

539 Aging and Disability Services, Department of

GOAL:	1	Long-term Services and Supports	Statewide Goal/Benchmark:	3	1
OBJECTIVE:	6	Nursing Facility and Hospice Payments	Service Categories:		
STRATEGY:	3	Hospice	Service: 26	Income: A.1	Age: B.3

CODE	DESCRIPTION	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
Output Measures:						
KEY 1	Average Number of Individuals Receiving Hospice Services Per Month	6,917.00	6,956.00	7,104.00	7,253.00	7,429.00
Efficiency Measures:						
KEY 1	Average Net Payment Per Individual Per Month for Hospice	2,796.89	2,878.24	3,071.11	3,108.19	3,099.97
Objects of Expense:						
3001	CLIENT SERVICES	\$232,493,183	\$243,110,133	\$259,394,872	\$270,524,168	\$276,356,249
TOTAL, OBJECT OF EXPENSE		\$232,493,183	\$243,110,133	\$259,394,872	\$270,524,168	\$276,356,249
Method of Financing:						
758	GR Match For Medicaid	\$94,833,969	\$100,428,796	\$108,686,451	\$115,513,820	\$118,197,568
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$94,833,969	\$100,428,796	\$108,686,451	\$115,513,820	\$118,197,568
Method of Financing:						
555	Federal Funds					
	93.778.000 XIX FMAP	\$137,659,214	\$142,681,337	\$150,708,421	\$155,010,348	\$158,158,681
CFDA Subtotal, Fund	555	\$137,659,214	\$142,681,337	\$150,708,421	\$155,010,348	\$158,158,681

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SUBTOTAL, MOF (FEDERAL FUNDS)		\$137,659,214	\$142,681,337	\$150,708,421	\$155,010,348	\$158,158,681
Rider Appropriations:						
752 Ged Fees						
539 13 Art II SP Sec 62, Medicaid Unexpended Balances (14-15 GAA)						
					\$0	\$0
TOTAL, RIDER & UNEXPENDED BALANCES APPROP					\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$270,524,168	\$276,356,249
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$232,493,183	\$243,110,133	\$259,394,872	\$270,524,168	\$276,356,249
FULL TIME EQUIVALENT POSITIONS:						
STRATEGY DESCRIPTION AND JUSTIFICATION:						

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The Medicaid Hospice strategy provides services to Medicaid recipients who no longer desire curative treatment and who have a physician's prognosis of six months or less to live. Available services include physician and nursing care; medical social services; counseling; home health aide; personal care, homemaker, and household services; physical, occupational, or speech language pathology services; bereavement counseling; medical appliances and supplies; drugs and biologicals; volunteer services; general inpatient care (short-term); and respite care. Service settings can be in the home, in community settings, or in long-term-care facilities. Medicaid rates for community-based Hospice are based on Medicare rates set by the Center for Medicare and Medicaid Services (CMS). For individuals residing in a nursing facility or an ICF/IID and receiving hospice services, the facility also receives a payment of 95% of the established nursing facility rate for that individual.

Hospice eligibility is available for all age groups, including children, during their final stages of life.

Statutory Authority. Social Security Act, Title XIX; Human Resources Code, Chapters 32 and 161; and Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

The following exceptional item will impact this program: Item 2, Cost Trends.