

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

DADS Agency Requests	Agency Request GR Only	Senate Budget	HAC Budget	NOTES
Caseload Growth	\$59.5 M	Fully funded.	Fully funded.	BIP funds are being used to help cover the costs.
SSLC Operations	\$22.2 M	Funds \$17.4M	<b>As of March 6, 2013 Different:</b> \$7.8M	
PASRR	\$10.4 M	Funds \$9.8 M	<b>Same as Senate</b>	
Cost Trends	\$64.9 M	Funds \$61.9 M	Not funded.	
Promoting Independence	<del>\$33.3 M</del> Revised request is \$28.1 M	Funds \$28.1M <b>(1,277 of the 'slots' are for HCS)</b> a) Movement of persons from large and Medium ICFs (400 slots) b) Children aging out of Foster care (192 slots) c) Prevention of Institutionalization (300 HCS slots) d) Prevention of Institutionalization (100 CBA slots) e) Movement of IDD pop. from NHs (120 slots FY'14/240 slots FY'15) f) DFPS children (25 HCS slots)	<b>Same as Senate</b>	According to DADS the amount funded will not impact the number of persons DADS estimates could be served via this request.  This item is BIP eligible. <u>See Rider 37 on page 6.</u>
<b>Community Expansion</b>  <b>a. Interest List reduction</b> <b>b. CFC</b>	\$219.9M  \$41.4 M	Funds \$107.9 M of which \$41.7M is for CFC; the remaining \$66.2 M is for Interest List reduction. <b>Total of 5,812 slots funded:</b>  HCS at <b>1,224 [110 added to previous 1,114 using extra BIP funds];</b> CLASS at 612, TxHmL at 3,000; CBA at 262 [for total of 362 'slots' when adding PI funded 'slots']; STAR +PLUS at 490; MDCP at 120; DBMD at 100 Other non-waiver & non-community entitlement services (Title XX) - 0  Recommends remainder (\$153.8M) under <u>Article XI, Sec. 1, page 12.</u>	<b>a. Different: Recommended \$54.7M</b> <b>Total of 4,908 slots funded:</b> HCS at 1,114; CLASS at 612, TxHmL at 114; CBA at 524; STAR +PLUS at 1,474; MDCP at 48 DBMD at 4 Other non-waiver & non-community entitlement services (Title XX) at 1,018  <b>b. Same as Senate for the CFC request.</b>	Excluding a small portion of item (a) related to the Interest List reduction, this item is BIP eligible.
Protecting Vulnerable Citizens	\$19.9M	Funds \$11.4M a) Increase FTEs in guardianship program (fully funds) b) Assisted Living Ombudsman (funds \$1.8 M of the \$2.8M request) c) Increase in Waiver Survey and Certification Surveyors (fully funds) d) Increase in ALF and ADC survey staff (does not fund) e) Certification of Day Hab facilities (does not fund) f) Regulatory Services System Automation Modernization (fully funds) g) Regulatory Mobility Investigators (funds \$1.9M of \$3.9M request)	<b>Different:</b> Recommended \$7.4 M  <b>a) Same as Senate</b> <b>b) Same as Senate</b> <b>c) Same as Senate</b> <b>d) Same as Senate</b> <b>e) Same as Senate</b> f) Funds \$3.1 M of the \$5.1 M request g) Does not fund.	A contingency rider was adopted to address the licensing of Day Hab programs. In other words, HB 1005 (Rep. L. Gonzalez) or a similar bill must first be passed. <u>See Article XI, page 12.</u>  Item c. is BIP eligible

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

<b>DADS Requests</b>	<b>Agency Request GR Only</b>	<b>Senate Budget</b>	<b>HAC Budget</b>	<b>NOTES</b>
Improving Support for SSLCs	\$25.5M	Funds \$19.9 GR.	<b>As of March 6, 2013 Different:</b> Recommended \$13.7M	Not all items requested were either fully funded or funded (such as vehicles, furniture and equipment, and repairs and renovations). HAC included a request under Article XI to fund repairs and renovations. According to DADS, the funds to support electronic health records is BIP eligible.
PACE Expansion	\$4.7M	In lieu of funding, the expansion is being addressed via a rider giving DADS authority transfer authority.	<b>Same as Senate.</b>	
<b>HHSC Requests</b>	<b>Agency Request GR Only</b>	<b>Senate Budget</b>	<b>HAC Budget</b>	<b>NOTES</b>
Community Attendant Care Wage Increases - \$0.50/hr	\$176.8M	Funds \$15.1 M GR/ \$36.4 M All Funds to begin in FY 2015 for a \$0.50/hr attendant wage increase in community care programs under DADS. [ Applies to community care/personal attendant wages such as under Primary Home Care (PHC), Community Based Services (CBA) and Community Attendant Services (CAS) ]  Remainder of funds not appropriated, but recommended as priority if funds become available. <u>Included under Article XI, page 13.</u>	<b>Different:</b> Funds \$33.8 M GR/\$81.4 M All Funds, under DADS. Provides \$0.50/hr increase current base wage rate for community care program attendants for whom the current wage rate is below \$7.85/hour. Begins FY'15.  <b>Note:</b> Initially HAC recommended \$97.5 M to be available in FY'14 and FY'15. Discussion ensued as to whether funds should be provided via the Attendant Compensation Rate Enhancement program or just increase direct cost component of these wages. Chris Traylor explained that the House could choose either method and if concern exists that providers would not increase the base wage, HHSC is able to monitor the wages paid by providers.	This item is BIP eligible.
Recruitment & Retention	\$28.5M	Funds 10% wage increase under Article IX (informational rider - Article XI). Applies to DSPs & psychiatric nurses at SSLCs & State Hospitals.	<b>Different:</b> Funds salary increases at: \$21.6M GR / \$51.5M All Funds for SSLC DSPs; \$10.8M GR for direct care staff at State Hospitals.	
Maintain Support of SSLCs & Hospitals	\$3.1 M	Funds \$3.1 M	<b>As of March 6, 2013 same as Senate.</b>	

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

DADS	Senate Performance Measures re: Funds Appropriated	FY 2014	FY 2015	HAC: FY'14	HAC: FY'15
<b>HCS: A.3.2</b>	Avg. # of persons served per month: Avg. monthly cost per person: Avg. # on Interest List per month: <u>Number served at end of FY:</u> <b>Note:</b> The data for all categories in both bills is subject to change due to an LBB error. See page 16.	21,839 \$3,525.19 75,047 21,930	31,148 \$3,168.44 86,153 31,774	21,083 \$3,569.91 75,047 21,364	30,131 \$3,272.02 86,153 30,412
<b>CLASS A.3.3</b>	Avg. # of persons served per month: Avg. monthly cost per person: Avg. # on Interest List per month: <u>Number served at end of FY:</u> <b>Note:</b> The data for all categories in both bills is subject to change due to an LBB error. See page 16.	4,808 \$3,478.63 54,114 4,961	8,517 \$3,264.45 61,983 8,670	4,808 \$3,474.03 54,114 4,961	8,367 \$3,313.04 61,983 8,670
<b>TxHML: A.3.6</b>	Avg. # of persons served per month: Avg. monthly cost per person: <u>Number served at end of FY:</u> <b>Note:</b> With exception of the figures in red, data for above categories in both bills is subject to change - LBB error. See page 16.	6,488 \$842.59 7,238	7,988 <b>\$856.67</b> <b>8,738</b>	5,767 \$834.73 5,795	5,824 \$835.07 5,852
<b>ICF A.7.1</b>	Avg. # of persons served per month: Avg. monthly cost per person:	5,616 \$4,356.31	5,616 \$4,356.31	5,616 \$4,356.31	5,616 \$4,356.31
<b>SSLC A.8.1</b>	Avg. # of persons served per month: Avg. monthly cost per person:	3,465 \$16,374.55	3,256 \$17,365.97	3,465 \$16,039.87	3,256 \$16,969.33
<b>BIP: A.10.1</b>	Balancing Incentive Program	\$69.7 M	\$69.7 M	<b>Not funded</b>	<b>Not funded.</b>
<b>Capitol Budget</b>	<b>a. Repair or Rehabilitation of Buildings and Facilities</b> (1) Repairs - State Owned Bond Homes leased to LAs FY'14 \$352,186 / FY'15 \$352,185 <b>b. Acquisition of Information Resource Technologies</b> (1) Lease of Personal Computers FY'14 \$3,965,874 / FY'15 \$3,995,874 (2) Software Licenses FY'14 \$1,701,400 / FY'15 \$1,701,400 (3) Messaging and Collaboration FY'14 \$1,605,939 / FY'15 \$1,605,939 (4) Development and Maintenance of a Contract Monitoring Tool FY'14 \$144,500 / FY'15 \$0 (5) Regulatory Services System Automation Modernization FY'14 \$4,087,170 / FY'15 \$3,548,169 (6) Regulatory Mobility Investigators Initial Phase FY'14 \$3,086,002 / FY'15 \$0 (7) <b>Electronic Health Records for SSLCs</b> FY'14 \$9,499,360 / FY'15 \$9,655,027 (8) <b>Additional Computers for SSLCs</b> FY'14 \$525,000 / FY'15 \$525,000 (9) <b>Statewide Video Conferencing for SSLCs</b> FY'14 \$829,000 / FY'15 \$259,000 (10) IT support for No Wrong Door/Single Entry Point FY'14 \$16,900,000 / FY'15 \$16,900,000 (11) Changes to Local MH, NorthSTAR, MH providers electronic health records & IT FY'14 \$3,350,000 / FY'15 \$3,350,000 (12) Secure Web Portal FY'14 \$1,000,000 / FY'15 \$1,000,00			Item a. 1 funded at same level  Items b. 1-4 funded at same level  Item b. 5 funded at lower levels: FY'14 \$2,452,301 / FY'15 \$2,128,902 [See also page Article XI, page 12]  Item b. 6 not funded.  Items b. 7-9 funded at same levels. Items 10 - 12 not funded.	

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

DADS	Senate Performance Measures re: Funds Appropriated	HAC Budget
<b>Capitol Budget, cont'd.</b>	(13) Level 1 Screening Tool FY'14 \$1,871,000 / FY'15 \$1,871,000 (14) Changes to Your Texas Benefits FY'14 \$9,000,000 / FY'15 \$9,000,000 (15) <b>IDD Comprehensive Assessment Instrument and Resource Allocation Process</b> FY'14 \$1,000,000 / FY'15 \$1,000,00 (16) <b>Electronic Health Records for persons w/ IDD in community</b> FY'14 \$26,422,807 / FY'15 \$26,422,806 Total, Acquisition of Information Resource Technologies FY'14 \$84,988,052 / FY'15 \$80,834,215 <b>c. Transportation Items</b> (1) <b>Vehicles Replacement for SSLCs</b> FY'14 \$2,700,000 / FY'15 \$2,700,000 <b>d. Acquisition of Capital Equipment and Items</b> (1) Replacement of Furniture & Equipment for SSLCs FY'14 \$4,484,483 / FY'15 \$2,936,000 <b>e. Other Lease Payments to the Master Lease Purchase Program (MLPP)</b> (1) Payment of MLPP - Utility Savings or Energy Conservation FY'14 \$2,807,656 / FY'15 \$2,789,975 (2) Payment for MLPP for Transportation Items for SSLCs FY'14 \$230,388 / FY'15 \$228,336 Total, Other Lease Payments to the Master Lease Purchase Program (MLPP) FY'14 \$3,038,044 / FY'15 \$3,018,311 <b>f. Data Center Consolidation</b> (1) Data Center Consolidation FY'14 \$3,614,265 / FY'15 \$3,463,555  <b>Total, Capital Budget</b> <span style="float:right"><b>\$99,177,030 / \$93,304,266</b></span>	Items b. 13 - 16 not funded.  Item c. 1 funded at lower level - \$1,550,000 each year of biennium.  Item d. 1 funded at lower level - \$3,505,816 / \$1,957,333  Items e. 1 and 2 and f. 1 funded at same levels.  <b>\$49,783,685 / \$30,212,526</b> [See also Article XI, pg. 12]
<b>DADS Riders</b>	<b>Senate Budget</b>	<b>HAC Budget</b>
<b>15</b>	<b>State Supported Living Centers: Proportionality of Funds.</b> Pursuant to Article IX, Sec 6.08, Benefits Paid Proportional by Fund, payment for salaries, wages, and benefits for ICF/IID SSLC employees shall be proportional to the source of funds. DADS shall develop a plan for the 2014-15 biennium which identifies the appropriate portion of state and federal funds for salaries, wages, and benefits for ICF/IID SSLC employees. This plan is subject to review by the Comptroller of Public Accounts and the LBB and shall be certified by DADS CFO by October 1, 2013 prior to submission to the LBB. DADS shall report quarterly to the LBB and the Governor on the distribution of ICF/IID SSLC 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 LBB.	Same as Senate.
<b>16</b>	<b>State Supported Living Center Funding.</b> It is the intent of the Legislature that DADS implement a single funding methodology for SSLCs which funds all living centers equitably and at a level which is adequate to maintain compliance with applicable federal standards. A primary consideration to be used by the department in determining an acceptable funding methodology should be consideration of the number of residents in each living center and the needs of those residents. Staffing patterns at living centers shall not reflect a census decline until a campus has realized a decline in census.	No parallel rider.
<b>17</b>	<b>Unexpended Balances: ICF/IID Standards.</b> 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 DADS are appropriated to DADS for the purpose of complying with 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 the second year of the biennium. The department shall notify the LBB 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.	Same as Senate - listed as Rider 16.

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

DADS Riders	Senate Budget	HAC Budget
24	<p><b>Cost Comparison Report.</b> Out of funds appropriated above, DADS shall develop a report for the Legislature analyzing state and federally funded residential and nonresidential services in HCS, TxHmL &amp; ICF/IIDs. a. The report shall include: (1) the monthly average cost to the state per person for individuals residing in state-operated and non-state operated ICF-IID/RC, HCS, and TxHmL by Level of Need (LON), and facility size (<b>private ICF-IID only</b>); (2) a comparison of <b>severity</b> across settings. (3) the total number of persons, by LON, who transitioned from state-operated ICFIID/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 TxHmL 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. The report shall be submitted to the 83rd Legislature no later than August 31, 2014.</p> <p><b>Note:</b> The directive represents a significant change in previous riders related to this report. See green highlighted text above.</p>	Same as Senate - listed as Rider 23.
25	<p><b>Appropriation: Quality Assurance Fees.</b></p> <p>a. <b>Informational Item.</b> Appropriations from GR Dedicated - Quality Assurance Account No. 5080 in this Act total \$55,000,000 in each FY in Strategy A.7.1, ICF/IID for intellectual disability services. Estimated amounts of \$42,895 in FY 2014 and \$42,895 in FY 2015 are appropriated elsewhere in this Act for employee benefits of employees of community-based ICF/IID facilities for individuals with IDD also known as bond homes, that are operated by DADS. 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. <b>Appropriation Limitation.</b> Contingent upon written approval of the LBB and Gov., DADS is appropriated revenue generated in GR Dedicated - Quality Assurance Account No. 5080 in excess of the amounts identified in the Comptroller's Biennial Revenue Estimate (BRE). To request authorization to expend available GR Dedicated - Quality Assurance Account No. 5080, DADS shall submit a written request to the LBB, Gov., and Comptroller. 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 LBB. The request shall be considered to be approved unless the LBB or Gov. issue a written disapproval within 15 business days of the date on which the staff of the LBB concludes its review of the proposal to expend the funds and forwards the review to the Chair, House Appropriations Committee, Chair, Senate Finance Committee, House Speaker, and Lt. Gov. The Comptroller shall not allow the expenditure of QAF revenue generated above the amounts identified in the Comptroller's BRE if the LBB provides notification to the Comptroller that a written disapproval has been issued or the requirements of this provision have not been satisfied.</p>	Same as Senate - listed as Rider 24.

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

DADS Riders	Senate Budget	HAC Budget
28	<b>Behavioral Support Specialists in Educational Settings.</b> Out of funds appropriated above in Strategy A.8.1. SSLCs, Mexia SSLC shall provide behavioral support specialists to assist the alleged offender residents with any specialized educational needs.	Same as Senate - listed as Rider 27.
29	<b>Interest List Reduction.</b> Notwithstanding any other provision in this Act, DADS 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.	Same as Senate - listed as Rider 28.
33	<b>Contingency for Standard Assessment Tool.</b> Contingent on passage of legislation relating to the implementation of a standard functional assessment tool used across IDD programs and a resource allocation methodology in the HCS Waiver program, by the 83rd Legislature, Regular Session, DADS may use an amount not to exceed \$0.5 million for FY 2014 and \$1.0 million for FY 2015 out of GR funds appropriated in strategy A.10.1, Balancing Incentive Program to implement a standard functional assessment tool and resource allocation methodology in the HCS Waiver program. In addition, DADS shall issue a report to the LBB 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.	Same as Senate although the funds are appropriated under Strategy A. 1.1 Access & Intake. Listed as Rider 32.
35	<b>Services under a 1915(c) Waiver.</b> It is the intent of the Legislature that, from the funds appropriated above, DADS 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: a. meets the eligibility requirements for that Section 1915(c) waiver program; and b. in order to leave the nursing facility, requires services that are available only under that Section 1915(c) waiver program.	Same as Senate - listed as Rider 34.
36	<b>36. Services under HCS Waiver Program.</b> 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 waiver program, DADS may provide services to the individual under another Section 1915(c) waiver program if the individual leaving the facility: a. is determined to be ineligible for the services provided under the HCS waiver program; and b. meets the eligibility requirements for and needs services provided under another Section 1915(c) waiver program.	Same as Senate - listed as Rider 35.
37	<b>37. Expansion of Community-based Services (Promoting Independence).</b> Subject to the limitations in Rider 27, Limits for Waivers and Other Programs, appropriations made above in this Act related to expansion of community-based services include: a. \$6,671,128 in GR (\$26,007,307 in All Funds) to <b>Strategy A.3.2, HCS</b> to add <b>400 slots</b> for persons moving out of large and medium ICF/IIDs; b. \$4,494,998 in GR (\$11,333,947 AFs) to <b>Strategy A.3.2, HCS</b> to add <b>192 slots</b> for children aging out of foster care; c. \$8,051,823 in GR (\$20,302,224 AFs) to <b>Strategy A.3.2, HCS</b> to add 300 slots to prevent institutionalization/crisis; d. \$661,468 in GR (\$1,667,816 AFs) to <b>Strategy A.3.1, CBA</b> to add 100 slots to prevent institutionalization/crisis; e. \$4,836,025 in GR (\$20,588,677 AFs) to <b>Strategy A.3.2, HCS</b> to add 360 slots for persons with IDD moving out of NHs; and, f. \$729,849 in GR (\$1,841,163 in AFs) to <b>Strategy A.3.2, HCS</b> to add 25 slots for children moving out of DFPS general residential operations.	Same as Senate - listed as Rider 37.

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

DADS Riders	Senate Budget	HAC Budget
#36 (House only)	<b>No parallel rider in CSSB 1.</b>	<b>Promoting Community Services for Children.</b> 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 the ICF/IID beds to offset the additional costs incurred in the community.
38	<p><b>State Supported Living Center Oversight.</b></p> <p><b>a. Department of Justice Settlement Agreement.</b>                      (1) Not later than January 1, 2014, DADS shall provide a plan of action to achieve substantial compliance with the DOJ Settlement Agreement to the LBB, 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.                      (2) Not later than August 31, 2014 and August 31, 2015, DADS shall provide a status report on achievement of compliance to the LBB, 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>b. Cost Reporting:</b> (1) DADS shall provide actual monthly expenditure data by state supported living center to the LBB, on a monthly basis, and in a format approved by the LBB.                      (2) On a quarterly basis DADS shall provide data on cost reductions that have occurred as a result of reductions in the SSLC 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 QAF revenue.</p> <p><b>c. Staffing:</b>                      (1) On a quarterly basis, DADS shall provide a quarterly staffing report to the LBB, Governor, and permanent standing committees in the House and Senate with jurisdiction over health and human services that includes data on turnover, fill rates, and use of contractors by SSLC 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>	<b>Same as Senate. - listed as Rider 38.</b>

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]**

<b>DADS Riders</b>	<b>Senate Budget</b>	<b>HAC Budget</b>
38, cont'd.	<p><b>State Supported Living Center Oversight, cont'd.</b></p> <p><b>c. Staffing:</b>            (2) Not later than August 31, 2014, DADS shall provide a report to the LBB, the Governor, and the permanent standing committees in the House 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 career ladder at SSLCs for certain positions.</p> <p><b>d. State Supported Living Center Expenditures:</b>            (1) It is the intent of the legislature that DADS 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 LBB and the Governor. To request authorization to expend additional funds, the agency shall submit a written request to the LBB and the Governor that includes the following information:</p> <ul style="list-style-type: none"> <li>(i) a detailed explanation of the reason for the need to spend additional funding</li> <li>(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</li> </ul> <p>Additional information requested by the LBB 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 LBB. This request shall be considered to be approved unless the LBB or the Governor issue a written disapproval within 15 business days of the date on which the staff of the LBB concludes its review of the proposal to spend additional funds and forwards its review to the Chairs, House Appropriations and Senate Finance Committees; Speaker, and Lt. Gov. The Comptroller shall not allow the expenditure of additional funds for this purpose if the LBB provides notification to the Comptroller that the requirements of this provision have not been satisfied.</p> <p>(2) By December 31, 2013, DADS shall provide a plan to the LBB 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>	Same as Senate.
<b>HHSC Riders</b>	<b>Senate Budget</b>	<b>HAC Budget</b>
47	<p><b>Unexpended Balances: Social Services (SS) Block Grant Funds.</b>            As single state agency for the Social Services Block Grant, HHSC shall coordinate with other agencies appropriated SS Block Grant and shall report to the LBB and Governor by October 15 of each fiscal year of the 2014-15 biennium the actual amount of federal Social Services Block Grant funds expended and the actual amount of unexpended and unobligated balances. Additional information requested by the LBB or Governor should be provided in a timely manner. The notification and information provided shall be prepared in a format specified by the LBB.</p>	Same as Senate - listed as Rider 47.



**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

HHSC Riders	Senate	HAC
51	<p><b>Medicaid Funding Reduction and Cost Containment.</b> a. Included in appropriations above in Goal B, Medicaid, Strategy B.1.5, Children, is a reduction of \$200,000,000 in GR and \$284,730,000 in Federal Funds in FY 2014 and \$200,000,000 in GR and \$278,460,000 in Federal Funds in FY 2015, a biennial total of \$400,000,000 in GR and \$563,190,000 in Federal Funds. HHSC is authorized to transfer these reductions between fiscal years and to allocate these reductions among health and human services agencies as listed in Chapter 531, Government Code, pursuant to the notification requirements included in Subsection (c) of this rider. <b>b. This reduction shall be achieved through the implementation of the plan described under subsection (c) which may include any or all of the following initiatives:</b></p> <ol style="list-style-type: none"> <li>(1) Implement payment reform and quality based payment adjustments in fee-for-service and in managed care premiums,</li> <li>(2) Improve birth outcomes, including improving access to information and payment reform,</li> <li>(3) Increase efficiencies in the vendor drug program through improved utilization management, clinical edits, carving the formulary into managed care, or piloting a formulary carve in [not in House Rider],</li> <li>(4) Continue to adjust outpatient Medicaid payments to a fee schedule that is a prospective payment system and that maximizes bundling of outpatient services, including hospital imaging rates [House Rider reads differently],</li> <li>(5) Expand efforts to develop more appropriate emergency department hospital rates for non-emergency related visits [Not in House Rider],</li> <li>(6) Maximize co-payments in all Medicaid programs,</li> <li>(7) Increase efficiency and reduce fraud in Medicaid transportation service through the most appropriate transportation model [See House #7],</li> <li>(8) Implement statewide monitoring of community care and home health through electronic visit verification in Medicaid fee-for-service and managed care,</li> <li>(9) Renegotiate more efficient contracts,</li> <li>(10) Phase down Medicaid rates which are above Medicare rates [House Rider reads differently],</li> <li>(11) Develop a more appropriate fee schedule for therapy services [House Rider reads differently],</li> <li>(12) Strengthen prior authorization requirements,</li> <li>(13) Strengthen and expand utilization and prior authorization reviews,</li> <li>(14) Incentivize appropriate neonatal intensive care unit utilization and coding,</li> <li>(15) Improve care coordination through a capitated managed care program for remaining fee-for-service populations [House different],</li> <li>(16) Increase fraud, waste, and abuse prevention and detection,</li> <li>(17) Expand initiatives to pay more appropriately for outlier payments [Not in House Rider],</li> <li>(18) Develop a dynamic premium development process for managed care organizations that has an ongoing methodology for reducing inappropriate utilization, improving outcomes, reducing unnecessary spending, and increasing efficiency,</li> <li>(19) Adjust inpatient hospital reimbursement for labor and delivery services provided to adults at children's hospitals [See #18-House],</li> <li>(20) Implement fee-for-service payment changes and managed care premium adjustments that incentivize the most appropriate and effective use of services,</li> <li>(21) Implement dually eligible Medicare/Medicaid integrated care model &amp; LTS and supports quality payment initiative [No parallel House directive],</li> <li>(22) Reestablish hospital thirty day spell of illness limitations in STAR+PLUS [No parallel House directive],</li> <li><b>(23) Align Texas Home Living with Home and Community-based Services (HCS) rates [Not in House],</b></li> <li>(24) Enforce appropriate payment practices for non-physician services [No parallel House directive],</li> <li>(25) Implement additional initiatives identified by the Health and Human Services Commission [Same in House - listed as #20].</li> </ol>	<p>Estimated reductions are different; items noted for achieving reductions are not all the same, the most notable the alignment of TxHmL rates to HCS rates.</p> <p>a. Included in appropriations in Goal B, Medicaid, Strategy B.1.5, Children, is a reduction of \$174,450,000 in GR and \$248,356,592 in Federal Funds in FY 2014 and \$174,450,000 in GR and \$242,894,497 in Federal Funds in FY 2015, a biennial total of \$348,900,000 in GR Funds and \$491,2510,090 in Federal Funds</p> <p><u>Other differences noted below.</u></p> <ol style="list-style-type: none"> <li>(3 )Reform payment incentives for labor and delivery for physicians and hospitals by equalizing Medicaid delivery rates [Not in Senate Rider],</li> <li>(4) Transition outpatient Medicaid payments to a fee schedule that is a prospective payment system and that maximizes bundling of outpatient services, [reads differently]</li> <li>(7) Increase efficiency and reduce fraud in Medicaid transportation service through the most appropriate transportation model, including the transfer of transportation for dialysis patients to the Medical Transportation Program,</li> <li>(10) Reduce all Medicaid rates above Medicare rates to the Medicare rate, except for home health Medicaid rates for pediatric services that have no equivalent Medicare service.</li> <li>(11) Develop a more appropriate fee schedule for therapy services that includes an accurate and appropriate evaluation of the service delivery model,</li> <li>(15) Improve care coordination for children with disabilities through capitated managed care program,</li> <li>(18) Equalize inpatient hospital reimbursement for services provided to adults at children's Hospitals [See #19 under Senate],</li> </ol>

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget  
[ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]**

HHSC Riders	Senate Budget	HAC Budget
51, cont'd.	<p><b>Medicaid Funding Reduction and Cost Containment, cont'd.</b> c. HHSC shall develop a plan to allocate the reductions required by Subsection (a) of this rider by taking actions such as those suggested under Subsection (b) of this rider to the budgets of the health and human services agencies as listed in Chapter 531, Government Code. The plan shall include reduction amounts by strategy and fiscal year and shall be submitted in writing before December 1, 2013 to the LBB, the Governor, and the Comptroller of Public Accounts.</p>	<p><b>Note:</b> Neither SB 1 nor HB 1 as introduced called for aligning /equalizing TxHmL rates with HCS rates. In both budgets Section 17 (DADS cost containment rider from last session) was deleted and Rider 51, while it remained as an HHSC rider, had new initiatives listed. None, however, pertained to aligning TxHmL rates with HCS rates.</p>
52	<p><b>Client Assessment for Acute Nursing Services in Medicaid.</b> Out of funds appropriated to HHSC in Goal B, Medicaid, HHSC shall develop an objective assessment process to assess Medicaid clients' needs for acute nursing services, including home health skilled nursing, home health aide services, and private duty nursing. HHSC shall use the appropriated funds to pay an employee or a contractor independent of the service provider to conduct these assessments. The assessment process must include an assessment of specific criteria documented on a standard form and any documents required for prior authorization of nursing services. HHSC shall implement this assessment process within Medicaid fee-for-service, primary care case management; and STAR and STAR+PLUS Medicaid managed care programs. HHSC shall consider feasibility and benefit of implementing a similar process for therapy services.</p>	<p><b>Same as Senate - listed as Rider 52.</b></p>
Special Provisions	Senate Budget	HAC Budget
Sec. 20	<p><b>Community Centers.</b> Notwithstanding other provisions of this Act, if DSHS or DADS determine that a community center, as defined in the Texas Health and Safety Code Sec. 534.001(b), is unable or unwilling to fulfill its contractual obligations to provide services or to exercise adequate control over expenditures and assets, the departments may take necessary steps, including the appointment of a management team as authorized by Health and Safety Code, §§534.038 through 534.040 and recoupment of funds, to protect the funds appropriated under this Act and ensure the continued provision of services. Any recouped funds shall be used to achieve equity. In conjunction with the reallocation of funds, the departments shall provide a report to the LBB and the Governor on the amount of funds, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.</p>	<p><b>Same as Senate - listed as Sec. 20</b></p>
Sec. 34	<p><b>Efficiencies at Local Mental Health Authorities and DADS Local Authorities.</b> It is the intent of the Legislature that local mental health authorities and DADS local authorities that receive allocations from the funds appropriated above to DADS and DSHS shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. Among the strategies that should be considered in achieving this objective are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions where such partnering may eliminate redundancies or promote economies of scale. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third party billing opportunities, including to Medicare and Medicaid. It is the Legislature's intent that DADS local authorities not expend funds appropriated to DADS in Strategies A.1.1, Access, Intake &amp; Eligibility, and A.4.2, Intellectual Disability Community Services, to supplement the rate-based payments they receive to fund their costs as providers of waiver or ICF/IID services.</p>	<p><b>Same as Senate - listed as Sec. 34.</b></p>
Sec. 38	<p><b>Sec. 38. Financial Monitoring of Community Centers.</b> DADS, DSHS, and HHSC shall enter into a written agreement that defines each agency's responsibilities for monitoring the expenditure by community centers, as defined in the Texas Health and Safety Code Sec. 534.0016(b) of funds appropriated by this Act. The written agreement shall include provisions for monitoring that require community centers to account for state funds separately from other sources of funds.</p>	<p><b>Same as Senate - listed as Sec. 38.</b></p>

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

Special Provisions	Senate Budget	HAC Budget
Sec. 39	<p><b>Appropriation of Unexpended Balances: Funds Recouped from Local Authorities.</b> Notwithstanding other provisions of this Act, any state funds appropriated for fiscal year 2014 recouped by DADS or DSHS from a local mental health authority or DADS local authority for failing to fulfill its performance contract with the State, are hereby appropriated to the respective agency for the same strategy, to reallocate to other local mental health authorities or DADS local authorities in fiscal year 2015. Each agency shall provide a report to the Legislative Budget Board and the Governor by June 1, 2014 that includes the amount of the recoupment by strategy, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.</p>	Same as Senate - listed as Sec. 39.
Sec. 43	<p><b>Waiver Program Cost Limits.</b></p> <p><b>a. Individual Cost Limits for Waiver Programs.</b> It is the intent of the Legislature that DADS and HHSC comply with the cost-effectiveness requirements of the Centers for Medicare and Medicaid Services and set the individual cost limit for each waiver program as follows:</p> <p>(1) <b>CBA:</b> 202 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility;</p> <p>(2) <b>MDCP:</b> 50 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility;</p> <p>(3) <b>CLASS:</b> 202 percent of the estimated annualized per capita cost of providing services in an IID to an individual qualifying for an ICF/IID Level of Care VIII;</p> <p>(4) <b>DBMD:</b> 202 percent of the estimated annualized per capita cost of providing services in an ICF/IID to an individual qualifying for an ICF/IID Level of Care VIII;</p> <p>(5) <b>HCS:</b> 202 percent of the reimbursement rate that would have been paid for that same individual to receive services in an ICF/IID or 202 percent of the estimated annualized per capita cost for ICF/IID services, whichever is greater; and</p> <p>(6) <b>STAR+PLUS Community-Based Alternatives:</b> 202 percent of the reimbursement rate that would have been paid for that same individual to receive services in a nursing facility.</p> <p><b>b. Use of General Revenue Funds for Services.</b></p> <p>(1) Out of funds appropriated for the waiver programs identified above, and subject to the terms of subsection (c) below, the department and commission are authorized to use general revenue funds to pay for services if:</p> <p>(i) the cost of such services exceeds the individual cost limit specified in a medical assistance waiver program listed above;</p> <p>(ii) federal financial participation is not available to pay for such services; and</p> <p>(iii) department or commission determines that:</p> <p>(a) the person's health and safety cannot be protected by the services provided within the individual cost limit established for the program; and</p> <p>(b) there is no other available living arrangement in which the person's health and safety can be protected at that time, as evidenced by:</p> <p>(i) an assessment conducted by clinical staff of the department or commission; and</p> <p>(ii) supporting documentation, including the person's medical and service records.</p>	Same as Senate - listed as Sec. 43.

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

Special Provisions	Senate Budget	HAC Budget
<b>Sec. 43, cont'd.</b>	<p><b>Waiver Program Cost Limits, cont'd.</b></p> <p>(2) Out of funds appropriated under this Article for the waiver programs identified above, and subject to the terms of subsection (c) below [?? there is no c], the department and commission are authorized to use general revenue funds to continue to provide services to a person who was receiving medical assistance waiver program services on September 1, 2005, at a cost that exceeded the individual cost limit specified in the medical assistance waiver program, if:</p> <p>(i) federal financial participation is not available to pay for such services; and</p> <p>(ii) of those services is necessary for the person to live in the most integrated setting appropriate to the needs of the person.</p> <p>(3) Authority provided in (b) above is contingent upon the agency submitting a report in writing to the LBB and Governor on October 1 of each year of the biennium. The report shall include the number of clients by program which exceeds cost limits and the unmatched General Revenue associated with each by fiscal year.</p>	Same as Senate - listed as Sec. 43.
<b>Sec. 46</b>	<p><b>Sec. 46. Balancing Incentive Program (BIP) Reporting.</b> HHSC, DADS, and any other health and human services agency listed in Chapter 531, Government Code, as applicable, shall submit to the LBB and Governor the monthly expenditures eligible for enhanced federal match under the BIP. The data shall be submitted on a monthly basis in a format specified by the LBB.</p> <p>a. Each report submitted pursuant to this provision must contain a certification by the person submitting the report that the information provided is true and correct based upon information and belief together with supporting documentation.</p> <p>b. The Comptroller shall not allow the expenditure of funds appropriated by this Act to DADS if the LBB or Governor certify to the Comptroller that DADS is not in compliance with this provision.</p>	Same as Senate - listed as Sec. 46.
<b>Article XI</b>	<b>Senate: Agency Programs &amp; Strategies Not Funded Elsewhere in this Act (adopted by Senate Finance)</b>	<b>HAC Budget ( - means no funds appropriated)</b>
<b>Sec. 1</b>	<p>The following items represent additional programs and strategies that are not budgeted elsewhere in this Act. The descriptions and sums represented in this Article do not represent items of appropriation, but reflect the intent of the Legislature that funding of these programs and strategies be given consideration at such time as additional resources become available, through other legislation, updated revenue estimates, budget execution actions pursuant to Chapter 317, Government Code, or other approvals by the Eighty-third Legislature. <b>Note:</b> GR &amp; GR-Dedicated amounts listed first / All Funds listed second.</p> <p><b>Article II</b></p> <p><b>Department of Aging and Disability Services</b></p> <p>Community Expansion - Interest lists, including 85.9 FTEs <span style="float:right">\$153,764,008 / \$362,644,427</span></p> <p><b>Department of Assistive and Rehabilitative Services</b></p> <p>Expand Autism Services to Unserved Areas (4 additional providers) <span style="float:right">\$4,751,198 / \$4,751,198</span></p> <p>Expand Independent Living Centers to Unserved Areas (3 new centers) <span style="float:right">\$1,980,882 / \$1,980,882</span></p> <p>Improve Access to Interpreter Services for the Deaf <span style="float:right">\$1,292,604 / \$1,292,604</span></p> <p>Improve Access to Deaf and Hard of Hearing Services <span style="float:right">\$840,000 / \$840,000</span></p> <p>(6 additional Resource Specialist contracts)</p>	<p><b>DADS (amount is total for FY'14-'15):</b></p> <p>Maintain Operations at SSLCs; \$23,199,091</p> <p>Community Expansion Interest Lists; \$132,013,718</p> <p>Regulatory ALFs and Adult Day Care; \$4,244,517</p> <p><b>Contingency for HB1005-Regulatory Certification of Day Habilitation Providers \$ 2,521,552</b></p> <p>Regulatory Services System Automation Modernization; \$3,054,136</p> <p>Regulatory Mobility Investigators Initial Phase; \$6,172,004</p> <p>Construction to Provide Physical Security of IT Assets at SSLCs; \$6,817,884</p> <p>SSLC Vehicles; \$2,300,000</p> <p>SSLC Furniture &amp; Equipment; \$3,914,667</p> <p>Retire Legacy CARE System; \$18,602,149</p> <p>Balancing Incentive Program and Money Follows the Person Demonstration UBS; -</p> <p>Best Buddies Program; \$600,000</p>



**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

Article XI	Senate: Agency Programs & Strategies Not Funded Elsewhere in this Act (adopted by Senate Finance)	HAC Budget ( - means no funds appropriated)
Sec. 1, cont'd		<p><b>DSHS, cont'd:</b>                      Contingency for HB 1085, Maternal Mortality Task Force; -                      Contingency for HB 205, Mental Health Facilities; -                      Contingency for Jail-Based Restoration of Competency; \$5,000,000                      Epilepsy Services; \$2,459,205                      Harris County Psychiatric Center; \$399,879                      Hidalgo County Mental Health Patients; \$250,000                      Home and Community Based Services; \$7,872,406                      Indigent Health Care Reimbursement; \$10,190,235                      Local Service Area Planning; -                      School-based Health Clinics; \$3,600,000                      School-based Mental Health and Substance Abuse Programs; \$5,000,000                      Stark Model of Community-based Diabetes Prevention and Control; \$6,000,000                      Suicide Prevention Trainings and Public Awareness Programs; \$2,000,000                      Texas Council on Cardiovascular Disease and Stroke; \$5,000,000                      University of Texas Diabetes Community Outreach; \$6,000,000</p> <p><b>Health and Human Services Commission:</b>                      Graduate Medical Education Funding and Rider; \$51,000,000                      Fraud Integrity Initiative; \$38,427,438                      Improve OIG Staffing; \$23,750,623                      Secure Mobile Infrastructure and Enterprise Communications; \$6,862,700                      Healthy Marriage Program; \$1,186,880                      Retire Legacy CARE System; \$929,565                      Contingency for HB 1656, Emergency Air Ambulance Services; -                      Contingency for HB 1708, Women's Health Program Capacity; -</p>

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

Article XI	Senate: Agency Programs & Strategies Not Funded Elsewhere in this Act (adopted by Senate Finance)	HAC Budget ( - means no funds appropriated)
Sec. 1, cont'd		<p><b>Health and Human Services Commission, cont'd:</b>                      Contingency for HB 59, Local Government Medicaid Expansion; \$1,300,000,000                      Contingency for HB 948, SNAP High Performance Bonus Funds; -                      Contingency for SB7, Small House Skilled Nursing Facilities; -                      Contingency Texas Home Visitation Program; -                      Healthy Marriage Development Program; \$2,000,000                      Healthy Marriage Program; \$2,373,578                      Medicaid Reimbursement Rates for Certain Children's Services Providers; -                      Pediatric Long Term Care Facility Rates; -</p> <p><b>Article II Special Provisions</b>                      Contingency for HB 486, To a Private Commercial Contractor; -                      Create New Medicaid Funding Reduction and Cost Containment Rider; -                      Contingency for HB 2939, Interoperability of Health Information Systems; -</p>
	<p><b>Total, Article II</b></p>	<p><b>Article II Subtotal</b></p>
	<p><b>\$464,302,039 / \$937,779,046</b></p>	<p><b>\$1,841,603,838</b></p>

**Comparison Between CSSB 1 as Adopted by Senate & House Appropriations Committee (HAC) Adopted Budget**  
 [ Pages 1 - 2 reflect appropriations for Agency Exceptional Items Requests; Pages 3 - 16 reflect Performance Measures and Riders ]

The information below reflects changes in Senate appropriated amounts and performance measures **ONLY** for FY'15. It is assumed that FY 2014 data will also need to be changed and that parallel adjustments in Article II - House budget will also need to be made. The LBB inaccurately included funds and persons estimated to be served (approximately 11, 902) and other CFC Option-related initiatives into several DADS strategies. These funds should be under HHSC's STAR PLUS strategy. Of the 11,902 persons estimated can be served under CFC: **8,478** are on the current HCS Interest List; **3,403** on the CLASS Interest List; and **21** on the DBMD Interest List. Corrected DBMD data is not included below.

DADS	Senate Performance Measures re: Funds Appropriated	FY 2014	FY 2015	HAC: FY'14	HAC: FY'15
<b>HCS: A.3.2</b>	Avg. # of persons served per month: Avg. monthly cost per person: Avg. # on Interest List per month: <a href="#">Number served at end of FY:</a> <a href="#">Funds Appropriated:</a> <b>Note:</b> The data for all categories above in both bills is subject to change due to an LBB error.  <u>Corrected Senate Information for FY 2015 Only</u> GR Funds to be Appropriated for FY 2015: All Funds to be Appropriated for FY 2015: Number estimated to be served/enrolled at end of FY'15: Avg. monthly cost per person for FY'15:	21,839 \$3,525.19 75,047 21,930 \$904,803,389	31,148 \$3,168.44 86,153 31,774 \$1,184,287,993  \$743,233,484 \$1,875,564,813 23,186 \$3,581.41	21,083 \$3,569.91 75,047 21,364 \$903,174,039	30,131 \$3,272.02 86,153 30,412 \$1,183,071,657
<b>CLASS A.3.3</b>	Avg. # of persons served per month: Avg. monthly cost per person: Avg. # on Interest List per month: <a href="#">Number served at end of FY:</a> <a href="#">Funds Appropriated:</a> <b>Note:</b> The data for all categories above in both bills is subject to change due to an LBB error.  <u>Corrected Senate Information for FY 2015 Only</u> GR Funds to be Appropriated for FY 2015: All Funds to be Appropriated for FY 2015: Number estimated to served/enrolled at end of FY'15: Avg. monthly cost per person for FY'15:	4,808 \$3,478.63 54,114 4,961 \$200,703,306	8,517 \$3,264.45 61,983 8,670 \$332,639,454  \$164,385,782 \$414,992,184 5,267 \$3,491.87	4,808 \$3,474.03 54,114 4,961 \$200,437,482	8,367 \$3,313.04 61,983 8,670 \$332,642,095
<b>TxHmL: A.3.6</b>	Avg. # of persons served per month: Avg. monthly cost per person: <a href="#">Number served at end of FY:</a> <a href="#">Funds Appropriated:</a> <b>Note:</b> With exception of figures in red, data for above categories in both bills is subject to change - LBB error.  <u>Corrected Senate Information for FY 2015 Only</u> GR Funds to be Appropriated for FY 2015 All Funds to be Appropriated for FY 2015: Number estimated to served/enrolled at end of FY'15: Avg. monthly cost per person for FY'15:	6,488 \$842.59 7,238 \$65,600,667	7,988 \$856.67 8,738 \$82,116,724  \$58,790,256 \$147,717,391 8,738 \$856.67	5,767 \$834.73 5,795 \$57,766,944	5,824 \$835.07 5,852 \$58,361,655