,275</b>	<b>\$ 1,880,898,461</b>
	<b>Number of Positions (FTE)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>Medicaid children represent the majority of the Medicaid caseload. This sub-strategy includes the federally mandated children ages 6-14 up to 133% (formerly 100%) of the federal poverty level (FPL) group of children eligible for Medicaid based on age and income. It does not include children who are eligible for Medicaid based on Supplemental Security Income disability. In January 2014, the Medicaid program income eligibility increased to 133% of FPL pursuant to the Affordable Care Act which moves certain children in CHIP to Medicaid. These former CHIP children retain the higher federal match rate while in the Medicaid program. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.</p> <p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 03 Ages 6 to 14						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Strategy estimates include additional caseload: 167,281 in 2016 and 170,310 in 2017, to account for increases from clients currently eligible but not enrolled, since children are mandated to have insurance under the Affordable Care Act.</p> <p>Providing an adequate level of outreach to individuals with Medicaid who are less than 21 years of age is also necessary for compliance with the Frew Consent Decree.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 04 Ages 15 to 18						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	402,334,308	432,993,577	621,412,714	646,648,236	663,230,458
	<b>Total, Objects of Expense</b>	<b>\$ 402,334,308</b>	<b>\$ 432,993,577</b>	<b>\$ 621,412,714</b>	<b>\$ 646,648,236</b>	<b>\$ 663,230,458</b>
	<b>Method of Financing:</b>					
705	Medicaid Program Income	1,771,716	5,504,356	3,496,425	3,860,304	3,903,276
0758	GR Match for Medicaid	121,874,185	143,102,871	157,116,178	228,961,090	235,108,606
8024	Tobacco Receipts Match for Medicaid	29,706,124	10,480,311	21,110,522	18,264,723	18,437,815
8137	GR Match for Medicaid - FY 12-13 Entitlement/waiver Demand			57,593,679		
0369	Federal American Recovery and Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	363,053	-	-	-	-
0555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	6,631,791	11,924,320	53,775,857	95,093,582	98,800,317
	93.778.000 XIX FMAP	216,911,236	222,424,530	215,921,600	286,542,777	292,942,824
	93.778.005 XIX FMAP @ 90%	1,850,342	3,414,928	4,698,185	1,380,390	1,371,341
	93.778.007 XIX @ 100%	15,723,484	27,115,956	7,986,058	-	-
8138	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	87,672,156	-	-
0777	Interagency Contracts	2,053,369	3,217,098	4,423,867	4,561,063	4,606,306
8044	Medicaid Subrogation Receipts	5,190,341	5,719,729	7,500,845	7,861,326	7,935,827

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 04 Ages 15 to 18						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
8062	Approp Receipts-Match For Medicaid	258,667	89,478	117,342	122,981	124,146
	<b>Total, Method of Financing</b>	<b>\$ 402,334,308</b>	<b>\$ 432,993,577</b>	<b>\$ 621,412,714</b>	<b>\$ 646,648,236</b>	<b>\$ 663,230,458</b>
	<b>Number of Positions (FTE)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>Medicaid children represent the majority of the Medicaid caseload. This sub-strategy includes the federally mandated children ages 15-18 up to 100% of the federal poverty level (FPL) group of children eligible for Medicaid based on age and income. It does not include children who are eligible for Medicaid based on Supplemental Security Income disability. In January 2014, the Medicaid program income eligibility increases to 133% of FPL pursuant to the Affordable Care Act which moves certain children in CHIP to Medicaid. These former CHIP children retain the higher federal match rate while in the Medicaid program. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.</p> <p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b>	02 Medicaid					
<b>OBJECTIVE:</b>	01 Medicaid Health Services					
<b>STRATEGY:</b>	05 Children					
<b>SUB-STRATEGY:</b>	04 Ages 15 to 18					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Strategy estimates include additional caseload: 167,281 in 2016 and 170,310 in 2017, to account for increases from clients currently eligible but not enrolled, since children are mandated to have insurance under the Affordable Care Act.</p> <p>Providing an adequate level of outreach to individuals with Medicaid who are less than 21 years of age is also necessary for compliance with the Frew Consent Decree.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 05 Ages 19 and Up						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b>					
	CLIENT SERVICES	24,761,152	28,747,705	45,116,009	43,040,389	45,925,474
	<b>Total, Objects of Expense</b>	<b>\$ 24,761,152</b>	<b>\$ 28,747,705</b>	<b>\$ 45,116,009</b>	<b>\$ 43,040,389</b>	<b>\$ 45,925,474</b>
	<b>Method of Financing:</b>					
705	Medicaid Program Income	109,038	365,450	253,849	256,939	270,283
0758	GR Match for Medicaid	7,500,591	9,501,017	11,407,000	15,239,467	16,280,124
8024	Tobacco Receipts Match for Medicaid	1,828,225	695,818	1,532,673	1,215,685	1,276,729
8137	GR Match for Medicaid - FY 12-13 Entitlement/waiver Demand			4,181,435		
0369	Federal American Recovery and Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	22,344	-	-	-	-
0555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	-	16,036	26,451	36,139	37,413
	93.778.000 XIX FMAP	13,756,529	15,392,135	19,847,550	25,277,401	27,032,373
	93.778.005 XIX FMAP @ 90%	115,020	107,130	121,838	179,747	151,474
	93.778.007 XIX @ 100%	967,681	2,070,836	505,729	-	-
8138	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	6,365,203	-	-
0777	Interagency Contracts	126,372	213,593	321,183	303,581	318,964
8044	Medicaid Subrogation Receipts	319,433	379,749	544,579	523,244	549,517

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 05 Ages 19 and Up						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
8062	Approp Receipts-Match For Medicaid	15,919	5,941	8,519	8,186	8,597
	<b>Total, Method of Financing</b>	<b>\$ 24,761,152</b>	<b>\$ 28,747,705</b>	<b>\$ 45,116,009</b>	<b>\$ 43,040,389</b>	<b>\$ 45,925,474</b>
	<b>Number of Positions (FTE)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>: There is only a very small number of children in this sub-strategy (approximately 0.7% of the Children's strategy), and include clients who are in foster care or adoption subsidy but not in STAR Health, or clients who are eligible based on TANF level of income (until they reach age 21). It may also include clients who turn 19 during a month who are not TANF eligible, and this would be their last month of Medicaid eligibility.</p> <p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 05 Ages 19 and Up						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Strategy estimates include additional caseload: 167,281 in 2016 and 170,310 in 2017, to account for increases from clients currently eligible but not enrolled, since children are mandated to have insurance under the Affordable Care Act.</p> <p>Providing an adequate level of outreach to individuals with Medicaid who are less than 21 years of age is also necessary for compliance with the Frew Consent Decree.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 06 STAR HEALTH Foster Care						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b>					
	CLIENT SERVICES	291,419,866	332,578,222	311,848,681	319,213,351	324,091,700
	<b>Total, Objects of Expense</b>	<b>\$ 291,419,866</b>	<b>\$ 332,578,222</b>	<b>\$ 311,848,681</b>	<b>\$ 319,213,351</b>	<b>\$ 324,091,700</b>
	<b>Method of Financing:</b>					
705	Medicaid Program Income	1,283,294	4,227,843	1,754,640	1,905,612	1,907,361
0758	GR Match for Medicaid	88,276,237	109,915,945	78,846,911	113,025,030	114,887,288
8024	Tobacco Receipts Match for Medicaid	21,516,819	8,049,828	10,594,067	9,016,252	9,009,753
8137	GR Match for Medicaid - FY 12-13 Entitlement/waiver Demand			28,902,712		
0369	Federal American Recovery and Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	262,967	-	-	-	-
0555	Federal Funds					
	93.778.000 XIX FMAP	163,029,395	185,895,826	136,993,205	188,906,751	191,927,620
	93.778.005 XIX FMAP @ 90%	228,135	151,736	392,497	166,773	170,219
	93.778.007 XIX @ 100%	11,388,876	17,404,025	4,324,245	-	-
8138	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	43,997,242	-	-
0777	Interagency Contracts	1,487,301	2,471,022	2,220,065	2,251,536	2,250,902

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 01 Medicaid Health Services						
<b>STRATEGY:</b> 05 Children						
<b>SUB-STRATEGY:</b> 06 STAR HEALTH Foster Care						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
8044	Medicaid Subrogation Receipts	3,759,482	4,393,270	3,764,211	3,880,689	3,877,892
8062	Approp Receipts-Match For Medicaid	187,360	68,727	58,886	60,708	60,665
<b>Total, Method of Financing</b>		<b>\$ 291,419,866</b>	<b>\$ 332,578,222</b>	<b>\$ 311,848,681</b>	<b>\$ 319,213,351</b>	<b>\$ 324,091,700</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Texas Legislature directed HHSC to create a comprehensive, cost effective health care delivery model for children in foster care receiving Medicaid. The managed care delivery model, called STAR Health, began providing services to children on April 1, 2008. Previously, children in foster care received fee-for-service Medicaid. STAR Health is a statewide managed care program that provides health services to children in foster care and kinship care.</p> <p>Children included in this program are:</p> <ul style="list-style-type: none"> <li>- children in DFPS conservatorship (under age 18),</li> <li>- youth in CPS extended foster care (ages 18 to 22),</li> <li>- youth who were previously under DFPS conservatorship and have returned to foster care (ages 18 to 22) through voluntary foster care agreements,</li> <li>- youth ages 18-21 who were previously in foster care and are living independently and receive Medicaid for Transitioning Youth (MTFCY), and</li> <li>- former foster care youth (ages 21 to 23) enrolled in an institution of higher education located in Texas enrolled in the Former Foster Care in Higher Education (FFCHE) program.</li> </ul> <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.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-01-05		
<b>AGENCY GOAL:</b>	02 Medicaid					
<b>OBJECTIVE:</b>	01 Medicaid Health Services					
<b>STRATEGY:</b>	05 Children					
<b>SUB-STRATEGY:</b>	06 STAR HEALTH Foster Care					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<p>Certified public expenditures (CPEs) are included in FY2013 100 percent federal CFDA 93.778.007 amounts. CPE is a mechanism through which funds spent by a public entity (city, county, state agency, or other public entities within a state) for the provision of covered services to Medicaid recipients are certified through a cost reporting process. CPEs are permitted under federal Medicaid law and regulations as the non-federal share for matching federal Medicaid funds for Medicaid provider payments. FY2014-FY2017 does not include an estimate for CPEs.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Strategy estimates include additional caseload: 167,281 in 2016 and 170,310 in 2017, to account for increases from clients currently eligible but not enrolled, since children are mandated to have insurance under the Affordable Care Act.</p> <p>Providing an adequate level of outreach to individuals with Medicaid who are less than 21 years of age is also necessary for compliance with the Frew Consent Decree.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.</p>						

### 3.E. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 01 Non-Full Benefit Payments						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	Women's Health Services	11,445,078	-	-	-	-
02	SHARS	156,843,110	166,948,122	175,295,528	175,295,528	175,295,528
03	Emergency Services for Undoc	280,651,589	340,328,152	339,112,552	344,077,578	351,578,305
04	Other	75,390,947	102,940,069	107,677,345	112,644,509	117,869,323
05	Graduate Medical Education	30,546,744	34,002,567	34,859,329	29,954,909	29,954,908
<b>Total, Sub-strategies</b>		<b>\$ 554,877,468</b>	<b>\$ 644,218,910</b>	<b>\$ 656,944,754</b>	<b>\$ 661,972,524</b>	<b>\$ 674,698,064</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 01 Non-Full Benefit Payments						
<b>SUB-STRATEGY:</b> 01 Women's Health Services						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	11,445,078	-	-	-	-
	<b>Total, Objects of Expense</b>	<b>\$ 11,445,078</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
0758 0555	<b>Method of Financing:</b> GR Match for Medicaid	1,144,508	-	-	-	-
	Federal Funds 93.778.005 XIX FMAP @ 90%	10,300,570	-	-	-	-
	<b>Total, Method of Financing</b>	<b>\$ 11,445,078</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>This sub-strategy includes the clients age 18-44 in the Medicaid Women's Health Services Program. Clients receiving Medicaid WHP services include women under 185% FPL who are not otherwise Medicaid eligible. Women in this program can access family planning services and related health screenings. From January 2007 through December 2012, women's health services operated under a Medicaid waiver funded with 90 percent federal funding. Effective January 2013, the program is supported with state funding. See Strategy D.2.3, Texas Women's Health.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 01 Non-Full Benefit Payments						
<b>SUB-STRATEGY:</b> 02 SHARS						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	156,843,110	166,948,122	175,295,528	175,295,528	175,295,528
	<b>Total, Objects of Expense</b>	<b>\$ 156,843,110</b>	<b>\$ 166,948,122</b>	<b>\$ 175,295,528</b>	<b>\$ 175,295,528</b>	<b>\$ 175,295,528</b>
0555	<b>Method of Financing:</b> Federal Funds					
	93.778.009 SHARS	156,843,110	166,948,122	175,295,528	175,295,528	175,295,528
	<b>Total, Method of Financing</b>	<b>\$ 156,843,110</b>	<b>\$ 166,948,122</b>	<b>\$ 175,295,528</b>	<b>\$ 175,295,528</b>	<b>\$ 175,295,528</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
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.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 01 Non-Full Benefit Payments						
<b>SUB-STRATEGY:</b> 03 Emergency Services for Undoc						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	280,651,589	340,328,152	339,112,552	344,077,578	351,578,305
	<b>Total, Objects of Expense</b>	<b>\$ 280,651,589</b>	<b>\$ 340,328,152</b>	<b>\$ 339,112,552</b>	<b>\$ 344,077,578</b>	<b>\$ 351,578,305</b>
0758	<b>Method of Financing:</b> GR Match for Medicaid	119,390,206	139,923,689	141,467,119	146,865,790	150,370,042
	0555 Federal Funds 93.778.000 XIX FMAP	161,261,383	200,404,463	147,538,266	197,211,788	201,208,263
8138	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	50,107,167	-	-
<b>Total, Method of Financing</b>		<b>\$ 280,651,589</b>	<b>\$ 340,328,152</b>	<b>\$ 339,112,552</b>	<b>\$ 344,077,578</b>	<b>\$ 351,578,305</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
This sub-strategy provides services in accordance with the Omnibus Reconciliation Act of 1986, which mandates Medicaid coverage for non-citizens residing illegally in the U.S. who have an emergency condition. An applicant must meet all Medicaid eligibility criteria, except citizenship, and have an emergency medical condition. Medicaid coverage is limited to services related to the emergency condition.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
Since services covered under this sub-strategy are mandated under State administered Medicaid program, the risk of non-compliance and loss of federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation.						
The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 01 Non-Full Benefit Payments						
<b>SUB-STRATEGY:</b> 04 Other						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	75,390,947	102,940,069	107,677,345	112,644,509	117,869,323
	<b>Total, Objects of Expense</b>	<b>\$ 75,390,947</b>	<b>\$ 102,940,069</b>	<b>\$ 107,677,345</b>	<b>\$ 112,644,509</b>	<b>\$ 117,869,323</b>
0001 0758 0555 8138	<b>Method of Financing:</b> General Revenue Fund	2,089,908				
	GR Match for Medicaid	28,662,059	42,473,072	45,116,808	48,099,205	50,412,709
	Federal Funds 93.778.000 XIX FMAP	44,638,980	60,466,997	46,580,319	64,545,304	67,456,614
	Federal FY13 Entitlement/Waiver Demand 93.778.000	-	-	15,980,218	-	-
	<b>Total, Method of Financing</b>	<b>\$ 75,390,947</b>	<b>\$ 102,940,069</b>	<b>\$ 107,677,345</b>	<b>\$ 112,644,509</b>	<b>\$ 117,869,323</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
This sub-strategy includes Fee For Service, Substance Abuse, Rural Health Clinics, and Tuberculosis Clinics.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
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.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 01 Non-Full Benefit Payments						
<b>SUB-STRATEGY:</b> 05 Graduate Medical Education						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	30,546,744	34,002,567	34,859,329	29,954,909	29,954,908
	<b>Total, Objects of Expense</b>	<b>\$ 30,546,744</b>	<b>\$ 34,002,567</b>	<b>\$ 34,859,329</b>	<b>\$ 29,954,909</b>	<b>\$ 29,954,908</b>
0555	<b>Method of Financing:</b> Federal Funds					
	93.778.000 XIX FMAP	18,086,727	19,973,108	20,253,270	17,164,163	17,143,194
8062	Approp Receipts-Match For Medicaid	12,460,017	14,029,459	14,606,059	12,790,746	12,811,714
<b>Total, Method of Financing</b>		<b>\$ 30,546,744</b>	<b>\$ 34,002,567</b>	<b>\$ 34,859,329</b>	<b>\$ 29,954,909</b>	<b>\$ 29,954,908</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
This sub-strategy includes payments made to hospitals for the Medicaid Graduate Medical Education program.						
The Graduate Medical Education (GME) sub-strategy includes payments that cover the costs of residents' and teaching physicians' salaries and fringe benefits, program administrative staff, and allocated facility overhead costs for hospitals that operate medical residency training programs. In recent years the share of state match has been provided by public state teaching hospitals as an intergovernmental transfer.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
Since the elimination of state funding as the match for GME payments, only public state teaching hospitals have provided intergovernmental transfers as the "state match" to receive these payments.						
The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-03		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 03 Medical Transportation						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	Capitated Models	64,325,701	23,484,722	223,104,880	225,041,187	230,381,540
02	Fee for Service	107,301,035	152,761,524	-	-	-
<b>Total, Sub-strategies</b>		<b>\$ 171,626,736</b>	<b>\$ 176,246,246</b>	<b>\$ 223,104,880</b>	<b>\$ 225,041,187</b>	<b>\$ 230,381,540</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-03		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 03 Medical Transportation						
<b>SUB-STRATEGY:</b> 01 Capitated Models						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	64,325,701	23,484,722	223,104,880	225,041,187	230,381,540
	<b>Total, Objects of Expense</b>	<b>\$ 64,325,701</b>	<b>\$ 23,484,722</b>	<b>\$ 223,104,880</b>	<b>\$ 225,041,187</b>	<b>\$ 230,381,540</b>
0758  0555	<b>Method of Financing:</b> GR Match for Medicaid	26,238,453	9,698,222	93,467,063	96,111,900	98,556,953
	Federal Funds 93.778.000 XIX FMAP	38,087,248	13,786,500	129,637,817	128,929,287	131,824,587
	<b>Total, Method of Financing</b>	<b>\$ 64,325,701</b>	<b>\$ 23,484,722</b>	<b>\$ 223,104,880</b>	<b>\$ 225,041,187</b>	<b>\$ 230,381,540</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-02-03		
<b>AGENCY GOAL:</b>	02 Medicaid					
<b>OBJECTIVE:</b>	02 Medicaid Health Services					
<b>STRATEGY:</b>	03 Medical Transportation					
<b>SUB-STRATEGY:</b>	01 Capitated Models					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>This sub-strategy includes payments made to Managed Transportation Organization (MTO) and Full Risk Brokers (FRBs) who manage nonemergency medical transportation (NEMT) services. Senate Bill (S.B.) 8, 83rd Legislature, Regular Session, 2013 required HHSC to provide managed transportation program (MTP) services on a regional basis through Managed Transportation Organizations (MTOs) by September 1, 2014. FRBs provide services in the Houston/Beaumont and Dallas/Fort Worth service delivery areas. FRBs arrange NEMT services on a full-risk basis. MTOs will provide services in the rest of the state. HHSC pays each vendor a set per-Medicaid-eligible-per-month rate each month. The vendor arranges transportation-related services for program eligible clients.</p> <p>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; &amp; mileage reimbursement for a family member or friend to drive the client. Children who are 14 &amp; younger can never travel without an adult. Children who are 15 to 17 years old can travel without an adult if their parent or guardian has filled out a consent form before setting up the trip.</p> <p>Beginning September 1, 2014, NEMT services on a regional basis will be coordinated through two types of managed transportation capitated models: Full Risk Brokers &amp; Managed Transportation Organization (MTO). Costs shift from the Fee-For-Service sub-strategy to this sub-strategy.</p> <p>Services in the Dallas/Fort Worth &amp; Houston/Beaumont areas are delivered through a full-risk broker model. Services for the rest of the state are delivered through a Managed Transportation Organization. MTP services under the capitated model are eligible for federal reimbursement at the FMAP rate. CSHCN and TICP are not eligible for FMAP unless they are dual eligible as these programs are not Medicaid programs.</p> <p>Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2016-17 holds costs at FY 2015 levels.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Fuel costs may impact the cost of providing MTP services to eligible clients. Any increase in utilization of Texas Health Steps (EPSDT) services as a result of outreach &amp; informing efforts mandated by Frew Orders could result in an increase in client utilization of MTP services.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, &amp; disallowances impact the authority to utilize federal funds for changes in programs, services, &amp; rates which could impact the cash flow of state funds. The HHS Inspector General's investigation of potential Medicaid fraud &amp; overpayments could also impact total Medicaid expenditures.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-03		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 03 Medical Transportation						
<b>SUB-STRATEGY:</b> 02 Fee for Service						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	107,301,035	152,761,524	-	-	-
	<b>Total, Objects of Expense</b>	<b>\$ 107,301,035</b>	<b>\$ 152,761,524</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
0758  0555	<b>Method of Financing:</b> GR Match for Medicaid	33,077,056	63,084,214	-	-	-
	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	16,867	-	-	-	-
	93.778.000 XIX FMAP	64,246,961	85,273,470	-	-	-
	93.778.003 XIX 50%	-	4,403,840	-	-	-
	93.778.007 XIX @ 100%	9,960,151	-	-	-	-
<b>Total, Method of Financing</b>		<b>\$ 107,301,035</b>	<b>\$ 152,761,524</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-03		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 03 Medical Transportation						
<b>SUB-STRATEGY:</b> 02 Fee for Service						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>This MTP sub-strategy includes Fee-for-Service costs for providing cost-effective non-emergency medical transportation (NEMT) for Medicaid clients who have no other means of transportation available to access Medicaid-covered-services. States are federally required to provide NEMT for clients to and from Medicaid-covered services provided by a Medicaid enrolled qualified service provider. DSHS clients in the Children with Special Health Care Needs (CSHCN) Services Program and the Transportation for Indigent Cancer Patient (TICP) Program also use MTP services. Beginning with fiscal year 2015, costs shift from this sub-strategy to the Capitated Models sub-strategy.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Beginning September 1, 2014, NEMT services on a regional basis will be coordinated through two types of managed transportation capitated models: Full Risk Brokers &amp; Managed Transportation Organization (MTO).</p>						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 05 Medicare Payments						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	Medicare Part A	270,946,546	272,627,815	267,126,729	176,889,123	180,417,015
02	Medicare Part B	675,194,837	706,626,584	773,624,409	687,252,919	721,407,493
03	Qualified Medicare Beneficiary	75,973,438	89,763,747	86,288,934	80,713,297	85,768,434
04	Medicare Part D (Clawback)	376,489,755	369,104,582	378,616,977	403,963,767	421,103,109
05	QI's	71,267,638	52,400,746	56,692,479	60,080,488	62,483,707
<b>Total, Sub-strategies</b>		<b>\$ 1,469,872,214</b>	<b>\$ 1,490,523,474</b>	<b>\$ 1,562,349,528</b>	<b>\$ 1,408,899,594</b>	<b>\$ 1,471,179,758</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 05 Medicare Payments						
<b>SUB-STRATEGY:</b> 01 Medicare Part A						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	270,946,546	272,627,815	267,126,729	176,889,123	180,417,015
	<b>Total, Objects of Expense</b>	<b>\$ 270,946,546</b>	<b>\$ 272,627,815</b>	<b>\$ 267,126,729</b>	<b>\$ 176,889,123</b>	<b>\$ 180,417,015</b>
0758  0555	<b>Method of Financing:</b> GR Match for Medicaid	110,523,131	112,433,162	111,861,871	75,527,766	77,164,357
	Federal Funds 93.778.000 XIX FMAP	160,423,415	160,194,653	155,264,858	101,361,357	103,252,658
	<b>Total, Method of Financing</b>	<b>\$ 270,946,546</b>	<b>\$ 272,627,815</b>	<b>\$ 267,126,729</b>	<b>\$ 176,889,123</b>	<b>\$ 180,417,015</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 05 Medicare Payments						
<b>SUB-STRATEGY:</b> 01 Medicare Part A						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<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 which generally covers inpatient hospital services (excluding physician services provided in the hospital), skilled nursing facility costs when a nursing facility is required after a hospital visit, and hospice care. Dual eligible Medicare/Medicaid clients utilize covered Medicare services before utilizing Medicaid services, making this a cost effective sub-strategy. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and puts federal financial participation in jeopardy if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons. The federal government sets the rate for Medicare payments.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy's method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 05 Medicare Payments						
<b>SUB-STRATEGY:</b> 02 Medicare Part B						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	675,194,837	706,626,584	773,624,409	687,252,919	721,407,493
	<b>Total, Objects of Expense</b>	<b>\$ 675,194,837</b>	<b>\$ 706,626,584</b>	<b>\$ 773,624,409</b>	<b>\$ 687,252,919</b>	<b>\$ 721,407,493</b>
0758  0555	<b>Method of Financing:</b> GR Match for Medicaid	275,422,027	291,416,563	323,962,616	293,441,883	308,545,985
	Federal Funds 93.778.000 XIX FMAP	399,772,810	415,210,021	449,661,793	393,811,036	412,861,508
	<b>Total, Method of Financing</b>	<b>\$ 675,194,837</b>	<b>\$ 706,626,584</b>	<b>\$ 773,624,409</b>	<b>\$ 687,252,919</b>	<b>\$ 721,407,493</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-02-05		
<b>AGENCY GOAL:</b>	02 Medicaid					
<b>OBJECTIVE:</b>	02 Medicaid Health Services					
<b>STRATEGY:</b>	05 Medicare Payments					
<b>SUB-STRATEGY:</b>	02 Medicare Part B					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<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. The federal government sets the rate for Part B premiums. Part B is supplementary medical insurance, which covers services such as physician services (both inpatient and outpatient), clinical laboratory tests, durable medical equipment, diagnostic tests, and ambulance services. Dual eligible Medicare/Medicaid clients utilize covered Medicare services before utilizing Medicaid services, making this a cost effective sub-strategy. This sub-strategy contributes to the statewide goal of promoting the health of the people of Texas by improving the quality of health care services.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and puts federal financial participation in jeopardy if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons. The federal government sets the rate for Medicare payments.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy's method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 05 Medicare Payments						
<b>SUB-STRATEGY:</b> 03 Qualified Medicare Beneficiary						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	75,973,438	89,763,747	86,288,934	80,713,297	85,768,434
	<b>Total, Objects of Expense</b>	<b>\$ 75,973,438</b>	<b>\$ 89,763,747</b>	<b>\$ 86,288,934</b>	<b>\$ 80,713,297</b>	<b>\$ 85,768,434</b>
0758  0555	<b>Method of Financing:</b> GR Match for Medicaid	30,990,697	37,019,047	36,134,316	34,462,803	36,683,159
	Federal Funds 93.778.000 XIX FMAP	44,982,741	52,744,700	50,154,618	46,250,494	49,085,275
	<b>Total, Method of Financing</b>	<b>\$ 75,973,438</b>	<b>\$ 89,763,747</b>	<b>\$ 86,288,934</b>	<b>\$ 80,713,297</b>	<b>\$ 85,768,434</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-02-05		
<b>AGENCY GOAL:</b>	02 Medicaid					
<b>OBJECTIVE:</b>	02 Medicaid Health Services					
<b>STRATEGY:</b>	05 Medicare Payments					
<b>SUB-STRATEGY:</b>	03 Qualified Medicare Beneficiary					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<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.</p> <p>The FY2014 and 2015 estimate include the primary care physician Medicaid rate increase which the federal government is funding with 100 percent federal CFDA 93.778.007. The increase represents the difference between Medicaid and Medicare reimbursement levels for certain Medicaid primary care providers. While this increase is for the period January 2013 through December 2014, no expenditures were incurred in FY2013. Payments for this increase will only occur in FY 2014 and 2015. The primary care physician rate increase is not assumed to continue beyond FY 2015.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and puts federal financial participation in jeopardy if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons. The federal government sets the rate for Medicare payments.</p> <p>The federal Medicaid match rate determines the required state match which derives the strategy's method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 05 Medicare Payments						
<b>SUB-STRATEGY:</b> 04 Medicare Part D (Clawback)						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	376,489,755	369,104,582	378,616,977	403,963,767	421,103,109
	<b>Total, Objects of Expense</b>	<b>\$ 376,489,755</b>	<b>\$ 369,104,582</b>	<b>\$ 378,616,977</b>	<b>\$ 403,963,767</b>	<b>\$ 421,103,109</b>
8092	<b>Method of Financing:</b> Medicare Giveback Provision	376,489,755	369,104,582	378,616,977	403,963,767	421,103,109
	<b>Total, Method of Financing</b>	<b>\$ 376,489,755</b>	<b>\$ 369,104,582</b>	<b>\$ 378,616,977</b>	<b>\$ 403,963,767</b>	<b>\$ 421,103,109</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Medicare Part D (Clawback) sub-strategy includes the payments to the federal government for federally-mandated pharmacy costs for dual eligibles.</p> <p>Federal law requires the Medicaid program to assume responsibility for drug coverage for certain Medicare-eligible Medicaid recipients who previously received their drug coverage through the Medicaid program. The Medicare Part D program assumed financial responsibility for this drug coverage in January 2006 but state Medicaid programs are required to provide part of the funding for this Medicare benefit in the form of payments to the federal government based upon a federal formula. This formula is based upon 2003 Medicaid drug costs and an inflation factor, resulting in a state per capita cost. The State's monthly payment to the federal government multiplies the monthly per capita cost by the number of monthly dual eligibles caseload or those Medicaid clients enrolled in Medicare Part D. The State's payment percentage phases down over time, from 90 percent in 2006 to 75 percent in 2015.</p> <p>Although the Medicaid Part D payments are 100 percent state funds, they are federally mandated and are included in the maintenance of effort requirements for the state Medicaid program.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>The number of dual eligibles in Texas is part of payment formula. The clawback amount percentage is 78 1/3 percent of Texas Medicaid's estimated savings in calendar year 2013, 76 2/3 percent in calendar year 2014 and 75 percent in calendar year 2015. The rate remains at 75 percent in subsequent years.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-05		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 05 Medicare Payments						
<b>SUB-STRATEGY:</b> 05 QI's						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	71,267,638	52,400,746	56,692,479	60,080,488	62,483,707
	<b>Total, Objects of Expense</b>	<b>\$ 71,267,638</b>	<b>\$ 52,400,746</b>	<b>\$ 56,692,479</b>	<b>\$ 60,080,488</b>	<b>\$ 62,483,707</b>
0555	<b>Method of Financing:</b> Federal Funds					
	93.778.007 XIX @ 100%	71,267,638	52,400,746	56,692,479	60,080,488	62,483,707
	<b>Total, Method of Financing</b>	<b>\$ 71,267,638</b>	<b>\$ 52,400,746</b>	<b>\$ 56,692,479</b>	<b>\$ 60,080,488</b>	<b>\$ 62,483,707</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
This sub-strategy represents payments for a group of Medicare beneficiaries known as Qualified Individuals (QI-1s) QI-1s are Medicare beneficiaries with income less than 135 percent of the federal poverty level (FPL) who do not qualify for full Medicaid benefits. Medicaid pays a portion of the Medicare Part B premium. This population is funded with and annual allotment of 100 percent federal funding, subject to federal appropriations.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
In recent years Congress has been providing federal funding incrementally for this population. When decisions on federal appropriations have been untimely, the State has had to prepare communications and decide if state funding will be used in the interim until federal appropriations are made or deny payments and coverage.						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-06		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 06 Transformation Payments						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	Delivery System Reform Incentive Payment On-Budget	19,295,205	7,554,643	7,465,340	7,332,216	7,320,216
02	Uncompensated Care On-Budget	92,754,764	96,546,328	94,928,944	93,236,154	93,083,558
03	DSRIP Audit/Monitoring	-	37,890	50,000	50,000	50,000
<b>Total, Sub-strategies</b>		<b>\$ 112,049,969</b>	<b>\$ 104,138,861</b>	<b>\$ 102,444,284</b>	<b>\$ 100,618,370</b>	<b>\$ 100,453,774</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-06		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 06 Transformation Payments						
<b>SUB-STRATEGY:</b> 01 Delivery System Reform Incentive Payment On-Budget						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	19,295,205	7,554,643	7,465,340	7,332,216	7,320,216
	<b>Total, Objects of Expense</b>	<b>\$ 19,295,205</b>	<b>\$ 7,554,643</b>	<b>\$ 7,465,340</b>	<b>\$ 7,332,216</b>	<b>\$ 7,320,216</b>
0555	<b>Method of Financing:</b> Federal Funds					
	93.778.000 XIX FMAP	11,343,117	4,437,838	4,334,483	4,201,360	4,189,360
0777	Interagency Contracts	7,952,088	3,116,805	3,130,857	3,130,856	3,130,856
<b>Total, Method of Financing</b>		<b>\$ 19,295,205</b>	<b>\$ 7,554,643</b>	<b>\$ 7,465,340</b>	<b>\$ 7,332,216</b>	<b>\$ 7,320,216</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-02-06		
<b>AGENCY GOAL:</b>	02 Medicaid					
<b>OBJECTIVE:</b>	02 Medicaid Health Services					
<b>STRATEGY:</b>	06 Transformation Payments					
<b>SUB-STRATEGY:</b>	01 Delivery System Reform Incentive Payment On-Budget					
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>The Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver, known as the 1115 Transformation Waiver, is a five-year demonstration waiver running through September 2016 that allows the state to expand Medicaid managed care, including pharmacy and dental services, while preserving federal hospital funding historically received as UPL payments. UPL payments were supplemental payments to offset the difference between what Medicaid pays for a service and what Medicare would pay for the same service. The 1115 Transformation Waiver provides new means, through regional collaboration and coordination, for local entities to access additional federal match funds.</p> <p>The 1115 Transformation Waiver contains two funding pools: the Uncompensated Care (UC) and the Delivery System Reform Incentive Payment (DSRIP) pools. DSRIP funding provides financial incentives that encourage hospitals and other providers to focus on achieving quality health outcomes. This sub-strategy represents DSRIP expenditures associated with state agency appropriated funds used as the state funding for the federal match.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.</p> <p>The identification and appropriation of State funding will impact the potential and amount of any Transformation Waiver payments to hospitals expenditure from this strategy during the 2016-17 biennium.</p> <p>In addition, the waiver will be up for renewal in September 2016. This will involve extensive CMS and stakeholder involvement and could change the nature of the DSRIP and UC programs in ways that cannot yet be anticipated.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-06		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 06 Transformation Payments						
<b>SUB-STRATEGY:</b> 02 Uncompensated Care On-Budget						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	92,754,764	96,546,328	94,928,944	93,236,154	93,083,558
	<b>Total, Objects of Expense</b>	<b>\$ 92,754,764</b>	<b>\$ 96,546,328</b>	<b>\$ 94,928,944</b>	<b>\$ 93,236,154</b>	<b>\$ 93,083,558</b>
0555	<b>Method of Financing:</b> Federal Funds					
	93.778.000 XIX FMAP	54,539,158	56,714,384	55,117,107	53,424,316	53,271,720
0777	Interagency Contracts	38,215,606	39,831,944	39,811,837	39,811,838	39,811,838
<b>Total, Method of Financing</b>		<b>\$ 92,754,764</b>	<b>\$ 96,546,328</b>	<b>\$ 94,928,944</b>	<b>\$ 93,236,154</b>	<b>\$ 93,083,558</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-02-06		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 06 Transformation Payments						
<b>SUB-STRATEGY:</b> 02 Uncompensated Care On-Budget						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>The Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver, known as the 1115 Transformation Waiver, is a five-year demonstration waiver running through September 2016 that allows the state to expand Medicaid managed care, including pharmacy and dental services, while preserving federal hospital funding historically received as UPL payments. UPL payments were supplemental payments to offset the difference between what Medicaid pays for a service and what Medicare would pay for the same service. The 1115 Transformation Waiver provides new means, through regional collaboration and coordination, for local entities to access additional federal match funds.</p> <p>The 1115 Transformation Waiver contains two funding pools: the Uncompensated Care (UC) and the Delivery System Reform Incentive Payment (DSRIP) pools. UC pool payments are cost-based and help offset the costs of uncompensated care provided by hospitals and other providers. UC payments will be based on each provider's UC costs as reported on a UC application. This sub-strategy represents UC expenditures associated with state agency appropriated funds used as the state funding for the federal match.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate, referred to as FMAP, is calculated as a ratio of Texas' three year average of per capita income to the National three-year average of per capita income.</p> <p>The identification and appropriation of State funding will impact the potential and amount of any Transformation Waiver payments to hospitals expenditure from this strategy during the 2016-17 biennium.</p> <p>In addition, the waiver will be up for renewal in September 2016. This will involve extensive CMS and stakeholder involvement and could change the nature of the DSRIP and UC programs in ways that cannot yet be anticipated.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-02-06		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 02 Medicaid Health Services						
<b>STRATEGY:</b> 06 Transformation Payments						
<b>SUB-STRATEGY:</b> 03 DSRIP Audit/Monitoring						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
2001	<b>Objects of Expense:</b>					
	PROFESSIONAL FEES AND SERVICES	-	37,890	50,000	50,000	50,000
	<b>Total, Objects of Expense</b>	\$ -	\$ 37,890	\$ 50,000	\$ 50,000	\$ 50,000
0555	<b>Method of Financing:</b>					
	Federal Funds					
	93.778.003 XIX 50%	-	18,945	25,000	25,000	25,000
0777	Interagency Contracts	-	18,945	25,000	25,000	25,000
	<b>Total, Method of Financing</b>	\$ -	\$ 37,890	\$ 50,000	\$ 50,000	\$ 50,000
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver, known as the 1115 Transformation Waiver, is a five-year demonstration waiver running through September 2016 that allows the state to expand Medicaid managed care, including pharmacy and dental services, while preserving federal hospital funding historically received as UPL payments.</p> <p>The Federal government requires states to conduct compliance monitoring. This sub-strategy represents the monitoring costs to conduct midpoint assessments and compliance monitoring for DSRIP projects matched with appropriated funds.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
The waiver will be up for renewal in September 2016. This will involve extensive CMS and stakeholder involvement and could change the nature of the monitoring program.						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	02-03-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 03 Medicaid Support						
<b>STRATEGY:</b> 01 Medicaid Contracts and Administration						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	Medicaid Administrative Claiming	28,110,705	42,090,072	42,121,923	42,121,923	42,121,923
02	Ombudsman Services	525,152	672,990	747,357	747,357	747,357
03	Enrollment Broker	46,649,764	63,186,040	63,216,062	63,216,062	63,216,062
04	Claims Administrator Support	206,685,540	215,905,574	183,125,980	198,762,246	172,503,990
05	Health Information Technology	181,953,377	253,292,983	248,511,736	103,953,230	104,018,619
06	Other	86,937,983	95,300,504	93,054,544	83,403,228	81,240,436
07	DSH Transitional Payments (On-Budget)	304,739,779	387,784,779	334,128,878	-	-
08	Client Benefit Related Payments	136,932	45,131,692	49,144,539	52,116,269	52,116,269
<b>Total, Sub-strategies</b>		<b>\$ 855,739,232</b>	<b>\$ 1,103,364,634</b>	<b>\$ 1,014,051,019</b>	<b>\$ 544,320,315</b>	<b>\$ 515,964,656</b>

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-03-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 03 Medicaid Support						
<b>STRATEGY:</b> 01 Medicaid Contracts and Administration						
<b>SUB-STRATEGY:</b> 01 Medicaid Administrative Claiming						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	335,503	312,791	343,400	343,400	343,400
1002	OTHER PERSONNEL COSTS	6,700	6,754	7,415	7,415	7,415
2001	PROFESSIONAL FEES AND SERVICES	27,765,115	41,750,000	41,750,000	41,750,000	41,750,000
2003	CONSUMABLE SUPPLIES	24	6,458	6,458	6,458	6,458
2004	UTILITIES	-	5,096	5,096	5,096	5,096
2005	TRAVEL	-	2,500	2,500	2,500	2,500
2009	OTHER OPERATING EXPENSE	3,363	6,473	7,054	7,054	7,054
<b>Total, Objects of Expense</b>		<b>\$ 28,110,705</b>	<b>\$ 42,090,072</b>	<b>\$ 42,121,923</b>	<b>\$ 42,121,923</b>	<b>\$ 42,121,923</b>
	<b>Method of Financing:</b>					
0758	GR Match for Medicaid	156,108	357,536	373,462	373,462	373,462
0555	Federal Funds	-	-	-	-	-
	93.778.003 XIX 50%	172,798	170,036	185,961	185,961	185,961
	93.778.004 XIX ADMIN @ 75%	-	562,500	562,500	562,500	562,500
	93.778.007 XIX ADM @ 100	27,781,799	41,000,000	41,000,000	41,000,000	41,000,000
<b>Total, Method of Financing</b>		<b>\$ 28,110,705</b>	<b>\$ 42,090,072</b>	<b>\$ 42,121,923</b>	<b>\$ 42,121,923</b>	<b>\$ 42,121,923</b>
<b>Number of Positions (FTE)</b>		<b>6.0</b>	<b>6.0</b>	<b>6.0</b>	<b>6.0</b>	<b>6.0</b>
<b>Sub-strategy Description and Justification:</b>						
This sub-strategy includes the federal dollars that are reimbursed to local providers such as independent school districts, local health departments, local authorities for mental health and for individuals with intellectual disabilities, and early childhood intervention providers participating in the Medicaid Administrative Claiming project. These federal dollars represent the federal share of Medicaid outreach and allowable administrative activities performed by providers under contract with HHSC.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
An external factor that could impact this sub-strategy is a change in federal Medicaid legislation related to Medicaid Administrative Claiming. During the past few years, the federal government has scrutinized state Medicaid Administrative Claiming programs and the Centers for Medicare and Medicaid Services (CMS) has imposed new requirements on them. Some of the federal changes likely will reduce the federal funds coming to Texas for Medicaid administrative services. HHSC has worked with CMS to update Texas' Medicaid Administrative Claiming program for school districts, and anticipates similar changes to other Medicaid Administrative Claiming programs in the near future.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-03-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 03 Medicaid Support						
<b>STRATEGY:</b> 01 Medicaid Contracts and Administration						
<b>SUB-STRATEGY:</b> 02 Ombudsman Services						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	503,916	613,895	685,425	685,425	685,425
1002	OTHER PERSONNEL COSTS	8,720	12,221	13,635	13,635	13,635
2003	CONSUMABLE SUPPLIES	1,690	10,204	10,204	10,204	10,204
2004	UTILITIES	775	1,457	1,456	1,456	1,456
2005	TRAVEL	3,659	9,520	9,519	9,519	9,519
2009	OTHER OPERATING EXPENSE	6,392	25,693	27,118	27,118	27,118
<b>Total, Objects of Expense</b>		<b>\$ 525,152</b>	<b>\$ 672,990</b>	<b>\$ 747,357</b>	<b>\$ 747,357</b>	<b>\$ 747,357</b>
	<b>Method of Financing:</b>					
0758	GR Match for Medicaid	132,481	174,723	193,314	193,314	193,314
0555	Federal Funds	-	-	-	-	-
	93.796.000 State Survey And Certific	392,671	498,267	554,043	554,043	554,043
<b>Total, Method of Financing</b>		<b>\$ 525,152</b>	<b>\$ 672,990</b>	<b>\$ 747,357</b>	<b>\$ 747,357</b>	<b>\$ 747,357</b>
<b>Number of Positions (FTE)</b>		<b>11.1</b>	<b>14.0</b>	<b>14.0</b>	<b>14.0</b>	<b>14.0</b>
<b>Sub-strategy Description and Justification:</b>						
Centers for Medicare and Medicaid Services funding supports an informal dispute resolution process related to long-term care facilities. Informal dispute resolution for long-term care facilities is related to federal certification and state licensure citations received during survey visits.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
Internal factors that affect this sub-strategy include program and policy changes.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-03-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 03 Medicaid Support						
<b>STRATEGY:</b> 01 Medicaid Contracts and Administration						
<b>SUB-STRATEGY:</b> 03 Enrollment Broker						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
<b>Objects of Expense:</b>						
1001	SALARIES AND WAGES	526,437	555,990	586,087	586,087	586,087
1002	OTHER PERSONNEL COSTS	17,949	19,135	20,428	20,428	20,428
2001	PROFESSIONAL FEES AND SERVICES	40,583,327	55,896,398	55,896,179	55,896,179	55,896,179
2003	CONSUMABLE SUPPLIES	-	101	61	61	61
2004	UTILITIES	1,065	2,094	1,838	1,838	1,838
2005	TRAVEL	440	1,420	1,420	1,420	1,420
2009	OTHER OPERATING EXPENSE	5,520,546	6,710,902	6,710,049	6,710,049	6,710,049
<b>Total, Objects of Expense</b>		<b>\$ 46,649,764</b>	<b>\$ 63,186,040</b>	<b>\$ 63,216,062</b>	<b>\$ 63,216,062</b>	<b>\$ 63,216,062</b>
<b>Method of Financing:</b>						
0001	General Revenue Fund	189,680	281,202	281,202	281,202	281,202
0758	GR Match for Medicaid	23,221,228	31,452,419	31,467,430	31,467,430	31,467,430
0555	Federal Funds	-	-	-	-	-
	93.778.003 XIX 50%	23,221,227	31,452,419	31,467,430	31,467,430	31,467,430
0666	Appropriated Receipts	17,629	-	-	-	-
<b>Total, Method of Financing</b>		<b>\$ 46,649,764</b>	<b>\$ 63,186,040</b>	<b>\$ 63,216,062</b>	<b>\$ 63,216,062</b>	<b>\$ 63,216,062</b>
<b>Number of Positions (FTE)</b>		<b>12.4</b>	<b>13.0</b>	<b>12.0</b>	<b>12.0</b>	<b>12.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Enrollment Broker sub-strategy represents the costs associated with the enrollment of Medicaid and CHIP clients into managed care arrangements (medical and dental). The contracted enrollment broker serves as an intermediary between the Managed Care Organizations, the clients, and HHSC. Enrollment broker functions include maintaining updated enrollment files for the Medicaid and Medicare recipients participating in the STAR, STARHealth, NorthSTAR, STAR+PLUS, and CHIP programs; issuing enrollment packets through its mail subcontractor in order educate and enroll the recipients; and maintaining an operations center dedicated to completing the enrollments whether by mail phone, or portal. Outreach efforts educate and assist recipients on a one-on-one basis with the completion of their enrollment. Additionally, the contracted enrollment broker provides specialized outreach and informing services for the Texas Health Steps (THSteps) program. In addition to the contracted vendor costs, funding includes the related postage expense.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<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; and 4) changes in federal statutes and regulations.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-03-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 03 Medicaid Support						
<b>STRATEGY:</b> 01 Medicaid Contracts and Administration						
<b>SUB-STRATEGY:</b> 04 Claims Administrator Support						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
2001	<b>Objects of Expense:</b> PROFESSIONAL FEES AND SERVICES	184,135,540	215,905,574	183,125,980	198,762,246	172,503,990
2009	OTHER OPERATING EXPENSE	50,000	-	-	-	-
4000	GRANTS	22,500,000	-	-	-	-
<b>Total, Objects of Expense</b>		<b>\$ 206,685,540</b>	<b>\$ 215,905,574</b>	<b>\$ 183,125,980</b>	<b>\$ 198,762,246</b>	<b>\$ 172,503,990</b>
0001	<b>Method of Financing:</b> General Revenue Fund	-	4,442,300	2,000,000	-	-
0758	GR Match for Medicaid	102,479,419	59,822,750	56,626,029	66,202,621	59,711,234
0555	Federal Funds	-	-	-	-	-
	93.778.000 XIX FMAP	97	-	-	-	-
	93.778.003 XIX 50%	15,766,346	19,584,957	20,154,183	29,430,060	28,964,475
	93.778.004 XIX ADMIN @ 75%	81,386,268	106,345,769	98,415,941	100,411,738	82,946,281
	93.778.005 XIX FMAP @ 90%	7,053,410	25,709,798	5,929,827	2,717,827	882,000
<b>Total, Method of Financing</b>		<b>\$ 206,685,540</b>	<b>\$ 215,905,574</b>	<b>\$ 183,125,980</b>	<b>\$ 198,762,246</b>	<b>\$ 172,503,990</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The claims administrator maintains the State's Medicaid Management Information System (MMIS), processes and adjudicates all claims for Medicaid Acute Care, Long-Term Care, and CSHCN program services that are outside the scope of capitated arrangements between the health plans and the state. The claims administrator also collects encounter data from MCOs or Managed Transportation Organization (MTO) to use in the evaluation of quality and utilization of services and administers pharmacy rebate functions. The function is provided by a private contractor. The contract has both fixed and variable fee components.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>External and internal factors impacting Claims Administrator services include: 1) increase in population impacting the number of eligible Medicaid Clients; 2) changes in caseload; 3) changes to Federal and/or State regulations and statutes such as Affordable Care Act and Medicaid Information Technology Architecture (MITA) initiative, a national framework to support improved systems development and health care management for the Medicaid enterprise; 4) costs of implementing technical system and business operation changes; 5) re-procurement of contract services; 6) contract management and monitoring staffing needs; and 7) new contract amendments necessary to implement legislative mandates.</p>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-03-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 03 Medicaid Support						
<b>STRATEGY:</b> 01 Medicaid Contracts and Administration						
<b>SUB-STRATEGY:</b> 05 Health Information Technology						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	253,637	495,616	576,272	576,272	576,272
1002	OTHER PERSONNEL COSTS	6,425	15,144	17,482	17,482	17,482
2001	PROFESSIONAL FEES AND SERVICES	3,886,560	9,961,798	5,120,615	3,269,440	3,334,829
2003	CONSUMABLE SUPPLIES	352	3,605	3,619	3,619	3,619
2004	UTILITIES	1,676	2,679	2,676	2,676	2,676
2005	TRAVEL	2,927	3,500	3,500	3,500	3,500
2006	RENT - BUILDING	300	1,831	1,824	1,824	1,824
2009	OTHER OPERATING EXPENSE	177,801,500	242,808,810	242,785,748	100,078,417	100,078,417
<b>Total, Objects of Expense</b>		<b>\$ 181,953,377</b>	<b>\$ 253,292,983</b>	<b>\$ 248,511,736</b>	<b>\$ 103,953,230</b>	<b>\$ 104,018,619</b>
	<b>Method of Financing:</b>					
0758	GR Match for Medicaid	411,782	1,188,228	729,080	541,346	547,885
0369	Federal American Recovery and Reinvestment Fund	-	-	-	-	-
	93.778.014 Medicaid - Stimulus	181,489,994	251,945,947	247,600,127	103,229,355	103,288,205
0555	Federal Funds	-	-	-	-	-
	93.778.003 XIX 50%	51,601	158,808	182,529	182,529	182,529
	93.796.000 State Survey And Certific	-	-	-	-	-
<b>Total, Method of Financing</b>		<b>\$ 181,953,377</b>	<b>\$ 253,292,983</b>	<b>\$ 248,511,736</b>	<b>\$ 103,953,230</b>	<b>\$ 104,018,619</b>
<b>Number of Positions (FTE)</b>		<b>2.8</b>	<b>8.4</b>	<b>9.0</b>	<b>9.0</b>	<b>9.0</b>
<b>Sub-strategy Description and Justification:</b>						
House Bill 1218, 81st Legislature, Regular Session, 2009 directed HHSC to develop a Medicaid electronic health information system to support improved quality of care by giving providers access to more information about their Medicaid patients via claims-based health histories. At the federal level, significant new Health Information Technology (HIT) policy was established through the American Recovery and Reinvestment Act (ARRA) of 2009 that includes the disbursement of incentive funds to eligible hospitals and providers for adopting, implementing, and upgrading certified electronic health record (EHR) technology and for achievement of meaningful use of those systems. Additionally, funds supported an e-prescribing project that enables providers and hospitals to access Medicaid client prescription histories through EHR systems.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
Funding reductions from the Federal sources as well as a decrease in the number of hospitals and providers serving the Medicaid population could impact the effectiveness of electronic health information systems. Program and policy changes could also have an impact.						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-03-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 03 Medicaid Support						
<b>STRATEGY:</b> 01 Medicaid Contracts and Administration						
<b>SUB-STRATEGY:</b> 06 Other						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
	<b>Objects of Expense:</b>					
1001	SALARIES AND WAGES	27,731,050	34,455,194	35,544,916	35,337,558	35,337,558
1002	OTHER PERSONNEL COSTS	1,033,636	872,589	998,653	699,968	699,968
2001	PROFESSIONAL FEES AND SERVICES	47,772,438	43,806,041	39,844,598	30,165,905	28,003,113
2002	FUELS AND LUBRICANTS	7,747	9,523	9,423	9,423	9,423
2003	CONSUMABLE SUPPLIES	221,131	428,266	384,330	330,218	330,218
2004	UTILITIES	1,889,038	2,125,540	1,811,404	1,426,936	1,426,936
2005	TRAVEL	412,958	376,679	455,068	455,172	455,172
2006	RENT - BUILDING	2,983,005	3,602,489	3,797,662	3,459,322	3,459,322
2007	RENT - MACHINE AND OTHER	798,434	848,657	952,630	442,726	442,726
2009	OTHER OPERATING EXPENSE	4,068,654	7,783,595	8,271,582	10,096,000	10,096,000
4000	GRANTS	-	984,804	980,000	980,000	980,000
5000	CAPITAL EXPENDITURES	19,892	7,127	4,278	-	-
<b>Total, Objects of Expense</b>		<b>\$ 86,937,983</b>	<b>\$ 95,300,504</b>	<b>\$ 93,054,544</b>	<b>\$ 83,403,228</b>	<b>\$ 81,240,436</b>
	<b>Method of Financing:</b>					
0001	General Revenue Fund	53,763	364,379	131,609	131,609	131,609
0758	GR Match for Medicaid	40,411,923	40,252,398	43,904,291	39,297,085	39,036,581
0369	Federal American Recovery and Reinvestment Fund	-	-	-	-	-
	93.778.014 Medicaid - Stimulus	10,963	-	-	-	-
0555	Federal Funds	-	-	-	-	-
	93.256.000 Planning Hlth Care Access-Uninsured	34,583	-	-	-	-
	93.536.000 ACA-MedICAID Prev of Chronic Disease	2,175,678	3,660,564	11,697	-	-
	93.624.000 ACA - Funding for Model Design and Model Testing Asst.	732,837	593,983	-	-	-
	93.778.000 XIX FMAP	367	-	-	-	-
	93.778.003 XIX 50%	29,788,289	31,917,145	36,367,949	32,645,861	32,645,862
	93.778.004 XIX ADMIN @ 75%	12,909,122	14,375,211	12,450,458	9,609,836	9,388,706
	93.778.005 XIX FMAP @ 90%	3,359,100	4,098,736	150,862	1,681,159	-
	93.778.007 XIX ADM @ 100	(2,634,561)	-	-	-	-
0777	Interagency Contracts	95,919	38,088	37,678	37,678	37,678
<b>Total, Method of Financing</b>		<b>\$ 86,937,983</b>	<b>\$ 95,300,504</b>	<b>\$ 93,054,544</b>	<b>\$ 83,403,228</b>	<b>\$ 81,240,436</b>
<b>Number of Positions (FTE)</b>		<b>604.9</b>	<b>779.7</b>	<b>725.8</b>	<b>725.8</b>	<b>725.8</b>
<b>Sub-strategy Description and Justification:</b>						

This sub-strategy represents other departments in the 2.3.1., Medicaid Contracts and Administration strategy that are not a part of a specific sub-strategy. This includes general administrative cost for the Medicaid program, such as administrative salaries, travel, supplies, the agency's cost pool expenses that are allocated to supporting the Medicaid program, and other contracted support that is not associated with the claims administrator, such as the quality monitoring.

**External/Internal Factors Impacting Sub-strategy:**

External and internal factors impacting Other Medicaid Contracts and Administration services include: 1) increase in population impacting the number of eligible Medicaid Clients; 2) changes in caseload; 3) changes to Federal and/or State regulations and statutes; 4) re-procurement of contract services; 5) contract management and monitoring staffing needs; and 6) new contract amendments necessary to implement legislative mandates.

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-03-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 03 Medicaid Support						
<b>STRATEGY:</b> 01 Medicaid Contracts and Administration						
<b>SUB-STRATEGY:</b> 07 DSH Transitional Payments (On-Budget)						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
3001	<b>Objects of Expense:</b> CLIENT SERVICES	304,739,779	387,784,779	334,128,878	-	-
	<b>Total, Objects of Expense</b>	<b>\$ 304,739,779</b>	<b>\$ 387,784,779</b>	<b>\$ 334,128,878</b>	<b>\$ -</b>	<b>\$ -</b>
0555	<b>Method of Financing:</b> Federal Funds					
	93.778.000 XIX FMAP	180,710,688	227,784,779	194,128,878	-	-
	93.778.003 XIX 50%	-			-	-
0777	Interagency Contracts	124,029,091	160,000,000	140,000,000	-	-
<b>Total, Method of Financing</b>		<b>\$ 304,739,779</b>	<b>\$ 387,784,779</b>	<b>\$ 334,128,878</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The Omnibus Budget Reconciliation Act (OBRA) of 1981 authorized the federal government to allocate additional funds to states for the purpose of making supplemental Medicaid payments to hospitals that "serve a disproportionate number of low-income patients with special needs." The federal government establishes each state's allotment of DSH funds each year. Texas established its DSH program in 1986 and the non-federal share of the program has been funded since its inception largely with intergovernmental transfers (IGTs) from local hospital districts (transferring entities). Transferring entities voluntarily transfer funds to support DSH and cannot be compelled to make such transfer under state law. For SFY 2013-2015, the Legislature appropriated GR funds from the DSHS Trauma Fund to provide additional funding for the DSH program.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						

### 3.D. Sub-strategy Request

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 02-03-01		
<b>AGENCY GOAL:</b> 02 Medicaid						
<b>OBJECTIVE:</b> 03 Medicaid Support						
<b>STRATEGY:</b> 01 Medicaid Contracts and Administration						
<b>SUB-STRATEGY:</b> 08 Client Benefit Related Payments						
Code	Sub-strategy Request	Expended 2013	Estimated 2014	Budgeted 2015	Requested	
					2016	2017
2001 4000	<b>Objects of Expense:</b>					
	PROFESSIONAL FEES AND SERVICES	136,932	23,631,692	26,816,269	26,816,269	26,816,269
	GRANTS	-	21,500,000	22,328,270	25,300,000	25,300,000
	<b>Total, Objects of Expense</b>	<b>\$ 136,932</b>	<b>\$ 45,131,692</b>	<b>\$ 49,144,539</b>	<b>\$ 52,116,269</b>	<b>\$ 52,116,269</b>
0001 0758	<b>Method of Financing:</b>					
	General Revenue Fund	136,932	-	-	-	-
	GR Match for Medicaid	-	45,131,692	49,144,539	52,116,269	52,116,269
	<b>Total, Method of Financing</b>	<b>\$ 136,932</b>	<b>\$ 45,131,692</b>	<b>\$ 49,144,539</b>	<b>\$ 52,116,269</b>	<b>\$ 52,116,269</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>This sub-strategy reflects the general revenue for administrative payments made to other state agencies providing client services for Medicaid clients as well as incentive payments.</p> <ul style="list-style-type: none"> <li>- NorthSTAR - DSHS to operate the behavioral health Medicaid managed care waiver program on behalf of HHSC</li> <li>- Texas Health Steps - DSHS to administer the Texas Health Steps Medicaid, Texas Health Steps Dental, and Medicaid Family Planning programs to help pay the direct Medicaid services and clinic infrastructure to provide family planning to low-income Texans</li> <li>- YES Waiver - DSHS to oversee the Youth Empowerment Services (YES) Medicaid waiver program to prevent institutionalization of children and adolescents with severe emotional disturbance [included in fiscal year 2013 only]</li> <li>- Money Follows the Person - DADS for the day to day operation to provide financial incentives to move individuals from institutions to community settings, with the general revenue being funded from enhanced FMAP for client services costs</li> <li>- Incentive payments to the Attorney General's Office for monitoring and reviewing medical support provisions of child support orders</li> </ul>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<p>External and internal factors impacting Other Medicaid Contracts and Administration services include: 1) increase in population impacting the number of eligible Medicaid Clients; 2) changes in caseload; 3) changes to Federal and/or State regulations and statutes; 4) costs of implementing technical system and business operation changes; 5) re-procurement of contract services; 6) contract management and monitoring staffing needs; and 7) new contract amendments necessary to implement legislative mandates.</p>						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b>	<b>Agency Name:</b>	<b>Prepared By:</b>	<b>Statewide Goal Code:</b>	<b>Strategy Code:</b>		
529	Health and Human Services	Dorothy Sinclair	3	04-01-01		
<b>AGENCY GOAL:</b> 04 Encourage Self Sufficiency						
<b>OBJECTIVE:</b> 01 Assistance Services						
<b>STRATEGY:</b> 01 TANF Cash Assistance						
<b>SUB-STRATEGY SUMMARY</b>						
Code	Sub-strategy Requests	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
01	TANF Capped Entitlement Services	76,626,211	67,355,789	63,123,714	65,968,283	67,285,773
02	TANF State Program	3,562,302	3,030,797	2,851,195	2,857,875	2,914,952
03	TANF One-time Payments	2,644,000	2,006,000	1,787,000	1,753,000	1,719,000
04	TANF One-time \$30 Payments	2,241,630	1,880,970	1,899,060	1,936,980	1,975,680
05	One-time Grandparents Grant	658,000	577,000	544,000	569,000	592,000
<b>Total, Sub-strategies</b>		<b>\$ 85,732,143</b>	<b>\$ 74,850,556</b>	<b>\$ 70,204,968</b>	<b>\$ 73,085,139</b>	<b>\$ 74,487,405</b>

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 04-01-01		
<b>AGENCY GOAL:</b> 04 Encourage Self Sufficiency						
<b>OBJECTIVE:</b> 01 Assistance Services						
<b>STRATEGY:</b> 01 TANF Cash Assistance						
<b>SUB-STRATEGY:</b> 01 TANF Capped Entitlement Services						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b>					
	Client Services	76,626,211	67,355,789	63,123,714	65,968,283	67,285,773
	<b>Total, Objects of Expense</b>	<b>\$ 76,626,211</b>	<b>\$ 67,355,789</b>	<b>\$ 63,123,714</b>	<b>\$ 65,968,283</b>	<b>\$ 67,285,773</b>
	<b>Method of Financing:</b>					
0759	GR MOE for Temporary Assistance for Needy Families	62,851,931	62,851,931	62,851,931	62,851,931	62,851,931
0555	Federal Funds					
	93.558.000 Temporary AssistNeedy Families	13,774,280	4,503,858	271,783	3,116,352	4,433,842
	<b>Total, Method of Financing</b>	<b>\$ 76,626,211</b>	<b>\$ 67,355,789</b>	<b>\$ 63,123,714</b>	<b>\$ 65,968,283</b>	<b>\$ 67,285,773</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 04-01-01		
<b>AGENCY GOAL:</b> 04 Encourage Self Sufficiency						
<b>OBJECTIVE:</b> 01 Assistance Services						
<b>STRATEGY:</b> 01 TANF Cash Assistance						
<b>SUB-STRATEGY:</b> 01 TANF Capped Entitlement Services						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
<b>Sub-strategy Description and Justification:</b>						
<p>The TANF Basic Assistance program provides financial assistance to needy families with children who are deprived of parental support because of the absence or disability of one or both parents. TANF is an employment focused, time limited assistance program that provides families with monthly cash assistance for ongoing needs such as food, shelter, and clothing. The 2014-15 General Appropriations Act (Article II, HHSC, Rider 25, S.B. 1, 83rd Legislature, 2013) establishes the maximum monthly payment amount at 17% of the Federal Poverty Level. The purpose of the program is to provide temporary financial assistance to needy dependent children and the parents or relatives with whom they are living. The program meets TANF Purpose 1 by providing assistance to needy families so children may be cared for in their own homes or in the homes of relatives. TANF is a block grant program to help move recipients into work by providing temporary assistance.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<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 Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 04-01-01		
<b>AGENCY GOAL:</b> 04 Encourage Self Sufficiency						
<b>OBJECTIVE:</b> 01 Assistance Services						
<b>STRATEGY:</b> 01 TANF Cash Assistance						
<b>SUB-STRATEGY:</b> 02 TANF State Program						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> Client Services	3,562,302	3,030,797	2,851,195	2,857,875	2,914,952
	<b>Total, Objects of Expense</b>	<b>\$ 3,562,302</b>	<b>\$ 3,030,797</b>	<b>\$ 2,851,195</b>	<b>\$ 2,857,875</b>	<b>\$ 2,914,952</b>
0001	<b>Method of Financing:</b> General Revenue Fund	3,562,302	3,030,797	2,851,195	2,857,875	2,914,952
	<b>Total, Method of Financing</b>	<b>\$ 3,562,302</b>	<b>\$ 3,030,797</b>	<b>\$ 2,851,195</b>	<b>\$ 2,857,875</b>	<b>\$ 2,914,952</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>The TANF State Program provides financial assistance to low-income families with children in which there are two work-eligible adults on the case. During the 80th Texas legislative session (2007), the two-parent separate state program was funded with state general revenue instead of TANF maintenance of effort (MOE) funds. The TANF two-parent population represents approximately 4 percent of the total TANF caseload.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
<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 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 Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 04-01-01		
<b>AGENCY GOAL:</b> 04 Encourage Self Sufficiency						
<b>OBJECTIVE:</b> 01 Assistance Services						
<b>STRATEGY:</b> 01 TANF Cash Assistance						
<b>SUB-STRATEGY:</b> 03 TANF One-time Payments						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> Client Services	2,644,000	2,006,000	1,787,000	1,753,000	1,719,000
	<b>Total, Objects of Expense</b>	<b>\$ 2,644,000</b>	<b>\$ 2,006,000</b>	<b>\$ 1,787,000</b>	<b>\$ 1,753,000</b>	<b>\$ 1,719,000</b>
0555	<b>Method of Financing:</b> Federal Funds					
	93.558.000 Temporary AssistNeedy Families	2,644,000	2,006,000	1,787,000	1,753,000	1,719,000
	<b>Total, Method of Financing</b>	<b>\$ 2,644,000</b>	<b>\$ 2,006,000</b>	<b>\$ 1,787,000</b>	<b>\$ 1,753,000</b>	<b>\$ 1,719,000</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
The TANF one-time grant benefit payment provides assistance to families in certain crises who are eligible for TANF cash assistance benefits and choose to receive a one-time cash grant of \$1,000 in lieu of regular ongoing TANF cash assistance benefits. The family is eligible for 12 months from again receiving TANF cash assistance. The supplemental payment is not to exceed \$1,000 and is to help solve a short-term crisis and divert households from receiving ongoing TANF benefits.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 04-01-01		
<b>AGENCY GOAL:</b> 04 Encourage Self Sufficiency						
<b>OBJECTIVE:</b> 01 Assistance Services						
<b>STRATEGY:</b> 01 TANF Cash Assistance						
<b>SUB-STRATEGY:</b> 04 TANF One-time \$30 Payments						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> Client Services	2,241,630	1,880,970	1,899,060	1,936,980	1,975,680
	<b>Total, Objects of Expense</b>	<b>\$ 2,241,630</b>	<b>\$ 1,880,970</b>	<b>\$ 1,899,060</b>	<b>\$ 1,936,980</b>	<b>\$ 1,975,680</b>
0555	<b>Method of Financing:</b> Federal Funds					
	93.558.000 Temporary AssistNeedy Families	2,241,630	1,880,970	1,899,060	1,936,980	1,975,680
	<b>Total, Method of Financing</b>	<b>\$ 2,241,630</b>	<b>\$ 1,880,970</b>	<b>\$ 1,899,060</b>	<b>\$ 1,936,980</b>	<b>\$ 1,975,680</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
The 2014-15 General Appropriations Act (Article II, HHSC, Rider 25, S.B. 1, 83rd Legislature, 2013) the Health and Human Service Commission to provide a one-time per year grant of \$30 for each TANF child on August 1st of each year.						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing TANF and the extent to which the cash assistance payment meets the basic cost of living.						

### 3.D. Sub-strategy Summary

<b>Agency Code:</b> 529	<b>Agency Name:</b> Health and Human Services	<b>Prepared By:</b> Dorothy Sinclair	<b>Statewide Goal Code:</b> 3	<b>Strategy Code:</b> 04-01-01		
<b>AGENCY GOAL:</b> 04 Encourage Self Sufficiency						
<b>OBJECTIVE:</b> 01 Assistance Services						
<b>STRATEGY:</b> 01 TANF Cash Assistance						
<b>SUB-STRATEGY:</b> 05 One-time Grandparents Grant						
Code	Sub-strategy Request	Expended	Estimated	Budgeted	Requested	
		2013	2014	2015	2016	2017
3001	<b>Objects of Expense:</b> Client Services	658,000	577,000	544,000	569,000	592,000
	<b>Total, Objects of Expense</b>	<b>\$ 658,000</b>	<b>\$ 577,000</b>	<b>\$ 544,000</b>	<b>\$ 569,000</b>	<b>\$ 592,000</b>
0555	<b>Method of Financing:</b> Federal Funds					
	93.558.000 Temporary AssistNeedy Families	658,000	577,000	544,000	569,000	592,000
	<b>Total, Method of Financing</b>	<b>\$ 658,000</b>	<b>\$ 577,000</b>	<b>\$ 544,000</b>	<b>\$ 569,000</b>	<b>\$ 592,000</b>
<b>Number of Positions (FTE)</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Sub-strategy Description and Justification:</b>						
<p>A qualifying grandparent who is the primary caretaker for one or more grandchildren may receive a one-time, lifetime grandparent supplement payment to help cover the cost of caring for a grandchild. Once a grandparent receives a one-time grandparent supplement payment, the grandparent is not eligible to receive the payment for other grandchildren who may move into the home at a later time. Additionally, another grandparent cannot receive the grandparent payment for a grandchild who has already received the payment.</p> <p>The supplemental payment is not to exceed \$1,000 and is intended to help the grandparents with initial costs.</p>						
<b>External/Internal Factors Impacting Sub-strategy:</b>						
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						