

Agency Code: 539	Agency Name: Department of Aging & Disability Services	Prepared By: James Jenkins	Date:	Request Level:
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Current Rider Number	Page Number in 2014-15 GAA	Proposed	Justification
1	II-3	<p>1. Performance Measure Targets. The following is a listing of the key performance target levels for the Department of Aging and Disability Services. It is the intent of the Legislature that appropriations made by this Act be utilized in the most efficient and effective manner possible to achieve the intended mission of the Department of Aging and Disability Services. In order to achieve the objectives and service standards established by this Act, the Department of Aging and Disability Services shall make every effort to attain the following designated key performance target levels associated with each item of appropriation.</p> <p>2016 2017</p> <p>A. Goal: LONG-TERM SERVICES AND SUPPORTS</p> <p>Outcome (Results/Impact):</p> <p>Average Number of Individuals Served Per Month: Medicaid Non-waiver Community Services and Supports 62,497-76,144<u>123,459</u> 118,143</p> <p>Average Number of Individuals Served Per Month: Waivers 45,438-48,624<u>38,858</u> 36,423</p> <p>Number of Persons Receiving Services at the End of the Fiscal Year: Waivers 47,027-50,196 <u>38,858</u> 36,423</p> <p>A.1.1. Strategy: INTAKE, ACCESS, & ELIGIBILITY</p> <p>Output (Volume):</p> <p>Average Monthly Number of Individuals with Intellectual and Developmental Disabilities Receiving Assessment and Service Coordination Including Home and Community Based Services 33,565-48,150<u>35,000</u> 35,000</p> <p>A.2.1. Strategy: PRIMARY HOME CARE</p> <p>Output (Volume):</p> <p>Average Number of Individuals Served Per Month: Primary Home Care 11,834-12,361<u>1,281</u> 1,314</p> <p>Efficiencies:</p> <p>Average Monthly Cost Per Individual Served: Primary Home Care 728.62-847.88<u>1,003.27</u> 1,003.27</p> <p>A.2.2. Strategy: COMMUNITY ATTENDANT SERVICES</p> <p>Output (Volume):</p> <p>Average Number of Individuals Served Per Month: Community Attendant Services</p> <p>Efficiencies:</p> <p>Average Monthly Cost Per Individual Served: Community Attendant Services 926.83-969.21<u>50,675</u> 51,021</p>	

A.2.3. Strategy: DAY ACTIVITY & HEALTH SERVICES

Output (Volume):

Average Number of Individuals Served Per Month: Day Activity and Health Services ~~1,974-2,043~~1,160 1,200

Efficiencies:

Average Monthly Cost Per Individual Served: Day Activity and Health Services ~~503.52-513.58~~514.77 514.77

~~**A.2.4. Strategy:** HABILITATION SERVICES~~

~~**Output (Volume):**~~

~~Average Monthly Number of Clients Served: Habilitation Services 0-11,902~~

~~**Efficiencies:**~~

~~Average Monthly Cost per Individual Served: Habilitation Services 0-2,328.52~~

~~**A.3.1. Strategy:** COMMUNITY-BASED ALTERNATIVES~~

~~**Output (Volume):**~~

~~Average Number of Individuals Served Per Month: Medicaid Community-based Alternatives (CBA) Waiver 9,984-9,893~~

~~**Efficiencies:**~~

~~Average Monthly Cost Per Individual Served: Medicaid Community-based Alternatives (CBA) Waiver 1,306.21-1,315.52~~

~~**Explanatory:**~~

~~Average Number of Individuals on Interest List Per Month: Medicaid Community-based Alternatives (CBA) Waiver 8,404-0~~

~~Number of Individuals Receiving Services at the End of the Fiscal Year: Community-based Alternatives (CBA) Waiver 10,128-9,916~~

~~Total Number of Declined Services or Found to be Ineligible for Services during the Fiscal Year:~~

~~Community-based Alternative (CBA) Waiver 8,800-8,800~~

~~Average Number on Community-based Alternatives (CBA) Interest List Receiving Other DADS Services Per~~

~~Month 3,773-0~~

A.3.2. Strategy: HOME AND COMMUNITY-BASED SERVICES

Output (Volume):

Average Number of Individuals Served Per Month: Home and Community Based Services (HCS) ~~21,437-22,748~~22,586 22,586

Efficiencies:

Average Monthly Cost Per Individual Served: Home and Community Based Services (HCS) ~~3,530.2-3,574.73~~3,574.70 3,574.70

Explanatory:

Number of Individuals Receiving Services at the End of the Fiscal Year: Home and Community Based Services (HCS) ~~21,984-23,396~~22,586 22,586

	<p>Average Number of Individuals on Interest List Per Month: Home and Community Based Services (HCS) 70,744.77 <u>70,032</u> 83,338.78 <u>90,832.46</u></p> <p>Total Number Declined Services or Found to be Ineligible for Services during the Fiscal Year: Home and Community-based Services (HCS) 0 <u>223</u> 223</p> <p>Average Number on Home Community-based Services (HCS) Interest List Receiving Other DADS Services Per Month 18,110.28 <u>198</u> 15,328 <u>15,565</u></p> <p>A.3.3. Strategy: COMMUNITY LIVING ASSISTANCE (CLASS)</p> <p>Output (Volume): Average Number of Individuals Served Per Month: Medicaid Related Conditions Waiver (CLASS) 4,847.5 <u>2,035</u> 1,172 <u>5,172</u></p> <p>Efficiencies: Average Monthly Cost Per Individual Served: Medicaid Related Conditions Waiver (CLASS) 3,610.2 <u>3,608</u> 713.723 <u>3,723</u></p> <p>Explanatory: Average Number of Individuals on Interest List Per Month: Medicaid Related Conditions Waiver (CLASS) 50,896.55 <u>105</u> 57,412.96 <u>61,489.70</u></p> <p>Number of Persons Receiving Services at the End of the Fiscal Year: Community Living Assistance & Support Services Waiver (CLASS) 5,041.5 <u>3,675</u> 1,172 <u>5,172</u></p> <p>Total Number Declined Services or Found to be Ineligible for Services during the Fiscal Year: Community Living Assistance and Support Services (CLASS) 338 <u>338</u> 530 <u>530</u></p> <p>Average Number on Community Living Assistance and Support Services (CLASS) Interest List Receiving Other DADS Services Per Month 42,062.16 <u>484</u> 13,193 <u>13,457</u></p> <p>A.3.4. Strategy: DEAF-BLIND MULTIPLE DISABILITIES</p> <p>Output (Volume): Average Number of Individuals Served Per Month: Medicaid Deaf-blind with Multiple Disabilities Waiver 182 <u>232</u> 246 <u>246</u></p> <p>Efficiencies: Average Monthly Cost Per Individual Served: Medicaid Deaf-blind with Multiple Disabilities Waiver 4,237.14 <u>4,236</u> 054,283.21 <u>4,283.21</u></p> <p>Explanatory: Average Number of Persons on Interest List Per Month: Medicaid Deaf-blind with Multiple Disabilities Waiver 544 <u>311</u> 278.42 <u>212.08</u></p> <p>Number of Persons Receiving Services at the End of the Fiscal Year: Medicaid Deaf-blind with Multiple Disabilities Waiver 205 <u>255</u> 246 <u>246</u></p> <p>Total Number Declined Services or Found to be</p>	
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	<p>Ineligible for Services during the Fiscal Year: Deaf-Blind Multiple Disabilities (DBMD) 45,451 <u>111,111</u> Average Number on Deaf-Blind Multiple Disabilities (DBMD) Interest List Receiving Other DADS Services Per Month 197 140</p> <p>A.3.5. Strategy: MEDICALLY DEPENDENT CHILDREN PGM Output (Volume): Average Number of Individuals Served Per Month: Medically Dependent Children Program 2,437 <u>2,497</u> <u>2,435</u> 0</p> <p>Efficiencies: Average Monthly Cost Per Individual Served: Medically Dependent Children Program 1,456.3 <u>1,468.77</u> <u>1,429.00</u> 0</p> <p>Explanatory: Average Number of Persons on Interest List Per Month: Medically Dependent Children Program 29,881 <u>32,765</u> <u>28,649.96</u> 0 Number of Persons Receiving Services at the End of the Fiscal Year: Medically Dependent Children's Program 2,464 <u>2,524</u> <u>2,435</u> 0 Total Number Declined Services or Found to be Ineligible for Services Fiscal Year: Medically Dependent Children Program (MDCP) 1,032 <u>1,032</u> <u>1,800</u> 0 Average Number on Medically Dependent Children Program (MDCP) Interest List Receiving Other DADS Services Per Month 2,304 <u>2,523</u> <u>1803</u> 0</p> <p>A.3.6. Strategy: TEXAS HOME LIVING WAIVER Output (Volume): Average Number of Individuals Served Per Month: Texas Home Living Waiver 6,551 <u>8,051</u> <u>8,419</u> 8,419</p> <p>Efficiencies: Average Monthly Cost Per Individual Served: Texas Home Living Waiver 837.29 <u>837.25</u> <u>813.73</u> 813.73</p> <p>Explanatory: Number of Individuals Receiving Services at the End of the Fiscal Year: Texas Home Living Waiver 7,238 <u>8,738</u> <u>8,419</u> 8,419</p> <p>A.4.1. Strategy: NON-MEDICAID SERVICES Output (Volume): Average Number of Individuals Served Per Month: Non Medicaid Community Care (XX/GR) 32,985 <u>32,985</u> <u>31,209</u> 31,209</p> <p>Explanatory: Average Number of Individuals Receiving Non-Medicaid Community Services and Supports (XX) 18,469 <u>18,469</u> <u>30,817.55</u> 31,742.08 Number of Individuals Receiving Services at the End of the Fiscal Year: Non Medicaid Community Care (XX / GR) 18,469 <u>18,469</u> <u>18,768</u> 18,768</p> <p>A.4.2. Strategy: ID COMMUNITY SERVICES</p>	
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	<p>Output (Volume): Average Monthly Number of Individuals with Intellectual and Developmental Disabilities Receiving Community Services 3,872 <u>3,872</u>, 3,331 <u>2,331</u></p> <p>Efficiencies: Average Monthly Cost Per Individual with Intellectual and Developmental Disabilities Receiving Community Services 707.87 <u>707.87</u>, 477.26 <u>477.26</u></p> <p>Explanatory: Number of Individuals with Intellectual and Developmental Disabilities Receiving Community Services at the End of the Fiscal Year 6,238 <u>6,238</u>, 5,743 <u>5,743</u></p> <p>A.4.4. Strategy: IN-HOME AND FAMILY SUPPORT</p> <p>Output (Volume): Average Number of Individuals Per Month Receiving In-home Family Support (IHFS) 5,999 <u>5,999</u>, 6,031 <u>6,031</u></p> <p>Efficiencies: Average Monthly Cost of In-home Family Support Per Individual 69.32 <u>69.32</u>, 67.58 <u>67.58</u></p> <p>Explanatory: Number of Individuals Receiving Services at the End of the Fiscal Year: In-Home and Family Support 5,999 <u>5,999</u>, 3,878 <u>3,878</u></p> <p>A.5.1. Strategy: ALL-INCLUSIVE CARE - ELDERLY (PACE)</p> <p>Output (Volume): Average Number of Recipients Per Month: Program for All Inclusive Care (PACE) 1,050 <u>1,050</u>, 1,004 <u>1,004</u></p> <p>Efficiencies: Average Monthly Cost Per Recipient: Program for All Inclusive Care (PACE) 2,862.24 <u>2,862.24</u>, 2,861.04 <u>2,861.04</u></p> <p>Explanatory: Number of Persons Receiving Services at the End of the Fiscal Year: Program of All-inclusive Care for the Elderly (PACE) 1,050 <u>1,050</u>, 1,004 <u>1,004</u></p> <p>A.6.1. Strategy: NURSING FACILITY PAYMENTS</p> <p>Output (Volume): Average Number of Individuals Receiving Medicaid - Funded Nursing Facility Services per Month 58,039 <u>58,388</u>, 2,892 <u>2,892</u></p> <p>Efficiencies: Net Nursing Facility Cost Per Medicaid Resident Per Month 3,409.68 <u>3,594.17</u>, 3,671.34 <u>3,636.52</u></p> <p>A.6.2. Strategy: MEDICARE SKILLED NURSING FACILITY</p> <p>Output (Volume): Average Number of Individuals Receiving Copaid Medicaid/Medicare Nursing Facility Services Per</p>	
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	<p>Month 6,471 6,708 <u>2061.00 2064.00</u></p> <p>Efficiencies: Net Payment Per Individual for Copaid Medicaid/Medicare Nursing Facility Services Per Month 2,129.47 2,201.46 <u>2364.02 2420.18</u></p> <p>A.6.3. Strategy: HOSPICE</p> <p>Output (Volume): Average Number of Individuals Receiving Hospice Services Per Month 7,037 7,168 <u>7253.00 7429.00</u></p> <p>Efficiencies: Average Net Payment Per Individual Per Month for Hospice 2,854.02 2,949.43 <u>108.19 3099.97</u></p> <p>A.6.4. Strategy: PROMOTING INDEPENDENCE SERVICES</p> <p>Output (Volume): Average Number of Individuals Served Through Promoting Independence Per Month 5,298 5,370 <u>3351.00 51.00</u></p> <p>Efficiencies: Average Monthly Cost Per Individual Served: Promoting Independence 1,420.47 1,431.92 <u>1463.91 3723.00</u></p> <p>A.7.1. Strategy: INTERMEDIATE CARE FACILITIES - IID</p> <p>Output (Volume): Average Number of Persons in ICF/IID Medicaid Beds Per Month 5,609 5,609 <u>5461.00 5461.00</u></p> <p>Efficiencies: Monthly Cost Per ICF/IID Medicaid Eligible Individual 4,353.79 4,353.79</p> <p>A.8.1. Strategy: STATE SUPPORTED LIVING CENTERS</p> <p>Output (Volume): Average Monthly Number of State Supported Living Center Campus Residents 3,411 3,176 <u>3001 2797</u></p> <p>Number of Unfounded Abuse/Neglect/Exploitation Allegations Against State Supported Living Center Staff as Reported By Victims 1,022 919 <u>595 595</u></p> <p>Number of Confirmed Abuse/Neglect/Exploitation Incidents at State Supported Living Centers 636 573 <u>389 389</u></p> <p>Efficiencies: Average Monthly Cost Per State Supported Living Center or State Center Resident 16,435.91 17,570.09 <u>16034.43 16034.43</u></p> <p>B. Goal: REGULATION, CERTIFICATION, OUTREACH</p> <p>Outcome (Results/Impact): Percent of Facilities Complying with Standards at Time of Inspection for Licensure and/or Medicare/Medicaid Certification 42.67% 42.67%</p> <p>B.1.1. Strategy: FACILITY/COMMUNITY-BASED REGULATION</p> <p>Output (Volume):</p>	
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	<p>Total Dollar Amount Collected from Fines 3,254,120 3,254,120 5029463 <u>5514669</u></p> <p>B.1.2. Strategy: CREDENTIALING/CERTIFICATION Output (Volume): Number of Licenses Issued or Renewed Per Year: Nursing Facility Administrators 4,186 1161 <u>1127</u></p>	
2	<p>2. Capital Budget. None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease Payments to the Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of Government Code §1232.103.</p> <p>2014 2015</p> <p>a. Repair or Rehabilitation of Buildings and Facilities</p> <p>(1) Repairs of State Owned Bond Homes Leased_ to Community Centers \$ 352,186 \$ 352,185</p> <p>(2) Repair and Renovations for State Supported Living Centers (SSLCs): \$ 17,000,000 \$ 0</p> <p>b. Acquisition of Information Resource Technologies</p> <p>(1) Lease of Personal Computers 3,965,874 3,995,874 3965874 <u>3965874</u></p> <p>(2) Software Licenses 1,701,400 1,701,400 2226915 <u>2226915</u></p> <p>(3) Messaging and Collaboration 1,605,939 1,605,939</p> <p>(4) Development and Maintenance of a Contract Monitoring Tool 144,500 0</p> <p>(5) Regulatory Services System Automation Modernization 2,452,301 2,128,902 2128902 <u>2128902</u></p> <p>(6) Electronic Health Records for State Supported Living Centers 9,499,360 9,655,027</p> <p>(7) Additional Computers for State Supported Living Centers 525,000 525,000</p> <p>(8) Statewide Video Conferencing for State Supported Living Centers 829,000 259,000 259000 <u>259000</u></p> <p>(9) BIP-Secure Web Portal 700,000 0 206707 <u>206707</u></p> <p>(10) BIP-Level 1 Screening Tool 3,200,000 0</p> <p>(11) BIP-IDD Comprehensive Assessment Instrument₇ 1,000,000 1,000,000</p> <p>(12) Compliance with Federal HIPAA Regulations 238,126 584,007</p> <p>(13) Improve Client CARE Systems 7,000,000 0</p> <p>(14) Implement Information Security Improvements & Application Provisioning Enhancements 1,297,191 1,297,191</p> <p>(15) Licensing & Regulation of Prescribed Pediatric Extended Care Centers: \$ 336,452 \$ 0</p> <p>c. Transportation Items</p> <p>(1) Vehicles Replacement for State Supported Living Centers \$ 1,550,000 \$ 1,550,000 3031967 <u>3031967</u></p>	

		<p>d. Acquisition of Capital Equipment and Items (1) Replacement of Furniture & Equipment for State Supported Living Centers(SSLCs) \$ 2,527,150 \$ 978,666 <u>3457000</u> <u>3457000</u></p> <p>e. Other Lease Payments to the Master Lease Purchase Program (MLPP) (1) Payment of MLPP - Utility Savings or Energy Conservation 2,807,656 2,789,975 <u>2657007</u> <u>2657007</u> (2) Payment for MLPP for Transportation Items for State Supported Living Centers \$ 230,388 228,336 \$ 228,336</p> <p>f. Data Center Consolidation (1) Data Center Consolidation₂ \$ 3,749,727 <u>4011391</u> \$ 4,011,391</p> <p><u>Imaging/Digitizing paper records at SSLCs for Electronic Health Records 944890 944890</u></p> <p><u>Infrastructure Maintenance at SSLCs to support Electronic Health Records 5000,000 500,000</u></p> <p><u>Acquisition and Implementation of Electronic Scheduling System for State Supported Living Centers 946,116 946,116</u></p> <p><u>Build Electronic Interface to share data among ADRCs, AAAs, and Las 750,000 750,000</u></p> <p><u>Data tracking/Reporting System 3500000 0</u></p>	
3	II-8	<p>Appropriation of Local Funds. All funds received by the department from counties, cities, and from any other local source and all balances from such sources as of August 31, 2013<u>2015</u>, are hereby appropriated for the biennium ending August 31, 2015<u>2017</u>, for the purpose of carrying out the provisions of this Act.</p>	<p>This rider has been updated to change dates to reflect the FY 2016-17 biennium.</p>
4	II-8	<p>Nursing Home Program Provisions.</p> <p>a. Nursing Home Income Eligibility Cap. It is the intent of the Legislature that the income eligibility cap for nursing home care shall be maintained at the federal maximum level of 300 percent of Supplemental Security Income (SSI).</p> <p>b. Establishment of a Swing-bed Program. Out of the funds appropriated above for nursing home vendor payments, the department shall maintain a "swing-bed" program, in accordance with federal regulations, to provide reimbursement for skilled nursing patients who are served in hospital settings in counties with a population of 100,000 or less. If the swing beds are used for more than one 30-day length of stay per year per patient, the hospital must comply with the regulations and standards required for nursing home facilities.</p> <p>c. Nursing Home Bed Capacity Planning. It is the intent of the Legislature that the department shall control the number of Medicaid beds, and decertify unused Medicaid beds, and reallocate some or all of the</p>	<p>Move to Special Provisions. NF are transitioning to Managed Care and will be managed by DADS and HHSC.</p>

		decertified Medicaid beds, taking into account a facility's occupancy rate. d. Nursing Facility Competition. It is the intent of the Legislature that the department encourage competition among contracted nursing facilities.	
5	II-8	Appropriations Limited to Revenue Collections. It is the intent of the Legislature that fees, fines, and other miscellaneous revenues as authorized and generated by the agency cover, at a minimum, the cost of the appropriations made above for the Nursing Facility Administrator program in Strategy B.1.2, Credentialing/Certification, and the Home Health and Community Support Services Agencies program in Strategy B.1.1, Facility & Community-Based Regulation, as well as the "other direct and indirect costs" associated with this program, appropriated elsewhere in this Act. Direct costs for the Nursing Facility Administrator program are estimated to be \$469,418 for fiscal year 2014-2016 and \$469,418 for fiscal year 2015-2017 . Direct costs for the Home and Community Support Services Agencies program are estimated to be \$1,948,343 for fiscal year 2014-2016 and \$1,948,343 for fiscal year 2015-2017 . "Other direct and indirect costs" for the Nursing Facility Administrator program are estimated to be \$135,239 for fiscal year 2014-2016 and \$144,513 for fiscal year 2015-2017 . "Other direct and indirect costs" for the Home and Community Support Services Agencies program are estimated to be \$667,050 for fiscal year 2014-2016 and \$712,415 for fiscal year 2015-2017 . In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.	This rider has been updated to change dates to reflect the FY 2016-17 biennium.
6	II-9	Accounting of Support Costs. The Comptroller of Public Accounts shall establish separate accounts from which certain support costs shall be paid. The Department of Aging and Disability Services is hereby authorized to make transfers into these separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include, but are not limited to: postage, occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs, and salary and travel costs of staff whose function supports several programs. The department shall be responsible for quarterly allocations of these costs to the original strategies.	
7	II-9	Fund Transfers for Funds Consolidation. For the purpose of funds consolidation, federal and other funds may be transferred into the General Revenue Fund from the Department of Aging and Disability Services Fund No. 117. The initial deposit of federal funds shall be made into Fund No. 117 and no direct expenditures shall be made from this fund.	
8	II-9	Pediatric Care in Nursing Facilities. When using funds appropriated above in addition to consideration of	

		expense in determining the appropriate placement for children who currently receive care in nursing facilities, the department shall, within the requirements of state and federal law, consider the requests of parents concerning either a continued stay in a nursing facility providing skilled pediatric care or an alternate placement.	
9	II-9	<p>Limitation: Medicaid Transfer Authority. Notwithstanding the transfer provisions in the General Provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of Aging and Disability Services (DADS) for the following Medicaid strategies shall be governed by the specific imitations included in this provision.</p> <p>a. Limitations on Transfers.</p> <p>(1) Waivers. Transfers may not be made between appropriation items listed in this subsection or from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. Any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.</p> <p>A.3.1. Community-based Alternatives (CBA)</p> <p>A.3.12. Home and Community-based Services (HCS)</p> <p>A.3.23. Community Living Assistance and Support Services (CLASS)</p> <p>A.3.34. Deaf-Blind Multiple Disabilities (DBMD)</p> <p>A.3.45. Medically Dependent Children Program (MDCP)</p> <p>A.3.56. Texas Home Living Waiver</p> <p>A.6.4. Promoting Independence Services</p> <p>(2) Community Entitlement. Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.</p> <p>A.2.1. Primary Home Care</p> <p>A.2.2. Community Attendant Services (formerly Frail Elderly)</p> <p>A.2.3. Day Activity and Health Services (DAHS)</p> <p>A.2.4. Habilitation Services</p> <p>(3) Program of All-inclusive Care for the Elderly (PACE). Transfers may not be made from Strategy A.5.1. without prior written approval from the Legislative Budget Board and the Governor. Any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.</p> <p>(4) Nursing Facility and Related Care. Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision, and</p>	<p>HCS and CBA services will be transferred to HHSC.</p> <p>Possible SSLC or IFC-ID closures would require us to transfer funds to cover community services.</p>

any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

A.6.1. Nursing Facility Payments

A.6.2. Medicare Skilled Nursing Facility

A.6.3. Hospice

(5) **Intellectual Disability Services.** In the event of a closure or downsizing of a State Supported Living Center, transfers may be made from A.8.1 to A.7.1 and /or A.3.1 (Home and Community-based Services), A.3.2 (Community Living and Support Services), A.3.3 (Deaf-Blind Multiple Disabilities) or A.3.5 (Texas Home Living) upon notification pursuant to subsection b of this provision. In the event of a closure of an ICF-IID facility, transfers may be made from A.7.1 to A.3.1, A.3.2, A.3.3 or A.3.5 upon notification pursuant to subsection b of this provision. Otherwise, transfers may not be made between appropriation items listed in this subsection or from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor, ~~and~~ ~~Any~~ transfer approval requests shall be submitted pursuant to subsection (c) of this provision.

A.7.1. Intermediate Care Facilities - Individuals with Intellectual Disabilities (ICF/IID)

A.8.1. State Supported Living Centers

b. Notification Regarding Transfers that Do not Require Approval. Authority granted by this provision to transfer funds is contingent upon a written notification from DADS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and
- (4) the capital budget impact.

c. Requests for Transfers that Require Approval. To request a transfer, DADS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;
- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and

		<p>(4) the capital budget impact.</p> <p>The transfer request shall be considered to be disapproved unless the Legislative Budget Board or the Governor issue a written approval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the transfer request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>d. Transfers into Items of Appropriation. Transfers may be made from any appropriation item to the appropriation items in section (a), subject to the limitations established in section (a) for each appropriation item. DADS shall provide notification of all transfers pursuant to subsection (b) of this provision.</p> <p>e. Cost Pools. Notwithstanding the above limitations, transfers may be made from the appropriation items in section (a) to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.</p> <p>f. Cash Management. Notwithstanding the above limitations, DADS may temporarily utilize funds appropriated to the strategies listed in section (a) for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the Comptroller of Public Accounts.</p> <p>The Comptroller of Public Accounts shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p>In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.</p>	
10	II-11	<p>10. Other Reporting Requirements.</p> <p>a. Federal Reports. The Department of Aging and Disability Services shall submit the following information to the Legislative Budget Board and the Governor no later than the date the respective report is submitted to the federal government:</p> <p>(1) Notification of proposed State Plan amendments or waivers for strategies in Goal A, Long-term Services and Supports and any other federal grant requiring a state plan. State Plan amendments and waiver submission shall also be provided to the Senate Health and Human Services, House Human Services, and House Public Health committees.</p> <p>(2) A copy of each report or petition submitted to the federal government relating to Goal A, Long-term Care Services and Supports.</p>	

		<p>b. Federal Issues. The Department of Aging and Disability Services shall notify the Legislative Budget Board and the Governor on a timely basis about emerging issues that could result in the loss of more than \$1 million in federal revenue assumed in the General Appropriations Act.</p> <p>c. Monthly Financial Reports. The Department of Aging and Disability Services shall submit the following information to the Legislative Budget Board and the Governor on a monthly basis:</p> <p>(1) Information on appropriated, budgeted, expended, and projected funds, by strategy and method of finance.</p> <p>(2) Information on appropriated, budgeted, expended, and projected revenues including Earned Federal Funds.</p> <p>(3) Collections, expenditures, and balances for revenues generated by the department as of the last day of the prior month.</p> <p>(4) Narrative explanations of significant budget adjustments, ongoing budget issues, and other items as appropriate.</p> <p>(5) Any other information requested by the Legislative Budget Board or the Governor.</p> <p>The monthly financial reports shall be prepared in a format specified by the Legislative Budget Board.</p>	
11	II-12	<p>Appropriation Transfer between Fiscal Years. In addition to the transfer authority provided elsewhere in this Act, the Department of Aging and Disability Services may transfer appropriations made for fiscal year ending August 31, 2015-2017 to fiscal year ending August 31, 2014-2016, subject to the following conditions provided by this section:</p> <p>a. Transfers under this section may be made only:</p> <p>(1) if costs associated with providing Long Term Care Medicaid services exceed the funds appropriated for these services for fiscal year 2014-2016, or</p> <p>(2) for any other emergency expenditure requirements, including expenditures necessitated by public calamity, or</p> <p>(3) if appropriated receipts generated through the ID related programs required to fund appropriations contained in this Act for fiscal year 2014-2016 are less than those contained in the method of finance for the department for fiscal year 2014-2016.</p> <p>b. Transfers may not exceed \$50,000,000 in General Revenue.</p> <p>c. A transfer authorized by this section must receive the prior approval of the Governor and the Legislative Budget Board.</p> <p>d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.</p>	This rider has been updated to change dates to reflect the FY 2016-17 biennium.
12	II-12	<p>Reimbursement of Advisory Committees. Pursuant to Government Code §2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above, not to exceed \$8,000 per fiscal year is limited to the following advisory committee:</p> <p>Nursing Facility Administrators Advisory Committee</p> <p>To the maximum extent possible, the department shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so</p>	

		that they may return the same day and reduce the need to reimburse members for overnight stays.	
13	II-12	<p>Survey of Nursing Facility Residents. Out of funds appropriated above, the Department of Aging and Disability Services is allocated the following:</p> <p>a. up to \$360,000 in All Funds, of which up to \$180,000 is General Revenue Funds, in fiscal year 2014-2016 to conduct surveys of nursing facility residents and individuals receiving other long-term services and supports. The surveys shall assess how satisfied individuals are with their quality of care and quality of life. Not later than January 15, 20152017, the department shall submit a written report on the survey to the Legislature, Governor, and Health and Human Services Commissioner; and</p> <p>b. up to \$1,000,000 in All Funds, of which up to \$500,000 is General Revenue Funds, to perform on-site case reviews of the care of nursing home residents and individuals receiving other long-term care services and supports. These reviews will identify preventable occurrences of adverse outcomes. The result of these reviews will be included in the report to the Legislature, Governor and Health and Human Services Commissioner described in (a) above.</p>	This rider has been updated to change dates to reflect the FY 2016-17 biennium.
14	II-12	<p>Nursing Facility Beds for Medicaid Eligible Veterans. Contingent upon a request from the Texas Veterans Land Board, it is the intent of the Legislature that the Department of Aging and Disability Services maintain a program for Medicaid-eligible veterans that will enable individuals to be placed in State Veterans Homes if they so choose. It is further the intent of the Legislature that the department ensure the creation of sufficient certified beds to accommodate the requirements of such a program.</p>	
15	II-13	<p>State Supported Living Centers: Proportionality of Funds. Pursuant to Article IX, Sec 6.08, Benefits Paid Proportional by Fund, payment for salaries, wages, and benefits for ICF/IID state supported living center employees shall be proportional to the source of funds. The department shall develop a plan for the 2014-152016-17 biennium which identifies the appropriate portion of state and federal funds for salaries, wages, and benefits for ICF/IID state supported living center employees. This plan is subject to review by the Comptroller of Public Accounts and the Legislative Budget Board and shall be certified by the Chief Financial Officer of the department by October 1, 2013-2015 prior to submission to the Legislative Budget Board.</p> <p>The Department of Aging and Disability Services shall report quarterly to the Legislative Budget Board and the Governor on the distribution of ICF/IID state supported living center revenues to other state agencies. This report shall be submitted no later than 25 days after the close of each quarter. The format and content of the report shall be prescribed by the Legislative Budget Board.</p>	This rider has been updated to change dates to reflect the FY 2016-17 biennium.
16	II-13	<p>Unexpended Balances: ICF/IID Standards. Except as otherwise provided, unexpended and unobligated balances, not to exceed \$5 million in General Revenue, remaining from appropriations for the first year of the biennium to the Department of Aging and Disability Services are appropriated to the department for the purpose of complying with Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) standards dealing with residential, nonresidential, and community based intellectual disability services. This paragraph does not apply to those unexpended and unobligated balances remaining from appropriations for the first year of the biennium that the department is authorized by this Act to retain for specific purposes in</p>	

		the second year of the biennium. The department shall notify the Legislative Budget Board and the Governor as to when the appropriation originated, why it is not needed, and how it will be used prior to budgeting and expending these balances.	
17	II-13	Disposition of Construction Appropriation Related to Intellectual Disability. Construction appropriations made above may be used to pay salaries and travel expenses of department engineers and architects employed by health and human services agencies listed in Chapter 531, Government Code, and administrative expenses of construction projects (but shall not exceed \$300,000 in a fiscal year that are paid out of G.O. Bonds); architect's and engineer's fees; and the actual travel expenses incurred by them or their representatives in making trips of inspection at the discretion of the department during construction, renovation, or repair of buildings and systems or the installation of fixed equipment. Job titles and rates of pay for such salaried positions of department personnel paid from construction appropriations shall conform with the Position Classification Plan and Classification Salary Schedule.	
18	II-13	Appropriation and Unexpended Balances: Affordable Housing for the Elderly. General Revenue Funds appropriated above include fees collected pursuant to §394.902, Local Government Code, and §101.022, Human Resources Code, as amended, for the purpose of promoting affordable housing for the elderly (\$454,000 for the biennium). Any unexpended balances in fees collected to promote affordable housing for the elderly for the fiscal year ending August 31, 2014 2016, may be carried forward into fiscal year 2015 2017, and such balances are hereby appropriated. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.	This rider has been updated to change dates to reflect the FY 2016-17 biennium.
19	II-13	Reimbursement of Advisory Council Members. Pursuant to Human Resources Code §161.027, reimbursement of travel expenses for Aging and Disability Services Council members, out of funds appropriated above, is hereby authorized such that the sum total of all reimbursements for members of the council shall not exceed \$10,825 per fiscal year, at the rates specified in the general provisions of this Act.	
20	II-13	Appropriation: License Plate Trust Fund No. 0802. Included in funds appropriated above in Strategy A.4.2, ID Community Services, is \$6,000 for the biennium in revenue generated from the sale of specialized "Special Olympics Texas" license plates and collected in License Plate Trust Fund No. 0802 during the 2014-15 2016-17 biennium. It is the intent of the Legislature that these funds be expended for costs associated with training and with area and regional competitions of the Special Olympics Texas.	This rider has been updated to change dates to reflect the FY 2016-17 biennium.
21	II-14	Revolving Fund Services: Canteen Services and Sheltered Workshops. Out of funds appropriated above in Strategy A.8.1, State Supported Living Centers, \$2,724,957 per fiscal year in General Revenue shall be allocated for the operation of canteen and sheltered workshops. In addition, DADS may also utilize agency-generated collections from Revenue Object Code 3767 Supplies/Equipment/Services - Federal/Other (estimated to be \$82,160 per fiscal year) and which are appropriated above as ID Revolving Fund Receipts (Other Funds) for the operation of canteen and	

		sheltered workshops. The department shall provide information on related revenues, balances, contracts and profits to the Legislative Budget Board, Governor and Comptroller of Public Accounts. These revenues, expenditures and balances shall be reported and included in agency Operating Budgets, Legislative Appropriation Requests, and Annual Financial Reports. The timetable, format and content for additional monthly reports related to canteen operations and sheltered workshops shall be prescribed by the Legislative Budget Board.	
22	II-14	Guardianship Services. Out of the funds appropriated above, the Department of Aging and Disability Services shall pay guardianship program caseworkers, supervisors and directors an amount not to exceed \$50 per month for work-related use of personal cellular telephones.	
23	II-14	<p>Cost Comparison Report. Out of funds appropriated above, the Department of Aging and Disability Services (DADS) shall develop a report for the Legislature analyzing state and federally funded residential and nonresidential services in Home and Community-based Services (HCS), Texas Home Living, and Intermediate Care Facilities for Individuals with Intellectual Disabilities and Related Conditions (ICF-IID/RC).</p> <p>a. The report shall include the following:</p> <p>(1) the monthly average cost to the state per person for individuals residing in state operated and non-state operated ICF-IID/RC, HCS waiver program, and Texas Home Living waiver program by Level of Need (LON), and facility size (private ICF-IID only);</p> <p>(2) a comparison of severity across settings; and,</p> <p>(3) the total number of persons, by LON, who transitioned from state-operated ICF-IID/RC to the HCS residential waiver program for the previous biennium, and their average monthly cost of service in the HCS waiver program.</p> <p>b. With respect to the cost to the state per person residing in a state operated ICF-IID/RC facility, the department shall include all costs, such as Statewide Indirect Cost Allocation Plan (SWICAP), Departmental Indirect Cost Allocation Plan (DICAP), maintenance and construction costs, employee benefit costs and other federally allowable administrative, medical and overhead costs. With respect to the cost to the state per person in state-operated ICF-IID/RC facilities, non-state operated ICF-IID/RC facilities, and the HCS and Texas Home Living waivers, the department shall include all Medicaid costs including acute care costs that are not included in the waiver rate for those programs and all costs to administer and license those programs. For state-operated ICF-IID/RC facilities, the average monthly administrative and overhead costs shall be reported separately from the average monthly client care costs. The department shall identify the types of costs included in each category.</p> <p>c. Cost for waiver recipients will cover the time a person enrolled in the waiver through the time they are terminated from waiver services. The cost for ICF-IID services will cover the time a person is admitted to the facility to the time of discharge unless the person is admitted to an ICF-IID or waiver within 60 days of discharge. In that case the Medicaid costs incurred during discharge will be counted toward the ICF-IID costs.</p> <p>The report shall be submitted to the Eighty-third Legislature no later than August 31, 20142016.</p>	This rider has been updated to change dates to reflect the FY 2016-17 biennium.
24	II-14	Appropriation: Quality Assurance Fees.	This rider has

		<p>a. Informational Item. Appropriations from General Revenue Dedicated - Quality Assurance Account No. 5080 in this Act total \$55,000,000 in each fiscal year in Strategy A.7.1, ICF/IID for intellectual disability services. Estimated amounts of \$42,895 in fiscal year 2014-2016 and \$42,895 in fiscal year 2015-2017 are appropriated elsewhere in this Act for employee benefits of employees of community-based intermediate care facilities for individuals with intellectual disabilities also known as bond homes, that are operated by the Department of Aging and Disability Services. Pursuant to Article IX, Sec. 6.08, Benefits Paid Proportional by Fund, benefits for bond home employees reflect the proportion by fund type as used for salaries.</p> <p>b. Appropriation Limitation. Contingent upon written approval of the Legislative Budget Board and the Governor, the Department of Aging and Disability Services is appropriated revenue generated in General Revenue Dedicated - Quality Assurance Account No. 5080 in excess of the amounts identified in the Comptroller of Public Account's Biennial Revenue Estimate. To request authorization to expend available General Revenue Dedicated – Quality Assurance Account No. 5080, the department shall submit a written request to the Legislative Budget Board, the Governor, and the Comptroller of Public Accounts. The request shall include a plan that includes the purposes for which the funds will be used, the amounts that will be budgeted for each purpose, and the specific amount of any rate increase that will be given. The plan shall be submitted in a format specified by the Legislative Budget Board.</p> <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>The Comptroller of Public Accounts shall not allow the expenditure of Quality Assurance Fee revenue generated above the amounts identified in the Comptroller of Public Account's Biennial Revenue Estimate if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that a written disapproval has been issued or the requirements of this provision have not been satisfied.</p>	<p>been updated to change dates to reflect the FY 2016-17 biennium.</p>
25	II-15	<p>Expenditure of Settlement Funds. The Department of Aging and Disability Services shall notify the Governor and the Legislative Budget Board 30 days prior to expenditure of any settlement funds (General Revenue) during fiscal years 2014-2016 and 2015-2017. The department shall provide a detailed plan outlining the expenditure of the settlement funds in a format approved by the Legislative Budget Board. Settlement funds may include, but are not limited to, the difference between allowable costs and the reimbursement paid under the interim rate, including applied income.</p>	<p>This rider has been updated to change dates to reflect the FY 2016-17 biennium.</p>
26	II-15	<p>Limits for Waivers and Other Programs. Notwithstanding other provisions included in this Act, this provision shall govern expenditure levels for the following strategies: <u>In the event of a closure or downsizing of a state supported living center or ICF-ID facility, the all funds amount for the strategies identified below may be exceeded with a notification to the Legislative Budget Board and Governor.</u></p>	<p>This rider has been updated to change dates to reflect the FY 2016-17</p>

		<p>a. Waivers and PACE. Otherwise, the All Funds amounts included above for Department of Aging and Disability Services (DADS) for fiscal year 2014-2016 and fiscal year 2015-2017 in each individual strategy identified below shall not be exceeded without the prior written approval of the Legislative Budget Board and the Governor.</p> <p>A.3.1. Community-based Alternatives (CBA)</p> <p>A.3.12. Home and Community-based Services (HCS)</p> <p>A.3.23. Community Living Assistance and Support Services (CLASS)</p> <p>A.3.34. Deaf-blind Multiple Disabilities (DBMD)</p> <p>A.3.45. Medically Dependent Children Program (MDCP)</p> <p>A.3.56. Texas Home Living Waiver (TxHmL)</p> <p>A.5.1. Program of All-Inclusive Care for the Elderly (PACE)</p> <p>Requests for Exemptions. To request an exemption from the limits established under section (a), DADS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information: a detailed explanation of the reason for the requested exemption and whether and how the exemption would impact client and expenditure levels at the individual strategy level in the 2014-152016-17 biennium and the 2016-172018-19 biennium.</p> <p>The request for an exemption shall be considered to be disapproved unless the Legislative Budget Board or the Governor issue a written approval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request for exemption and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>b. Non-Medicaid Programs. The All Funds amounts included above for DADS for fiscal year 2014-2016 and fiscal year 2015-2017 in each individual strategy identified below shall not be exceeded unless DADS notifies the Legislative Budget Board and the Governor it has received federal funding (primarily Title XX and Administration on Aging) that exceeds levels assumed in the 2014-152016-17 GAA and specifies the following information: a detailed explanation how the increase would impact individuals served and expenditure levels by method of finance at the individual strategy level in the 2014-152016-17 biennium and the 2016-172018-19 biennium.</p> <p>A.4.1. Non-Medicaid Services</p> <p>A.4.2. ID Community Services</p> <p>A.4.4. In-Home and Family Support</p> <p>The Comptroller of Public Accounts shall not allow any exemptions from the limits established by this provision if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p>	<p>biennium.</p> <p>CBA services will be transferred to HHSC.</p> <p>Possible SSLC or IFC-ID closures would require us to transfer funds to cover community services.</p>
27	II-16	<p>Behavioral Support Specialists in Educational Settings. Out of funds appropriated above in Strategy A.8.1. State Supported Living Centers, Mexia State Supported Living Center shall provide behavioral support</p>	

		specialists to assist the alleged offender residents with any specialized educational needs.	
28	II-16	Interest List Reduction. Notwithstanding any other provision in this Act, the Department of Aging and Disability Services is directed to consider factors such as length of time on the interest list, size of interest list, demographics, average cost, and crisis stabilization in providing services to interest list clients on a program-specific basis.	
29	II-16	Appropriation: Medicaid Estate Recovery. Funds deposited to the credit of Medicaid Estate Recovery (General Revenue - Dedicated Account No. 5109) above the Biennial Revenue Estimate are hereby appropriated to the Department of Aging and Disability Services for community-based care to individuals who are on a waiting or interest list. This appropriation is contingent upon the department submitting a plan which details the number of clients to be served, estimated expenditures by method of financing by year, as well as any other information requested by the Legislative Budget Board. The plan shall be submitted to the Legislative Budget Board, the Governor, and the Comptroller of Public Accounts 30 days prior to any expenditure of the funds.	
30	II-16	Implementing a Person-centered Care Pilot Project for Nursing Facilities. Out of the funds appropriated above to the Department of Aging and Disability Services in Goal B, Regulation, Certification, Outreach, the agency shall allocate an amount not to exceed \$250,000 in All Funds to: a. Not later than January 31, 2014, in consultation with the Legislative Budget Board, implement a person-centered care pilot project modeled on the Rhode Island State Department of Health's Individualized Care Pilot Project that would use the nursing facility regulatory inspection process to improve nursing facility staffs' knowledge and implementation of person-centered care practices and culture change models of care in one or more regions of the state. The agency shall use and modify as necessary the information and materials contained in the electronic Individualized Care Pilot Tool Box developed by the Rhode Island Department of Health. The agency shall request approval from the Centers for Medicaid and Medicare Services for "pilot status" of the project for a defined period of time. To fulfill the educational component of the pilot project, the agency may use existing state staff or collaborate with an entity whose mission and purpose it is to train and implement culture change models of care and person-centered activities in long-term care facilities. The pilot project shall be operational no later than September 1, 2014. b. Submit a report to the Legislative Budget Board and the Office of the Governor, no later than August 31, 2015. The report shall include, but not be limited to, an evaluation of the Person-centered Care pilot project that includes: 1) pre and post test measures of areas targeted for improvement, 2) the project's impact on nursing facility administrators and state survey staff knowledge and implementation of person-centered care practices, 3) agency recommendations for increasing the use and knowledge of person-centered care in nursing facilities, and 4) any other measure the agency determines is needed to determine the pilot's effectiveness at increasing the knowledge and implementation of person-centered care or culture change practices in Texas nursing facilities.	Recommended for deletion. Rider is specific to the 83rd Session

31	II-17	<p>Intellectual Disability Community Services: Limitations. Intellectual Disability Community Services: Limitations. Transfers may not be made from Strategy A.4.2, Intellectual Disability Community Services without prior written approval from the Legislative Budget Board and the Governor.</p> <p>To request a transfer, DADS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the department shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:</p> <ul style="list-style-type: none"> a. a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing; b. the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year; c. an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; d. the capital budget impact; and e. and any other information requested by the Legislative Budget Board. <p>The transfer request shall be considered to be disapproved unless the Legislative Budget Board of the Governor issue a written approval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p>	
32	II-17	<p>Contingency for Standard Assessment Tool. Contingent on Senate Bill 7, or passage of legislation relating to the implementation of a standard functional assessment tool used across intellectual and developmental disability programs and a resource allocation methodology in the Home and Community-based Services Waiver program, by the Eighty-third Legislature, Regular Session, the Department of Aging and Disability Services may use an amount not to exceed \$0.5 million for fiscal year 2014 and \$1.0 million for fiscal year 2015 out of General Revenue funds appropriated in Strategy A.10.1, Balancing Incentive Program to implement a standard functional assessment tool and resource allocation methodology in the Home and Community-based Services Waiver program. In addition, DADS shall issue a report to the Legislative Budget Board and the Governor by February 1, 2015 that analyzes the needs of consumers across the four 1915(c) Medicaid waiver programs that serve individuals with intellectual and developmental disabilities; makes recommendations for system reforms that would expand the number of persons served, improve service delivery, and/or contain costs; and provides a fiscal estimate of reform options.</p>	<p>Recommended for deletion. Rider is specific to the 83rd Session</p>
33	II-17	<p>Unexpended Balances Bond Proceeds. Included in the amounts appropriated above are unexpended and unobligated balances of general obligation bond proceeds for projects that have been approved under the provisions of Article IX, Section 17.11 of Senate Bill 1, Eighty-first Legislature, Regular Session, 2009, remaining as of August 31, 2013 (estimated to be \$0), for the Department of Aging and Disability Services for the 2014-15 biennium in Strategy A.9.1, Capital Repairs and Renovations.</p>	<p>This rider has been updated to change dates to reflect the FY 2016-17</p>

		Any unexpended balances in General Obligation Bond Proceeds described herein and remaining as of August 31, 2014 2016, are hereby appropriated for the same purposes for the fiscal year beginning September 1, 2014 2016.	biennium.
34	II-17	<p>Services under a 1915(c) Waiver. It is the intent of the Legislature that, from the funds appropriated above, the Department of Aging and Disability Services shall provide services under a Section 1915(c) waiver program, other than a nursing facility waiver program to an individual, 21 years and younger, leaving a nursing facility if the individual:</p> <p>a. meets the eligibility requirements for that Section 1915(c) waiver program; and</p> <p>b. in order to leave the nursing facility, requires services that are available only under that Section 1915(c) waiver program.</p>	
35	II-18	<p>Services under HCS Waiver Program. It is the intent of the Legislature that, from the funds appropriated above, if an individual 21 years and younger, seeking to leave an intermediate care facility for individuals with intellectual disabilities, has been offered services under the HCS (Home and Community-based Services) waiver program, the Department of Aging and Disability Services may provide services to the individual under another Section 1915(c) waiver program if the individual leaving the facility:</p> <p>a. is determined to be ineligible for the services provided under the HCS waiver program; and</p> <p>b. meets the eligibility requirements for and needs services provided under another Section 1915(c) waiver program.</p>	
36	II-18	<p>State Supported Living Center Oversight.</p> <p>a. Department of Justice Settlement Agreement.</p> <p>(1) Not later than January 1, 20142016, the Department of Aging and Disability Services shall provide a plan of action to achieve substantial compliance with the Department of Justice Settlement Agreement to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The plan shall include specific actions necessary to achieve compliance, a timeline for projected completion of actions, and anticipated barriers that may be encountered in the attainment of compliance.</p> <p>(2) Not later than August 31, 20142016 and August 31, 20152017, the Department of Aging and Disability Services shall provide a status report on achievement of compliance to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The report shall identify completed actions contained in the plan required under subsection (a)(1) of this section and any changes in the timeline of projected completion for remaining actions.</p> <p>b. Cost Reporting.</p> <p>(1) The Department of Aging and Disability Services shall provide actual monthly expenditure data by state supported living center to the Legislative Budget Board, on a monthly basis, and in a format approved by the</p>	This rider has been updated to change dates to reflect the FY 2016-17 biennium.

	<p>Legislative Budget Board.</p> <p>(2) On a quarterly basis the Department of Aging and Disability Services shall provide data on cost reductions that have occurred as a result of reductions in the State Supported Living Center system census in areas including but not limited to staffing and employee benefits, acute care/prescription drugs, and resident support (dietary, laundry, transportation, and maintenance services) and data on the impact of the declining census on collection of Quality Assurance Fee revenue.</p> <p>c. Staffing.</p> <p>(1) On a quarterly basis, the Department of Aging and Disability Services shall provide a quarterly staffing report to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services that includes data on turnover, fill rates, and use of contractors by state supported living center and position type, initiatives undertaken during the reporting period to improve staff recruitment and retention, resources expended on the initiatives, and outcomes quantifying the impact of the initiatives.</p> <p>(2) Not later than August 31, 20142016, the Department of Aging and Disability Services shall provide a report to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services that analyzes data regarding the reasons for staff turnover at state supported living centers, identifies patterns in turnover, and makes recommendations for specific interventions to address identified concerns. The report shall include analysis on the fiscal and policy impact of establishing a careerladder at state supported living centers for certain positions.</p> <p>d. State Supported Living Center Expenditures.</p> <p>(1) It is the intent of the legislature that the Department of Aging and Disability Services limit expenditures in strategy A.8.1, State Supported Living Centers, to appropriations. Notwithstanding any other provisions in this act, the agency is authorized to expend additional funds above appropriations in this strategy only upon prior written approval from the Legislative Budget Board and the Governor. To request authorization to expend additional funds, the agency shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:</p> <ul style="list-style-type: none"> (i) a detailed explanation of the reason for the need to spend additional funding (ii) an estimate of available funding to transfer to A.8.1 and the strategy(ies) in which the funds will be made available for transfer <p>Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.</p> <p>This request shall be considered to be approved unless the Legislative Budget Board or the Governor issue a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to spend additional funds and forwards its review to the Chair of the</p>	
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		<p>House of the Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>The Comptroller of Public Accounts shall not allow the expenditure of additional funds for this purpose if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p>(2) By December 31, 2013<u>2015</u>, the Department of Aging and Disability Services shall provide a plan to the Legislative Budget Board and the Governor demonstrating how the agency will manage the expenditures in strategy A.8.1, State Supported Living Centers, to remain within appropriated levels.</p>	
37	II-19	<p>Promoting Community Services for Children. It is the intent of the Legislature that opportunities be provided for children (under the age of 22) residing in community intermediate care facilities for the intellectually disabled to be able to transition to families. To facilitate such transitions when requested by parent/guardian, the department may request approval through Rider 9 provisions to transfer funding from Strategy A.7.1, Intermediate Care Facilities - IID, to other Medicaid strategies that provide appropriate services in community settings. In order to maintain cost-neutrality, the Executive Commissioner may develop rules in accordance with all applicable laws that would allow decertification of ICF/IID beds to offset the additional costs incurred in the community.</p>	
38	II-19	<p>Reporting on Nursing Facility Licensure. Out of funds appropriated above in Strategy B.1.1, Facility and Community-based Regulation, the Department of Aging and Disability Services shall submit a report summarizing the nursing facility licensure process, including criteria considered when determining whether to issue a new license within a given market area, and any recommendations to improve the effectiveness and efficiency of the process. The report shall be submitted to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services by August 31, 2014<u>2016</u>.</p>	<p>Recommended for deletion. Required report will be completed by August 31, 2014.</p>
39	II-19	<p>State Supported Living Center Long-term Plan. Out of funds appropriated above, the Department of Aging and Disability Services (DADS) shall develop a ten-year plan for the provision of services to persons residing in State Supported Living Centers (SSLCs). This plan shall consider SSLC system operational needs, including infrastructure needs of the existing facilities, future infrastructure needs, capacity and demand needs of the state, and associated costs. The plan must consider current state funded SSLC capacity for individuals requiring services, serving individuals in the most integrated setting appropriate to their needs, consideration of individuals' and/or their legally authorized representatives' preferences, opportunities for individuals to receive services close to their geographic preference, and efficient use of state resources. The plan must consider monitoring and oversight of the quality of services, effective transition of individuals into community settings, and compliance with state and federal regulations.</p> <p>DADS shall coordinate with the Department of State Health Services in the development and implementation of the plan, in order to ensure consideration of cross agency issues impacting SSLCs and state hospitals. To authorize the implementation of improvements to the state supported living center system</p>	

		related to the plan, DADS shall submit a written request to the Legislative Budget Board and the Governor. The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.	
40	II-20	40. Contingency for Nursing Facility Rate Increases. Contingent on passage of legislation (including but not limited to Senate Bill 7) by the Eighty-third Legislature, Regular Session, that carves nursing facility services into the Medicaid managed care service delivery model, and included in amounts appropriated above, is \$23,446,624 in General Revenue Funds and \$33,380,028 in Federal Funds in fiscal year 2014 and \$72,734,490 in General Revenue Funds and \$100,677,477 in Federal Funds in fiscal year 2015 in Strategy A.6.1, Nursing Facility Payments, and \$1,662,179 in General Revenue Funds and \$2,366,416 in Federal Funds in fiscal year 2014 and \$5,163,429 in General Revenue Funds and \$7,147,187 in Federal Funds in fiscal year 2015 in Strategy A.6.3, Hospice, to provide for a 2 percent rate increase to nursing facilities in fiscal year 2014 and an additional 4 percent rate increase to nursing facilities in fiscal year 2015. Percentage increases in both fiscal years are intended to be calculated based on the rates in effect on August 31, 2013.	Recommended for deletion. Rider <u>contingency</u> is specific to the 83rd Session.

3.C. Rider Appropriations and Unexpended Balances Request
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Agency Code: 539 Aging and Disability Services, Department of

RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 1 Rider 9	1-1-1 INTAKE, ACCESS, & ELIGIBILITY	\$(4,324,972)	\$4,324,972	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	2009 OTHER OPERATING EXPENSE	\$(4,324,972)	\$4,324,972	\$0	\$0	\$0
Total, Object of Expense		\$(4,324,972)	\$4,324,972	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(4,324,972)	\$4,324,972	\$0	\$0	\$0
Total, Method of Financing		\$(4,324,972)	\$4,324,972	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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3.C. Rider Appropriations and Unexpended Balances Request
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Agency Code: 539 Aging and Disability Services, Department of

RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 2 Rider 9						
	1-2-1 PRIMARY HOME CARE	\$(4,233,844)	\$4,233,844	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(4,233,844)	\$4,233,844	\$0	\$0	\$0
Total, Object of Expense		\$(4,233,844)	\$4,233,844	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(4,233,844)	\$4,233,844	\$0	\$0	\$0
Total, Method of Financing		\$(4,233,844)	\$4,233,844	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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Agency Code: 539 Aging and Disability Services, Department of

RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 3 Rider 9						
	1-2-2 COMMUNITY ATTENDANT SERVICES	\$(14,881,264)	\$14,881,264	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(14,881,264)	\$14,881,264	\$0	\$0	\$0
Total, Object of Expense		\$(14,881,264)	\$14,881,264	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(14,881,264)	\$14,881,264	\$0	\$0	\$0
Total, Method of Financing		\$(14,881,264)	\$14,881,264	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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3.C. Rider Appropriations and Unexpended Balances Request
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Agency Code: 539 Aging and Disability Services, Department of

RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 4 Rider 9	1-2-3 DAY ACTIVITY & HEALTH SERVICES	\$(402,389)	\$402,389	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(402,389)	\$402,389	\$0	\$0	\$0
Total, Object of Expense		\$(402,389)	\$402,389	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(402,389)	\$402,389	\$0	\$0	\$0
Total, Method of Financing		\$(402,389)	\$402,389	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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Agency Code: 539 Aging and Disability Services, Department of

RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 5 Rider 9						
	1-3-1 COMMUNITY-BASED ALTERNATIVES	\$(5,259,058)	\$5,259,058	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(5,259,058)	\$5,259,058	\$0	\$0	\$0
Total, Object of Expense		\$(5,259,058)	\$5,259,058	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(5,259,058)	\$5,259,058	\$0	\$0	\$0
Total, Method of Financing		\$(5,259,058)	\$5,259,058	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 6 Rider 9						
	1-3-2 HOME AND COMMUNITY-BASED SERVICES	\$(20,226,417)	\$20,226,417	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(20,226,417)	\$20,226,417	\$0	\$0	\$0
Total, Object of Expense		\$(20,226,417)	\$20,226,417	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(20,226,417)	\$20,226,417	\$0	\$0	\$0
Total, Method of Financing		\$(20,226,417)	\$20,226,417	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 7 Rider 9						
	1-3-3 COMMUNITY LIVING ASSISTANCE (CLASS)	\$(2,093,813)	\$2,093,813	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(2,093,813)	\$2,093,813	\$0	\$0	\$0
Total, Object of Expense		\$(2,093,813)	\$2,093,813	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(2,093,813)	\$2,093,813	\$0	\$0	\$0
Total, Method of Financing		\$(2,093,813)	\$2,093,813	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 8 Rider 9	1-3-4 DEAF-BLIND MULTIPLE DISABILITIES	\$(230,788)	\$230,788	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(230,788)	\$230,788	\$0	\$0	\$0
Total, Object of Expense		\$(230,788)	\$230,788	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(230,788)	\$230,788	\$0	\$0	\$0
Total, Method of Financing		\$(230,788)	\$230,788	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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Agency Code: 539 Aging and Disability Services, Department of

RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 9 Rider 9	1-3-5 MEDICALLY DEPENDENT CHILDREN PGM	\$(1,578,004)	\$1,578,004	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(1,578,004)	\$1,578,004	\$0	\$0	\$0
Total, Object of Expense		\$(1,578,004)	\$1,578,004	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(1,578,004)	\$1,578,004	\$0	\$0	\$0
Total, Method of Financing		\$(1,578,004)	\$1,578,004	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 10 Rider 9	1-3-6 TEXAS HOME LIVING WAIVER	\$(2,475,649)	\$2,475,649	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(2,475,649)	\$2,475,649	\$0	\$0	\$0
Total, Object of Expense		\$(2,475,649)	\$2,475,649	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(2,475,649)	\$2,475,649	\$0	\$0	\$0
Total, Method of Financing		\$(2,475,649)	\$2,475,649	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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3.C. Rider Appropriations and Unexpended Balances Request
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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 11 Rider 9						
	1-5-1 ALL-INCLUSIVE CARE - ELDERLY (PACE)	\$(1,289,678)	\$1,289,678	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(1,289,678)	\$1,289,678	\$0	\$0	\$0
Total, Object of Expense		\$(1,289,678)	\$1,289,678	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(1,289,678)	\$1,289,678	\$0	\$0	\$0
Total, Method of Financing		\$(1,289,678)	\$1,289,678	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 12 Rider 9						
	1-6-1 NURSING FACILITY PAYMENTS	\$(13,457,088)	\$13,457,088	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(13,457,088)	\$13,457,088	\$0	\$0	\$0
Total, Object of Expense		\$(13,457,088)	\$13,457,088	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(13,457,088)	\$13,457,088	\$0	\$0	\$0
Total, Method of Financing		\$(13,457,088)	\$13,457,088	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 13 Rider 9	1-6-3 HOSPICE	\$(2,174,197)	\$2,174,197	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(2,174,197)	\$2,174,197	\$0	\$0	\$0
Total, Object of Expense		\$(2,174,197)	\$2,174,197	\$0	\$0	\$0
METHOD OF FINANCING:						
	752 Ged Fees	\$(2,174,197)	\$2,174,197	\$0	\$0	\$0
Total, Method of Financing		\$(2,174,197)	\$2,174,197	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 14 Rider 9						
	1-6-4 PROMOTING INDEPENDENCE SERVICES	\$(57,212)	\$57,212	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(57,212)	\$57,212	\$0	\$0	\$0
Total, Object of Expense		\$(57,212)	\$57,212	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(57,212)	\$57,212	\$0	\$0	\$0
Total, Method of Financing		\$(57,212)	\$57,212	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 15 Rider 9	1-7-1 INTERMEDIATE CARE FACILITIES - IID	\$(1,185,970)	\$1,185,970	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	3001 CLIENT SERVICES	\$(1,185,970)	\$1,185,970	\$0	\$0	\$0
Total, Object of Expense		\$(1,185,970)	\$1,185,970	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(1,185,970)	\$1,185,970	\$0	\$0	\$0
Total, Method of Financing		\$(1,185,970)	\$1,185,970	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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3.C. Rider Appropriations and Unexpended Balances Request
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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 16 Rider 9						
	1-9-1 CAPITAL REPAIRS AND RENOVATIONS	\$(31,828,649)	\$(6,744,000)	\$38,572,649	\$0	\$0
OBJECT OF EXPENSE:						
	2009 OTHER OPERATING EXPENSE	\$(31,828,649)	\$(6,744,000)	\$38,572,649	\$0	\$0
Total, Object of Expense		\$(31,828,649)	\$(6,744,000)	\$38,572,649	\$0	\$0
METHOD OF FINANCING:						
	1 General Revenue Fund	\$(23,000,000)	\$3,786,910	\$19,213,090	\$0	\$0
	780 Bond Proceed-Gen Obligat	\$(8,828,649)	\$(10,530,910)	\$19,359,559	\$0	\$0
Total, Method of Financing		\$(31,828,649)	\$(6,744,000)	\$38,572,649	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
539 17 Rider 9						
	2-1-1 FACILITY/COMMUNITY-BASED REGULATION	\$(1,043,102)	\$1,043,102	\$0	\$0	\$0
OBJECT OF EXPENSE:						
	2009 OTHER OPERATING EXPENSE	\$(1,043,102)	\$1,043,102	\$0	\$0	\$0
Total, Object of Expense		\$(1,043,102)	\$1,043,102	\$0	\$0	\$0
METHOD OF FINANCING:						
	758 GR Match For Medicaid	\$(1,043,102)	\$1,043,102	\$0	\$0	\$0
Total, Method of Financing		\$(1,043,102)	\$1,043,102	\$0	\$0	\$0

Description/Justification for continuation of existing riders or proposed new rider

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RIDER	STRATEGY	Exp 2013	Est 2014	Bud 2015	BL 2016	BL 2017
SUMMARY:						
OBJECT OF EXPENSE TOTAL		\$(106,742,094)	\$68,169,445	\$38,572,649	\$0	\$0
METHOD OF FINANCING TOTAL		\$(106,742,094)	\$68,169,445	\$38,572,649	\$0	\$0