

Strategy Request

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
1	Number of Rates Determined Annually	63.00	63.00	63.00	63.00	63.00
2	Number of Guardianship and MMP Grants	10.00	0.00	0.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$18,749,976	\$18,034,815	\$18,619,169	\$18,076,178	\$18,055,920
1002	OTHER PERSONNEL COSTS	\$708,618	\$580,903	\$651,190	\$589,167	\$586,667
2001	PROFESSIONAL FEES AND SERVICES	\$9,882,080	\$13,424,172	\$16,141,671	\$11,207,744	\$11,026,561
2002	FUELS AND LUBRICANTS	\$4,319	\$4,153	\$8,428	\$6,294	\$6,294
2003	CONSUMABLE SUPPLIES	\$84,877	\$88,354	\$245,788	\$167,219	\$167,219
2004	UTILITIES	\$456,344	\$509,243	\$973,104	\$742,482	\$741,582
2005	TRAVEL	\$160,403	\$437,583	\$358,376	\$363,732	\$363,732
2006	RENT - BUILDING	\$896,664	\$32,110	\$1,842,226	\$932,141	\$932,141
2007	RENT - MACHINE AND OTHER	\$344,008	\$221,448	\$532,582	\$376,137	\$376,176
2009	OTHER OPERATING EXPENSE	\$1,414,395	\$2,222,319	\$3,159,005	\$1,458,598	\$1,447,625
4000	GRANTS	\$11,674,180	\$20,042,917	\$18,225,392	\$11,750,670	\$11,716,436
5000	CAPITAL EXPENDITURES	\$61,620	\$68,958	\$68,958	\$68,958	\$68,958
TOTAL, OBJECT OF EXPENSE		\$44,437,484	\$55,666,975	\$60,825,889	\$45,739,320	\$45,489,311

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STRATEGY:	1	Enterprise Oversight and Policy	Service:	30	Income: A.2
					Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Method of Financing:						
1	General Revenue Fund	\$11,158,203	\$9,080,811	\$7,989,851	\$8,532,695	\$8,539,475
758	GR Match For Medicaid	\$4,366,133	\$3,654,793	\$4,154,456	\$3,947,264	\$3,947,142
8010	GR Match For Title XXI	\$66,246	\$72,364	\$77,607	\$74,976	\$74,974
8014	GR Match Food Stamp Adm	\$2,310,105	\$2,015,647	\$2,416,310	\$2,248,043	\$2,241,598
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$17,900,687	\$14,823,615	\$14,638,224	\$14,802,978	\$14,803,189
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.719.000 St Grants_Hlth Info Tech - Stimulus	\$5,377,982	\$11,183,523	\$10,222,979	\$249,715	\$0
CFDA Subtotal, Fund	369	\$5,377,982	\$11,183,523	\$10,222,979	\$249,715	\$0
555	Federal Funds					
	00.000.001 Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
	10.561.000 St Admin Match Food Stamp	\$2,310,106	\$2,009,286	\$2,416,322	\$2,241,689	\$2,241,605
	93.104.000 Comprehensive Community M	\$0	\$758,634	\$300,000	\$0	\$0
	93.110.000 Maternal and Child Health	\$76,207	\$105,568	\$105,568	\$0	\$0
	93.234.000 TRAUMATIC BRAIN INJURY	\$174,377	\$250,818	\$250,697	\$0	\$0
	93.243.000 Project Reg. & Natl Significance	\$0	\$3,083	\$0	\$0	\$0
	93.505.000 ACA Home Visiting Program	\$775,126	\$6,594,443	\$10,483,330	\$10,483,330	\$10,483,330

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STRATEGY:	1	Enterprise Oversight and Policy	Service:	30	
			Income:	A.2	
			Age:	B.3	

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
93.505.001	ACA Hm Visitation Grnt-Competitive	\$0	\$3,300,000	\$3,300,000	\$0	\$0
93.558.000	Temp AssistNeedy Families	\$3,736,962	\$3,639,414	\$3,659,119	\$3,656,163	\$3,656,144
93.566.000	Refugee and Entrant Assis	\$4,966	\$4,246	\$5,341	\$4,854	\$4,854
93.643.000	Children s Justice Grants	\$30,933	\$10,337	\$0	\$0	\$0
93.667.000	Social Svcs Block Grants	\$67,160	\$57,033	\$65,292	\$61,798	\$61,787
93.767.000	CHIP	\$172,522	\$175,176	\$188,573	\$181,893	\$181,887
93.778.003	XIX 50%	\$4,387,353	\$3,656,144	\$4,160,907	\$3,951,157	\$3,951,050
CFDA Subtotal, Fund	555	\$11,735,712	\$20,564,182	\$24,935,149	\$20,580,884	\$20,580,657
SUBTOTAL, MOF (FEDERAL FUNDS)		\$17,113,694	\$31,747,705	\$35,158,128	\$20,830,599	\$20,580,657
Method of Financing:						
666	Appropriated Receipts	\$275,440	\$300,637	\$73,169	\$141,212	\$141,211
777	Interagency Contracts	\$9,147,663	\$8,795,018	\$10,956,368	\$9,964,531	\$9,964,254
SUBTOTAL, MOF (OTHER FUNDS)		\$9,423,103	\$9,095,655	\$11,029,537	\$10,105,743	\$10,105,465
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$45,739,320	\$45,489,311
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$44,437,484	\$55,666,975	\$60,825,889	\$45,739,320	\$45,489,311
FULL TIME EQUIVALENT POSITIONS:		308.1	295.1	305.1	300.1	300.1

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OBJECTIVE:	1	Enterprise Oversight and Policy	Service Categories:		
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CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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STRATEGY DESCRIPTION AND JUSTIFICATION:

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

In addition, HHSC continues its effort to implement several interagency projects involved in services integration, including: Community Resource Coordination Groups (CRCG) for children and adults; Family-based Alternatives; Early Childhood Coordination; Guardianship Alliance of Texas; Long-Term Care Insurance Partnership; Texas Office for the Prevention of Developmental Disabilities; Office of Acquired Brain Injury; Promoting Independence Initiatives; and coordination of HHS services in East Texas and in colonias along the Texas-Mexico border. Other grant programs also include the Home Visiting Program, the Nurse Family Partnership, the Umbilical Cord Blood Bank, and health information network development. The federal funding for the health information network grants end September 2013 and represents the majority of the decline in funding from FY 2013 to FY 2014.

Legal Base: Chapter 531.055, Government Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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A key external factor is change to federal and state health policy, such as those required by the Affordable Care Act. 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.

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.

The primary internal factor impacting this strategy is the challenge and opportunity to provide services more efficiently through such means as increasing the scope of health-care services delivered through Medicaid managed care and to implement transformational policies to improve quality of care for Medicaid clients. These types of initiatives often require changes to HHS enterprise staffing, functions, services, and providers, thereby impacting this strategy. Functions within this strategy focus on balancing oversight and operations, streamlining administrative services, and strengthening analytical and forecasting support for major decisions with financial significance.

The funding for the Guardianship program was eliminated during the 2012-13 biennium.

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GOAL: 1 HHS Enterprise Oversight and Policy Statewide Goal/Benchmark: 3 10
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Integrated Eligibility and Enrollment (IEE) Service: 08 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average Monthly Number of Eligibility Determinations	816,326.00	864,442.00	882,717.00	900,191.00	919,629.00
2	Avg Number of Eligibility Determinations Per Staff Person Per Month	142.00	147.00	148.00	148.00	148.00
3	Average Number of Recipients Per Month: SNAP	4,281,492.00	4,207,406.00	4,127,207.00	4,176,501.00	4,259,749.00
4	Average Number of Healthy Marriage Grants Awarded	20.00	0.00	0.00	0.00	0.00
Efficiency Measures:						
KEY 1	Average Cost Per Eligibility Determination	48.41	49.82	49.97	48.04	47.03
2	Accuracy Rate of Benefits Issued: TANF	94.40	96.39	95.00	95.00	95.00
3	Accuracy Rate of Benefits Issued: SNAP	96.52	96.52	96.00	96.00	96.00
4	Percent of Eligibility Decisions Completed on Time	94.57 %	96.19 %	95.00 %	95.00 %	95.00 %
5	Average Cost Per Healthy Marriage Grant	188,780.80	0.00	0.00	0.00	0.00
Explanatory/Input Measures:						
1	% Poverty Met by TANF, SNAP, and Medicaid Benefits	76.30 %	75.50 %	74.29 %	73.58 %	72.56 %
KEY 2	Total Value of SNAP Benefits Distributed	6,173,290,120.00	6,039,148,408.00	5,907,921,510.00	5,451,902,214.00	5,799,546,090.00
3	Percent of Potential Eligible Population Receiving SNAP Benefits	67.52 %	66.30 %	63.80 %	63.30 %	63.30 %

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GOAL: 1 HHS Enterprise Oversight and Policy Statewide Goal/Benchmark: 3 10
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Integrated Eligibility and Enrollment (IEE) Service: 08 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
	4 Percent Potential Eligible Population Receiving CPW Medicaid	67.79 %	81.10 %	80.60 %	84.50 %	88.60 %
	5 Percent of Direct Delivery Staff with Less than One Year	26.40 %	17.91 %	17.75 %	16.00 %	14.75 %
Objects of Expense:						
1001	SALARIES AND WAGES	\$327,450,708	\$333,471,760	\$327,583,173	\$326,639,797	\$326,639,797
1002	OTHER PERSONNEL COSTS	\$12,436,762	\$11,561,953	\$11,496,126	\$7,402,217	\$7,402,217
2001	PROFESSIONAL FEES AND SERVICES	\$202,307,103	\$247,465,893	\$265,142,990	\$265,523,155	\$265,529,660
2002	FUELS AND LUBRICANTS	\$76,294	\$77,186	\$63,767	\$70,477	\$70,477
2003	CONSUMABLE SUPPLIES	\$3,858,408	\$4,662,845	\$4,487,351	\$4,578,938	\$4,578,938
2004	UTILITIES	\$26,971,755	\$28,336,365	\$27,271,836	\$27,891,703	\$27,891,077
2005	TRAVEL	\$14,191,296	\$12,808,550	\$12,219,598	\$12,637,091	\$12,637,091
2006	RENT - BUILDING	\$26,493,478	\$28,760,025	\$28,778,162	\$28,769,448	\$28,769,448
2007	RENT - MACHINE AND OTHER	\$15,268,175	\$10,550,743	\$10,516,403	\$10,563,332	\$10,503,812
2009	OTHER OPERATING EXPENSE	\$72,151,399	\$79,549,353	\$78,112,725	\$76,583,066	\$76,582,370
4000	GRANTS	\$3,334,860	\$67,395	\$0	\$3,545	\$3,545
5000	CAPITAL EXPENDITURES	\$9,405,477	\$1,812,269	\$1,812,269	\$1,812,270	\$1,812,270
TOTAL, OBJECT OF EXPENSE		\$713,945,715	\$759,124,337	\$767,484,400	\$762,475,039	\$762,420,702

Method of Financing:

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GOAL: 1 HHS Enterprise Oversight and Policy Statewide Goal/Benchmark: 3 10
 OBJECTIVE: 1 Enterprise Oversight and Policy Service Categories:
 STRATEGY: 2 Integrated Eligibility and Enrollment (IEE) Service: 08 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
1	General Revenue Fund	\$4,980,614	\$1,214,682	\$3,119,336	\$3,281,796	\$3,294,102
758	GR Match For Medicaid	\$130,967,868	\$174,228,867	\$173,679,521	\$174,141,537	\$173,519,356
8010	GR Match For Title XXI	\$12,264,594	\$13,260,177	\$13,940,609	\$13,944,808	\$13,945,665
8014	GR Match Food Stamp Adm	\$165,181,982	\$154,501,420	\$155,970,126	\$154,297,677	\$153,630,223
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$313,395,058	\$343,205,146	\$346,709,592	\$345,665,818	\$344,389,346

Method of Financing:

369	Fed Recovery & Reinvestment Fund					
	93.710.000 CommunitySrvcs Blk Grant - Stimulus	\$392,878	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$392,878	\$0	\$0	\$0	\$0
555	Federal Funds					
	00.000.001 Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
	10.551.000 Food Stamps	\$1,214	\$1,859	\$0	\$0	\$0
	10.561.000 St Admin Match Food Stamp	\$186,120,037	\$160,979,952	\$164,931,849	\$160,756,467	\$162,573,987
	10.580.000 SNAP:Customer Mgmt Flow Sys Dplymnt	\$110,523	\$0	\$0	\$0	\$0
	93.086.000 Hlthy Marriage & Fatherhood Grants	\$720,788	\$60,305	\$0	\$0	\$0
	93.558.000 Temp AssistNeedy Families	\$24,180,381	\$25,259,425	\$25,314,073	\$24,832,219	\$24,823,406
	93.566.000 Refugee and Entrant Assis	\$464,776	\$2,770,477	\$2,691,119	\$2,743,911	\$2,743,741
	93.667.000 Social Svcs Block Grants	\$42	\$0	\$0	\$0	\$0

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GOAL:	1	HHS Enterprise Oversight and Policy	Statewide Goal/Benchmark:	3	10
OBJECTIVE:	1	Enterprise Oversight and Policy	Service Categories:		
STRATEGY:	2	Integrated Eligibility and Enrollment (IEE)	Service: 08	Income: A.1	Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
93.767.000	CHIP	\$31,850,597	\$32,090,851	\$33,711,385	\$33,734,038	\$33,735,805
93.778.003	XIX 50%	\$138,292,009	\$183,313,245	\$183,090,393	\$183,910,735	\$183,288,532
93.778.004	XIX ADM @ 75%	\$544,561	\$540,562	\$119,921	\$0	\$0
93.778.005	XIX FMAP @ 90%	\$21,522	\$24,863	\$5,515	\$0	\$0
93.778.007	XIX ADM @ 100	\$24,175	\$92,362	\$125,447	\$91,755	\$125,789
97.073.000	St. Homeland Security Program	\$0	\$180,000	\$180,000	\$180,000	\$180,000
CFDA Subtotal, Fund	555	\$382,330,625	\$405,313,901	\$410,169,702	\$406,249,125	\$407,471,260
SUBTOTAL, MOF (FEDERAL FUNDS)		\$382,723,503	\$405,313,901	\$410,169,702	\$406,249,125	\$407,471,260
Method of Financing:						
666	Appropriated Receipts	\$8,875,067	\$9,303,816	\$9,463,428	\$9,463,428	\$9,463,428
777	Interagency Contracts	\$8,952,087	\$1,301,474	\$1,141,678	\$1,096,668	\$1,096,668
SUBTOTAL, MOF (OTHER FUNDS)		\$17,827,154	\$10,605,290	\$10,605,106	\$10,560,096	\$10,560,096
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$762,475,039	\$762,420,702
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$713,945,715	\$759,124,337	\$767,484,400	\$762,475,039	\$762,420,702
FULL TIME EQUIVALENT POSITIONS:		9,226.4	9,263.8	9,181.2	9,307.7	9,307.7

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GOAL:	1	HHS Enterprise Oversight and Policy	Statewide Goal/Benchmark:	3	10
OBJECTIVE:	1	Enterprise Oversight and Policy	Service Categories:		
STRATEGY:	2	Integrated Eligibility and Enrollment (IEE)	Service: 08	Income: A.1	Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Integrated Eligibility and Enrollment strategy (IEE) encompasses multiple channels to apply for benefits (including face-to-face, fax, internet and telephone); eligibility determination for Temporary Assistance for Needy Families (TANF) cash assistance; Supplemental Nutrition Assistance Program (SNAP); Medicaid, CHIP and Refugee services; Electronic Benefits Transfer (EBT) for TANF and SNAP; outreach and application assistance; nutrition education; maintenance for Texas Integrated Eligibility Redesign System (TIERS) and other supporting eligibility technologies; and policy, training, oversight, and quality assurance/quality control. Other strategy programs include 2-1-1 Texas Information Referral Network (TIRN); ombudsman services; and the “Twogether in Texas” Healthy Marriage programs.

Eligibility determination continues to be modernized to maximize the use of self-service options, web-based automation, document imaging and electronic case files, shared work flow between local benefit offices, and contracted support of eligibility and enrollment functions.

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

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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GOAL:	1	HHS Enterprise Oversight and Policy	Statewide Goal/Benchmark:	3	10
OBJECTIVE:	1	Enterprise Oversight and Policy	Service Categories:		
STRATEGY:	2	Integrated Eligibility and Enrollment (IEE)	Service: 08	Income: A.1	Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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External factors affecting eligibility and enrollment include 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipts of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted 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. For example, the average SNAP payment per case each month has been declining for the past couple of years.

Many of the expenditures of contracted support functions, such as EBT, are derived by a unit cost of transactions or number of clients, which are caseload driven.

Internal factors affecting eligibility and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.

Costs for FY 2014-15 reflect reallocation of direct & indirect costs associated with a reorganization of HHSC's Information Technology Division which increases costs in this strategy compared to FY 2012-13.

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
1	#Minority Health Initiatives Implemented to Address Dispro&Disparities	8.00	7.00	3.00	4.00	4.00
Efficiency Measures:						
1	Percent of Informal Dispute Resolutions Completed Within Timeframes	100.00 %	100.00 %	95.00 %	95.00 %	95.00 %
2	Average Cost Per Minority Health Initiative Developed	19,000.00	19,286.00	36,667.00	19,000.00	19,000.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$29,483,198	\$33,158,608	\$33,764,244	\$33,267,173	\$33,267,173
1002	OTHER PERSONNEL COSTS	\$1,363,766	\$1,430,739	\$1,200,236	\$1,300,247	\$1,300,247
2001	PROFESSIONAL FEES AND SERVICES	\$52,056,014	\$68,098,230	\$57,845,535	\$65,902,412	\$57,196,135
2002	FUELS AND LUBRICANTS	\$87,963	\$153,822	\$146,174	\$150,015	\$150,015
2003	CONSUMABLE SUPPLIES	\$191,306	\$415,753	\$502,460	\$244,477	\$584,583
2004	UTILITIES	\$10,974,023	\$1,969,995	\$1,077,555	\$1,570,905	\$1,560,263
2005	TRAVEL	\$342,349	\$467,758	\$582,463	\$547,051	\$547,051
2006	RENT - BUILDING	\$1,950,482	\$3,186,949	\$545,948	\$1,866,010	\$1,866,010
2007	RENT - MACHINE AND OTHER	\$5,345,674	\$889,867	\$464,329	\$783,153	\$784,097
2009	OTHER OPERATING EXPENSE	\$10,803,125	\$14,512,373	\$13,795,048	\$13,745,141	\$14,693,384

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
3002	FOOD FOR PERSONS - WARDS OF STATE	\$5,401,056	\$5,726,400	\$5,927,324	\$5,826,862	\$5,826,862
4000	GRANTS	\$152,001	\$0	\$45,002	\$0	\$0
5000	CAPITAL EXPENDITURES	\$4,117,562	\$5,618,737	\$2,258,735	\$154,519	\$154,519
TOTAL, OBJECT OF EXPENSE		\$122,268,519	\$135,629,231	\$118,155,053	\$125,357,965	\$117,930,339

Method of Financing:

1	General Revenue Fund	\$3,597,066	\$1,486,824	\$484,176	\$1,009,009	\$992,165
758	GR Match For Medicaid	\$8,128,381	\$9,341,866	\$7,778,791	\$9,519,654	\$8,070,820
8010	GR Match For Title XXI	\$45,479	\$56,458	\$43,831	\$55,628	\$44,313
8014	GR Match Food Stamp Adm	\$8,326,074	\$7,782,272	\$5,744,060	\$8,119,486	\$6,509,941
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$20,097,000	\$18,667,420	\$14,050,858	\$18,703,777	\$15,617,239

Method of Financing:

555	Federal Funds					
00.000.001	Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
10.561.000	St Admin Match Food Stamp	\$8,324,208	\$10,924,174	\$7,923,756	\$8,117,486	\$6,509,941
93.296.000	St Grant to Improve Minority Health	\$118,801	\$128,041	\$128,739	\$128,392	\$128,392
93.558.000	Temp AssistNeedy Families	\$1,164,302	\$1,012,939	\$1,187,680	\$1,200,536	\$983,777
93.566.000	Refugee and Entrant Assis	\$51,795	\$52,468	\$45,526	\$56,431	\$43,586

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
93.643.000	Children s Justice Grants	\$0	\$50,000	\$100,000	\$94,831	\$94,831
93.667.000	Social Svcs Block Grants	\$1,439	\$4,067	\$1,197	\$3,130	\$2,374
93.767.000	CHIP	\$116,466	\$136,824	\$105,446	\$133,964	\$106,654
93.778.000	XIX FMAP	\$0	\$0	\$0	\$0	\$0
93.778.003	XIX 50%	\$7,344,018	\$8,358,874	\$4,958,239	\$7,455,398	\$5,999,577
93.778.004	XIX ADM @ 75%	\$1,942,748	\$3,518,562	\$6,695,637	\$5,359,232	\$5,380,202
93.778.005	XIX FMAP @ 90%	\$1,301,751	\$6,046,768	\$5,465,320	\$5,183,440	\$5,183,440
CFDA Subtotal, Fund	555	\$20,365,528	\$30,232,717	\$26,611,540	\$27,732,840	\$24,432,774
SUBTOTAL, MOF (FEDERAL FUNDS)		\$20,365,528	\$30,232,717	\$26,611,540	\$27,732,840	\$24,432,774
Method of Financing:						
777	Interagency Contracts	\$81,805,991	\$86,729,094	\$77,492,655	\$78,921,348	\$77,880,326
SUBTOTAL, MOF (OTHER FUNDS)		\$81,805,991	\$86,729,094	\$77,492,655	\$78,921,348	\$77,880,326
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$125,357,965	\$117,930,339
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$122,268,519	\$135,629,231	\$118,155,053	\$125,357,965	\$117,930,339
FULL TIME EQUIVALENT POSITIONS:		647.6	692.0	700.0	700.0	700.0

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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STRATEGY DESCRIPTION AND JUSTIFICATION:

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

Funding also provides oversight support of the State Hospitals operated by DSHS and the State Supported Living Centers operated by DADS for programs/functions such as risk management, training, food transportation, nutrition planning, and facility management. This strategy includes funding for the on-going operations of Health and Human Services Administration System (HHSAS). These functions support the entire HHS system and funding is dependent upon all five agencies.

Legal Base: Section 531.0055, Government Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Changes in staffing or program in the five HHS agencies impact the level of administrative support needed. Changes in law or rules relating to leasing, purchasing facilities or information technology, affect the cost of support services. Economic trends that affect lease cost and purchase prices, affect the cost of support services. Legislative changes to employee benefits, affect the cost of human resources support services. New federal regulations including civil rights affect the cost of support services. Homeland Security responses may require additional security initiatives at facilities and affect the cost of support services. Data Center Consolidation affects the cost of support services for the HHS agencies. Changes in cost allocation factors affect the distribution of shared costs across the five agencies and the demand for GR. The GASB Statement #51 could impact the purchase and depreciation of certain software & the return of federal funds & the reliance of 100% state funds.

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

Costs for FY 2014-15 reflect reallocation of direct & indirect costs associated with a reorganization of the Information Technology Division which increases costs in A.2.1 compared to FY2012-13.

529 Health and Human Services Commission

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 1 Aged and Medicare-related Eligibility Group Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average Aged and Medicare-Related Recipient Months Per Month	356,656.00	364,436.00	370,308.00	378,523.00	387,350.00
KEY 2	Avg Aged and Medicare-Related Recipient Months Per Month: STAR+PLUS	115,277.00	183,165.00	225,527.00	230,530.00	235,906.00
Efficiency Measures:						
KEY 1	Average Aged and Medicare-Related Acute Cost Per Recipient Month	169.93	105.67	85.84	85.84	85.82
KEY 2	Avg Cost Per Aged & Medicare-Related Recipient Month: STAR+PLUS LTC	385.81	442.02	556.02	520.09	520.09
Objects of Expense:						
3001	CLIENT SERVICES	\$1,040,896,454	\$1,432,125,296	\$1,759,190,712	\$1,829,766,856	\$1,854,577,334
TOTAL, OBJECT OF EXPENSE		\$1,040,896,454	\$1,432,125,296	\$1,759,190,712	\$1,829,766,856	\$1,854,577,334
Method of Financing:						
758	GR Match For Medicaid	\$348,497,877	\$594,061,500	\$250,103,457	\$726,433,472	\$742,120,481
8075	Cost Sharing - Medicaid Clients	\$39,977	\$68,611	\$68,611	\$56,063	\$61,423
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$467,547,554	\$0	\$0

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	1	Aged and Medicare-related Eligibility Group	Service:	17	Income: A.2
					Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$348,537,854	\$594,130,111	\$717,719,622	\$726,489,535	\$742,181,904
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$70,882,511	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$70,882,511	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$621,476,089	\$836,359,481	\$362,711,272	\$1,078,088,420	\$1,103,772,906
	93.778.005 XIX FMAP @ 90%	\$0	\$73,447	\$76,546	\$64,305	\$52,353
	93.778.007 XIX ADM @ 100	\$0	\$0	\$0	\$25,124,596	\$8,570,171
CFDA Subtotal, Fund	555	\$621,476,089	\$836,432,928	\$362,787,818	\$1,103,277,321	\$1,112,395,430
8138	FF for FY 12-13 Entitlement/Waiver					
	93.778.000 XIX FMAP	\$0	\$0	\$678,683,272	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$678,683,272	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$692,358,600	\$836,432,928	\$1,041,471,090	\$1,103,277,321	\$1,112,395,430
Method of Financing:						
8062	Approp Receipts-Match For Medicaid	\$0	\$1,562,257	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 1 Aged and Medicare-related Eligibility Group Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$1,562,257	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,829,766,856	\$1,854,577,334
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,040,896,454	\$1,432,125,296	\$1,759,190,712	\$1,829,766,856	\$1,854,577,334

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	1	Aged and Medicare-related Eligibility Group	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Aged & Medicare Related strategy includes the hospital, physician, and other medical services provided to eligible Aged and Medicare recipients. This strategy also includes long term services and supports that are paid through the STAR+PLUS program. Under Title XIX, Medicaid medical services are legally mandated entitlement services. Medicaid services are provided to this risk group through either fee-for-service or a managed care health delivery system. The managed care system consists of two health care delivery models: an at-risk, capitated health plan (HMO) and, prior to March 2012, Primary Care Case Management (PCCM). The PCCM delivery model was replaced with HMO during managed care expansion in FY 12 and 13.

Strategy funding for FY 2014-15 assumes the current projected Medicaid caseloads at FY 2013 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

Base funding for FY 2014-15 also assumes 100% federal funding between the reimbursement levels for Medicare & Medicaid rates in place as of July 1, 2009 for certain primary care providers, pursuant to the federal Affordable Care Act.

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

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	1	Aged and Medicare-related Eligibility Group	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance & jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

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

Base funding for FY 2014-15 also assumes 100% federal funding between the reimbursement levels for Medicare & Medicaid rates in place as of July 1, 2009 for certain primary care providers, pursuant to the federal Affordable Care Act. This additional federal funding ends on December 31, 2014 & there are exceptional item funding requests related to continuation of this increased reimbursement level as well as expanding it to other primary care providers.

529 Health and Human Services Commission

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 1 Medicaid Health Services Service Categories:
 STRATEGY: 2 Disability-Related Eligibility Group Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average Disability-Related Recipient Months Per Month	390,819.00	410,529.00	430,614.00	451,043.00	471,472.00
KEY 2	Average Disability-Related Recipient Months Per Month: STAR+PLUS	104,698.00	156,025.00	184,593.00	193,099.00	201,621.00
Efficiency Measures:						
KEY 1	Average Disability-Related Acute Cost Per Recipient Month	723.18	714.13	735.30	734.36	736.56
KEY 2	Avg Cost/Disability-Related Recipient Month:STAR+PLUS Long Term Care	195.55	198.48	244.33	235.74	235.79
Objects of Expense:						
3001	CLIENT SERVICES	\$3,495,223,065	\$4,027,733,902	\$4,468,196,684	\$4,524,026,926	\$4,719,578,257
TOTAL, OBJECT OF EXPENSE		\$3,495,223,065	\$4,027,733,902	\$4,468,196,684	\$4,524,026,926	\$4,719,578,257
Method of Financing:						
758	GR Match For Medicaid	\$1,164,826,943	\$1,674,505,114	\$864,133,829	\$1,804,719,319	\$1,889,078,293
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$957,894,806	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,164,826,943	\$1,674,505,114	\$1,822,028,635	\$1,804,719,319	\$1,889,078,293

Method of Financing:

529 Health and Human Services Commission

GOAL:	2 Medicaid	Statewide Goal/Benchmark:	3 1
OBJECTIVE:	1 Medicaid Health Services	Service Categories:	
STRATEGY:	2 Disability-Related Eligibility Group	Service: 17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$240,026,975	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$240,026,975	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$2,087,111,521	\$2,348,357,948	\$1,250,838,052	\$2,678,895,313	\$2,809,674,419
	93.778.005 XIX FMAP @ 90%	\$0	\$904,173	\$901,172	\$868,536	\$788,592
	93.778.007 XIX ADM @ 100	\$0	\$0	\$0	\$29,938,176	\$10,431,371
	93.791.000 Money Follows Person Reblncng Demo	\$3,257,626	\$3,966,667	\$3,966,667	\$9,605,582	\$9,605,582
CFDA Subtotal, Fund	555	\$2,090,369,147	\$2,353,228,788	\$1,255,705,891	\$2,719,307,607	\$2,830,499,964
8138	FF for FY 12-13 Entitlement/Waiver					
	93.778.000 XIX FMAP	\$0	\$0	\$1,390,462,158	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$1,390,462,158	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,330,396,122	\$2,353,228,788	\$2,646,168,049	\$2,719,307,607	\$2,830,499,964
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$4,524,026,926	\$4,719,578,257
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)					\$3,495,223,065	\$4,027,733,902
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	2	Disability-Related Eligibility Group	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Disability-Related strategy includes the hospital, physician, & other medical services provided to eligible disability-related recipients who are under age 65 who receive Supplemental Security Income for a disabling condition as determined by the Social Security Administration. Persons eligible for SSI due to condition and income are also eligible for Medicaid. This strategy also includes long term services and supports that are paid through the STAR+PLUS program. Under Title XIX, Medicaid, medical services are legally mandated entitlement services. Medicaid services are provided to this risk group through either FFS or a managed care health delivery system. Prior to March 2012, the managed care system consisted of two health care delivery models: an at-risk, capitated health plan (HMO) & Primary Care Case Management (PCCM). PCCM was replaced with HMO during managed care expansion in FY 2012.

Funding also includes the Medicaid Buy-In program for children which allows families of disabled children up to age 19 who meet SSI disability criteria with family incomes up to 300% of the federal poverty level to purchase Medicaid coverage.

Funding for FY 2014-15 assumes the current projected Medicaid caseloads at FY 2013 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

Base funding for FY 2014-15 also assumes 100% federal funding between the reimbursement levels for Medicare & Medicaid rates in place as of July 1, 2009 for certain primary care providers, pursuant to the federal Affordable Care Act.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	2	Disability-Related Eligibility Group	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance & jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

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

Base funding for FY 2014-15 also assumes 100% federal funding between the reimbursement levels for Medicare & Medicaid rates in place as of July 1, 2009 for certain primary care providers, pursuant to the federal Affordable Care Act. This additional federal funding ends on December 31, 2014 & there are exceptional item funding requests related to continuation of this increased reimbursement level as well as expanding it to other primary care providers.

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average Pregnant Women Recipient Months Per Month	127,313.00	126,843.00	132,445.00	135,356.00	136,689.00
Efficiency Measures:						
KEY 1	Average Pregnant Women Cost Per Recipient Month	716.00	674.69	669.87	669.90	666.15
Objects of Expense:						
3001	CLIENT SERVICES	\$1,096,412,122	\$1,005,578,515	\$1,032,883,915	\$1,087,696,911	\$1,093,198,326
TOTAL, OBJECT OF EXPENSE		\$1,096,412,122	\$1,005,578,515	\$1,032,883,915	\$1,087,696,911	\$1,093,198,326
Method of Financing:						
758	GR Match For Medicaid	\$371,921,298	\$418,363,210	\$298,042,877	\$433,837,136	\$437,955,011
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$123,337,466	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$371,921,298	\$418,363,210	\$421,380,343	\$433,837,136	\$437,955,011
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$74,544,801	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$74,544,801	\$0	\$0	\$0	\$0
555	Federal Funds					

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
	93.767.778 CHIP for Medicaid (EFMAP)	\$572,095	\$0	\$0	\$0	\$0
	93.778.000 XIX FMAP	\$613,215,522	\$585,986,182	\$431,250,718	\$643,733,637	\$651,230,036
	93.778.005 XIX FMAP @ 90%	\$36,158,406	\$1,229,123	\$1,218,498	\$1,141,842	\$989,014
	93.778.007 XIX ADM @ 100	\$0	\$0	\$0	\$8,984,296	\$3,024,265
CFDA Subtotal, Fund	555	\$649,946,023	\$587,215,305	\$432,469,216	\$653,859,775	\$655,243,315
8138 FF for FY 12-13 Entitlement/Waiver						
	93.778.000 XIX FMAP	\$0	\$0	\$179,034,356	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$179,034,356	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$724,490,824	\$587,215,305	\$611,503,572	\$653,859,775	\$655,243,315
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,087,696,911	\$1,093,198,326
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,096,412,122	\$1,005,578,515	\$1,032,883,915	\$1,087,696,911	\$1,093,198,326

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Pregnant Women Risk Group strategy includes the hospital, physician, and other medical services provided to eligible pregnant women with incomes up to 185 percent of the federal poverty level. Under Title XIX, Medicaid medical services are legally mandated entitlement services.

Medicaid services are provided to this risk group through either fee-for-service or a managed care health delivery system. The managed care system consists of two health care delivery models: an at-risk, capitated health plan (HMO) and, prior to March 2012, Primary Care Case Management (PCCM). The PCCM delivery model was replaced with HMO during managed care expansion in FY 12 and 13.

Strategy funding for FY 2014-15 assumes the current projected Medicaid caseloads at FY 2013 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

The amounts for FY 2011 through FY 2013 represent a reallocation of expenditures based upon a new appropriation structure for the 2014-15 biennium.

Base funding for FY 2014-15 also assumes 100% federal funding between the reimbursement levels for Medicare & Medicaid rates in place as of July 1, 2009 for certain primary care providers, pursuant to the federal Affordable Care Act.

Legal Base: Title XIX of the Social Security Act

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance & jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

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

Base funding for FY 2014-15 also assumes 100% federal funding between the reimbursement levels for Medicare & Medicaid rates in place as of July 1, 2009 for certain primary care providers, pursuant to the federal Affordable Care Act. This additional federal funding ends on December 31, 2014 & there are exceptional item funding requests related to continuation of this increased reimbursement level as well as expanding it to other primary care providers.

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	4	Other Adults Eligibility Group	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average TANF-Level Adult Recipient Months Per Month	78,621.00	118,927.00	133,077.00	139,469.00	142,252.00
2	Average Expansion Adult Recipient Months Per Month	0.00	0.00	0.00	0.00	0.00
Efficiency Measures:						
KEY 1	Average TANF-Level Adult Cost Per Recipient Month	346.20	354.39	372.36	372.06	368.28
2	Average Expansion Adult Cost Per Recipient Month	0.00	0.00	0.00	0.00	0.00
Objects of Expense:						
3001	CLIENT SERVICES	\$477,979,356	\$507,494,965	\$569,258,081	\$621,796,404	\$628,269,914
TOTAL, OBJECT OF EXPENSE		\$477,979,356	\$507,494,965	\$569,258,081	\$621,796,404	\$628,269,914
Method of Financing:						
758	GR Match For Medicaid	\$152,229,985	\$210,831,887	\$22,956,999	\$246,263,754	\$251,012,922
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$209,023,919	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$152,229,985	\$210,831,887	\$231,980,918	\$246,263,754	\$251,012,922
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$33,201,116	\$0	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	4	Other Adults Eligibility Group	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
CFDA Subtotal, Fund	369	\$33,201,116	\$0	\$0	\$0	\$0
555	Federal Funds					
93.767.778	CHIP for Medicaid (EFMAP)	\$1,038,287	\$0	\$0	\$0	\$0
93.778.000	XIX FMAP	\$284,654,398	\$295,629,692	\$32,811,483	\$365,247,934	\$373,141,817
93.778.005	XIX FMAP @ 90%	\$6,855,570	\$1,033,386	\$1,050,474	\$1,027,440	\$967,821
93.778.007	XIX ADM @ 100	\$0	\$0	\$0	\$9,257,276	\$3,147,354
CFDA Subtotal, Fund	555	\$292,548,255	\$296,663,078	\$33,861,957	\$375,532,650	\$377,256,992
8138	FF for FY 12-13 Entitlement/Waiver					
93.778.000	XIX FMAP	\$0	\$0	\$303,415,206	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$303,415,206	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$325,749,371	\$296,663,078	\$337,277,163	\$375,532,650	\$377,256,992
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$621,796,404	\$628,269,914
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)					\$477,979,356	\$507,494,965
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	4	Other Adults Eligibility Group	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Other Adults strategy includes hospital, physician, and other medical services (legally mandated entitlement services under Title XIX) provided to eligible TANF-level adult, medically needy and adult recipients who qualify under the Affordable Care Act (if applicable). The budget requests for FY 2014-15 exclude this optional population. However, if served, the benefit package for this new population would be different than the Medicaid benefit package, but benefits would be provided via the Managed Care (HMO) model.

Medicaid services are provided to this risk group through either fee-for-service (medically needy) or a managed care health delivery system. The managed care system consists of two health care delivery models: an at-risk, capitated health plan (HMO) and, prior to March 2012, Primary Care Case Management (PCCM). The PCCM delivery model was replaced with HMO during managed care expansion in FY 12 and 13.

Strategy funding for FY 2014-15 assumes the current projected Medicaid caseloads at FY 2013 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

The amounts for FY 2011 through FY 2013 represent a reallocation of expenditures based upon a new appropriation structure for the 2014-15 biennium.

Base funding for FY 2014-15 also assumes 100% federal funding between the reimbursement levels for Medicare & Medicaid rates in place as of July 1, 2009 for certain primary care providers, pursuant to the federal Affordable Care Act.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	4	Other Adults Eligibility Group	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance & jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

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

Base funding for FY 2014-15 also assumes 100% federal funding between the reimbursement levels for Medicare & Medicaid rates in place as of July 1, 2009 for certain primary care providers, pursuant to the federal Affordable Care Act. This additional federal funding ends on December 31, 2014 & there are exceptional item funding requests related to continuation of this increased reimbursement level as well as expanding it to other primary care providers.

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GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	5	Children Eligibility Group	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average Poverty-Related Children Recipient Months Per Month	2,531,862.08	2,607,063.47	2,622,966.63	2,811,713.07	3,021,744.06
KEY 2	Average Number of Qualified Alien Recipient Months per Month	6,763.00	16,490.00	18,067.00	18,524.00	18,780.00
KEY 3	Average STAR Health Foster Care Children Recipient Months Per Month	31,834.00	31,210.00	31,246.00	31,701.00	32,157.00
Efficiency Measures:						
KEY 1	Average Poverty-Related Children Cost Per Recipient Month	165.31	158.80	163.91	162.01	154.82
KEY 2	Average STAR Health Foster Care Children Cost Per Recipient Month	816.34	776.01	790.38	790.18	786.23
Objects of Expense:						
3001	CLIENT SERVICES	\$6,021,291,274	\$5,314,537,323	\$5,363,656,530	\$5,774,641,061	\$5,926,841,444
TOTAL, OBJECT OF EXPENSE		\$6,021,291,274	\$5,314,537,323	\$5,363,656,530	\$5,774,641,061	\$5,926,841,444
Method of Financing:						
705	Medicaid Program Income	\$26,809,897	\$46,030,479	\$45,155,922	\$28,110,584	\$27,248,296
758	GR Match For Medicaid	\$1,608,023,213	\$1,889,833,485	\$1,147,791,351	\$1,969,318,960	\$2,075,465,009

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	5	Children Eligibility Group	Service:	17	Income: A.2
					Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
8024	Tobacco Receipts Match For Medicaid	\$227,410,026	\$157,697,879	\$139,760,115	\$148,728,997	\$148,728,997
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$762,538,321	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,862,243,136	\$2,093,561,843	\$2,095,245,709	\$2,146,158,541	\$2,251,442,302
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$426,195,809	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$426,195,809	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$12,233,554	\$14,406,145	\$22,478,053	\$14,562,943	\$15,449,689
	93.778.000 XIX FMAP	\$3,641,302,773	\$3,091,397,998	\$2,049,004,966	\$3,315,549,112	\$3,482,020,801
	93.778.005 XIX FMAP @ 90%	\$5,872,483	\$947,258	\$953,908	\$989,247	\$1,005,826
	93.778.007 XIX ADM @ 100	\$171,795	\$0	\$0	\$188,732,729	\$67,567,955
CFDA Subtotal, Fund	555	\$3,659,580,605	\$3,106,751,401	\$2,072,436,927	\$3,519,834,031	\$3,566,044,271
8138	FF for FY 12-13 Entitlement/Waiver					
	93.778.000 XIX FMAP	\$0	\$0	\$1,106,886,344	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$1,106,886,344	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$4,085,776,414	\$3,106,751,401	\$3,179,323,271	\$3,519,834,031	\$3,566,044,271

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GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	5	Children Eligibility Group	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Method of Financing:						
777	Interagency Contracts	\$0	\$23,899,360	\$25,461,187	\$24,680,274	\$24,680,274
8044	Medicaid Subrogation Receipts	\$71,055,146	\$89,560,260	\$61,343,853	\$82,755,618	\$83,464,384
8062	Approp Receipts-Match For Medicaid	\$2,216,578	\$764,459	\$2,282,510	\$1,212,597	\$1,210,213
SUBTOTAL, MOF (OTHER FUNDS)		\$73,271,724	\$114,224,079	\$89,087,550	\$108,648,489	\$109,354,871
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$5,774,641,061	\$5,926,841,444
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$6,021,291,274	\$5,314,537,323	\$5,363,656,530	\$5,774,641,061	\$5,926,841,444

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	5	Children Eligibility Group	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Children strategy includes hospital, physician, and other medical services provided to eligible child recipients who are neither disability-related nor Medicare eligible. This includes Newborns, Children ages 6-18 at or below 100% FPL and Children 1-5 at or below 133% FPL. It also includes TANF-level Children, and Children in Foster Care, as well as some Foster Care adults continuing their education, and adoption subsidy clients. Under Title XIX, Medicaid medical services are legally mandated entitlement services.

Medicaid services are provided to this risk group through either fee-for-service or a managed care health delivery system. The managed care system consists of two health care delivery models: an at-risk, capitated health plan (HMO) and, prior to March 2012, Primary Care Case Management (PCCM). The PCCM delivery model was replaced with HMO during managed care expansion in FY 12 and 13. It also includes an HMO model, STARHealth, specific to Foster Care Children.

Strategy funding for FY 2014-15 assumes the current projected Medicaid caseloads at FY 2013 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2014-15 holds costs at FY 2013 levels.

The amounts for FY 2011 through FY 2013 represent a reallocation of expenditures based upon a new appropriation structure for the 2014-15 biennium.

Legal Base: Title XIX of the Social Security Act

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	1	Medicaid Health Services	Service Categories:		
STRATEGY:	5	Children Eligibility Group	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Strategy estimates include additional caseload - 131,070 in 2014 and 298,446 in 2015, to account for increases from clients currently eligible but not enrolled, since children are mandatorily required to have insurance under the Affordable Care Act.

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. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, & disallowances impact the authority to utilize federal funds for changes in programs, services, & rates which could impact the cash flow of state funds. The efforts of the HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

Base funding for FY 2014-15 also assumes 100% federal funding between the reimbursement levels for Medicare and Medicaid rates in place as of July 1, 2009 for certain primary care providers, pursuant to the federal Affordable Care Act. This additional federal funding ends on 12/31/14 and there are exceptional item funding requests related to continuation of this increased reimbursement level as well as expanding it to other primary care providers.

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	1	Non-Full Benefit Payments	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
	1 Average Monthly Number of Enrolled Federally Qualified Health Centers	88.00	102.00	112.00	118.00	124.00
KEY	2 Average Number of Non-citizen Recipient Months Per Month	9,712.00	9,875.00	10,623.00	11,020.00	11,344.00
	3 Average Number of Women's Health Services Recipient Months Per Month	127,536.00	127,766.00	129,821.00	132,677.00	135,596.00
Efficiency Measures:						
	1 Average Emergency Services for Non-citizens Cost Per Recipient Month	2,854.17	2,925.70	2,920.44	2,920.48	2,920.48
	2 Average Women's Health Services Cost Per Recipient Month	20.75	17.93	18.68	18.68	18.68
Objects of Expense:						
	3001 CLIENT SERVICES	\$646,223,757	\$682,662,735	\$703,027,710	\$703,289,166	\$715,854,112
TOTAL, OBJECT OF EXPENSE		\$646,223,757	\$682,662,735	\$703,027,710	\$703,289,166	\$715,854,112
Method of Financing:						
	1 General Revenue Fund	\$0	\$0	\$8,858,110	\$29,745,425	\$30,399,825
	758 GR Match For Medicaid	\$146,243,986	\$211,522,863	\$95,060,384	\$208,244,077	\$212,802,384

529 Health and Human Services Commission

GOAL:	2 Medicaid	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	2 Other Medicaid Services	Service Categories:		
STRATEGY:	1 Non-Full Benefit Payments	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$117,461,528	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$146,243,986	\$211,522,863	\$221,380,022	\$237,989,502	\$243,202,209
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$50,077,399	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$50,077,399	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$27,667,542	\$39,145,951	\$41,388,491	\$50,381,167	\$50,402,209
	93.778.000 XIX FMAP	\$248,893,363	\$289,195,404	\$133,764,661	\$302,861,872	\$310,223,558
	93.778.005 XIX FMAP @ 90%	\$28,800,000	\$26,611,935	\$4,637,077	\$0	\$0
	93.778.009 SHARS	\$136,385,986	\$101,738,973	\$96,788,337	\$96,546,345	\$96,546,345
CFDA Subtotal, Fund	555	\$441,746,891	\$456,692,263	\$276,578,566	\$449,789,384	\$457,172,112
8138	FF for FY 12-13 Entitlement/Waiver					
	93.778.000 XIX FMAP	\$0	\$0	\$170,504,954	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$170,504,954	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$491,824,290	\$456,692,263	\$447,083,520	\$449,789,384	\$457,172,112

Method of Financing:

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	1	Non-Full Benefit Payments	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
8044	Medicaid Subrogation Receipts	\$0	\$0	\$20,116,559	\$0	\$0
8062	Approp Receipts-Match For Medicaid	\$8,155,481	\$14,447,609	\$14,447,609	\$15,510,280	\$15,479,791
SUBTOTAL, MOF (OTHER FUNDS)		\$8,155,481	\$14,447,609	\$34,564,168	\$15,510,280	\$15,479,791
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$703,289,166	\$715,854,112
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$646,223,757	\$682,662,735	\$703,027,710	\$703,289,166	\$715,854,112
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	1	Non-Full Benefit Payments	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Non-Full Benefit Payments strategy includes medical services that are not risk group specific. These services include the Texas Women’s Health Program (WHP), School Health and Related Services (SHARS), emergency services for undocumented persons, Breast and Cervical Cancer Program (BCCP), Graduate Medical Education (GME), as well as a number of smaller costs, such as cost settlements for Indian Health Services and Rural Health Clinics.

WHP provides women’s health (screening services) and family planning services, including birth control, to women ages 18 – 44 who do not qualify for full Medicaid benefits, up to 185% FPL. For FY 2013-2015, there is no federal funding for WHP.

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

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

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2014-15 holds costs at FY 2013 levels.

Strategy funding for FY 2014-15 assumes the current projected Medicaid caseloads at FY 2013 cost levels. Projected Medicaid expenditures for maintaining current cost trends are requested as an exceptional item.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	1	Non-Full Benefit Payments	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

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

The efforts of the HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

Due to the federal government's denial of a demonstration waiver to continue a Medicaid-funded program for women's health, women's health services are funded with state funding for most of fiscal year 2013 and the 2014-15 biennium or until federal matching funds can be obtained.

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Total Medicaid Prescriptions Incurred	33,506,673.00	35,190,563.00	36,615,315.00	38,657,575.00	40,828,388.00
Efficiency Measures:						
KEY 1	Average Cost Per Medicaid Prescription	75.99	80.14	82.45	82.12	81.68
Objects of Expense:						
3001	CLIENT SERVICES	\$2,529,452,442	\$2,824,246,850	\$3,025,818,602	\$3,174,164,142	\$3,334,461,398
TOTAL, OBJECT OF EXPENSE		\$2,529,452,442	\$2,824,246,850	\$3,025,818,602	\$3,174,164,142	\$3,334,461,398
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$9,834,048	\$10,050,397
706	Vendor Drug Rebates-Medicaid	\$338,640,022	\$492,419,913	\$501,164,349	\$497,279,337	\$521,768,692
758	GR Match For Medicaid	\$490,598,387	\$632,163,120	\$206,783,060	\$768,450,541	\$806,627,125
8081	Vendor Drug Rebates-Sup Rebates	\$39,193,532	\$41,093,328	\$48,873,097	\$0	\$0
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$468,612,157	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$868,431,941	\$1,165,676,361	\$1,225,432,663	\$1,275,563,926	\$1,338,446,214
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
	93.778.014 Medicaid - Stimulus	\$172,370,693	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$172,370,693	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$234,352	\$10,524,820	\$8,342,021	\$9,433,421	\$5,717,667
	93.778.000 XIX FMAP	\$1,469,416,702	\$1,627,948,174	\$1,090,467,357	\$1,869,315,297	\$1,969,211,985
	93.778.005 XIX FMAP @ 90%	\$18,998,754	\$20,097,495	\$14,949,685	\$19,851,498	\$21,085,532
CFDA Subtotal, Fund	555	\$1,488,649,808	\$1,658,570,489	\$1,113,759,063	\$1,898,600,216	\$1,996,015,184
8138	FF for FY 12-13 Entitlement/Waiver					
	93.778.000 XIX FMAP	\$0	\$0	\$680,228,630	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$680,228,630	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$1,661,020,501	\$1,658,570,489	\$1,793,987,693	\$1,898,600,216	\$1,996,015,184
Method of Financing:						
8044	Medicaid Subrogation Receipts	\$0	\$0	\$6,398,246	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$0	\$0	\$6,398,246	\$0	\$0

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Prescription Drugs strategy includes the cost of outpatient prescription medications to Medicaid clients. Medications are provided by contracted retail & nursing home pharmacies that are reimbursed by HHSC or by contracted managed care organizations. HHSC coordinates with the clients, pharmacies, physicians, drug wholesalers, drug manufacturers, the federal government, other state agencies, and contracted vendors.

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

Prescription drug benefits are delivered through fee-for-service and managed care plans as a portion of the total monthly capitated rate is allocated for prescription drugs. The expenditures represent the drug benefits for both service delivery models.

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

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2014-15 holds costs at FY 2013 levels.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance & jeopardizes federal financial participation if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

The Affordable Care Act (ACA) increases the minimum manufacture rebates for pharmaceuticals to be utilized by the federal government. As CMS has provided limited information & due to the confidentiality of Federal Rebate Data, it is difficult to definitely quantify the impact of ACA on supplemental rebates. However S.B. 7 (82nd Legislature) sunsets the single state formulary & the preferred drug list so there are no revenue assumptions for supplemental rebates.

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' 3-year average of per capita income to the National 3-year average of per capita income. Changes in the Medicaid State Plan along with the timing of federal approval, deferrals, and disallowances impact the authority to utilize federal funds for changes in programs, services, and rates which could impact the cash flow of state funds. The efforts of the HHS Inspector General's investigation of potential Medicaid fraud & overpayments could also impact total Medicaid expenditures.

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
	1 Number of Recipient One-way Trips Provided by Medical Transportation	9,500,012.00	9,364,274.00	8,275,750.00	8,611,480.00	8,954,959.00
KEY 2	Average Nonemergency Transportation (NEMT) Recipient Months Per Month	0.00	1,688,000.00	1,700,000.00	1,750,000.00	1,800,000.00
Efficiency Measures:						
KEY 1	Average Cost Per One-Way Medical Transportation Trip	21.51	22.44	24.01	24.43	24.60
KEY 2	Average Nonemergency Transportation (NEMT) Cost Per Recipient Month	0.00	2.96	3.00	2.95	2.90
Objects of Expense:						
3001	CLIENT SERVICES	\$202,849,437	\$212,915,163	\$238,615,681	\$209,852,069	\$219,797,471
TOTAL, OBJECT OF EXPENSE		\$202,849,437	\$212,915,163	\$238,615,681	\$209,852,069	\$219,797,471
Method of Financing:						
1	General Revenue Fund	\$0	\$0	\$0	\$513,396	\$513,396
758	GR Match For Medicaid	\$99,480,820	\$92,940,730	\$74,171,005	\$88,974,817	\$93,130,501
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$28,525,321	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$99,480,820	\$92,940,730	\$102,696,326	\$89,488,213	\$93,643,897

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$3,459,647	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$3,459,647	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$38,842,305	\$95,416,967	\$66,973,766	\$96,119,874	\$100,754,073
	93.778.003 XIX 50%	\$61,066,665	\$24,557,466	\$27,538,767	\$24,243,982	\$25,399,501
CFDA Subtotal, Fund	555	\$99,908,970	\$119,974,433	\$94,512,533	\$120,363,856	\$126,153,574
8138	FF for FY 12-13 Entitlement/Waiver					
	93.778.000 XIX FMAP	\$0	\$0	\$41,406,822	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$41,406,822	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$103,368,617	\$119,974,433	\$135,919,355	\$120,363,856	\$126,153,574
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$209,852,069	\$219,797,471
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$202,849,437	\$212,915,163	\$238,615,681	\$209,852,069	\$219,797,471
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Medical Transportation Program (MTP) strategy includes funding for cost-effective non-emergency medical transportation (NEMT) for Medicaid clients who have no other means of transportation available to access Medicaid-covered-services. States are federally required to provide NEMT for clients to and from Medicaid- services provided by a Medicaid enrolled qualified service provider. DSHS clients in the Children with Special Health Care Needs & the Indigent Cancer Patient Programs also use MTP services.

MTP services include: bus passes [including passes for Special Transit Services]; demand-response transportation services when fixed route public transportation services are not available or may not meet a client’s needs; & mileage reimbursement for a family member or friend to drive the client. Special authorization for clients through age 20 may be arranged if transportation services cannot be arranged through bus pass, demand response or mileage reimbursement, as well as lodging and meal services, and States are also required to provide an attendant during transportation if medically necessary.

During FY 2012 NEMT services in the Dallas/Fort Worth & Houston/Beaumont areas are delivered through a full-risk broker model.

MTP services are eligible for federal reimbursement at the FMAP or 50-50 match rate. The federal 50-50 reimbursement is obtained when there is supporting documentation for the claim.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2014-15 holds costs at FY 2013 levels.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Fuel costs may impact the cost of providing MTP services to eligible clients. Any increase in utilization of the Texas Health Steps (EPSDT) Program and outreach and informing efforts mandated by FREW Corrective Action Orders could result in an increase in client utilization of MTP services. Changes in the delivery model of Medical transportation services are under consideration which could impact funding, staffing, and state revenues. Changes in rules related to Medicaid-related programs and outreach strategies by Medicaid health plans and community based programs could potentially impact the cost of administering the programs. State technology lags behind industry standards and may not be appropriate to successfully manage call center operations.

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. 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 efforts of the HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

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GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	5
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	4	Health Steps (EPSDT) Dental	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
1	Average THSteps (EPSDT) Dental Recipient Months Per Month	2,724,917.00	2,808,151.00	2,836,383.00	3,036,767.00	3,257,972.00
2	# of THSteps (EPSDT) Active Dent Providers Providing Medicaid Services	3,219.00	3,219.00	3,219.00	3,219.00	3,219.00
Efficiency Measures:						
KEY 1	Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month	43.74	42.05	37.72	37.72	37.72
Explanatory/Input Measures:						
1	Number of THSteps (EPSDT) Dental Clients Served	2,201,270.00	1,879,421.00	2,034,528.00	2,202,435.00	2,384,200.00
Objects of Expense:						
3001	CLIENT SERVICES	\$1,427,381,069	\$1,475,035,870	\$1,404,890,059	\$1,374,283,524	\$1,474,444,328
TOTAL, OBJECT OF EXPENSE		\$1,427,381,069	\$1,475,035,870	\$1,404,890,059	\$1,374,283,524	\$1,474,444,328
Method of Financing:						
758	GR Match For Medicaid	\$469,584,462	\$611,934,383	\$383,936,549	\$551,820,845	\$591,576,179
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$187,170,556	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$469,584,462	\$611,934,383	\$571,107,105	\$551,820,845	\$591,576,179

529 Health and Human Services Commission

GOAL:	2 Medicaid		Statewide Goal/Benchmark:	3	5
OBJECTIVE:	2 Other Medicaid Services		Service Categories:		
STRATEGY:	4 Health Steps (EPSDT) Dental		Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$94,516,089	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$94,516,089	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.767.778 CHIP for Medicaid (EFMAP)	\$4,754,900	\$8,114,085	\$11,450,905	\$7,089,931	\$6,869,180
	93.778.000 XIX FMAP	\$858,525,618	\$854,987,402	\$550,638,776	\$815,372,748	\$875,998,969
CFDA Subtotal, Fund	555	\$863,280,518	\$863,101,487	\$562,089,681	\$822,462,679	\$882,868,149
8138	FF for FY 12-13 Entitlement/Waiver					
	93.778.000 XIX FMAP	\$0	\$0	\$271,693,273	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$271,693,273	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$957,796,607	\$863,101,487	\$833,782,954	\$822,462,679	\$882,868,149
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,374,283,524	\$1,474,444,328
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,427,381,069	\$1,475,035,870	\$1,404,890,059	\$1,374,283,524	\$1,474,444,328
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL:	2 Medicaid		Statewide Goal/Benchmark:	3	5
OBJECTIVE:	2 Other Medicaid Services		Service Categories:		
STRATEGY:	4 Health Steps (EPSDT) Dental		Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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STRATEGY DESCRIPTION AND JUSTIFICATION:

The Health Steps Dental strategy includes funds for federally-mandated entitlement services providing periodic dental examinations, diagnosis, prevention, and treatment of dental disease to Medicaid children who are less than 21 years of age. Both dental and orthodontic services are provided. These medical services are outside of the payments related to risk groups. The Texas Health Steps program is the name Texas uses for implementing the federal Early and Periodic Screening, Diagnosis and Treatment program, also known nationally as EPSDT.

The goal of Health Steps Dental services is early intervention to address dental problems before they become chronic, and irreversible damage occurs. Poor dental health is often the most serious health threat to otherwise healthy children. Included in this strategy are client service payments to providers as well as the state match for the administrative functions at the Department of State Health Services (DSHS).

Medicaid Dental services are primarily provided through a capitated managed care program, as of FY 2012 (March 2012). There remain a few clients receiving dental services through fee-for-service.

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

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	5
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	4	Health Steps (EPSDT) Dental	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the numbers of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under a State administered Medicaid program, the risk of non-compliance and federal financial participation would be jeopardized for failure to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation. Providing an adequate level of outreach to Medicaid enrolled children is necessary for compliance with the FREW Settlement Agreement.

The federal Medicaid match rate determines the required state match which derives the strategy method of finance. This rate (referred to 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 efforts of the HHS Inspector General's investigation of potential Medicaid fraud and overpayments could also impact total Medicaid expenditures.

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GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	5	For Clients Dually Eligible for Medicare and Medicaid	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average SMIB Recipient Months Per Month	538,646.00	561,182.00	581,944.00	606,173.00	633,454.00
2	Average Part A Recipient Months Per Month	50,289.00	52,762.00	53,899.00	54,658.00	55,477.00
3	Average QMBs Recipient Months Per Month	104,240.00	117,441.00	125,651.00	135,440.00	146,331.00
Efficiency Measures:						
KEY 1	Average SMIB Premium Per Month	113.81	105.00	103.93	103.93	103.93
2	Average Part A Premium Per Month	435.73	430.94	439.77	439.13	438.39
3	Avg Qualified Medicare Beneficiaries (QMBs) Cost Per Recipient Month	126.98	63.01	36.81	36.61	36.61
Objects of Expense:						
3001	CLIENT SERVICES	\$1,463,610,927	\$1,491,251,330	\$1,493,846,869	\$1,535,125,999	\$1,602,545,512
TOTAL, OBJECT OF EXPENSE		\$1,463,610,927	\$1,491,251,330	\$1,493,846,869	\$1,535,125,999	\$1,602,545,512
Method of Financing:						
758	GR Match For Medicaid	\$367,169,345	\$446,531,558	\$169,727,577	\$443,248,471	\$459,903,694
8092	Medicare Giveback Provision	\$269,912,748	\$375,397,318	\$377,478,828	\$392,058,796	\$415,244,914
8137	GR Match: Medicaid E/W FY 12-13	\$0	\$0	\$267,976,769	\$0	\$0

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	5	For Clients Dually Eligible for Medicare and Medicaid	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$637,082,093	\$821,928,876	\$815,183,174	\$835,307,267	\$875,148,608
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$95,659,007	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$95,659,007	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$670,883,422	\$627,150,060	\$246,262,731	\$658,221,905	\$684,135,347
	93.778.007 XIX ADM @ 100	\$59,986,405	\$42,172,394	\$43,410,905	\$41,596,827	\$43,261,557
CFDA Subtotal, Fund	555	\$730,869,827	\$669,322,454	\$289,673,636	\$699,818,732	\$727,396,904
8138	FF for FY 12-13 Entitlement/Waiver					
	93.778.000 XIX FMAP	\$0	\$0	\$388,990,059	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$388,990,059	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$826,528,834	\$669,322,454	\$678,663,695	\$699,818,732	\$727,396,904

529 Health and Human Services Commission

GOAL: 2 Medicaid Statewide Goal/Benchmark: 3 1
 OBJECTIVE: 2 Other Medicaid Services Service Categories:
 STRATEGY: 5 For Clients Dually Eligible for Medicare and Medicaid Service: NA Income: NA Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$1,535,125,999	\$1,602,545,512
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$1,463,610,927	\$1,491,251,330	\$1,493,846,869	\$1,535,125,999	\$1,602,545,512

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	5	For Clients Dually Eligible for Medicare and Medicaid	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Medicare Payments strategy includes the hospital, physician, and other medical services provided to Medicaid-eligible aged and disabled clients who are also eligible for Title XVIII Medicare coverage. The Federal giveback payments required as part of the Medicare Part D drug program (also known as “clawback”) are included in the Medicare strategy.

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

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

Part D phase down payments are 100% state funds, they are federally mandated and are included in the maintenance of effort requirements for the state Medicaid programs.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2014-15 holds costs at FY 2013 levels.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	2	Other Medicaid Services	Service Categories:		
STRATEGY:	5	For Clients Dually Eligible for Medicare and Medicaid	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texans needing Medicaid coverage. Since services covered under this strategy are mandated under the Medicaid program, the state risks non-compliance and puts federal financial participation in jeopardy if it fails to reimburse medical providers at a rate that is reasonable and adequate to ensure provider participation and provide access to benefits for all eligible persons.

The federal government sets the rate for Medicare payments.

The federal Medicaid match rate determines the required state match 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.

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Objects of Expense:						
3001	CLIENT SERVICES	\$34,899,942	\$6,012,506	\$6,128,953	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$34,899,942	\$6,012,506	\$6,128,953	\$0	\$0
Method of Financing:						
758	GR Match For Medicaid	\$12,500,000	\$2,500,000	\$2,500,000	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$12,500,000	\$2,500,000	\$2,500,000	\$0	\$0
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$1,264,537	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$1,264,537	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.778.000 XIX FMAP	\$21,135,405	\$3,512,506	\$3,628,953	\$0	\$0
CFDA Subtotal, Fund	555	\$21,135,405	\$3,512,506	\$3,628,953	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$22,399,942	\$3,512,506	\$3,628,953	\$0	\$0

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015	
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)						\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)						\$34,899,942	\$6,012,506

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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

For Fiscal Year 2011 and 2012 expenditures represent payments to certain Texas Children’s Hospitals under the Medicaid Upper Payment Limit Program (UPL). With federal approval of the Texas Healthcare Transformation and Quality Improvement Program Waiver during FY 2012, there may be an opportunity to identify and expend state funding as match for uncompensated care and Delivery System Reform Incentive Payment (DSRIP) payments to hospitals. During the term of the waiver there are no longer payments under the UPL program.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

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 2014-15 biennium.

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	3	Medicaid Support	Service Categories:		
STRATEGY:	1	Medicaid Contracts and Administration	Service: 30	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Objects of Expense:						
1001	SALARIES AND WAGES	\$30,927,302	\$34,960,412	\$35,781,788	\$35,754,007	\$35,754,007
1002	OTHER PERSONNEL COSTS	\$1,090,316	\$1,018,556	\$1,047,570	\$1,036,286	\$1,036,286
2001	PROFESSIONAL FEES AND SERVICES	\$322,869,233	\$371,741,524	\$337,037,071	\$348,976,594	\$346,328,157
2002	FUELS AND LUBRICANTS	\$8,212	\$8,346	\$6,451	\$7,406	\$7,406
2003	CONSUMABLE SUPPLIES	\$297,982	\$362,036	\$281,972	\$321,918	\$321,918
2004	UTILITIES	\$4,039,733	\$3,169,071	\$3,150,192	\$3,166,403	\$3,163,873
2005	TRAVEL	\$376,282	\$524,947	\$431,210	\$479,908	\$479,908
2006	RENT - BUILDING	\$3,085,559	\$3,102,252	\$3,140,946	\$3,121,638	\$3,121,638
2007	RENT - MACHINE AND OTHER	\$894,366	\$939,923	\$945,015	\$942,013	\$942,952
2009	OTHER OPERATING EXPENSE	\$106,244,179	\$207,391,026	\$183,805,792	\$195,635,059	\$195,635,075
3001	CLIENT SERVICES	\$0	\$0	\$0	\$0	\$0
4000	GRANTS	\$45,597,718	\$24,830,514	\$24,253,804	\$21,282,804	\$24,253,804
5000	CAPITAL EXPENDITURES	\$1,892,858	\$137,330	\$137,330	\$137,330	\$137,330
TOTAL, OBJECT OF EXPENSE		\$517,323,740	\$648,185,937	\$590,019,141	\$610,861,366	\$611,182,354

Method of Financing:

1	General Revenue Fund	\$38,540,370	\$1,665,899	\$1,061,100	\$1,262,520	\$1,262,520
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529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	3	Medicaid Support	Service Categories:		
STRATEGY:	1	Medicaid Contracts and Administration	Service:	30	Income: A.1
					Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
758	GR Match For Medicaid	\$149,241,364	\$176,015,917	\$165,696,287	\$169,630,334	\$171,703,879
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$187,781,734	\$177,681,816	\$166,757,387	\$170,892,854	\$172,966,399
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.778.014 Medicaid - Stimulus	\$102,057,623	\$192,348,383	\$172,328,365	\$180,878,957	\$180,878,957
CFDA Subtotal, Fund	369	\$102,057,623	\$192,348,383	\$172,328,365	\$180,878,957	\$180,878,957
555	Federal Funds					
	93.256.000 Planning Hlth Care Access-Uninsured	\$710,553	\$3,136,937	\$0	\$0	\$0
	93.536.000 ACA-Mdicaid Prev of Chronic Disease	\$0	\$2,753,130	\$2,753,130	\$2,753,130	\$2,753,130
	93.778.000 XIX FMAP	\$0	\$0	\$0	\$0	\$0
	93.778.003 XIX 50%	\$78,882,075	\$91,102,871	\$81,176,854	\$92,615,987	\$98,974,717
	93.778.004 XIX ADM @ 75%	\$88,118,455	\$135,888,546	\$128,845,718	\$129,845,578	\$127,199,501
	93.778.005 XIX FMAP @ 90%	\$25,264,251	\$25,503,773	\$18,386,786	\$14,161,124	\$8,695,914
	93.778.007 XIX ADM @ 100	\$32,019,344	\$18,949,522	\$18,949,522	\$18,949,522	\$18,949,522
	93.793.000 Medicaid Transformation Grants	\$1,494,779	\$0	\$0	\$0	\$0
	93.796.000 Survey & Certification TitleXIX 75%	\$494,398	\$525,012	\$525,432	\$468,267	\$468,267
CFDA Subtotal, Fund	555	\$226,983,855	\$277,859,791	\$250,637,442	\$258,793,608	\$257,041,051
SUBTOTAL, MOF (FEDERAL FUNDS)		\$329,041,478	\$470,208,174	\$422,965,807	\$439,672,565	\$437,920,008

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	3	Medicaid Support	Service Categories:		
STRATEGY:	1	Medicaid Contracts and Administration	Service: 30	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Method of Financing:						
777	Interagency Contracts	\$472,282	\$295,947	\$295,947	\$295,947	\$295,947
8062	Approp Receipts-Match For Medicaid	\$28,246	\$0	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$500,528	\$295,947	\$295,947	\$295,947	\$295,947
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$610,861,366	\$611,182,354
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$517,323,740	\$648,185,937	\$590,019,141	\$610,861,366	\$611,182,354
FULL TIME EQUIVALENT POSITIONS:		706.2	783.1	793.1	793.1	793.1
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL:	2	Medicaid	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	3	Medicaid Support	Service Categories:		
STRATEGY:	1	Medicaid Contracts and Administration	Service:	30	Income: A.1
					Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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This strategy represents the funding of directly administering the Texas Medicaid program. Federal regulations mandate that the Medicaid program must be administered by a single state agency that has final policy making authority for the program. Under Texas law, HHSC is the designated single state agency. HHSC directs the program, administers and supervises the Medicaid State Plan, and is the final approval on Medicaid rules. Policy changes in the Medicaid program often require state plan amendments or waiver of federal requirements which are subject to an extensive review and approval process by the Federal Centers for Medicaid and Medicare.

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

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

External and internal factors affecting enrollment services include: 1) managed care expansions/initiatives; 2) caseload/workload growth; 3) re-procurement of contracted services; 4) Federal program and policy changes 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; 5) any increase in utilization of the Texas Health Steps program regarding outreach, informing and support services efforts mandated by the Frew Corrective Action Orders; 6) the federal match rate which determines the required state match and derives the strategy method of finance; 7) implementation of program and policy changes from state legislation; 8) federal and state review and oversight.

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services Statewide Goal/Benchmark: 3 4
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 1 Children's Health Insurance Program (CHIP) Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average CHIP Children Recipient Months Per Month	532,888.00	569,702.00	591,921.00	603,243.00	614,590.00
Efficiency Measures:						
KEY 1	Average CHIP Children Benefit Cost Per Recipient Month	112.52	111.65	110.95	110.95	110.95
Objects of Expense:						
3001	CLIENT SERVICES	\$722,365,260	\$757,803,779	\$787,304,071	\$803,146,738	\$818,263,254
TOTAL, OBJECT OF EXPENSE		\$722,365,260	\$757,803,779	\$787,304,071	\$803,146,738	\$818,263,254
Method of Financing:						
3643	Premium Co-payments	\$1,326,803	\$1,590,100	\$1,594,327	\$1,575,898	\$1,603,831
5040	Tobacco Settlmnt Receipts	\$768	\$0	\$0	\$0	\$0
8010	GR Match For Title XXI	\$21,929,600	\$0	\$0	\$48,902,562	\$48,902,561
8025	Tobacco Receipts Match For Chip	\$175,280,575	\$213,163,260	\$149,197,190	\$175,767,976	\$179,752,887
8054	Experience Rebates-CHIP	\$1,767,547	\$5,843,320	\$2,339,139	\$0	\$0
8139	GR Match for CHIP - FY 12-13	\$0	\$0	\$71,539,387	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$200,305,293	\$220,596,680	\$224,670,043	\$226,246,436	\$230,259,279

Method of Financing:

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services Statewide Goal/Benchmark: 3 4
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 1 Children's Health Insurance Program (CHIP) Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
555	Federal Funds					
	93.767.000 CHIP	\$522,059,967	\$537,207,099	\$383,597,629	\$576,900,302	\$588,003,975
CFDA Subtotal, Fund	555	\$522,059,967	\$537,207,099	\$383,597,629	\$576,900,302	\$588,003,975
8138	FF for FY 12-13 Entitlement/Waiver					
	93.767.000 CHIP	\$0	\$0	\$179,036,399	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$179,036,399	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$522,059,967	\$537,207,099	\$562,634,028	\$576,900,302	\$588,003,975
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$803,146,738	\$818,263,254
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$722,365,260	\$757,803,779	\$787,304,071	\$803,146,738	\$818,263,254

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

529 Health and Human Services Commission

GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	4
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	1	Children's Health Insurance Program (CHIP)	Service: 22	Income: A.1	Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Children’s Health Insurance Program (CHIP) strategy includes funding for the basic CHIP program. CHIP is a non-entitlement health insurance benefit program for uninsured children (birth to age 18) in families with incomes at or below 200 percent of the federal poverty level who are not eligible for Medicaid. Texas CHIP provides a comprehensive statewide health benefits, including inpatient and outpatient medical and dental benefits, through 17 CHIP managed care organizations and 3 CHIP dental maintenance organizations. Texas CHIP began providing health coverage in May 2000.

The CHIP Reauthorization Act of 2009 (CHIPRA), which was signed into law on February 4, 2009, authorizes CHIP federal funding through federal fiscal year 2013. The Patient Protection and Affordable Care Act of 2010 (PPACA) extended CHIP federal funding through federal fiscal year 2015. PPACA also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019.

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2014-15 holds costs at FY 2013 levels. The FY 2011 expenditures represent the last year of prior CHIP services funded with state funds before HHSC requested changes to obtain federal matching funds.

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

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	4
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	1	Children's Health Insurance Program (CHIP)	Service: 22	Income: A.1	Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of down-turn, high unemployment or natural disasters could impact the numbers of Texas children enrolling in CHIP.

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

HHSC has not included CHIP Experience Rebate revenues for fiscal years 2014-2015 as there is uncertainty that Managed Care Organizations (MCOs) will generate sufficient profitability to trigger an experience rebate payment. Preliminary financial results indicate that MCO profits will be minimal to negative for fiscal year 2013 and the contract provides for a 2 year loss carry forward provision, further reducing the probability for future experience rebate payments. In addition, CHIP financial performance is combined with other programs in determining experience rebates and currently STAR+PLUS MCOs are showing significant losses.

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GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	4
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	2	CHIP Perinatal Services	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average Perinatal Recipient Months Per Month	44,214.00	37,024.00	37,339.00	37,840.00	38,601.00
Efficiency Measures:						
1	Average Perinatal Benefit Cost Per Recipient Month	439.08	466.91	457.71	457.94	457.96
Objects of Expense:						
3001	CLIENT SERVICES	\$232,148,135	\$209,046,730	\$213,374,183	\$207,937,903	\$212,132,278
TOTAL, OBJECT OF EXPENSE		\$232,148,135	\$209,046,730	\$213,374,183	\$207,937,903	\$212,132,278
Method of Financing:						
8010	GR Match For Title XXI	\$0	\$0	\$0	\$0	\$0
8025	Tobacco Receipts Match For Chip	\$64,424,400	\$60,853,503	\$55,207,360	\$58,576,107	\$59,694,023
8139	GR Match for CHIP - FY 12-13	\$0	\$0	\$5,710,969	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$64,424,400	\$60,853,503	\$60,918,329	\$58,576,107	\$59,694,023
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$167,723,735	\$148,193,227	\$138,163,429	\$149,361,796	\$152,438,255
CFDA Subtotal, Fund	555	\$167,723,735	\$148,193,227	\$138,163,429	\$149,361,796	\$152,438,255

529 Health and Human Services Commission

GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	4
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	2	CHIP Perinatal Services	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
8138	FF for FY 12-13 Entitlement/Waiver					
	93.767.000 CHIP	\$0	\$0	\$14,292,425	\$0	\$0
CFDA Subtotal, Fund	8138	\$0	\$0	\$14,292,425	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$167,723,735	\$148,193,227	\$152,455,854	\$149,361,796	\$152,438,255
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$207,937,903	\$212,132,278
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$232,148,135	\$209,046,730	\$213,374,183	\$207,937,903	\$212,132,278
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	4
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	2	CHIP Perinatal Services	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The CHIP Perinatal Services strategy includes funds to provide health benefit coverage under CHIP to unborn children in low-income families who are ineligible for Medicaid. The federal CHIP law allows States to provide health insurance coverage for uninsured children with a more favorable federal matching rate than Medicaid. CHIP Perinatal Services is an approved program under the federal law.

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

Projected expenditures for maintaining current cost trends are requested as an exceptional item as base funding for FY 2014-15 holds costs at FY 2013 levels.

Legal Base: 42 CFR 457.10

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

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

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GOAL: 3 Children's Health Insurance Program Services Statewide Goal/Benchmark: 3 4
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 3 CHIP PRESCRIPTION DRUGS Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Total Number of CHIP Prescriptions	2,424,152.00	2,434,723.00	2,630,760.00	2,713,843.00	2,785,728.00
Efficiency Measures:						
KEY 1	Average Cost Per CHIP Prescription	66.91	73.58	71.93	71.05	70.52
Objects of Expense:						
3001	CLIENT SERVICES	\$161,657,633	\$179,747,220	\$191,422,395	\$192,816,899	\$196,453,435
TOTAL, OBJECT OF EXPENSE		\$161,657,633	\$179,747,220	\$191,422,395	\$192,816,899	\$196,453,435
Method of Financing:						
8010	GR Match For Title XXI	\$8,000,000	\$0	\$0	\$0	\$0
8025	Tobacco Receipts Match For Chip	\$34,108,807	\$45,198,043	\$40,769,894	\$47,676,880	\$48,517,132
8070	Vendor Drug Rebates-CHIP	\$5,590,683	\$7,126,373	\$7,438,697	\$6,639,641	\$6,764,865
8139	GR Match for CHIP - FY 12-13	\$0	\$0	\$6,442,503	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$47,699,490	\$52,324,416	\$54,651,094	\$54,316,521	\$55,281,997
Method of Financing:						
555	Federal Funds					
	93.767.000 CHIP	\$113,958,143	\$127,422,804	\$120,648,119	\$138,500,378	\$141,171,438

529 Health and Human Services Commission

GOAL: 3 Children's Health Insurance Program Services Statewide Goal/Benchmark: 3 4
 OBJECTIVE: 1 CHIP Services Service Categories:
 STRATEGY: 3 CHIP PRESCRIPTION DRUGS Service: 22 Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
CFDA Subtotal, Fund 555		\$113,958,143	\$127,422,804	\$120,648,119	\$138,500,378	\$141,171,438
8138 FF for FY 12-13 Entitlement/Waiver						
93.767.000 CHIP		\$0	\$0	\$16,123,182	\$0	\$0
CFDA Subtotal, Fund 8138		\$0	\$0	\$16,123,182	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$113,958,143	\$127,422,804	\$136,771,301	\$138,500,378	\$141,171,438
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$192,816,899	\$196,453,435
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$161,657,633	\$179,747,220	\$191,422,395	\$192,816,899	\$196,453,435

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

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GOAL:	3	Children's Health Insurance Program Services	Statewide Goal/Benchmark:	3	4
OBJECTIVE:	1	CHIP Services	Service Categories:		
STRATEGY:	3	CHIP PRESCRIPTION DRUGS	Service: 22	Income: A.1	Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The CHIP Prescription Drugs strategy includes funding for the CHIP program to directly provide CHIP client medications through the CHIP managed care plans.

When the CHIP program was established in 2000, the CHIP program included client medications in the contract with various managed care providers. In 2002, CHIP began purchasing client medications through the Medicaid Vendor Drug Program. In March 2012, prescription drug services became part of the capitated payments to CHIP managed care organizations. The prescription drug expenditures from FY 2011 through FY 2015 reflected here represent the forecasted share of the monthly premium payment that is attributable to prescription drugs.

The rest of the capitated payments for CHIP medical services are reflected in Strategy 03-01-01.

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

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

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

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Objects of Expense:						
1001	SALARIES AND WAGES	\$1,584,412	\$1,937,816	\$2,079,487	\$2,033,536	\$2,033,536
1002	OTHER PERSONNEL COSTS	\$60,106	\$56,893	\$66,044	\$62,353	\$62,353
2001	PROFESSIONAL FEES AND SERVICES	\$7,802,471	\$16,047,075	\$16,364,281	\$15,345,492	\$15,291,275
2002	FUELS AND LUBRICANTS	\$190	\$121	\$76	\$99	\$99
2003	CONSUMABLE SUPPLIES	\$5,174	\$6,492	\$6,350	\$6,437	\$6,437
2004	UTILITIES	\$26,196	\$24,278	\$27,446	\$28,140	\$24,190
2005	TRAVEL	\$28,363	\$32,063	\$24,406	\$28,915	\$28,915
2006	RENT - BUILDING	\$55,407	\$41,444	\$51,693	\$46,570	\$46,570
2007	RENT - MACHINE AND OTHER	\$40,951	\$41,199	\$41,820	\$41,474	\$41,548
2009	OTHER OPERATING EXPENSE	\$476,103	\$1,371,655	\$807,648	\$1,091,494	\$1,091,494
5000	CAPITAL EXPENDITURES	\$9,587	\$10,772	\$10,772	\$10,772	\$10,772
TOTAL, OBJECT OF EXPENSE		\$10,088,960	\$19,569,808	\$19,480,023	\$18,695,282	\$18,637,189
Method of Financing:						
8010	GR Match For Title XXI	\$2,780,771	\$2,835,634	\$2,758,778	\$5,266,461	\$5,244,505
8025	Tobacco Receipts Match For Chip	\$0	\$2,773,194	\$2,822,562	\$0	\$0

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$2,780,771	\$5,608,828	\$5,581,340	\$5,266,461	\$5,244,505
Method of Financing:						
555 Federal Funds						
	93.767.000 CHIP	\$7,308,189	\$13,960,980	\$13,898,683	\$13,428,821	\$13,392,684
CFDA Subtotal, Fund	555	\$7,308,189	\$13,960,980	\$13,898,683	\$13,428,821	\$13,392,684
SUBTOTAL, MOF (FEDERAL FUNDS)		\$7,308,189	\$13,960,980	\$13,898,683	\$13,428,821	\$13,392,684
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$18,695,282	\$18,637,189
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$10,088,960	\$19,569,808	\$19,480,023	\$18,695,282	\$18,637,189
FULL TIME EQUIVALENT POSITIONS:		31.0	37.0	40.0	40.0	40.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

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

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Children’s Health Insurance Program (CHIP) Contracts and Administration includes agency staffing and contracted costs for quality monitoring that are allocated between the Medicaid and CHIP expenditures. Expenditures also include enrollment services for CHIP, which are provided by a contracted vendor. The Enrollment Broker serves as an intermediary between the CHIP Managed Care Organizations, the clients, and HHSC. Enrollment broker functions include maintaining updated enrollment files for CHIP recipients; issuing enrollment packets through its mail subcontractor in order to educate and enroll the recipients; and maintaining an operations center dedicated to completing the enrollments whether by mail or phone. Outreach efforts educate and assist recipients on a one-on-one basis with the completion of their enrollment. In addition to the contracted vendor costs, funding includes the related postage expense.

These costs were historically reported in Strategy A.1.2 Integrated Eligibility and Enrollment and have been moved to CHIP to more appropriately align with the area supported.

The enrollment broker costs related to Medicaid are represented in Strategy B.3.1 Medicaid Contracts and Administration.

Legal Base: Chapter 62, Health and Safety Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

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

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

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	7
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	1	Temporary Assistance for Needy Families Grants	Service:	28	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Average Number of TANF Basic Cash Assistance Recipients Per Month	111,532.00	103,369.00	95,271.00	93,816.00	95,114.00
KEY 2	Avg Number of State Two-Parent Cash Assist Recipients Per Month	4,847.00	4,230.00	3,749.00	3,692.00	3,743.00
3	Average Number of TANF One-time Payments Per Month	286.00	254.00	247.00	243.00	244.00
4	Number of Children Receiving \$30 Once a Year Grant	96,488.00	86,705.00	82,947.00	83,729.00	84,887.00
5	Average Monthly Number of TANF Grandparent Payments	68.00	53.00	44.00	41.00	41.00
6	Avg # TANF/State Cash Adults Per Month w/ State Time-limited Benefits	6,218.00	3,572.00	3,414.00	3,249.00	3,180.00
7	Avg # TANF/State Cash Adults/Month with Federal Time-limited Benefits	17,522.00	16,255.00	13,352.00	12,996.00	13,024.00
Efficiency Measures:						
KEY 1	Average Monthly Grant: TANF Basic Cash Assistance	69.75	70.25	71.80	73.26	74.72
KEY 2	Average Monthly Grant: State Two-Parent Cash Assistance Program	67.18	67.14	68.60	70.20	71.80
Explanatory/Input Measures:						
1	% of Potential Eligible Population Receiving TANF/State Cash Assist	19.69 %	17.61 %	15.69 %	15.19 %	15.09 %

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	7
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	1	Temporary Assistance for Needy Families Grants	Service:	28	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Objects of Expense:						
3001	CLIENT SERVICES	\$116,902,496	\$97,484,168	\$93,942,712	\$91,510,733	\$94,475,471
TOTAL, OBJECT OF EXPENSE		\$116,902,496	\$97,484,168	\$93,942,712	\$91,510,733	\$94,475,471
Method of Financing:						
1	General Revenue Fund	\$2,849,941	\$3,619,431	\$3,536,603	\$3,110,298	\$3,224,799
759	GR MOE For TANF	\$62,851,931	\$62,851,931	\$62,851,931	\$62,851,931	\$62,851,931
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$65,701,872	\$66,471,362	\$66,388,534	\$65,962,229	\$66,076,730
Method of Financing:						
369	Fed Recovery & Reinvestment Fund					
	93.714.000 TANF Emrgcy Contngncy Fnd-Stimulus	\$14,368,797	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	369	\$14,368,797	\$0	\$0	\$0	\$0
555	Federal Funds					
	93.558.000 Temp AssistNeedy Families	\$36,831,827	\$31,012,806	\$27,554,178	\$25,548,504	\$28,398,741
CFDA Subtotal, Fund	555	\$36,831,827	\$31,012,806	\$27,554,178	\$25,548,504	\$28,398,741
SUBTOTAL, MOF (FEDERAL FUNDS)		\$51,200,624	\$31,012,806	\$27,554,178	\$25,548,504	\$28,398,741

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	7
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	1	Temporary Assistance for Needy Families Grants	Service:	28	Income: A.1 Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Temporary Assistance for Needy Families (TANF) strategy includes a portion of the federal funding provided through the TANF block grant to the State. The purpose of TANF Cash Assistance is to provide financial assistance to needy dependent children and the parents or relatives with whom they are living. Eligible TANF households receive monthly cash and Medicaid benefits. TANF funds are targeted to providing time-limited financial assistance to needy families with children; services to end family dependence on government benefits by promoting job preparation, work, and marriage; services to prevent out-of-wedlock pregnancies; and activities that encourage the formation and maintenance of two-parent families.

Federal TANF funding helps states provide assistance to needy families by granting statewide flexibility to determine eligibility, method of assistance and benefit levels. Types of assistance can include benefits directed at basic needs like food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses. Benefits can also include childcare, transportation, and supports for families. Some TANF grants to families occur monthly and some benefits are awarded on a one-time basis.

State funds provide cash assistance to families with two parents who both receive benefits with children deprived of parental support because of the unemployment or underemployment of a parent.

Legal Base: Social Security Act, Title IV-A; 42 United States Code, Section 601 et seq.; Chapter 31, Human Resources Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	7
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	1	Temporary Assistance for Needy Families Grants	Service:	28	Income: A.1
					Age: B.1

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Periods of economic down-turn, high unemployment or natural disasters could impact the number of Texas families applying for TANF cash assistance and could impact the extent to which the cash assistance amount is adequate to encourage self-sufficiency. The maximum monthly grant is set, by rider, to be at least 17% of the federal poverty level. The grant amount has not been increased in over a decade. Federal policy changes could also impact TANF cash assistance.

HHSC continues to need the flexibility to ensure that the TANF Maintenance of Effort (MOE) requirement is met as only a portion of the State's general revenue funding for TANF MOE is appropriated to HHSC. HHSC must also coordinate with the other state agencies with TANF MOE appropriations to insure expenditures meet the federal requirements.

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	2	Refugee Assistance	Service: 28	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
1	Number of Refugees Receiving Financial Services	4,547.00	4,547.00	4,200.00	4,200.00	4,200.00
2	Number of Refugees Receiving Social Services	11,000.00	11,000.00	11,000.00	11,000.00	11,000.00
3	Number of Refugees Receiving Medical Services	4,500.00	4,500.00	4,200.00	4,200.00	4,200.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$454,915	\$462,145	\$463,509	\$469,246	\$469,246
1002	OTHER PERSONNEL COSTS	\$15,974	\$14,458	\$14,705	\$14,810	\$14,810
2001	PROFESSIONAL FEES AND SERVICES	\$24,775	\$74,779	\$74,280	\$75,114	\$75,115
2002	FUELS AND LUBRICANTS	\$28	\$26	\$7	\$17	\$17
2003	CONSUMABLE SUPPLIES	\$543	\$5,322	\$5,307	\$5,318	\$5,318
2004	UTILITIES	\$5,870	\$13,680	\$13,433	\$13,752	\$13,518
2005	TRAVEL	\$40,170	\$52,919	\$52,919	\$53,095	\$53,095
2006	RENT - BUILDING	\$8,210	\$11,733	\$12,041	\$11,887	\$11,887
2007	RENT - MACHINE AND OTHER	\$6,137	\$6,641	\$6,668	\$6,648	\$6,661
2009	OTHER OPERATING EXPENSE	\$21,083	\$221,999	\$221,208	\$222,079	\$222,080
3001	CLIENT SERVICES	\$20,050,476	\$19,040,608	\$19,127,755	\$19,126,077	\$19,135,941
4000	GRANTS	\$14,440,189	\$15,877,747	\$15,877,747	\$15,396,285	\$15,396,285
5000	CAPITAL EXPENDITURES	\$1,636	\$1,837	\$1,837	\$1,837	\$1,837

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	2	Refugee Assistance	Service: 28	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
TOTAL, OBJECT OF EXPENSE		\$35,070,006	\$35,783,894	\$35,871,416	\$35,396,165	\$35,405,810
Method of Financing:						
555 Federal Funds						
	93.566.000 Refugee and Entrant Assis	\$29,621,603	\$28,882,572	\$28,970,094	\$28,976,307	\$28,985,952
	93.576.000 Refugee and Entrant	\$2,364,454	\$2,425,884	\$2,425,884	\$1,944,420	\$1,944,420
	93.584.000 Refugee and Entrant Assis	\$3,083,949	\$4,475,438	\$4,475,438	\$4,475,438	\$4,475,438
CFDA Subtotal, Fund	555	\$35,070,006	\$35,783,894	\$35,871,416	\$35,396,165	\$35,405,810
SUBTOTAL, MOF (FEDERAL FUNDS)		\$35,070,006	\$35,783,894	\$35,871,416	\$35,396,165	\$35,405,810
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$35,396,165	\$35,405,810
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$35,070,006	\$35,783,894	\$35,871,416	\$35,396,165	\$35,405,810
FULL TIME EQUIVALENT POSITIONS:		8.8	8.8	8.8	8.8	8.8
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	2	Refugee Assistance	Service: 28	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Refugee Assistance strategy includes funding to help eligible individuals attain economic independence and cultural adjustment as soon as possible after arriving in the United States. HHSC distributes funds in accordance with federal law, coordinates public and private services for the benefit of immigrants and refugees, and addresses inquiries related to refugee services.

Eligible individuals must meet federal eligibility standards including refugees, asylees, Cuban and Haitian entrants and parolees, certain Americans, special immigrants with visas from Iraq and Afghanistan and certified victims of severe forms of trafficking. This strategy contributes to the agency’s objective to encourage self-sufficiency.

The Refugee Affairs Program provides temporary cash assistance and medical assistance for refugees who have lived in the United States for eight months or less. Social services are available to eligible refugees who have lived in the United States for up to five years. Discretionary services are available to eligible refugees until they become U.S. citizens.

Legal Base: Sec. 752.004, Health and Safety Code; Immigration reform and Control Act of 1986; Refugee Act of 1980; Section 400.41 of the Code of Federal Regulations

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL: 4 Encourage Self Sufficiency
 OBJECTIVE: 1 Assistance Services
 STRATEGY: 3 Disaster Assistance

Statewide Goal/Benchmark: 3 0
 Service Categories:
 Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
1	Number of Applications Approved	1,207.00	480.00	0.00	0.00	0.00
Objects of Expense:						
1001	SALARIES AND WAGES	\$190,340	\$101,865	\$12,600	\$0	\$0
1002	OTHER PERSONNEL COSTS	\$1,561	\$0	\$0	\$0	\$0
2001	PROFESSIONAL FEES AND SERVICES	\$717,184	\$18,885	\$0	\$0	\$0
2003	CONSUMABLE SUPPLIES	\$253	\$15,000	\$273	\$0	\$0
2004	UTILITIES	\$7,827	\$0	\$0	\$0	\$0
2005	TRAVEL	\$10,924	\$5,385	\$119	\$0	\$0
2009	OTHER OPERATING EXPENSE	\$445	\$163,350	\$756	\$0	\$0
3001	CLIENT SERVICES	\$0	\$2,750,000	\$0	\$0	\$0
4000	GRANTS	\$78,137,400	\$5,170,725	\$0	\$0	\$0
TOTAL, OBJECT OF EXPENSE		\$79,065,934	\$8,225,210	\$13,748	\$0	\$0
Method of Financing:						
1	General Revenue Fund	\$0	\$687,500	\$0	\$0	\$0
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$0	\$687,500	\$0	\$0	\$0

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	3	Disaster Assistance	Service: 28	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Method of Financing:						
555	Federal Funds					
93.667.000	Social Svcs Block Grants	\$65,193,215	\$5,189,610	\$0	\$0	\$0
97.050.000	Indvdl. & Househld Other Needs	\$91,654	\$2,185,254	\$13,748	\$0	\$0
97.088.000	Case Management Pilot	\$13,780,866	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$79,065,735	\$7,374,864	\$13,748	\$0	\$0
SUBTOTAL, MOF (FEDERAL FUNDS)		\$79,065,735	\$7,374,864	\$13,748	\$0	\$0
Method of Financing:						
666	Appropriated Receipts	\$199	\$162,846	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$199	\$162,846	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$0	\$0
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$79,065,934	\$8,225,210	\$13,748	\$0	\$0
FULL TIME EQUIVALENT POSITIONS:		4.2	2.2	0.5	0.0	0.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	3	Disaster Assistance	Service: 28	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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Disaster Assistance funding assists people located in areas that are declared a disaster by the Governor or President. Programs include: Emergency Preparation and Mitigation, Other Needs Assistance (ONA), Public Assistance, & the Social Services Block Grant (SSBG) Supplemental Disaster Assistance (SDA) grant.

HHSC's Eligibility Emergency Services Program provides water & ice to people affected by state & federal disasters. FEMA provides Public Assistance funds to HHSC for damages & unusual expenses incurred to its facilities and programs.

The ONA program is administered jointly with the Federal Emergency Management Agency. FEMA provides housing assistance & HHSC provides grants to meet the other needs of people who live in a Presidential Declared disaster area. Eligible people must be underinsured, not qualify for loan assistance from the Small Business Administration, & have serious needs & expenses resulting from the disaster.

HHSC passes through SSBG-SDA Grant funds to local councils of government to respond to local needs for social & health services. The match rate for federal disaster programs is usually 75% federal. The SSBG funding is 100% federal. Without a federal declaration, services are funded from state GR. Most of FY2011 expenditures are related to SSBG grants & case management coordination for Hurricanes Ike & Dolly in 2008. The FY2012 client services expenditures are related to the Central TX wildfires in 2011.

Legal Base: Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended , PL 106-390; Section 418.022, Government Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Assistance Services	Service Categories:		
STRATEGY:	3	Disaster Assistance	Service: 28	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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There typically is no state appropriation made in the Disaster Assistance strategy. Any required state expenditures for disaster assistance must be transferred from another HHSC program.

When disasters occur in the last few months of the biennium, general revenue funds may not be available for transfer from other programs to disaster and there may be cash flow issues, even when budgetary authority is available; the number and severity of disasters, coupled with the economic circumstances of the population affects the assistance levels provided and state matching funds needed; and the requirement of prior notification of funds transfer may impede the flow of funds into the disaster program.

The state matching share percent is normally 25% for Other Needs Assistance and Public Assistance. Sometimes Congress has increased the federal financial participation on significant disasters, such as for Hurricanes Katrina and Rita in 2005.

529 Health and Human Services Commission

GOAL: 4 Encourage Self Sufficiency Statewide Goal/Benchmark: 3 20
 OBJECTIVE: 2 Other Family Support Services Service Categories:
 STRATEGY: 1 Family Violence Services Service: 28 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Number of Persons Served by Family Violence Programs/Shelters	80,942.00	60,915.00	79,000.00	79,000.00	79,000.00
2	Number of Participating Family Violence Programs/Shelters	88.00	96.00	96.00	96.00	96.00
3	Number of Hotline Calls	208,338.00	207,510.00	180,000.00	180,000.00	180,000.00
Efficiency Measures:						
KEY 1	HHSC Avg Cost Per Person Receiving Family Violence Shelter Services	286.75	781.91	951.69	951.69	951.69
2	HHSC Average Cost/Person for Family Violence Non-Residential Services	13.01	13.01	13.01	14.70	14.70
Explanatory/Input Measures:						
1	Number of Women Battered in the Last 12 Months	10,985,165.00	1,118,193.00	1,034,359.00	1,034,359.00	1,034,359.00
2	Percent of Family Violence Program Budgets Funded by HHSC	35.00%	35.00%	36.00%	36.00%	36.00%
Objects of Expense:						
1001	SALARIES AND WAGES	\$410,980	\$462,588	\$487,045	\$481,237	\$481,237
1002	OTHER PERSONNEL COSTS	\$16,341	\$15,516	\$15,719	\$15,848	\$15,848
2001	PROFESSIONAL FEES AND SERVICES	\$1,400,841	\$1,451,496	\$1,452,581	\$1,452,623	\$1,452,625

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	20
OBJECTIVE:	2	Other Family Support Services	Service Categories:		
STRATEGY:	1	Family Violence Services	Service: 28	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
2002	FUELS AND LUBRICANTS	\$38	\$35	\$7	\$21	\$21
2003	CONSUMABLE SUPPLIES	\$1,383	\$1,639	\$1,515	\$1,581	\$1,581
2004	UTILITIES	\$6,368	\$19,065	\$18,322	\$18,466	\$19,078
2005	TRAVEL	\$25,746	\$28,420	\$26,616	\$27,691	\$27,691
2006	RENT - BUILDING	\$9,413	\$10,751	\$8,371	\$9,561	\$9,561
2007	RENT - MACHINE AND OTHER	\$8,182	\$8,855	\$8,561	\$8,700	\$8,716
2009	OTHER OPERATING EXPENSE	\$30,624	\$37,264	\$35,273	\$36,742	\$36,743
4000	GRANTS	\$23,428,830	\$22,909,301	\$23,034,729	\$22,988,078	\$22,988,078
5000	CAPITAL EXPENDITURES	\$2,180	\$2,450	\$2,450	\$2,450	\$2,450
TOTAL, OBJECT OF EXPENSE		\$25,340,926	\$24,947,380	\$25,091,189	\$25,042,998	\$25,043,629
Method of Financing:						
1	General Revenue Fund	\$10,845,555	\$3,212,410	\$10,211,468	\$7,869,591	\$7,870,222
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$10,845,555	\$3,212,410	\$10,211,468	\$7,869,591	\$7,870,222
Method of Financing:						
469	Crime Victims Comp Acct	\$0	\$4,587,828	\$0	\$2,293,914	\$2,293,914
SUBTOTAL, MOF (GENERAL REVENUE FUNDS - DEDICATED)		\$0	\$4,587,828	\$0	\$2,293,914	\$2,293,914

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	20
OBJECTIVE:	2	Other Family Support Services	Service Categories:		
STRATEGY:	1	Family Violence Services	Service: 28	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Method of Financing:						
555	Federal Funds					
93.558.667	TANF to Title XX	\$9,156,729	\$9,502,113	\$9,502,427	\$9,502,268	\$9,502,268
93.566.000	Refugee and Entrant Assis	\$64,823	\$32,397	\$32,537	\$32,468	\$32,468
93.667.000	Social Svcs Block Grants	\$0	\$2,300,000	\$0	\$0	\$0
93.671.000	Family Violence Preventio	\$5,273,819	\$5,312,632	\$5,344,757	\$5,344,757	\$5,344,757
CFDA Subtotal, Fund	555	\$14,495,371	\$17,147,142	\$14,879,721	\$14,879,493	\$14,879,493
SUBTOTAL, MOF (FEDERAL FUNDS)		\$14,495,371	\$17,147,142	\$14,879,721	\$14,879,493	\$14,879,493
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$25,042,998	\$25,043,629
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$25,340,926	\$24,947,380	\$25,091,189	\$25,042,998	\$25,043,629
FULL TIME EQUIVALENT POSITIONS:		9.3	10.3	10.3	10.3	10.3
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	20
OBJECTIVE:	2	Other Family Support Services	Service Categories:		
STRATEGY:	1	Family Violence Services	Service:	28	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Family Violence Services strategy includes state funding for programs that provide services to victims of family violence. HHSC contracts with family violence centers to provide emergency shelter and/or nonresidential services to adult victims of family violence and their dependent children. Program objectives include; enhancing the safety of adult victims and their children by providing temporary shelter and/or intervention services; ensuring the responsiveness of community systems to the needs of adult victims and their children and ensuring that adequate resources are available within the community to meet those needs; and providing public awareness about the criminality of acts of violence toward family members and eradicating public misconceptions about family violence.

The services are a continuation of the agency’s effort to enhance the safety of adult victims and their children by providing services such as, emergency 24-hour a day shelter, 24-hour hotline, intervention services, children’s services and therapeutic activities, employment and training services, assistance in obtaining medical care, legal assistance in the civil and criminal justice systems, counseling services, transportation, law enforcement liaison, community education, and information and referral services.

The biennial increase in FY 2014-15 state funds is from one-time project funding from FY 2012-13 that is requested to replace the federal funds used in FY 13 in lieu of the Crime Victims Account 469.

Legal Base: Chapter 51, Human Resources Code

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

External: There is a documented need to increase services in currently underserved areas of Texas and develop services for underserved populations.

Internal: The availability of funding, from the state and from the local communities, continues to be a factor that affects the ability to add new programs in underserved areas, as well as, the expansion of existing programs to better meet a community’s need.

529 Health and Human Services Commission

GOAL: 4 Encourage Self Sufficiency Statewide Goal/Benchmark: 3 14
 OBJECTIVE: 2 Other Family Support Services Service Categories:
 STRATEGY: 2 Alternatives to Abortion. Nontransferable. Service: NA Income: NA Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
KEY 1	Number of Persons Receiving Services as Alternative to Abortion	16,240.00	16,274.00	16,000.00	16,000.00	16,000.00
2	Number of Alternatives to Abortion Services Provided	73,706.00	77,520.00	70,000.00	70,000.00	70,000.00
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$4,000,000	\$4,150,000	\$4,150,000	\$4,150,000	\$4,150,000
TOTAL, OBJECT OF EXPENSE		\$4,000,000	\$4,150,000	\$4,150,000	\$4,150,000	\$4,150,000
Method of Financing:						
1	General Revenue Fund	\$1,500,000	\$1,150,000	\$1,150,000	\$1,150,000	\$1,150,000
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$1,500,000	\$1,150,000	\$1,150,000	\$1,150,000	\$1,150,000
Method of Financing:						
555	Federal Funds					
93.558.000	Temp AssistNeedy Families	\$2,500,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
CFDA Subtotal, Fund	555	\$2,500,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
SUBTOTAL, MOF (FEDERAL FUNDS)		\$2,500,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	14
OBJECTIVE:	2	Other Family Support Services	Service Categories:		
STRATEGY:	2	Alternatives to Abortion. Nontransferable.	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015	
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)						\$4,150,000	\$4,150,000
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$4,000,000	\$4,150,000	\$4,150,000	\$4,150,000	\$4,150,000	

FULL TIME EQUIVALENT POSITIONS:

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Alternatives to Abortion Program is a statewide program for women focused on pregnancy support services that promote childbirth. HHSC uses funds in this strategy to contract for coordinated services and support to expectant mothers who seek alternatives to abortion in a secure, healthy, and nurturing environment.

Since a number of organizations in Texas already provide support services that promote childbirth and alternatives to abortion, the HHSC-funded program is intended to supplement, coordinate and expand the availability and use of such services. Support services are provided by organizations such as adoption agencies, maternity homes, and pregnancy centers.

This strategy contributes to the agency's objective to encourage self-sufficiency. State funding is focused on efforts to enhance support services such as: GED preparation, counseling services to the pregnant woman and her family members, information and referral services, and limited assistance with related purchases like maternity clothes and a baby car seat.

Legal Base: 2006-07 General Appropriations Act (Article II, Special Provisions, Section 50, S.B. 1, 79th Legislature, Regular Session, 2005)

529 Health and Human Services Commission

GOAL:	4	Encourage Self Sufficiency	Statewide Goal/Benchmark:	3	14
OBJECTIVE:	2	Other Family Support Services	Service Categories:		
STRATEGY:	2	Alternatives to Abortion. Nontransferable.	Service: NA	Income: NA	Age: NA

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The U.S. National Center for Health Statistics reported that in 2009 Texas had the fourth highest birthrate for teens age 15-17 (34.3 per 1,000 births) and the third highest for the group age 15-19 (60.7 per 1,000 births) among the states and the District of Columbia. (2009 is the last year for which national statistics have been reported on this subject). The highest rate of teenage births is among Hispanic teens at 70.1 (per 1,000 births).

The most recent Texas vital statistics report available provided by the Texas Department of State Health Services (DSHS) indicated that 16% of all pregnancies in 2010 were aborted.

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	1	Central Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Objects of Expense:						
1001	SALARIES AND WAGES	\$11,025,177	\$11,494,909	\$11,913,689	\$11,581,822	\$11,581,822
1002	OTHER PERSONNEL COSTS	\$433,878	\$402,405	\$365,850	\$386,476	\$386,476
2001	PROFESSIONAL FEES AND SERVICES	\$1,604,258	\$3,653,304	\$3,777,212	\$1,912,469	\$1,912,511
2002	FUELS AND LUBRICANTS	\$651	\$605	\$0	\$302	\$302
2003	CONSUMABLE SUPPLIES	\$16,495	\$34,081	\$45,663	\$39,954	\$39,954
2004	UTILITIES	\$100,272	\$311,168	\$220,682	\$267,984	\$267,267
2005	TRAVEL	\$61,424	\$128,318	\$223,686	\$179,825	\$179,825
2006	RENT - BUILDING	\$167,634	\$198,224	\$14,171	\$106,204	\$106,204
2007	RENT - MACHINE AND OTHER	\$143,874	\$156,460	\$136,012	\$146,087	\$146,375
2009	OTHER OPERATING EXPENSE	\$368,009	\$543,092	\$455,304	\$499,631	\$499,637
5000	CAPITAL EXPENDITURES	\$37,443	\$42,093	\$42,093	\$42,093	\$42,093
TOTAL, OBJECT OF EXPENSE		\$13,959,115	\$16,964,659	\$17,194,362	\$15,162,847	\$15,162,466

Method of Financing:

1	General Revenue Fund	\$91,332	\$2,046,840	\$2,541,188	\$209,230	\$209,230
758	GR Match For Medicaid	\$2,652,681	\$2,780,979	\$2,734,217	\$2,795,773	\$2,795,692
8010	GR Match For Title XXI	\$19,633	\$22,442	\$21,612	\$22,031	\$22,030

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	1	Central Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
8014	GR Match Food Stamp Adm	\$2,842,463	\$3,110,575	\$3,051,171	\$3,110,102	\$3,110,063
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$5,606,109	\$7,960,836	\$8,348,188	\$6,137,136	\$6,137,015
Method of Financing:						
555	Federal Funds					
10.561.000	St Admin Match Food Stamp	\$2,842,464	\$3,109,575	\$3,051,171	\$3,113,799	\$3,113,703
93.558.000	Temp AssistNeedy Families	\$384,377	\$429,828	\$416,989	\$427,379	\$427,361
93.566.000	Refugee and Entrant Assis	\$23,084	\$24,415	\$24,084	\$24,562	\$24,562
93.667.000	Social Svcs Block Grants	\$1,421	\$1,504	\$1,420	\$1,476	\$1,476
93.767.000	CHIP	\$50,595	\$54,291	\$52,197	\$53,243	\$53,241
93.778.003	XIX 50%	\$2,652,733	\$2,780,979	\$2,734,217	\$2,795,773	\$2,795,692
CFDA Subtotal, Fund	555	\$5,954,674	\$6,400,592	\$6,280,078	\$6,416,232	\$6,416,035
SUBTOTAL, MOF (FEDERAL FUNDS)		\$5,954,674	\$6,400,592	\$6,280,078	\$6,416,232	\$6,416,035
Method of Financing:						
777	Interagency Contracts	\$2,398,332	\$2,603,231	\$2,566,096	\$2,609,479	\$2,609,416
SUBTOTAL, MOF (OTHER FUNDS)		\$2,398,332	\$2,603,231	\$2,566,096	\$2,609,479	\$2,609,416

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	1	Central Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$15,162,847	\$15,162,466
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$13,959,115	\$16,964,659	\$17,194,362	\$15,162,847	\$15,162,466
FULL TIME EQUIVALENT POSITIONS:		186.8	193.8	200.3	194.3	194.3

STRATEGY DESCRIPTION AND JUSTIFICATION:

The Central Program Support strategy includes expenditures required to support the internal administrative functions of the agency, impacting the business and fiscal operations of the agency. Services include accounting, budget, contract and grant administration, internal audit, external relations and legal. These areas support, guide, and assist HHSC program areas. These functions support HHSC which supports the entire HHS enterprise and funding is dependent upon all five agencies.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	1	Central Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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External factors, which would impact this strategy, result from increases in Medicaid and CHIP caseloads and the corresponding need to provide oversight and develop policies that are client focused.

The primary internal factor impacting this strategy is continued focus on transition and transformation of the HHS system to achieve cost savings that can be directed toward consumer service delivery.

Functions within this strategy must focus on balancing oversight and operations, consolidating administrative services, and strengthening contract management.

Estimated costs for fiscal years 2014-15 reflect reallocation of direct and indirect costs associated with a reorganization of HHSC's Information Technology (IT) Division. The impact of this reallocation slightly increases costs in this strategy for 2014-15, compared to the current biennium.

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	2	Information Technology Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Objects of Expense:						
1001	SALARIES AND WAGES	\$5,191,888	\$5,043,110	\$5,534,747	\$2,951,075	\$2,951,075
1002	OTHER PERSONNEL COSTS	\$190,580	\$156,307	\$389,434	\$201,665	\$201,665
2001	PROFESSIONAL FEES AND SERVICES	\$6,770,273	\$8,365,375	\$6,249,739	\$8,616,490	\$8,709,903
2002	FUELS AND LUBRICANTS	\$287	\$0	\$665	\$333	\$333
2003	CONSUMABLE SUPPLIES	\$6,173	\$4,847	\$49,028	\$23,778	\$23,778
2004	UTILITIES	\$85,463	\$279,063	\$672,800	\$382,048	\$388,290
2005	TRAVEL	\$10,290	\$14,756	\$14,756	\$10,098	\$10,098
2006	RENT - BUILDING	\$71,520	\$170	\$840,944	\$420,475	\$420,475
2007	RENT - MACHINE AND OTHER	\$61,740	\$57,330	\$156,423	\$106,813	\$106,941
2009	OTHER OPERATING EXPENSE	\$2,686,954	\$1,229,648	\$1,981,065	\$1,005,783	\$1,005,783
5000	CAPITAL EXPENDITURES	\$190,912	\$18,576	\$18,576	\$18,576	\$18,576
TOTAL, OBJECT OF EXPENSE		\$15,266,080	\$15,169,182	\$15,908,177	\$13,737,134	\$13,836,917
Method of Financing:						
1	General Revenue Fund	\$486,130	\$311,200	\$325,316	\$194,267	\$196,377
758	GR Match For Medicaid	\$3,103,727	\$2,974,427	\$2,996,203	\$2,526,530	\$2,551,020
8010	GR Match For Title XXI	\$34,724	\$35,042	\$35,205	\$26,459	\$26,597

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	2	Information Technology Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
8014	GR Match Food Stamp Adm	\$3,017,630	\$3,121,321	\$2,736,247	\$2,767,442	\$2,779,155
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$6,642,211	\$6,441,990	\$6,092,971	\$5,514,698	\$5,553,149
Method of Financing:						
555	Federal Funds					
10.561.000	St Admin Match Food Stamp	\$3,017,628	\$3,159,415	\$2,790,402	\$2,759,142	\$2,779,155
93.558.000	Temp AssistNeedy Families	\$394,830	\$410,782	\$395,490	\$351,206	\$353,919
93.566.000	Refugee and Entrant Assis	\$160,135	\$157,158	\$159,794	\$95,691	\$95,847
93.667.000	Social Svcs Block Grants	\$1,434	\$1,478	\$1,444	\$1,250	\$1,259
93.767.000	CHIP	\$89,515	\$84,725	\$85,120	\$63,970	\$64,304
93.778.003	XIX 50%	\$3,116,185	\$2,977,580	\$3,000,615	\$2,530,310	\$2,554,805
93.778.004	XIX ADM @ 75%	\$8	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$6,779,735	\$6,791,138	\$6,432,865	\$5,801,569	\$5,849,289
SUBTOTAL, MOF (FEDERAL FUNDS)		\$6,779,735	\$6,791,138	\$6,432,865	\$5,801,569	\$5,849,289
Method of Financing:						
777	Interagency Contracts	\$1,844,134	\$1,936,054	\$3,382,341	\$2,420,867	\$2,434,479
SUBTOTAL, MOF (OTHER FUNDS)		\$1,844,134	\$1,936,054	\$3,382,341	\$2,420,867	\$2,434,479

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	2	Information Technology Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$13,737,134	\$13,836,917
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$15,266,080	\$15,169,182	\$15,908,177	\$13,737,134	\$13,836,917
FULL TIME EQUIVALENT POSITIONS:		85.7	82.7	94.0	50.0	50.0

STRATEGY DESCRIPTION AND JUSTIFICATION:

HHSC information technology (IT) provides information resource management services that include application systems development and maintenance; project management; HIPAA compliance coordination and project implementation; network, security, desk-side and telecommunications support services at central and regional locations. This strategy includes staff costs, professional services and contracted staff costs and computer equipment maintenance related to the support of HHSC programs. These IT functions support HHSC which supports the entire HHS enterprise and funding is dependent upon all five agencies.

HHSC IT supports the daily information technology needs of all HHSC.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	2	Information Technology Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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External impacts on Information Technology include the Data Center Consolidation functions and support at the Department of Information Resources. Technology upgrades and state-wide efforts such as the Comptroller’s Centralized Accounting and Payroll/Personnel System (CAPPS), will continue to change the requirements of IT program support. State and federal statutory and regulatory changes often impact technology systems resulting in needs for system/application modifications to implement the new law and/or regulations.

The agency continues to upgrade and modernize the Eligibility Automated Systems and the Supporting Technologies affected by the Affordable Care Act (ACA). The agency is building the interoperability needed to exchange information.

Internal impacts include continuing programmatic and/or policy changes resulting in needed IT systems and/or other application modifications. The GASB Summary of Statement #51, effective 9/1/10, could impact the purchase and depreciation of certain software.

Estimated costs for fiscal years 2014-15 reflect reallocation of direct and indirect costs associated with a reorganization of HHSC’s Information Technology (IT) Division. The impact of this reallocation decreases costs in this strategy for FY 2014-15, compared to the current biennium.

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	3	Regional Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Objects of Expense:						
1001	SALARIES AND WAGES	\$14,949,268	\$15,474,685	\$15,441,058	\$12,191,370	\$12,191,370
1002	OTHER PERSONNEL COSTS	\$2,559,188	\$1,754,800	\$1,847,612	\$1,653,704	\$1,653,704
2001	PROFESSIONAL FEES AND SERVICES	\$694,802	\$902,966	\$666,508	\$865,817	\$873,277
2002	FUELS AND LUBRICANTS	\$134,559	\$136,801	\$122,899	\$129,850	\$129,850
2003	CONSUMABLE SUPPLIES	\$4,489,470	\$4,585,848	\$4,408,351	\$4,494,335	\$4,494,335
2004	UTILITIES	\$11,392,626	\$21,086,040	\$21,409,622	\$21,240,081	\$21,174,443
2005	TRAVEL	\$755,152	\$700,878	\$700,705	\$532,715	\$532,715
2006	RENT - BUILDING	\$46,076,078	\$48,373,731	\$50,385,705	\$49,379,803	\$49,379,803
2007	RENT - MACHINE AND OTHER	\$8,712,975	\$9,099,072	\$9,521,885	\$9,273,802	\$9,347,150
2009	OTHER OPERATING EXPENSE	\$23,758,721	\$24,020,384	\$22,747,515	\$23,400,198	\$23,401,143
5000	CAPITAL EXPENDITURES	\$244,026	\$209,376	\$209,376	\$209,376	\$209,376
TOTAL, OBJECT OF EXPENSE		\$113,766,865	\$126,344,581	\$127,461,236	\$123,371,051	\$123,387,166

Method of Financing:

1	General Revenue Fund	\$28,984	\$26,912	\$21,588	\$15,424	\$16,098
758	GR Match For Medicaid	\$2,472,417	\$2,318,383	\$2,427,336	\$1,593,365	\$1,593,280
8010	GR Match For Title XXI	\$9,653	\$9,232	\$7,191	\$5,663	\$5,662

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GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	3	Regional Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
8014	GR Match Food Stamp Adm	\$3,054,035	\$2,948,703	\$2,879,056	\$1,928,877	\$1,928,063
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$5,565,089	\$5,303,230	\$5,335,171	\$3,543,329	\$3,543,103
Method of Financing:						
555	Federal Funds					
10.561.000	St Admin Match Food Stamp	\$3,054,036	\$2,948,003	\$2,879,056	\$1,928,177	\$1,928,063
93.558.000	Temp AssistNeedy Families	\$438,963	\$422,737	\$372,408	\$264,623	\$264,603
93.566.000	Refugee and Entrant Assis	\$8,154	\$7,781	\$8,227	\$5,573	\$5,572
93.667.000	Social Svcs Block Grants	\$676	\$1,005	\$686	\$345	\$345
93.767.000	CHIP	\$24,333	\$22,251	\$17,039	\$13,516	\$13,515
93.778.003	XIX 50%	\$2,472,801	\$2,318,383	\$2,427,350	\$1,593,375	\$1,593,290
CFDA Subtotal, Fund	555	\$5,998,963	\$5,720,160	\$5,704,766	\$3,805,609	\$3,805,388
SUBTOTAL, MOF (FEDERAL FUNDS)		\$5,998,963	\$5,720,160	\$5,704,766	\$3,805,609	\$3,805,388
Method of Financing:						
777	Interagency Contracts	\$102,202,813	\$115,321,191	\$116,421,299	\$116,022,113	\$116,038,675
SUBTOTAL, MOF (OTHER FUNDS)		\$102,202,813	\$115,321,191	\$116,421,299	\$116,022,113	\$116,038,675

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	3	Regional Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$123,371,051	\$123,387,166
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$113,766,865	\$126,344,581	\$127,461,236	\$123,371,051	\$123,387,166
FULL TIME EQUIVALENT POSITIONS:		391.4	385.4	385.4	309.4	309.4

STRATEGY DESCRIPTION AND JUSTIFICATION:

The regional program support service provides region-specific support services including; business services such as accounts payable, building and property management, and budget management. The purpose is to provide consolidated administrative support and infrastructure support to all HHS Enterprise employees working in local and regional offices. These functions support the entire HHS enterprise and funding is dependent upon all five agencies.

Legal Base: Human Resources Code, Chapter 21 and 22

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	5	Program Support	Statewide Goal/Benchmark:	3	0
OBJECTIVE:	1	Program Support	Service Categories:		
STRATEGY:	3	Regional Program Support	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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External Factors: Staffing increases at HHS agencies increases demand for regional services. As consolidation, optimization, and reorganizations continue, the regional program support structure will change to meet the needs and requirements of any new program delivery model. Coordination with the Texas Facilities Commission on the acquisition of property is necessary as well as the coordination of all five HHS agencies in determining local office needs.

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

Estimated costs for fiscal years 2014-15 reflect reallocation of direct and indirect costs associated with a reorganization of HHSC's Information Technology (IT) Division. The impact of this reallocation decreases costs in this strategy for FY 2014-15, compared to the current biennium.

529 Health and Human Services Commission

GOAL: 6 Information Technology Projects Statewide Goal/Benchmark: 3 10
 OBJECTIVE: 1 Information Technology Projects Service Categories:
 STRATEGY: 1 Texas Integrated Eligibility Redesign System & Supporting Tech Service: 09 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Objects of Expense:						
2001	PROFESSIONAL FEES AND SERVICES	\$32,219,901	\$14,067,490	\$138,487	\$235,259	\$138,487
2003	CONSUMABLE SUPPLIES	\$1,329	\$0	\$0	\$0	\$0
2004	UTILITIES	\$7,761,644	\$4,961,240	\$3,454,465	\$4,961,240	\$3,454,465
2007	RENT - MACHINE AND OTHER	\$1,661,931	\$120,238	\$79,905	\$120,238	\$79,905
2009	OTHER OPERATING EXPENSE	\$49,097,633	\$54,209,442	\$49,092,723	\$54,209,442	\$49,092,723
5000	CAPITAL EXPENDITURES	\$16,222,172	\$11,747,166	\$3,364,177	\$12,200,198	\$3,199,915
TOTAL, OBJECT OF EXPENSE		\$106,964,610	\$85,105,576	\$56,129,757	\$71,726,377	\$55,965,495
Method of Financing:						
1	General Revenue Fund	\$13,039,761	\$8,938,673	\$2,632,383	\$9,381,624	\$2,468,121
758	GR Match For Medicaid	\$17,549,808	\$12,259,903	\$11,313,881	\$10,973,764	\$11,313,881
8010	GR Match For Title XXI	\$1,261,239	\$1,017,368	\$924,873	\$1,003,557	\$924,873
8014	GR Match Food Stamp Adm	\$16,722,335	\$16,352,484	\$12,681,892	\$13,862,801	\$12,681,892
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$48,573,143	\$38,568,428	\$27,553,029	\$35,221,746	\$27,388,767
Method of Financing:						
555	Federal Funds					

529 Health and Human Services Commission

GOAL:	6	Information Technology Projects	Statewide Goal/Benchmark:	3	10
OBJECTIVE:	1	Information Technology Projects	Service Categories:		
STRATEGY:	1	Texas Integrated Eligibility Redesign System & Supporting Tech	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
	10.561.000 St Admin Match Food Stamp	\$27,619,741	\$16,352,484	\$12,681,892	\$13,286,260	\$12,681,892
	93.558.000 Temp AssistNeedy Families	\$1,791,327	\$1,197,529	\$659,544	\$715,655	\$659,544
	93.566.000 Refugee and Entrant Assis	\$862,543	\$35,802	\$30,208	\$32,778	\$30,208
	93.767.000 CHIP	\$3,343,401	\$2,460,690	\$2,236,915	\$2,427,221	\$2,236,915
	93.778.003 XIX 50%	\$17,124,209	\$20,964,628	\$12,968,169	\$20,042,717	\$12,968,169
	93.778.004 XIX ADM @ 75%	\$1,276,690	\$1,092,785	\$0	\$0	\$0
	93.778.007 XIX ADM @ 100	\$3,800,743	\$0	\$0	\$0	\$0
CFDA Subtotal, Fund	555	\$55,818,654	\$42,103,918	\$28,576,728	\$36,504,631	\$28,576,728
SUBTOTAL, MOF (FEDERAL FUNDS)		\$55,818,654	\$42,103,918	\$28,576,728	\$36,504,631	\$28,576,728
Method of Financing:						
	777 Interagency Contracts	\$2,572,813	\$4,433,230	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$2,572,813	\$4,433,230	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$71,726,377	\$55,965,495
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$106,964,610	\$85,105,576	\$56,129,757	\$71,726,377	\$55,965,495
FULL TIME EQUIVALENT POSITIONS:						

529 Health and Human Services Commission

GOAL:	6	Information Technology Projects	Statewide Goal/Benchmark:	3	10
OBJECTIVE:	1	Information Technology Projects	Service Categories:		
STRATEGY:	1	Texas Integrated Eligibility Redesign System & Supporting Tech	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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STRATEGY DESCRIPTION AND JUSTIFICATION:

HHSC delivers eligibility services to clients for the state and federal programs administered by HHSC including SNAP, TANF, CHIP, Medicaid for children and adults, and Medicaid for the Elderly and People with Disabilities (MEPD). Consumers access the eligibility services in face-to face interviews conducted at local offices, by self-service terminals in the lobby of local offices, by phone, mail, fax, internet, or through hand-held devices. Eligibility services are provided through a network of HHSC local offices. This strategy includes the capital project expense for implementing the enhanced eligibility system to increase access to services, implement efficient and simplified business processes, reduce fraud, and ensure compliance with federal law. The project scope for the enhanced eligibility system includes capital project expenses for the following areas: TIERS and Eligibility Supporting Technology (TIERS application enhancement, Self Service Portal, Task List Manager, CHIP into TIERS, and TIERS Training); and Telephony – Voice over Internet Protocol (VoIP).

Legal Basis: Federal – TANF 42 United States Code (USC) Section 601 et seq., SNAP 7 USC Section 2011 et seq., Medicaid 42 USC Section 1396 et seq., CHIP 42 USC Section 1397aa et seq.; State – Human Resources Code Chapters 22, 31, 32, 33, 34 and 44, and Health and Safety Code Chapters 62 and 63.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	6	Information Technology Projects	Statewide Goal/Benchmark:	3	10
OBJECTIVE:	1	Information Technology Projects	Service Categories:		
STRATEGY:	1	Texas Integrated Eligibility Redesign System & Supporting Tech	Service: 09	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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External factors affecting eligibility and enrollment include: 1) caseload/workload growth and caseload mix changes; 2) laws and standards for case decision timeliness and benefit determination accuracy, including state compliance with federal standards that determine receipts of bonuses or imposition of sanctions and financial penalties; 3) re-procurements of contracted services; 4) Federal programs and policy changes such as federal health care reform; 5) implementation of program and policy changes from state legislation; 6) disasters; and 7) federal and state review and oversight.

Internal factors affecting eligibility and enrollment include 1) staff retention and recruitment; 2) cost allocation factor changes impacted by the number and type of cases affecting the demand for general revenue; and 3) streamlining internal processes and procedures with technology to reduce administrative costs and improve productivity and efficiencies.

529 Health and Human Services Commission

GOAL:	7	Office of Inspector General	Statewide Goal/Benchmark:	3	2
OBJECTIVE:	1	Client and Provider Accountability	Service Categories:		
STRATEGY:	1	Office of Inspector General	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
Output Measures:						
1	Number of Provider and Recipient Investigations	92,568.00	87,332.00	77,730.65	82,736.39	86,700.94
2	Number of Audits Performed	6,017.00	2,153.00	1,950.00	1,916.00	1,916.00
3	Number of Nursing Facility Reviews	410.00	361.00	324.00	324.00	324.00
4	Number of Hospital Utilization Reviews	895.00	624.00	686.00	754.00	754.00
5	Total Dollars Recovered (Millions)	466,011,041.00	424,858,964.00	418,297,879.00	452,003,063.00	495,033,506.00
6	Total Dollars Saved (Millions)	344,022,286.00	208,520,413.00	188,582,093.00	182,359,466.00	189,797,221.00
7	Referrals to OAG Fraud Control Unit	185.00	142.00	240.00	396.00	410.00
8	Cases: Fraud and Abuse System	3,405.00	5,808.00	4,647.00	5,111.00	5,622.00
Efficiency Measures:						
1	Average \$ Recovered & Saved/Completed Investigation, Review and Audit	8,109.25	7,000.99	7,521.07	7,399.51	7,635.11
Explanatory/Input Measures:						
1	Medicaid Providers Excluded	877.00	656.00	486.59	361.13	268.02
Objects of Expense:						
1001	SALARIES AND WAGES	\$30,807,655	\$32,815,259	\$33,611,299	\$33,949,554	\$33,949,554
1002	OTHER PERSONNEL COSTS	\$1,298,685	\$1,207,148	\$1,214,468	\$1,233,599	\$1,233,599
2001	PROFESSIONAL FEES AND SERVICES	\$4,158,375	\$3,660,397	\$3,462,936	\$3,613,738	\$3,611,216

529 Health and Human Services Commission

GOAL:	7	Office of Inspector General	Statewide Goal/Benchmark:	3	2
OBJECTIVE:	1	Client and Provider Accountability	Service Categories:		
STRATEGY:	1	Office of Inspector General	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
2002	FUELS AND LUBRICANTS	\$11,412	\$8,181	\$9,586	\$8,885	\$8,885
2003	CONSUMABLE SUPPLIES	\$339,646	\$227,942	\$322,632	\$275,591	\$275,591
2004	UTILITIES	\$994,979	\$1,160,370	\$1,429,586	\$1,285,568	\$1,316,561
2005	TRAVEL	\$795,964	\$1,055,046	\$1,047,539	\$1,063,571	\$1,063,571
2006	RENT - BUILDING	\$2,918,287	\$1,507,431	\$2,665,899	\$2,086,696	\$2,086,696
2007	RENT - MACHINE AND OTHER	\$869,272	\$641,620	\$849,722	\$745,223	\$746,120
2009	OTHER OPERATING EXPENSE	\$2,637,683	\$2,731,110	\$3,053,955	\$2,932,852	\$2,932,867
5000	CAPITAL EXPENDITURES	\$118,017	\$329,017	\$233,318	\$312,215	\$250,119
TOTAL, OBJECT OF EXPENSE		\$44,949,975	\$45,343,521	\$47,900,940	\$47,507,492	\$47,474,779

Method of Financing:

1	General Revenue Fund	\$7,599	\$8,107	\$79,196	\$93,142	\$93,240
758	GR Match For Medicaid	\$7,697,586	\$9,335,166	\$9,402,841	\$9,563,874	\$9,509,066
8010	GR Match For Title XXI	\$39,713	\$39,048	\$19,022	\$34,025	\$34,012
8014	GR Match Food Stamp Adm	\$6,467,492	\$5,410,746	\$5,056,239	\$5,360,362	\$5,395,663
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$14,212,390	\$14,793,067	\$14,557,298	\$15,051,403	\$15,031,981

Method of Financing:

529 Health and Human Services Commission

GOAL:	7	Office of Inspector General	Statewide Goal/Benchmark:	3	2
OBJECTIVE:	1	Client and Provider Accountability	Service Categories:		
STRATEGY:	1	Office of Inspector General	Service:	17	Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
555	Federal Funds					
	00.000.001 Comptroller Misc Claims Fed Fnd Pym	\$0	\$0	\$0	\$0	\$0
	10.561.000 St Admin Match Food Stamp	\$6,722,285	\$5,710,746	\$5,336,988	\$5,638,737	\$5,698,038
	93.558.000 Temp AssistNeedy Families	\$641,946	\$576,969	\$524,847	\$562,064	\$563,827
	93.566.000 Refugee and Entrant Assis	\$3,547	\$3,232	\$3,918	\$3,797	\$3,778
	93.667.000 Social Svcs Block Grants	\$29	\$65	\$9	\$37	\$37
	93.767.000 CHIP	\$103,400	\$94,256	\$45,939	\$82,167	\$82,134
	93.778.003 XIX 50%	\$6,197,883	\$7,152,412	\$7,221,744	\$7,425,302	\$7,370,494
	93.778.004 XIX ADM @ 75%	\$6,453,982	\$6,548,259	\$6,543,249	\$6,545,754	\$6,545,754
CFDA Subtotal, Fund	555	\$20,123,072	\$20,085,939	\$19,676,694	\$20,257,858	\$20,264,062
SUBTOTAL, MOF (FEDERAL FUNDS)		\$20,123,072	\$20,085,939	\$19,676,694	\$20,257,858	\$20,264,062
Method of Financing:						
	777 Interagency Contracts	\$10,614,513	\$10,464,515	\$13,666,948	\$12,198,231	\$12,178,736
SUBTOTAL, MOF (OTHER FUNDS)		\$10,614,513	\$10,464,515	\$13,666,948	\$12,198,231	\$12,178,736

529 Health and Human Services Commission

GOAL: 7 Office of Inspector General Statewide Goal/Benchmark: 3 2
 OBJECTIVE: 1 Client and Provider Accountability Service Categories:
 STRATEGY: 1 Office of Inspector General Service: 17 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$47,507,492	\$47,474,779
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$44,949,975	\$45,343,521	\$47,900,940	\$47,507,492	\$47,474,779
FULL TIME EQUIVALENT POSITIONS:		609.8	638.0	648.0	653.0	653.0
STRATEGY DESCRIPTION AND JUSTIFICATION:						

529 Health and Human Services Commission

GOAL:	7	Office of Inspector General	Statewide Goal/Benchmark:	3	2
OBJECTIVE:	1	Client and Provider Accountability	Service Categories:		
STRATEGY:	1	Office of Inspector General	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The Office of Inspector General (OIG) is responsible for investigation of fraud, waste, & abuse in the provision of HHS programs.

OIG is responsible for 1) issuing sanctions & performing corrective actions against program providers/recipients, as appropriate; 2) auditing & reviewing the use of state or federal funds including contract and grant funds administered by a person or state entity receiving the funds from an HHS agency; 3) researching, detecting, & identifying events of fraud, waste, & abuse to ensure accountability & responsible use of resources; 4) conducting investigations, reviews, & monitoring cases internally, with appropriate referral to outside agencies for further action; 5) recommending policies that enhance prevention & detection of fraud, waste, & abuse; & 6) providing education, technical assistance, & training to promote cost avoidance activities & sustain improved relationships with providers.

OIG is a modern investigative arm with extensive expertise & diverse resources capable of rapidly and objectively responding to current & emerging HHS issues. To ensure quality, OIG operates in accordance with the Association of Inspectors General's (Green Book) & audits are performed in accordance with U. S. General Accountability Office (Yellow Book).

Functional sections include: Medicaid Provider Integrity; General Investigations; Internal Affairs; Quality Review; Audit; Third Party Recovery; Legal; Sanctions; Technology Analysis Development & Support; Policy and Outreach, & Business Operations.

Legal Base: Government Code, Section 531.102

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

529 Health and Human Services Commission

GOAL:	7	Office of Inspector General	Statewide Goal/Benchmark:	3	2
OBJECTIVE:	1	Client and Provider Accountability	Service Categories:		
STRATEGY:	1	Office of Inspector General	Service: 17	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2011	Est 2012	Bud 2013	BL 2014	BL 2015
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The following factors combine to potentially impact OIG's ability to service its mission, meet performance expectations, and reduce ever increasing caseloads:

- « Ever expanding oversight, coordination, investigation, audit, legal, sanctions, and other downstream impacts of federal mandates arising from recent healthcare reform legislation
- « State Hospital, State Supported Living Center and Residential Facility investigation mandates
- « Expanded statutory responsibility for auditing, reviewing, or investigating of Long Term Care Facilities, Outpatient Hospitals, Managed Care Organizations, and additional HHS programs
- « Increased call volume on the OIG Hotline
- « The transition into Managed Care from Fee-For-Service will require OIG to attract and retain staff with knowledge of Managed Care as investigation techniques, reviews, and audits may be a challenge.
- « Agency reorganization efforts in FY 2012 to allocate staff resources to functional sections that would yield the highest recovery of Medicaid Dollars
- « Providing training to provide staff with core competencies in investigations and writing
- « Requirements to audit areas for which the return is not high

SUMMARY TOTALS:

OBJECTS OF EXPENSE:	\$21,515,741,298	\$22,203,886,643	\$23,237,242,488	\$24,029,278,367	\$24,766,978,691
METHODS OF FINANCE (INCLUDING RIDERS):				\$24,029,278,367	\$24,766,978,691
METHODS OF FINANCE (EXCLUDING RIDERS):	\$21,515,741,298	\$22,203,886,643	\$23,237,242,488	\$24,029,278,367	\$24,766,978,691
FULL TIME EQUIVALENT POSITIONS:	12,215.3	12,392.2	12,366.7	12,366.7	12,366.7