

**Health and Human
Services System
Strategic Plans
2019–2023
Volume II**

As Required by

Tex. Gov't Code Sec. 531.022

and related sections and

Tex. Gov't Code Ch. 2056

Health and Human Services Commission

Department of State Health Services

July 2019



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This document is available at <https://hhs.texas.gov/hhs-strategic-plans-2019-2023>.

Email address: strategicplancomments@hsc.state.tx.us

Health and Human Services System Strategic Plans for 2019–2023



Health and Human Services Commission

A handwritten signature in blue ink, appearing to read "Dr. Courtney N. Phillips", written over a horizontal line.

Dr. Courtney N. Phillips, Executive Commissioner

Department of State Health Services

A handwritten signature in blue ink, appearing to read "John Hellerstedt", written over a horizontal line. To the right of the signature, the date "7/16/2019" is written in blue ink.

Dr. John Hellerstedt, Commissioner

July 2019

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Health and Human Services System Strategic Plans for 2019–2023

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Schedule A: Budget Structure

Health and Human Services Commission

This budget structure is taken from the Base Reconciliation as approved by the Office of the Governor and the Legislative Budget Board in July 2018.

Goal 1. Medicaid

Administer the state Medicaid system efficiently and effectively, using a comprehensive approach to integrate Medicaid client health services with other direct service delivery programs.

Objective 1.1. Acute Care Services (including STAR+PLUS Long-Term Care) for Full-Benefit Clients

Administer programs that provide medically necessary health care in the most appropriate, accessible, and cost-effective setting.

- Outcome 1.1.1. Average Medicaid and Children's Health Insurance Program (CHIP) Children Recipient Months Per Month
- Outcome 1.1.2. Average Full Benefit Medicaid Recipient Months Per Month
- Outcome 1.1.3. Average Medicaid Child Under 21 Recipient Months Per Month
- Outcome 1.1.4. Average Monthly Cost Per Full Benefit Medicaid Client (Including Drug and Long-Term Care)
- Outcome 1.1.5. Medicaid Recipient Months: Proportion in Managed Care
- Outcome 1.1.6. Percent of Texas Health Steps Early and Periodic Screening, Diagnosis and Treatment Enrolled Population Screened Medicaid - Medical
- Outcome 1.1.7. Average Number of Members Receiving Waiver Services through Managed Care
- Outcome 1.1.8. Percent of Full Benefit Medicaid Eligible Population Enrolled
- Outcome 1.1.9. Average Number Members Receiving Nursing Facility Care through Managed Care

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 1.1.1 Aged and Medicare-Related Eligibility Group

Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to aged and Medicare-related Medicaid-eligible persons.

- ▶ Efficiency 1.1.1.1. Average Aged and Medicare-Related Cost Per Recipient Month
- ▶ Output 1.1.1.1. Average Aged and Medicare-Related Recipient Months Per Month: Total

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

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Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.1.2. Disability-Related Eligibility Group

Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting for disability-related Medicaid-eligible adults and children.

- ▶ Efficiency 1.1.2.1. Average Disability-Related Cost Per Recipient Month
- ▶ Explanatory 1.1.2.1. Percent of Disability-Related Recipients Who Are 21 And Under

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- ▶ Output 1.1.2.1. Average Disability-Related Recipient Months Per Month: Total
- ▶ Output 1.1.2.2. Average Disability-Related Recipient Months Per Month: STAR+PLUS

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

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Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.1.3. Pregnant Women Eligibility Group

Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting for Medicaid-eligible pregnant women.

- ▶ Efficiency 1.1.3.1. Average Pregnant Women Cost Per Recipient Month
- ▶ Output 1.1.3.1. Average Pregnant Women Recipient Months Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

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Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

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Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.1.4. Other Adults Eligibility Group

Provide medically-necessary health care in the most appropriate, accessible, and cost-effective setting to adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).

- ▶ Efficiency 1.1.4.1. Average Other Adult Cost Per Recipient Month
- ▶ Output 1.1.4.1. Average Other Adult Recipient Months Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategy 1.1.5. Children Eligibility Group

Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to newborn infants and Medicaid-eligible children who are not receiving Supplemental Security Income disability-related payments.

- ▶ Efficiency 1.1.5.1. Average Income-Eligible Children Cost Per Recipient Month
- ▶ Efficiency 1.1.5.2. Average STAR Health Foster Care Children Cost Per Recipient Month
- ▶ Output 1.1.5.1. Average Income-Eligible Children Recipient Months Per Month
- ▶ Output 1.1.5.2. Average STAR Health Foster Care Children Recipient Months Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

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Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

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Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.1.6. Medicaid Prescription Drugs

Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.

- ▶ Efficiency 1.1.6.1. Average Cost/Medicaid Recipient Month: Prescription Drugs

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve quality and value in managed care through payment strategies that align incentives among health and human services agencies, managed care organizations, providers and individuals receiving services. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.1.7. Texas Health Steps Early and Periodic Screening, Diagnosis and Treatment Dental

Provide dental care in accordance with all federal mandates.

- ▶ Efficiency 1.1.7.1. Average Cost Per Texas Health Steps Early and Periodic Screening, Diagnosis and Treatment Dental Recipient Months Per Month
- ▶ Output 1.1.7.1. Average Texas Health Steps Early and Periodic Screening, Diagnosis and Treatment Dental Recipient Months Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.1.8. Medical Transportation

Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.

- ▶ Efficiency 1.1.8.1. Average Nonemergency Transportation Cost Per Recipient Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

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Action Item: Improve quality and value in managed care through payment strategies that align incentives among health and human services agencies, managed care organizations, providers and individuals receiving services. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 1.2. Community Services and Supports — Entitlement

Provide Medicaid covered supports and services in home and community settings to enable aging individuals, individuals with disabilities, and others who qualify for nursing facility care, but can be served at home or in the community, to maintain their independence and avoid institutionalization.

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 1.2.1. Community Attendant Services

Provide attendant care services to Medicaid-reimbursed subgroup of Primary Home Care eligible individuals that must meet financial eligibility of total gross monthly income less than or equal to 300 percent of the Supplemental Security Income federal benefit rate.

- ▶ Efficiency 1.2.1.1. Average Monthly Cost Per Individual Served: Community Attendant Services
- ▶ Output 1.2.1.1. Average Number of Individuals Served Per Month: Community Attendant Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.2.2. Primary Home Care

Provide Medicaid-reimbursed, non-technical, medically related personal care services prescribed by a physician to eligible individuals whose health problems limit their ability to perform activities of daily living.

- ▶ Efficiency 1.2.2.1. Average Monthly Cost Per Individual Served: Primary Home Care
- ▶ Output 1.2.2.1. Average Number of Individuals Served Per Month: Primary Home Care

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.2.3. Day Activity and Health Services

Provide daytime services five days a week to individuals residing in the community as an alternative to placement in nursing facilities or other institutions.

- ▶ Efficiency 1.2.3.1. Average Monthly Cost Per Individual Served: Day Activity and Health Services
- ▶ Output 1.2.3.1. Average Number of Individuals Per Month: Day Activity and Health Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

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Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategy 1.2.4. Nursing Facility Payments

Provide payments that will promote quality care for individuals with medical needs that require nursing facility care.

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- ▶ Efficiency 1.2.4.1. Net Nursing Facility Cost Per Medicaid Resident Per Month
- ▶ Output 1.2.4.1. Average Number Receiving Medicaid-Funded Fee-for-Service Nursing Facility Services/Month
- ▶ Output 1.2.4.2. Average Number Receiving Personal Needs Allowance Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

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Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

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Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.2.5. Medicare Skilled Nursing Facility

Provides payments for individuals in dually qualified certified facilities (certified for both Medicaid and Medicare).

- ▶ Efficiency 1.2.5.1. Net Medicaid/Medicare Copay Per Individual - Fee for Service Nursing Facility Services
- ▶ Output 1.2.5.1. Average Number Receiving Nursing Facility Copayments/Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

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Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

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Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.2.6. Hospice

Provide palliative care consisting of medical, social, and support services for individuals.

- ▶ Efficiency 1.2.6.1. Average Net Payment Per Individual Per Month for Hospice
- ▶ Output 1.2.6.1. Average Number of Individuals Receiving Hospice Services Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

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Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.2.7. Intermediate Care Facilities for Individuals with Intellectual Disability

Provide or contract for residential facilities of four or more beds for 24-hour care for the intellectual and developmentally disabled residents.

- ▶ Efficiency 1.2.7.1. Monthly Cost Per Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID) Medicaid-Eligible Individual
- ▶ Output 1.2.7.1. Average Number of Persons in ICF/IID Medicaid Beds Per Month
- ▶ Output 1.2.7.2. Average Number of ICF/IID Medicaid Beds Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

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Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

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Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 1.3. Long-term Care — Non-Entitlement

Provide supports and services through Medicaid waivers in home and community settings to enable aging individuals, individuals with physical or mental disabilities, and others who qualify for institutional care to maintain their independence and avoid institutionalization.

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 1.3.1. Home and Community-Based Services

Provide individualized services to individuals with intellectual disability living in their family's home, their own homes, or other settings in the community.

- ▶ Efficiency 1.3.1.1. Average Monthly Cost Per Individual Served: Home and Community-Based Services (HCS)
- ▶ Efficiency 1.3.1.2. Average Monthly Cost Per Individual Served: HCS Residential
- ▶ Efficiency 1.3.1.3. Average Monthly Cost Per Individual: HCS Non-Residential
- ▶ Explanatory 1.3.1.1. Number of Individuals Receiving Services at the End of the Fiscal Year: HCS
- ▶ Explanatory 1.3.1.2. Average Number Individuals on Interest List Per Month: HCS
- ▶ Explanatory 1.3.1.3. Average Number on HCS Interest List Receiving Other Services Per Month
- ▶ Explanatory 1.3.1.4. Percentage Declined Services or Found to be Ineligible Services at the End of Year HCS Waiver
- ▶ Explanatory 1.3.1.5. Percent of HCS Recipients Receiving Residential Services
- ▶ Output 1.3.1.1. Average Number Individuals Served Per Month: HCS

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

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Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

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Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.3.2. Community Living Assistance and Support Services

Provide home and community-based services to persons who have a "related condition" diagnosis qualifying them for placement in an intermediate care facility. A related condition is a disability other than intellectual and/or developmental disability which originates before age 22 and which substantially limits life activity. Such disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and other diagnoses, are said to be "related to" intellectual and/or developmental disability in their effect upon the individual's functioning.

- ▶ Efficiency 1.3.2.1. Average Monthly Cost Per Individual: Community Living Assistance and Support Services (CLASS) Waiver
- ▶ Explanatory 1.3.2.1. Average Number on Interest List: CLASS
- ▶ Explanatory 1.3.2.2. Number of Persons Receiving Services at the End of the Fiscal Year: CLASS
- ▶ Explanatory 1.3.2.3. Average Number on CLASS Interest List Receiving Other Services Per Month
- ▶ Explanatory 1.3.2.4. Percentage Declined Services or Found to Be Ineligible Services at the End of Year CLASS Waiver
- ▶ Output 1.3.2.1. Average Number of Individuals Served Per Month: CLASS Waiver

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

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Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.3.3. Deaf-Blind Multiple Disabilities

Provide home and community-based services to adult individuals diagnosed with deafness, blindness, and multiple disabilities.

- ▶ Efficiency 1.3.3.1. Average Monthly Cost Per Individual: Deaf-Blind Multiple Disabilities (DBMD) Waiver
- ▶ Explanatory 1.3.3.1. Average Number on Interest List: DBMD Waiver
- ▶ Explanatory 1.3.3.2. Number of Persons Receiving Services at the End of the Fiscal Year: DBMD Waiver
- ▶ Explanatory 1.3.3.3. Average Number DBMD Interest List Receiving Other Services Per Month
- ▶ Explanatory 1.3.3.4. Percentage Declined Services or Found to be Ineligible Services at the End of Year DBMD Waiver
- ▶ Output 1.3.3.1. Average Number of Individuals Served Per Month: DBMD Waiver

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

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Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.3.4. Texas Home Living Waiver

Provide individualized services, not to exceed \$17,000 per year, to individuals with an intellectual disability living in their family's home, their own homes, or other settings in the community.

- ▶ Efficiency 1.3.4.1. Average Monthly Cost Per Individual Served: Texas Home Living (TxHmL) Waiver
- ▶ Explanatory 1.3.4.1. Number of Individuals Receiving Services at the End of the Fiscal Year: TxHmL
- ▶ Explanatory 1.3.4.2. Average Number Individuals on Interest List Per Month: TxHmL Waiver
- ▶ Explanatory 1.3.4.3. Average Number on TxHmL Waiver Interest List Receiving Other Services Per Month
- ▶ Explanatory 1.3.4.4. Percentage Declined Services or Found to Be Ineligible Services at the End of Year TxHmL Waiver
- ▶ Output 1.3.4.1. Average Number of Individuals Served Per Month: TxHmL Waiver

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

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Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

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Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.3.5. Program of All-Inclusive Care for the Elderly

Provide community-based services to frail and elderly individuals who qualify for nursing facility placement. Services include in-patient and outpatient medical care and social/community services at a capitated rate.

- ▶ Efficiency 1.3.5.1. Average Monthly Cost Per Recipient: Program of All-Inclusive Care for the Elderly (PACE)
- ▶ Explanatory 1.3.5.1. Number of Persons Receiving Services End of Fiscal Year: PACE
- ▶ Output 1.3.5.1. Average Number of Recipients Per Month: PACE

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

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Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

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Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 1.3.6. Medically Dependent Children Program

Provide home and community-based services to individuals under 21 years of age who qualify for nursing facility care. Services include respite, adjunct supports, adaptive aids, and minor home modification.

- ▶ Efficiency 1.3.6.1. Average Monthly Cost Per Individual: Medically Dependent Children Program (MDCP) Waiver
- ▶ Explanatory 1.3.6.1. Average Number on Interest List Per Month: MDCP Waiver
- ▶ Explanatory 1.3.6.2. Number Persons Receiving Services at the End of the Fiscal Year: MDCP
- ▶ Explanatory 1.3.6.3. Percentage Declined Services or Found to be Ineligible Services at the End of Year MDCP Waiver
- ▶ Output 1.3.6.1. Average Number of Individuals Served Per Month: MDCP Waiver

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

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Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

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Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 1.4. Other Medicaid Services

Provide policy direction and management of the state's Medicaid program and maximize federal dollars.

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 1.4.1. Non-Full Benefit Payments

Provide payments for medically necessary health care to eligible recipients for certain services not covered under the insured arrangement, including undocumented persons, school health, women's health, and other related services.

- ▶ Efficiency 1.4.1.1. Average Emergency Services for Non-Citizens Cost Per Recipient Month

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- ▶ Output 1.4.1.1. Average Monthly Number of Non-Citizens Receiving Emergency Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

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Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not

compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategy 1.4.2. For Clients Dually Eligible for Medicare and Medicaid

Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.

- ▶ Efficiency 1.4.2.1. Average Part B Premium Per Month
- ▶ Efficiency 1.4.2.2. Average Part A Premium Per Month
- ▶ Efficiency 1.4.2.3. Average Qualified Medicare Beneficiaries Cost Per Recipient Month
- ▶ Output 1.4.2.1. Average Part B Recipient Months Per Month
- ▶ Output 1.4.2.2. Average Part A Recipient Months Per Month
- ▶ Output 1.4.2.3. Average Qualified Medicare Beneficiaries Recipient Months Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

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Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

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Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person’s needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategy 1.4.3. Transformation Payments

Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically provided children's hospital UPL match.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Goal 2. Medicaid and Children's Health Insurance Program Contracts and Administration

Administer efficient and effective Medicaid and Children's Health Insurance Program (CHIP) programs, set overall policy direction of the state Medicaid program and CHIP program, and manage interagency initiatives to maximize federal dollars.

Objective 2.1. Medicaid and Children's Health Insurance Program Contracts and Administration

Improve the quality of Medicaid services by serving as the single state Medicaid agency.

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 2.1.1. Medicaid Contracts and Administration

Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, and manage interagency initiatives to maximize federal dollars.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve quality and value in managed care through payment strategies that align incentives among health and human services agencies, managed care organizations, providers and individuals receiving services. (Ongoing)

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

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Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve the quality of life for individuals by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Ensure timely and accurate eligibility determination and enrollment of qualified individuals into financial assistance and benefit programs. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Action Item: Improve management of federal funds across the HHS system through the development of processes for federal grant application, tracking and management. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

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Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)
Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Improve the rule-making process system-wide, ensuring timeliness and quality. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 2.1.2. Children's Health Insurance Program Contracts and Administration

Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve quality and value in managed care through payment strategies that align incentives among health and human services agencies, managed care organizations, providers and individuals receiving services. (Ongoing)

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Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

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Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Goal 3. Children's Health Insurance Program Services

Ensure health insurance coverage for eligible children in Texas (CHIP).

Objective 3.1. Children's Health Insurance Program Services

Ensure health insurance coverage for eligible children in Texas.

- Outcome 3.1.1. Percent of CHIP-Eligible Children Enrolled
- Outcome 3.1.2. Average CHIP Programs Recipient Months Per Month
- Outcome 3.1.3. Average CHIP Programs Benefit Cost with Prescription Benefit

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 3.1.1. Children's Health Insurance Program

Provide health care to uninsured children who apply and are determined eligible for insurance through CHIP.

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- ▶ Efficiency 3.1.1.1. Average CHIP Children Benefit Cost Per Recipient Month
- ▶ Output 3.1.1.1. Average CHIP Children Recipient Months Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

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Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 3.1.2. Children's Health Insurance Program Perinatal Services

Provide health care to perinates whose mothers apply and are determined eligible for insurance through CHIP.

- ▶ Efficiency 3.1.2.1. Average Perinatal Benefit Cost Per Recipient Month
- ▶ Output 3.1.2.1. Average Perinatal Recipient Months Per Month

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

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Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 3.1.3. Children's Health Insurance Program Prescription Drugs

Provide prescription medication to CHIP-eligible recipients (includes all CHIP Programs) as provided by their treating physician.

- ▶ Efficiency 3.1.3.1. Average Cost / CHIP Recipient Month: Pharmacy Benefit

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

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Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 3.1.4. Children's Health Insurance Program Dental Services

Provide dental health care services to uninsured children who apply and are determined eligible for insurance through CHIP.

- ▶ Efficiency 3.1.4.1. Average Monthly Cost of the Dental Benefit Per Chip Program Recipient

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Goal 4. Provide Additional Health-Related Services

Improve the physical and mental health (MH) of children, women, families, and individuals and enhance the capacity of communities to deliver health care services.

Objective 4.1. Provide Primary Health and Specialty Care

Develop and support primary health care and specialty services to children, women, families, and other qualified individuals through community-based providers.

- Outcome 4.1.1. Percent of Population under Age Three Served by Early Childhood Intervention (ECI) Program
- Outcome 4.1.2. Percent of Children Successfully Completing Services
- Outcome 4.1.3. Percent of ECI Clients Enrolled in Medicaid
- Outcome 4.1.4. Percent of ECI Program Funded by Medicaid

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 4.1.1. Women's Health Programs

Women's Health Programs.

- ▶ Efficiency 4.1.1.1. Average Monthly Cost Per Healthy Texas Women Client
- ▶ Efficiency 4.1.1.2. Average Monthly Cost Per Family Planning Client
- ▶ Explanatory 4.1.1.1. Number of Certified Clinical Providers Enrolled in Healthy Texas Women Program
- ▶ Explanatory 4.1.1.2. Number of Clinical Providers Enrolled in Family Planning
- ▶ Output 4.1.1.1. Average Monthly Number of Women Enrolled in Services through Healthy Texas Women
- ▶ Output 4.1.1.2. Average Monthly Number of Family Planning Clients
- ▶ Output 4.1.1.3. Number of Women over 21 Provided Title V Services
- ▶ Output 4.1.1.4. Average Monthly Number of Women Receiving Healthy Texas Women Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

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Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.2. Alternatives to Abortion. Nontransferable.

Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.

- ▶ Output 4.1.2.1. Number of Persons Receiving Services as Alternative to Abortion
- ▶ Output 4.1.2.2. Number of Alternatives to Abortion Services Provided

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

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Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.3. Early Childhood Intervention Services

Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers, and their families have access to the resources and support they need to reach their service plan goals.

- ▶ Efficiency 4.1.3.1. Average Monthly Cost Per Child: Comprehensive Services/State and Federal

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- ▶ Efficiency 4.1.3.2. Average Monthly Cost Per Child: Comprehensive Services/Local
- ▶ Explanatory 4.1.3.1. Average Monthly Number of Hours of Service Delivered Per Child Per Month
- ▶ Output 4.1.3.1. Average Monthly Number of Referrals to Local Programs
- ▶ Output 4.1.3.2. Average Monthly Number of Children Determined Eligible for ECI Services
- ▶ Output 4.1.3.3. Average Monthly Number of Children Served in Comprehensive Services
- ▶ Output 4.1.3.4. Average Monthly Number of Eligibility Determinations Completed
- ▶ Output 4.1.3.5. Average Monthly Number of Children Newly Enrolled in ECI

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

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Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.4. Ensure Early Childhood Intervention Respite Services and Quality Early Childhood Intervention Services

Serves families with children in the ECI program. Provides respite services to help preserve the family unit and prevent out-of-home placements. Provides technical assistance to parents and service providers serving in the ECI program.

- ▶ Efficiency 4.1.4.1. Average Time for Complaint Resolution
- ▶ Output 4.1.4.1. Average Monthly Number of Children Receiving Respite Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

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Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.5. Children's Blindness Services

Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.

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- ▶ Efficiency 4.1.5.1. Average Monthly Cost Per Child: Children's Blindness Services
- ▶ Explanatory 4.1.5.1. Number of Children Receiving Blindness Services Per Year

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.6. Autism Program

To provide services to Texas children ages 3–15 diagnosed with autism spectrum disorder.

- ▶ Efficiency 4.1.6.1. Average Monthly Cost Per Child Receiving Focused Autism Services
- ▶ Explanatory 4.1.6.1. Number of Children Receiving Focused Autism Services Per Year
- ▶ Output 4.1.6.1. Average Monthly Number of Children Receiving Focused Autism Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

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Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.7. Children with Special Health Care Needs

Administer service program for children with special health care needs (CSCHN).

- ▶ Efficiency 4.1.7.1. Average Monthly Cost Per CSHCN Client Receiving Health Care Benefits
- ▶ Output 4.1.7.1. Average Monthly Caseload CSHCN Clients Receiving Health Care Benefits

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.8. Title V Children’s Dental and Health Services

Provide easily accessible, quality and community-based dental services to low-income infants, children and adolescents.

- ▶ Output 4.1.8.1. Number of Infants <1 and Children Age 1–21 Years Provided Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.9. Kidney Health Care

Administer service programs for kidney health care.

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- ▶ Efficiency 4.1.9.1. Average Cost Per Chronic Disease Service — Kidney Health Care
- ▶ Output 4.1.9.1. Number of Kidney Health Clients Provided Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

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Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.10. Additional Specialty Care

Deliver specialty care services including service programs for epilepsy and hemophilia, as well as provide leadership and direction to the statewide umbilical cord blood bank and health information technology initiatives.

- ▶ Explanatory 4.1.10.1. Number of Epilepsy Program Clients Provided Services
- ▶ Explanatory 4.1.10.2. Number of Hemophilia Assistance Program Clients

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

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Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.11. Community Primary Care Services

Develop systems of primary and preventive health care delivery in underserved areas of Texas.

- ▶ Efficiency 4.1.11.1. Average Cost Per Primary Health Care Eligible Patient
- ▶ Output 4.1.11.1. Number of Primary Health Care Eligible Patients Provided Primary Care Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

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Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.1.12. Abstinence Education

Increase abstinence education programs in Texas.

- ▶ Output 4.1.12.1. Number of Persons Served in Abstinence Education Programs

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

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Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 4.2. Provide Community Behavioral Health Services

Support services for MH and for substance abuse prevention, intervention, and treatment.

- Outcome 4.2.1. Percentage of Adults Receiving Community MH Services Whose Functional Level Improved
- Outcome 4.2.2. Percentage of Children Receiving Community MH Services Whose Functional Level Improved
- Outcome 4.2.3. Percentage of Children and Adolescents Receiving Community MH Services Avoiding Re-Arrest
- Outcome 4.2.4. Percentage Receiving Crisis Services Who Avoid Psychiatric Hospitalization within 30 Days
- Outcome 4.2.5. Percentage of Persons Receiving Crisis Services that Is Followed by a Jail Booking
- Outcome 4.2.6. Percentage of Adults Who Complete Treatment Program and Report No Past Month Substance Use
- Outcome 4.2.7. Percentage of Youth Successfully Completing a Substance Abuse Prevention Program

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- Outcome 4.2.8. Percentage of Youth Who Complete Treatment Program and Report No Past Month Substance Use
- Outcome 4.2.9. Percentage of Youth Completing Treatment Who Are Attending School

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 4.2.1. Community Mental Health Services for Adults

Provide services and supports in the community for adults with serious mental illness.

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- ▶ Efficiency 4.2.1.1. Average Monthly Cost Per Adult: Community MH Services
- ▶ Explanatory 4.2.1.1. Number of Adults Receiving Community MH Services Per Year
- ▶ Output 4.2.1.1. Average Monthly Number of Adults Receiving Community MH Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

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Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.2.2. Community Mental Health Services for Children

Provide services and supports for emotionally disturbed children and their families.

- ▶ Efficiency 4.2.2.1. Average Monthly Cost Per Child Receiving Community MH Services
- ▶ Explanatory 4.2.2.1. Number of Children Receiving Community MH Services Per Year
- ▶ Output 4.2.2.1. Average Monthly Number of Children Receiving Community MH Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

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Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

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Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.2.3. Community Mental Health Crisis Services

Community MH Crisis Services.

- ▶ Efficiency 4.2.3.1. Average General Revenue (GR) Spent Per Person for Crisis Residential Services
- ▶ Efficiency 4.2.3.2. Average GR Spent Per Person for Crisis Outpatient Services
- ▶ Output 4.2.3.1. Number Persons Receiving Crisis Residential Services Per Year Funded by GR
- ▶ Output 4.2.3.2. Number Persons Receiving Crisis Outpatient Services Per Year Funded by GR

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

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Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

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Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.2.4. Substance Abuse Prevention, Intervention, and Treatment

Implement prevention services to reduce the risk of substance use, abuse and dependency. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family-based treatment and related services for chemically dependent persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services for substance abuse.

- ▶ Efficiency 4.2.4.1. Average Monthly Cost Per Youth for Substance Abuse Prevention Services
- ▶ Efficiency 4.2.4.2. Average Monthly Cost Per Adult for Substance Abuse Intervention Services
- ▶ Efficiency 4.2.4.3. Average Monthly Cost Per Youth for Substance Abuse Intervention Services
- ▶ Efficiency 4.2.4.4. Average Monthly Cost Per Adult Served in Treatment Programs for Substance Abuse
- ▶ Efficiency 4.2.4.5. Average Monthly Cost Per Youth Served in Treatment Programs for Substance Abuse
- ▶ Explanatory 4.2.4.1. Percentage of Adults Completing Treatment Programs for Substance Abuse
- ▶ Explanatory 4.2.4.2. Percentage of Youth Completing Treatment Programs for Substance Abuse
- ▶ Output 4.2.4.1. Average Monthly Number of Youth Served in Substance Abuse Prevention Programs

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- ▶ Output 4.2.4.2. Average Monthly Number of Youth Served in Treatment Programs for Substance Abuse
- ▶ Output 4.2.4.3. Average Monthly Number of Adults Served in Substance Abuse Intervention Programs
- ▶ Output 4.2.4.4. Average Monthly Number of Youth Served in Substance Abuse Intervention Programs
- ▶ Output 4.2.4.5. Average Monthly Number of Adults Served in Treatment Programs for Substance Abuse

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

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Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 4.2.5. Behavioral Health Waiver and Plan Amendment

Provide intensive community-based services for emotionally disturbed children and their families and for adults with serious mental illness.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

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Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

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Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 4.3. Build Community Capacity

Develop and enhance capacities for community clinical service providers and regionalized emergency health care systems.

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 4.3.1. Indigent Health Care Reimbursement (University of Texas Medical Branch)

Reimburse the provision of indigent health services through the deposit of funds in the State-owned Multicategorical Teaching Hospital Account.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

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Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategy 4.3.2. County Indigent Health Care Services

Provide support to local governments that provide indigent health care services.

- ▶ Explanatory 4.3.2.1. Number Indigent Patients Receiving Health Care Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Goal 5. Encourage Self-Sufficiency

The Health and Human Services Commission will encourage and promote self-sufficiency, safety, and long-term independence for families.

Objective 5.1. Financial and Other Assistance

Provide appropriate support services that address the employment, financial, and/or social service needs of eligible persons.

- Outcome 5.1.1. Percentage of Total Children in Poverty Receiving Cash Assistance
- Outcome 5.1.2. Number of Adults Exhausting Cash Assistance Benefits
- Outcome 5.1.3. Percentage Temporary Assistance for Needy Families (TANF) Caretakers Leaving Due to Increased Employment Earnings
- Outcome 5.1.4. Percentage of Eligible Special Supplemental Program for Women, Infants, and Children (WIC) Population Served

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person’s needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 5.1.1. Temporary Assistance for Needy Families Grants

Provide TANF grants to low-income Texans.

- ▶ Efficiency 5.1.1.1. Average Monthly Grant: TANF Basic Cash Assistance
- ▶ Efficiency 5.1.1.2. Average Monthly Grant: State Two-Parent Cash Assistance Program
- ▶ Explanatory 5.1.1.1. Percentage of TANF Applications Approved
- ▶ Output 5.1.1.1. Average Number of TANF Basic Cash Assistance Recipients Per Month
- ▶ Output 5.1.1.2. Average Number of State Two-Parent Cash Assistance Recipients Per Month
- ▶ Output 5.1.1.3. Average Number of TANF One-time Payments Per Month
- ▶ Output 5.1.1.4. Number of Children Receiving \$30 Once a Year Grant
- ▶ Output 5.1.1.5. Average Monthly Number of TANF Grandparent Payments
- ▶ Output 5.1.1.6. Average Number TANF/State Cash Adults Per Month with State Time-limited Benefits
- ▶ Output 5.1.1.7. Average Number TANF/State Cash Adults/Month with Federal Time-limited Benefits

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategy 5.1.2. Provide Special Supplemental Program for Women, Infants, and Children Services: Benefits, Nutrition Education and Counseling

Provide WIC services including benefits, nutrition education, and counseling.

- ▶ Efficiency 5.1.2.1. Average Food Costs Per Person Receiving Services
- ▶ Explanatory 5.1.2.1. WIC Breastfeeding Initiation Rate
- ▶ Output 5.1.2.1. Number of WIC Families Provided Nutrition Education and Counseling
- ▶ Output 5.1.2.2. Number of WIC Participants Provided Nutritious Supplemental Food

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

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Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Reduce maternal mortality and severe maternal morbidity. (Ongoing)

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 5.1.3. Refugee Assistance

Assist refugees in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.

Related Strategic Planning Goals and Action Items

The State of Texas elected not to participate in this program in 2017.

Strategy 5.1.4. Disaster Assistance

Provide financial assistance to victims of federally declared natural disasters.

- ▶ Output 5.1.4.1. Number of Applications Approved

Related Strategic Planning Goals and Action Items

This strategy is a placeholder for disaster response funding. Preparation for disasters is funded under Strategy 12.1.1.

Goal 6. Community and Independent Living Services and Coordination

Provide programs and support services to encourage self-sufficiency and healthier living in the community.

Objective 6.1. Long-Term Care Services and Coordination

Provide non-Medicaid services and supports in home and community settings to enable aging individuals and individuals with disabilities to maintain their independence and prevent institutionalization.

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 6.1.1. Guardianship

Provide full or limited authority over an incapacitated aging or disabled adult who is the victim of validated abuse, neglect, exploitation, or of an incapacitated minor in Child Protective Services' conservatorship.

- ▶ Efficiency 6.1.1.1. Average Monthly Cost Per Adult Guardianship Ward Served
- ▶ Explanatory 6.1.1.1. Average Monthly Number Referrals Department of Family and Protective Services to the Health and Human Services Commission (HHSC) for Assessment/Need Guardianship
- ▶ Output 6.1.1.1. Average Number of Wards Receiving Guardianship Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

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Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 6.1.2. Non-Medicaid Services

Provide services to individuals ineligible for Medicaid services, in their own home or community. Services include family care, home-delivered meals, adult foster care, Day Activities and Health Services (Title XX of the Social Security Act (XX)), emergency response, and personal attendant services.

- ▶ Efficiency 6.1.2.1. Average Monthly Cost Per Individual Served: Non-Medicaid Community Services (XX)
- ▶ Efficiency 6.1.2.2. Average Cost Per Home-Delivered Meal (Social Services Block Grant (SSBG))
- ▶ Efficiency 6.1.2.3. Statewide Average Cost Per Congregate Meal Area Agencies on Aging (AAA)
- ▶ Efficiency 6.1.2.4. Statewide Average Cost Per Home-Delivered Meal (AAA)
- ▶ Efficiency 6.1.2.5. Statewide Average Cost Per Person Receiving Homemaker Services (AAA)
- ▶ Efficiency 6.1.2.6. Statewide Average Cost Per Person Receiving Personal Assistance Services (AAA)
- ▶ Efficiency 6.1.2.7. Statewide Average Cost Per Modified Home (AAA)
- ▶ Explanatory 6.1.2.1. Average Number Individuals Receiving Non-Medicaid Community Services and Supports XX
- ▶ Explanatory 6.1.2.2. Average Number of Individuals Receiving Services at the End of the Fiscal Year: XX / General Revenue (GR)
- ▶ Output 6.1.2.1. Average Number of Individuals Per Month Receiving Home-Delivered Meals (SSBG)
- ▶ Output 6.1.2.2. Average Number of Home-Delivered Meals Provided Per Month (SSBG)
- ▶ Output 6.1.2.3. Number of Individuals Receiving Congregate Meals (AAA)
- ▶ Output 6.1.2.4. Number of Congregate Meals Served (AAA)

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- ▶ Output 6.1.2.5. Number of Individuals Receiving Home-Delivered Meals (AAA)
- ▶ Output 6.1.2.6. Number of Home-Delivered Meals Served (AAA)
- ▶ Output 6.1.2.7. Number of Individuals Receiving Homemaker Services (AAA)
- ▶ Output 6.1.2.8. Number of Individuals Receiving Personal Assistance (AAA)
- ▶ Output 6.1.2.9. Number of Homes Repaired/Modified (AAA)
- ▶ Output 6.1.2.10. Number of One-Way Trips (AAA)
- ▶ Output 6.1.2.11. Average Number of Individuals Served Per Month: Non-Medicaid Community Care (XX/GR)

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

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Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not

compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Action Item: Improve management of federal funds across the HHS system through the development of processes for federal grant application, tracking and management. (Ongoing)

Strategy 6.1.3. Non-Medicaid Developmental Disability Community Services

Provide services, other than those provided through the Medicaid waiver programs, to individuals with intellectual or developmental disabilities who reside in the community, including independent living, employment services, day training, therapies, and respite services.

- ▶ Efficiency 6.1.3.1. Average Monthly Cost Per Individual Receiving Community Services
- ▶ Efficiency 6.1.3.2. Average Monthly Cost Per Individual Receiving Employment Services
- ▶ Efficiency 6.1.3.3. Average Monthly Cost Per Individual Receiving Day Training Services
- ▶ Efficiency 6.1.3.4. Average Monthly Cost Per Individual Receiving Therapies
- ▶ Efficiency 6.1.3.5. Average Monthly Cost Per Individual Receiving Respite
- ▶ Efficiency 6.1.3.6. Average Monthly Cost Per Individual Receiving Independent Living
- ▶ Explanatory 6.1.3.1. Number Individuals with Intellectual Disability (ID) Receiving Community Services End of Fiscal Year
- ▶ Output 6.1.3.1. Average Monthly Number of Individuals with ID Receiving Community Services
- ▶ Output 6.1.3.2. Average Monthly Number Individuals with ID Receiving Employment Services
- ▶ Output 6.1.3.3. Average Monthly Number Individuals with ID Receiving Day Training Services
- ▶ Output 6.1.3.4. Average Monthly Number Individuals with ID Receiving Therapies

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- ▶ Output 6.1.3.5. Average Monthly Number Individuals with ID Receiving Respite
- ▶ Output 6.1.3.6. Average Monthly Number Individuals with ID Receiving Independent Living

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 6.2. Provide Rehabilitation Services to Persons with General Disabilities

To provide quality vocational rehabilitation services to eligible persons with general disabilities. Additionally, to provide quality consumer-directed independent living services to persons with significant disabilities who have been determined eligible.

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 6.2.1. Independent Living Services (General, Blind, and CILs)

Provide quality, statewide consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible people with significant disabilities. Work with the State Independent Living Council to develop the State Plan for Independent Living.

- ▶ Efficiency 6.2.1.1. Cost Per Person Served by Centers for Independent Living

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- ▶ Efficiency 6.2.1.2. Average Cost/Person Receiving Contracted Independent Living Services
- ▶ Output 6.2.1.1. Number People Receiving Services from Centers for Independent Living
- ▶ Output 6.2.1.2. Number of Consumers Who Achieved Independent Living Center Goals
- ▶ Output 6.2.1.3. Number of People Receiving HHSC Contracted Independent Living Services
- ▶ Output 6.2.1.4. Number of Consumers Who Achieved Independent Living Goals

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

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Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 6.2.2. Blindness Education, Screening and Treatment Program

Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.

- ▶ Efficiency 6.2.2.1. Average Cost Per Individual Treated in Blindness Education, Screening and Treatment (BEST) Program
- ▶ Efficiency 6.2.2.2. Average Cost Per Individual Screened in BEST Program
- ▶ Output 6.2.2.1. Number of Individuals Receiving Treatment Services in BEST Program
- ▶ Output 6.2.2.2. Number of Individuals Receiving Screening Services in BEST Program

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

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Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 6.2.3. Provide Services to People with Spinal Cord/Traumatic Brain Injuries

Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services for people with traumatic brain injuries or spinal cord injuries.

- ▶ Efficiency 6.2.3.1. Average Monthly Cost Per Comprehensive Rehabilitation Services Consumer
- ▶ Explanatory 6.2.3.1. Number of People Receiving Comprehensive Rehabilitation Services Per Year
- ▶ Output 6.2.3.1. Average Monthly Number of People Receiving Comprehensive Rehabilitation Services
- ▶ Output 6.2.3.2. Number of Consumers Who Achieved Comprehensive Rehabilitation Services Goals

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

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Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person’s needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 6.2.4. Provide Services to Persons Who Are Deaf or Hard of Hearing

Ensure continuity of services, foster coordination and cooperation among organization, facilitate access to training and education programs, and support access to telephone systems to individuals who are deaf or hard of hearing. To increase the number of persons (who are deaf or hard of hearing) receiving quality services by 10 percent each biennium.

- ▶ Efficiency 6.2.4.1. Average Cost Per Interpreter Certificate Issued
- ▶ Efficiency 6.2.4.2. Average Time for Ethics Complaint Resolution
- ▶ Efficiency 6.2.4.3. Average Cost Per Equipment/Service Application Processed
- ▶ Efficiency 6.2.4.4. Average Time to Process an Equipment/Service Application Received
- ▶ Output 6.2.4.1. Number Receiving Communication Access Services
- ▶ Output 6.2.4.2. Number of Consumers Educated and Interpreters Trained
- ▶ Output 6.2.4.3. Number of Interpreter Certificates Issued
- ▶ Output 6.2.4.4. Number of Interpreter Tests Given
- ▶ Output 6.2.4.5. Number of Equipment/Service Vouchers Issued

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

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Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 6.3. Other Community Support Services

Promote safety, self-sufficiency and long-term independence for those living with domestic violence or other adverse circumstances.

- Outcome 6.3.1 Percentage of Adult Victims of Family Violence Denied Shelter

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person’s needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 6.3.1. Family Violence Services

Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.

- ▶ Efficiency 6.3.1.1. HHSC Average Cost Per Person Receiving Family Violence Services
- ▶ Explanatory 6.3.1.1. Percent of Family Violence Program Budgets Funded by HHSC
- ▶ Output 6.3.1.1. Number of Persons Served by Family Violence Programs/Shelters

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

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Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

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Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 6.3.2. Child Advocacy Programs

Train, provide technical assistance, and evaluate services for Children's Advocacy Centers of Texas, Inc. and Texas Court Appointed Special Advocates, Inc.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

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Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Strategy 6.3.3. Additional Advocacy Programs

Provide support services for interested individuals (Healthy Marriage, Community Resource Coordination Group Adult/Child, TIFI, Office of Acquired Brain Injury, Office of Disability Prevention for Children, Office of Minority Health Statistics and Engagement).

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

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Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

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Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Goal 7. Mental Health State Hospitals, State Supported Living Centers, and Other Facilities

Provide specialized assessment, treatment, support, and medical services in state supported living centers (SSLCs), state mental health (MH) hospitals, and other facilities.

Objective 7.1. State Supported Living Centers

Provide specialized assessment, treatment, support, and medical services in SSLC programs for intellectual and developmentally disabled residents.

- Outcome 7.1.1. Average Number Days SSLC Residents Wait for Community Placement
- Outcome 7.1.2. Number of Individuals with Intellectual and Developmental Disabilities Who Moved from Campus to Community
- Outcome 7.1.3. Percentage Consumers Expressed Satisfaction with Ombudsman's Resolution of Issue

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 7.1.1. State Supported Living Centers

Provide direct services and support to individuals living in SSLCs. Provide 24-hour residential services for individuals who are medically fragile or severely physically impaired or have severe behavior problems, and who choose these services or cannot currently be served in the community.

- ▶ Efficiency 7.1.1.1. Average Monthly Cost Per Campus Resident
- ▶ Efficiency 7.1.1.2. Average Number Days Individuals with Intellectual and Developmental Disabilities Wait Admission Specific Living Center Campus
- ▶ Explanatory 7.1.1.1. Number of Living Center Campus Residents Who Are under 18 Years of Age Per Year
- ▶ Output 7.1.1.1. Average Monthly Number of SSLC Campus Residents
- ▶ Output 7.1.1.2. Number of Referrals to the Ombudsman
- ▶ Output 7.1.1.3. Number of Reviews/Investigations Performed by the Ombudsman
- ▶ Output 7.1.1.4. Number Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff

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- ▶ Output 7.1.1.5. Number Confirmed Abuse/Neglect/Exploitation Incidents at SSLC

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

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Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

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Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Centralize business support functions and standardize best practices for state-operated facilities. (8/31/2019)

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Achieve efficiencies in administrative services, including procurement, products, office space and licenses. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)

Objective 7.2. Mental Health State Hospital Facilities and Services

Provide inpatient MH services for adults and children.

- Outcome 7.2.1. Patient Satisfaction with State MH Facility Treatment
- Outcome 7.2.2. Health and Human Services Commission-Operated or Purchased Inpatient Bed Re-Admission Rate

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person’s needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 7.2.1. Mental Health State Hospitals

Provide specialized assessment, treatment and medical services in state MH facility programs.

- ▶ Efficiency 7.2.1.1. Average Daily Cost Per Occupied State MH Facility Bed
- ▶ Explanatory 7.2.1.1. Number of Consumers Served by State MH Facilities Per Year
- ▶ Output 7.2.1.1. Average Daily Census of State MH Facilities

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

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Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

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Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Centralize business support functions and standardize best practices for state-operated facilities. (8/31/2019)

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Achieve efficiencies in administrative services, including procurement, products, office space and licenses. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)

Strategy 7.2.2. Mental Health Community Hospitals

Provide inpatient treatment, crisis assessment and medical services to adults and children served in community hospitals.

- ▶ Efficiency 7.2.2.1. Average Daily Cost Per Occupied MH Community Hospital Bed
- ▶ Output 7.2.2.1. Average Daily Number of Occupied MH Community Hospital Beds

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

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Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

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Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 7.3. Other Facilities

Provide specialized assessment, treatment, support, and medical services at other state medical facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 7.3.1. Other State Medical Facilities

Provide program support to SSLCs, state MH hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

- ▶ Efficiency 7.3.1.1. Average Cost/Outpatient Visit, Rio Grande State Center Outpatient Clinic
- ▶ Output 7.3.1.1. Average Number Outpatient Visits/Day, Rio Grande State Center Outpatient Clinic

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

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Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

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Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Centralize business support functions and standardize best practices for state-operated facilities. (8/31/2019)

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Achieve efficiencies in administrative services, including procurement, products, office space and licenses. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)

Objective 7.4. Facility Program Support

Provide program support to SSLCs, state MH hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 7.4.1. Facility Program Support

Provide program support to SSLCs, state MH hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Centralize business support functions and standardize best practices for state-operated facilities. (8/31/2019)

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Achieve efficiencies in administrative services, including procurement, products, office space and licenses. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)

Strategy 7.4.2. Capital Repair and Renovation at State Supported Living Centers, State Hospitals, and Other

Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers and Master Lease Purchase Program.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Centralize business support functions and standardize best practices for state-operated facilities. (8/31/2019)

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Goal 8. Regulatory, Licensing and Consumer Protection Services

Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation, to ensure that residential facilities, home and community support services agencies, and persons providing services in facilities or home settings comply with state and federal standards, and that individuals receive high-quality services and are protected from abuse, neglect, and exploitation.

Objective 8.1. Long-Term Care and Acute Care Regulation

Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation, to ensure that residential facilities, home and community support services agencies, and persons providing services in facilities or

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home settings comply with state and federal standards, and that individuals receive high-quality services and are protected from abuse, neglect, and exploitation.

- Outcome 8.1.1. Percentage of Licenses Issued within Regulatory Timeframe
- Outcome 8.1.2. Percentage Facilities Complying with Standards at Inspection Licensing - Medicare/Medicaid
- Outcome 8.1.3. Percentage Facilities Correcting Adverse Findings by First Follow-up Visit
- Outcome 8.1.4. Percentage Nursing Facilities with More Than Six On-Site Monitoring Visits Per Year
- Outcome 8.1.5. Incidence of Facility Abuse/Neglect/Exploitation Per 1,000 Persons
- Outcome 8.1.6. Adult Protective Services (APS) Caseworker Turnover Rate
- Outcome 8.1.7. Percent of APS Caseworkers Retained for Six Months Following Basic Skills Development

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 8.1.1. Health Care Facilities and Community-Based Regulation

Provide licensing, certification, contract enrollment services, financial monitoring and complaint investigation to ensure that residential facilities and home and community support services agencies comply with state and federal standards and individuals receive high-quality services.

- ▶ Efficiency 8.1.1.1. APS Daily Caseload Per Worker (Facility Investigations)
- ▶ Explanatory 8.1.1.1. Number of Facilities Terminated from Licensure and/or Certification
- ▶ Explanatory 8.1.1.2. Number of Medicaid Facility Contracts Terminated
- ▶ Explanatory 8.1.1.3. Number of Deaths from Abuse/Neglect/Exploitation: Facility Settings
- ▶ Explanatory 8.1.1.4. Number of APS Caseworkers Who Completed Basic Skills Development
- ▶ Output 8.1.1.1. Number of Health Care Facility Complaint Investigations Conducted
- ▶ Output 8.1.1.2. Number of Health Care Delivery Entity Surveys Conducted
- ▶ Output 8.1.1.3. Number of Licenses Issued for Health Care Entities
- ▶ Output 8.1.1.4. Number of Long-Term Care Facility Certifications Issued
- ▶ Output 8.1.1.5. Number of Long-Term Care Facility Licenses Issued
- ▶ Output 8.1.1.6. Number of On-Site Nursing Facility/Intermediate Care Facility for Individuals with Intellectual Disability Monitoring Visits Completed
- ▶ Output 8.1.1.7. Number of Inspections Completed Per Year
- ▶ Output 8.1.1.8. Number of First Follow-up Visits Completed Per Year
- ▶ Output 8.1.1.9. Number of Investigations Completed
- ▶ Output 8.1.1.10. Total Dollar Amount Collected from Fines
- ▶ Output 8.1.1.11. Number of Medicaid Facility and Hospice Service Contracts Issued
- ▶ Output 8.1.1.12. Number of Home and Community Support Services Agency Licenses Issued
- ▶ Output 8.1.1.13. Number of Home and Community Support Services Agency Inspections Conducted
- ▶ Output 8.1.1.14. Number of Complaint Investigations Conducted: Home and Community Support Services Agencies

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- ▶ Output 8.1.1.15. Number of Initial Home and Community Based Services and Texas Home Living Reviews Completed
- ▶ Output 8.1.1.16. Number of Annual Home and Community Based Services and Texas Home Living Recertification Reviews Completed
- ▶ Output 8.1.1.17. Number of On-Site Prescribed Pediatric Extended Care Center Monitoring Visits Completed
- ▶ Output 8.1.1.18. Number of Completed Investigations in Facility Settings

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Streamline and simplify processes for regulated entities, enhancing their ability to achieve compliance. (5/31/2019)

Strategy 8.1.2. Long-Term Care Quality Outreach

Provide quality monitoring and rapid response team visits to access quality and promote quality improvement in nursing facilities.

- ▶ Explanatory 8.1.2.1. Percentage Nursing Homes Have Increased/Fully Implemented Evidence-Based Practices
- ▶ Output 8.1.2.1. Number of Quality Monitoring Visits to Nursing Facilities

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve quality and value in managed care through payment strategies that align incentives among health and human services agencies, managed care organizations, providers and individuals receiving services. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve the quality of life for individuals by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Objective 8.2. Child Care Regulation

Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential child care facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.

- Outcome 8.2.1. Percentage of Investigations with a High Risk Finding
- Outcome 8.2.2. Percentage of Licensed Facilities with No Recent Violations
- Outcome 8.2.3. Percentage of Facilities with a Remedial Action

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 8.2.1. Child Care Regulation

Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential child care facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.

- ▶ Efficiency 8.2.1.1. Average Monthly Day Care Caseload Per Monitoring Worker
- ▶ Efficiency 8.2.1.2. Average Monthly Residential Caseload Per Monitoring Worker
- ▶ Explanatory 8.2.1.1. Number of Permitted Operations and Administrators
- ▶ Explanatory 8.2.1.2. Number of Licensed Child Care Centers
- ▶ Explanatory 8.2.1.3. Number of Licensed Child Care Homes
- ▶ Explanatory 8.2.1.4. Number of Licensed Residential Child Care Facilities (Excluding Homes)
- ▶ Explanatory 8.2.1.5. Number of Registered Child Care Homes

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- ▶ Explanatory 8.2.1.6. Number of Agency Homes and Child Protective Services Foster Homes
- ▶ Explanatory 8.2.1.7. Number of Listed Family Homes
- ▶ Explanatory 8.2.1.8. Number of Child Placing Agencies
- ▶ Explanatory 8.2.1.9. Number of Child Care Administrators
- ▶ Explanatory 8.2.1.10. Number of Criminal Record Checks
- ▶ Explanatory 8.2.1.11. Number of Child Placing Agency Administrators
- ▶ Explanatory 8.2.1.12. Percent of Child Care Licensing Workers: Two or More Years of Service
- ▶ Explanatory 8.2.1.13. Number of Central Registry Checks
- ▶ Output 8.2.1.1. Number of New Permits
- ▶ Output 8.2.1.2. Number of Child Care Facility Inspections
- ▶ Output 8.2.1.3. Number of Completed Non-Abuse/Neglect Investigations

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

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Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Streamline and simplify processes for regulated entities, enhancing their ability to achieve compliance. (5/31/2019)

Objective 8.3. Professional and Occupational Regulation

Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.

- Outcome 8.3.1. Percentage of Licensed/Certified Professionals with No Recent Violations

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 8.3.1. Credentialing/Certification of Health Care Professionals and Others

Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.

- ▶ Output 8.3.1.1. Number Health Care Professionals and Licensed Chemical Dependency Counselors Licensed, Permitted, Certified, Registered

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- ▶ Output 8.3.1.2. Number of Licenses Issued Per Year: Nursing Facility Administrators
- ▶ Output 8.3.1.3. Number of Credentials Issued Per Year: Nurse/Medication Aides
- ▶ Output 8.3.1.4. Number of Complaints Resolved/Year: Nursing Facility Administrators
- ▶ Output 8.3.1.5. Number of Complaints Resolved/Year: Nurse/Medication Aides/Direct Care
- ▶ Output 8.3.1.6. Number of Professional Complaint Investigations Conducted

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

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Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Streamline and simplify processes for regulated entities, enhancing their ability to achieve compliance. (5/31/2019)

Goal 9. Program Eligibility Determination and Enrollment

Provide accurate information on and timely eligibility and issuance services for financial assistance, medical benefits, and food assistance.

Objective 9.1 Eligibility Operations

Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 9.1.1. Integrated Financial Eligibility and Enrollment

Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and SNAP benefits.

- ▶ Efficiency 9.1.1.1. Average Cost Per Eligibility Determination
- ▶ Efficiency 9.1.1.2. Accuracy Rate of Benefits Issued: Temporary Assistance for Needy Families
- ▶ Efficiency 9.1.1.3. Accuracy Rate of Benefits Issued: SNAP
- ▶ Efficiency 9.1.1.4. Percent of Eligibility Decisions Completed on Time
- ▶ Explanatory 9.1.1.1. Total Value of SNAP Benefits Distributed
- ▶ Explanatory 9.1.1.2. Percent of Direct Delivery Staff with Less Than One Year
- ▶ Output 9.1.1.1. Average Monthly Number of Eligibility Determinations
- ▶ Output 9.1.1.2. Average Number of Recipients Per Month: SNAP

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

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Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Strive to improve the quality of life for individuals by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Ensure timely and accurate eligibility determination and enrollment of qualified individuals into financial assistance and benefit programs. (Ongoing)

Action Item: Make efficient and effective medical determinations on behalf of the Social Security Administration for Supplemental Security Income and Social Security Disability Insurance. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

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Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Action Item: Improve management of federal funds across the HHS system through the development of processes for federal grant application, tracking and management. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing) Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Improve the rule-making process system-wide, ensuring timeliness and quality. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 9.2. Community Access and Supports

Determine eligibility for, promote access to, and monitor long-term care services and supports.

- Outcome 9.2.1. Percent Long-Term Care Ombudsman Complaints Resolved or Partially Resolved

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 9.2.1. Intake, Access, and Eligibility to Services and Supports

Determine functional eligibility for long-term care services, develop individual service plans based on individual needs and preferences, authorize service delivery, and monitor the delivery of services (Medicaid and non-Medicaid).

- ▶ Explanatory 9.2.1.1. Total Expenditures for the Ombudsman Program
- ▶ Explanatory 9.2.1.2. Number of Assisted Living Facilities Visited by a Certified Ombudsman
- ▶ Output 9.2.1.1. Number of Certified Ombudsmen
- ▶ Output 9.2.1.2. Number of Persons Receiving Care Coordination
- ▶ Output 9.2.1.3. Number of Persons Receiving Legal Assistance
- ▶ Output 9.2.1.4. Average Monthly Number Individuals with Intellectual Disability Receiving Assessment and Service Coordination
- ▶ Output 9.2.1.5. Number of Veterans Served by the Aging and Disability Resource Centers

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

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Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Promote physical activity and healthy eating to improve health and development. (Ongoing)

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

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Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve the quality of life for individuals by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Ensure timely and accurate eligibility determination and enrollment of qualified individuals into financial assistance and benefit programs. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

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Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Action Item: Improve management of federal funds across the HHS system through the development of processes for federal grant application, tracking and management. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing) Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Improve the rule-making process system-wide, ensuring timeliness and quality. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 9.3. Texas Integrated Eligibility Redesign System

Texas Integrated Eligibility Redesign System (TIERS).

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 9: Optimize technology to support business strategy and goals.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 9.3.1. Texas Integrated Eligibility Redesign System and Supporting Tech

TIERS and eligibility supporting technologies capital.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

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Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Ensure timely and accurate eligibility determination and enrollment of qualified individuals into financial assistance and benefit programs. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

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Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 9: Optimize technology to support business strategy and goals.

Action Item: Align information technology (IT) plans and resources to meet agency and program needs through a formal IT governance process. (Ongoing)

Action Item: Improve efficiency and cost-savings through the reduction of redundant business applications and environments and through the evaluation of appropriate sourcing options for IT goods and services. (Ongoing)

Action Item: Protect public resources and client information by implementing security best practices, complying with federal and state security requirements, and adhering to HHS security policies. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Implement an HHS performance management system for increased effectiveness in governance and accountability for success. (8/31/2019)

Action Item: Enhance data analysis activities by establishing secure infrastructure and data interfaces, including master data management. (Ongoing)

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)

Strategy 9.3.2. Texas Integrated Eligibility Redesign System Capital Projects

TIERS capital projects.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve client experience across HHS programs. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Ensure timely and accurate eligibility determination and enrollment of qualified individuals into financial assistance and benefit programs. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 9: Optimize technology to support business strategy and goals.

Action Item: Align information technology (IT) plans and resources to meet agency and program needs through a formal IT governance process. (Ongoing)

Action Item: Improve efficiency and cost-savings through the reduction of redundant business applications and environments and through the evaluation of appropriate sourcing options for IT goods and services. (Ongoing)

Action Item: Protect public resources and client information by implementing security best practices, complying with federal and state security requirements, and adhering to HHS security policies. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Implement an HHS performance management system for increased effectiveness in governance and accountability for success. (8/31/2019)

Action Item: Enhance data analysis activities by establishing secure infrastructure and data interfaces, including master data management. (Ongoing)

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)

Goal 10. Provide Disability Determination Services within Social Security Administration Guidelines

Enhance service to persons with disabilities by achieving accuracy and timeliness within the Social Security Administration Disability Program guidelines and improving the cost-effectiveness of the decision-making process in the disability determination services.

Objective 10.1. Increase Decisional Accuracy and Timeliness of Determinations

To achieve annually the decisional accuracy of 90.6 percent and timeliness of 125 days as measured by Social Security Administration Disability Program guidelines.

- Outcome 10.1.1. Percent of Case Decisions That Are Accurate

Related Strategic Planning Goals

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of Health and Human Services (HHS) programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 10.1.1. Determine Federal Supplemental Security Income and Social Security Disability Insurance Eligibility

Determine eligibility for federal Supplemental Security Income and Social Security Disability Insurance benefits.

- ▶ Efficiency 10.1.1.1. Cost Per Disability Case Determination
- ▶ Output 10.1.1.1. Number of Disability Cases Determined

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Make efficient and effective medical determinations on behalf of the Social Security Administration for Supplemental Security Income and Social Security Disability Insurance. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Action Item: Improve management of federal funds across the HHS system through the development of processes for federal grant application, tracking and management. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Goal 11. Office of Inspector General

Office of Inspector General.

Objective 11.1. Client and Provider Accountability

Improve Health and Human Services (HHS) programs and operations by protecting them against fraud, waste, and abuse.

- Outcome 11.1.1. Net State Dollars Recovered Per Dollar Expended from All Funds

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 11.1.1. Office of Inspector General

Office of Inspector General.

- ▶ Output 11.1.1.1. Number of Completed Provider and Recipient Investigations
- ▶ Output 11.1.1.2. Number of Audits and Reviews Performed
- ▶ Output 11.1.1.3. Number of Nursing Facility Utilization Reviews
- ▶ Output 11.1.1.4. Number of Hospital Utilization Reviews
- ▶ Output 11.1.1.5. Total Dollars Recovered (Millions)
- ▶ Output 11.1.1.6. Referrals to Office of the Attorney General Fraud Control Unit
- ▶ Output 11.1.1.7. Total Medicaid Overpayments Recovered with Special Investigation Units

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

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Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Goal 12. Health and Human Services Enterprise Oversight and Policy

Improve the effectiveness and efficiency of the delivery of health and human services in Texas through the oversight and coordination of a prompt, accurate, and comprehensive service delivery system.

Objective 12.1. Enterprise Oversight and Policy

Improve the business operations of the Health and Human Services (HHS) System to maximize federal funds, improve efficiency in system operations, improve accountability and coordination throughout the system, and ensure the timely and accurate provision of eligibility determination services for all individuals in need of HHS System programs.

Related Strategic Planning Goals

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 9: Optimize technology to support business strategy and goals.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 12.1.1. Enterprise Oversight and Policy

Provide leadership and direction to achieve an efficient and effective HHS System.

- ▶ Efficiency 12.1.1.1. Percent of Informal Dispute Resolutions Completed within 30 Days
- ▶ Efficiency 12.1.1.2. Percent of Dispute Resolutions Completed within 90 Day Timeframe

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Enhance quality of direct care and value of services.

Action Item: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)

Action Item: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)

Action Item: Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)

Action Item: Improve client experience across HHS programs. (Ongoing)

Action Item: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)

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Action Item: Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)

Action Item: Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Action Item: Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Strategic Planning Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Item: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)

Action Item: Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)

Action Item: Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Action Item: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Strategic Planning Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Item: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)

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Action Item: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)

Action Item: Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Strategic Planning Goal 6: Encourage self-sufficiency and long-term independence.

Action Item: Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)

Action Item: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Action Item: Improve management of federal funds across the HHS system through the development of processes for federal grant application, tracking and management. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

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Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Implement an HHS performance management system for increased effectiveness in governance and accountability for success. (8/31/2019)

Action Item: Improve quality of and access to fiscal information and data. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Centralize business support functions and standardize best practices for state-operated facilities. (8/31/2019)

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Achieve efficiencies in administrative services, including procurement, products, office space and licenses. (Ongoing)

Action Item: Improve the rule-making process system-wide, ensuring timeliness and quality. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)

Strategy 12.1.2. Information Technology Capital Projects Oversight and Program Support

Information technology capital projects and program support.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Item: Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

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Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 9: Optimize technology to support business strategy and goals.

Action Item: Align information technology (IT) plans and resources to meet agency and program needs through a formal IT governance process. (Ongoing)

Action Item: Improve efficiency and cost-savings through the reduction of redundant business applications and environments and through the evaluation of appropriate sourcing options for IT goods and services. (Ongoing)

Action Item: Protect public resources and client information by implementing security best practices, complying with federal and state security requirements, and adhering to HHS security policies. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Enhance data analysis activities by establishing secure infrastructure and data interfaces, including master data management. (Ongoing)

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Centralize business support functions and standardize best practices for state-operated facilities. (8/31/2019)

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Achieve efficiencies in administrative services, including procurement, products, office space and licenses. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Objective 12.2. Program Support

Program support.

Related Strategic Planning Goals

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Strategic Planning Goal 11: Improve business functions and processes.

Strategy 12.2.1. Central Program Support

Central program support.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

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Action Item: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Achieve efficiencies in administrative services, including procurement, products, office space and licenses. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)

Strategy 12.2.2. Regional Program Support

Regional program support.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve disaster preparedness and response. (Ongoing)

Strategic Planning Goal 7: Promote and protect the financial integrity of HHS programs.

Action Item: Review and improve procurement, contract oversight and grant management processes. (Ongoing)

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)

Strategic Planning Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Item: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)

Action Item: Promote professional development and continual learning. (Ongoing)

Action Item: Implement succession planning to mitigate risk associated with turnover. (Ongoing)

Action Item: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Strategic Planning Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Item: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Strategic Planning Goal 11: Improve business functions and processes.

Action Item: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)

Action Item: Achieve efficiencies in administrative services, including procurement, products, office space and licenses. (Ongoing)

Action Item: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)

Action Item: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)

Goal 13. Texas Civil Commitment Office

Texas Civil Commitment Office.

Objective 13.1. Administer Texas Civil Commitment Program

Administer Texas Civil Commitment Program.

Related Strategic Planning Goals

By statute, the Texas Civil Commitment Office is administratively attached to the Health and Human Services Commission but is a separate state agency and does not participate in HHSC strategic planning.

Strategy 13.1.1. Texas Civil Commitment Office

Texas Civil Commitment Office.

- ▶ Efficiency 13.1.1.1. Average Cost Per Sex Offender for Treatment and Supervision
- ▶ Explanatory 13.1.1.1. Number of New Civil Commitments
- ▶ Output 13.1.1.1. Number of Sex Offenders Provided Treatment and Supervision

Related Strategic Planning Goals and Action Items

By statute, the Texas Civil Commitment Office is administratively attached to the Health and Human Services Commission but is a separate state agency and does not participate in HHSC strategic planning.

Goal 14. Health and Human Services Sunset Legislation-Related Historical Funding

Shows historical funding for programs transferring between agencies pursuant to Senate Bill (S.B.) 200, 84th Legislature, Regular Session, 2015.

Objective 14.1. Department of Aging and Disability Services Program Historical Funding

Shows historical funding for programs transferring from the Department of Aging and Disability Services to the Health and Human Services Commission per S.B. 200.

Related Strategic Planning Goals

Related strategic planning goals are listed above, under each relevant objective. See specific cross-references below.

Strategy 14.1.1. State Supported Living Centers

Shows historical funding for the State Supported Living Centers Program.

Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 7.1.1, State Supported Living Centers](#).

Strategy 14.1.2. Capital Repairs and Renovations at State Supported Living Centers, State Hospitals, and Other

Shows historical funding for the Facility Capital Repairs and Renovations program.

Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 7.4.2, Capital Repair and Renovation at State Supported Living Centers, State Hospitals, and Other](#).

Strategy 14.1.3. Health Care Facilities and Community-Based Regulation

Shows historical funding for the Health Care Facilities and Community-Based Regulation program.

Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 8.1.1, Health Care Facilities and Community-Based Regulation](#).

Strategy 14.1.4. Credentialing/Certification

Shows historical funding for the Health Care Professionals Credentialing and Certification program.

Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 8.3.1, Credentialing/Certification of Health Care Professionals and Others](#).

Strategy 14.1.5. Long-Term Care Quality Outreach

Shows historical funding for the Long-Term Care Quality Outreach program.

Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 8.1.2, Long-Term Care Quality Outreach](#).

Department of State Health Services

This budget structure is taken from the Base Reconciliation as approved by the Office of the Governor and the Legislative Budget Board in July 2018.

Goal 1. Preparedness and Prevention Services

Protect and promote the public's health by decreasing health threats and sources of disease.

Objective 1.1. Improve Health Status through Preparedness and Information

Enhance state and local public health systems' resistance to health threats, preparedness for health emergencies, and capacity to reduce health disparities; and provide health information for state and local policy decisions.

- Outcome 1.1.1. Percentage of Staff Reached During Public Health Disaster Response Drills

Related Strategic Planning Goals

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Strategy 1.1.1. Public Health Preparedness and Coordinated Services

Coordinate essential public health services through public health regions and affiliated local health departments. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies.

- ▶ Explanatory/Input 1.1.1.1. Percentage of Texas Hospitals Participating in Hospital Preparedness Program
- ▶ Explanatory/Input 1.1.1.2. Number of Local Public Health Services Providers Connected to Health Alert Network
- ▶ Output 1.1.1.1. Number of Local Health Department Contractors Carrying out Essential Public Health Plans

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve public health disaster preparedness and response. (8/31/2023)

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Action Item: Coordinate programs and services to provide highly reliable and effective response to infectious and food-borne diseases and other public health threats. (8/31/2021)

Action Item: Integrate and standardize optimal public health services at the regional level. (8/31/2021)

Action Item: Strengthen Department of State Health Services (DSHS) laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats. (8/31/2023)

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Action Item: In collaboration with Health and Human Services Information Technology division, strategically leverage new technologies to optimize agency operations. (8/31/2021)

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Action Item: Improve regional and central office coordination and collaboration. (8/31/2021)

Action Item: Coordinate organizational processes for agency-wide response to public health issues with cross program implications. (8/31/2020)

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Item: Establish an agency-level strategic engagement plan that promotes opportunities for collaboration on public health issues with stakeholders and partners. (8/31/2021)

Action Item: Collaborate with local health entities to strengthen the public health system in Texas through the Public Health Action Plan. (8/31/2023)

Strategy 1.1.2. Vital Statistics

Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas

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- ▶ Efficiency 1.1.2.1. Average Number of Days to Certify or Verify Vital Statistics Records
- ▶ Output 1.1.2.1. Number of Requests for Records Services Completed

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Action Item: In collaboration with Health and Human Services Information Technology division, strategically leverage new technologies to optimize agency operations. (8/31/2021)

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Action Item: Modernize data infrastructure and improve data quality and access. (8/31/2022)

Strategy 1.1.3. Health Registries

Operate health registries.

- ▶ Output 1.1.3.1. Number of Abstracted Cases for Epidemiologic Study

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Reduce the burden of human immunodeficiency virus (HIV), tuberculosis (TB) and other infectious diseases. (8/31/2023)

Action Item: Increase public awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable infectious diseases. (8/31/2021)

Strategic Planning Goal 7. Promote the use of science and data to drive decision-making and best practices.

Action Item: Modernize data infrastructure and improve data quality and access. (8/31/2022)

Strategy 1.1.4. Border Health and Colonias

Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintaining border health data, and community-based healthy border initiatives.

- ▶ Output 1.1.4.1. Number of Border/Binational Public Health Services Provided to Border Residents

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state.
(8/31/2021)

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Coordinate programs and services to provide highly reliable and effective response to infectious and food-borne diseases and other public health threats. (8/31/2021)

Action Item: Integrate and standardize optimal public health services at the regional level. (8/31/2021)

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Action Item: Improve regional and central office coordination and collaboration.
(8/31/2021)

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Item: Establish an agency-level strategic engagement plan that promotes opportunities for collaboration on public health issues with stakeholders and partners. (8/31/2021)

Strategy 1.1.5. Health Data and Statistics

Collect, analyze, and distribute information about health and health care.

- ▶ Efficiency 1.1.5.1. Average Number of Working Days Required by Staff to Complete Customized Requests
- ▶ Output 1.1.5.1. Average Successful Requests - Pages Per Day

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Action Item: Modernize data infrastructure and improve data quality and access. (8/31/2022)

Objective 1.2. Infectious Disease Control, Prevention, and Treatment

Reduce the occurrence and control the spread of preventable infectious diseases.

- Outcome 1.2.1. Vaccination Coverage Levels among Children Aged 19 to 35 Months
- Outcome 1.2.2. Incidence Rate of TB Among Texas Residents
- Outcome 1.2.3. Percentage of 1995 Epizootic Zone that is Free from Domestic Dog-Coyote Rabies
- Outcome 1.2.4. Percentage of 1996 Epizootic Zone that is Free from Texas Fox Rabies
- Outcome 1.2.5. Percentage of Texas Center for Infectious Disease (TCID) Patients Treated to Cure
- Outcome 1.2.6. Percentage of TCID Patients Discharged to Directly Observed Therapy

Related Strategic Planning Goals

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Strategy 1.2.1. Immunize Children and Adults in Texas

Implement programs to immunize children and adults in Texas.

- ▶ Explanatory/Input 1.2.1.1. Dollar Value (in Millions) of Vaccine Provided by the Federal Government
- ▶ Explanatory/Input 1.2.1.2. Number of Sites Authorized to Access State Immunization Registry System
- ▶ Output 1.2.1.1. Number Vaccine Doses Administered to Children
- ▶ Output 1.2.1.2. Number Vaccine Doses Administered to Adults

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state. (8/31/2021)

Action Item: Increase public awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable infectious diseases. (8/31/2021)

Strategy 1.2.2. Human Immunodeficiency Virus / Sexually Transmitted Disease Prevention

Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV / sexually transmitted disease medication, and linkage to health and social service providers.

- ▶ Efficiency 1.2.2.1. Proportion of HIV-Positive Persons Who Receive their Test Results
- ▶ Output 1.2.2.1. Number of Persons Served by the HIV Medication Program
- ▶ Output 1.2.2.2. Number of Clients with HIV / acquired immune deficiency syndrome (AIDS) Receiving Medical and Supportive Services

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state.
(8/31/2021)

Action Item: Reduce the burden of HIV, TB and other infectious diseases.
(8/31/2023)

Strategy 1.2.3. Infectious Disease Prevention, Epidemiology and Surveillance

Conduct surveillance on infectious diseases, including respiratory, vaccine-preventable, bloodborne, foodborne, and zoonotic diseases and healthcare associated infections. Implement activities to prevent and control the spread of emerging and acute infectious and zoonotic diseases. Administer program activities to identify, treat, and provide services to persons with Hansen's disease.

- ▶ Output 1.2.3.1. Number of Communicable Disease Investigations Conducted
- ▶ Output 1.2.3.2. Number of Zoonotic Disease Surveillance Activities Conducted
- ▶ Output 1.2.3.3. Number of Healthcare Facilities Enrolled in Texas Health Care Safety Network

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Reduce the burden of HIV, TB and other infectious diseases.
(8/31/2023)

Action Item: Increase public awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable infectious diseases. (8/31/2021)

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

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Action Item: Coordinate programs and services to provide highly reliable and effective response to infectious and food-borne diseases and other public health threats. (8/31/2021)

Action Item: Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats. (8/31/2023)

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Item: Collaborate with local health entities to strengthen the public health system in Texas through the Public Health Action Plan. (8/31/2023)

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Action Item: Modernize data infrastructure and improve data quality and access. (8/31/2022)

Strategy 1.2.4. Tuberculosis Surveillance and Prevention

Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.

- ▶ Output 1.2.4.1. Number of TB Disease Investigations Conducted

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state. (8/31/2021)

Action Item: Reduce the burden of HIV, TB and other infectious diseases. (8/31/2023)

Action Item: Increase public awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable infectious diseases. (8/31/2021)

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Action Item: Improve regional and central office coordination and collaboration. (8/31/2021)

Action Item: Coordinate organizational processes for agency-wide response to public health issues with cross program implications. (8/31/2020)

Strategy 1.2.5. Texas Center for Infectious Disease

Provide specialized assessment, treatment, support, and medical services at the TCID.

- ▶ Efficiency 1.2.5.1. Average Cost Per Inpatient Day: Pan-Susceptible TB
- ▶ Efficiency 1.2.5.2. Average Cost Per Inpatient Day: Drug Resistant TB
- ▶ Output 1.2.5.1. Number of Inpatient Days, TCID
- ▶ Output 1.2.5.2. Number of Admissions: Total Number Patients Admitted to TCID

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state. (8/31/2021)

Action Item: Reduce the burden of HIV, TB and other infectious diseases. (8/31/2023)

Action Item: Increase public awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable infectious diseases. (8/31/2021)

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Coordinate programs and services to provide highly reliable and effective response to infectious and food-borne diseases and other public health threats. (8/31/2021)

Action Item: Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats. (8/31/2023)

Objective 1.3. Health Promotion and Chronic Disease Prevention

Use health promotion for reducing the occurrence of preventable chronic disease.

- Outcome 1.3.1. Prevalence of Tobacco Use among Middle and High School Youth Target Areas
- Outcome 1.3.2. Statewide Prevalence of Tobacco Use among Middle and High School Youth Statewide
- Outcome 1.3.3. Prevalence of Smoking among Adult Texans

Related Strategic Planning Goals

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Strategy 1.3.1. Health Promotion and Chronic Disease Prevention

Develop and implement community interventions to reduce health risk behaviors that contribute to chronic disease and injury and administer programs for Alzheimer's disease.

- ▶ Output 1.3.1.1. Number of Diabetes-Related Prevention Activities

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state. (8/31/2021)

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Action Item: Promote physical activity and healthy eating to improve child health and development. (8/31/2023)

Action Item: Reduce the burden of HIV, TB and other infectious diseases. (8/31/2023)

Action Item: Increase public awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable infectious diseases. (8/31/2021)

Action Item: Promote consumer health and safety through education, inspection and investigation activities. (8/31/2020)

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Coordinate programs and services to provide highly reliable and effective response to infectious and food-borne diseases and other public health threats. (8/31/2021)

Action Item: Integrate and standardize optimal public health services at the regional level. (8/31/2021)

Action Item: Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats. (8/31/2023)

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Item: Establish an agency-level strategic engagement plan that promotes opportunities for collaboration on public health issues with stakeholders and partners. (8/31/2021)

Action Item: Collaborate with local health entities to strengthen the public health system in Texas through the Public Health Action Plan. (8/31/2023)

Strategy 1.3.2. Reducing the Use of Tobacco Products Statewide

Develop a statewide program to reduce the use of tobacco products.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state.
(8/31/2021)

Objective 1.4. State Laboratory

Operate a reference laboratory in support of public health program activities.

- Outcome 1.4.1. Percentage High Volume Tests Completed within Established Turnaround Times

Related Strategic Planning Goals

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Strategy 1.4.1. Laboratory Services

Provide analytical laboratory services in support of public health program activities.

- ▶ Output 1.4.1.1. Number of Laboratory Tests Performed

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats. (8/31/2023)

Strategy 1.4.2. Laboratory (Austin) Bond Debt

Service bond debt on reference laboratory.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats. (8/31/2023)

Goal 2. Community Health Services

Improve the health of children, women, families and individuals, and enhance the capacity of communities to deliver health care services.

Objective 2.1. Promote Maternal and Child Health

Develop and support primary health care services to children, women, families, and other qualified individuals through community-based providers.

- Outcome 2.1.1. Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)
- Outcome 2.1.2. Percentage of Low Birth Weight Births
- Outcome 2.1.3. Number of Pregnant Females Age 13–19 Per Thousand (Adolescent Pregnancy Rate)

Related Strategic Planning Goals

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Strategy 2.1.1. Maternal and Child Health

Provide easily accessible, quality and community-based maternal and child health services to low income women, infants, children, and adolescents.

- ▶ Output 2.1.1.1. Number of Newborns Receiving Hearing Screens (All Funding Sources)

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Reduce maternal mortality and severe maternal morbidity.
(8/31/2023)

Action Item: Promote physical activity and healthy eating to improve child health and development. (8/31/2023)

Action Item: Increase public awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable infectious diseases. (8/31/2021)

Strategy 2.1.2. Children with Special Health Care Needs

Administer service program for children with special health care needs (CSHCN), in conjunction with the Health and Human Services Commission.

- ▶ Efficiency 2.1.2.1. Average Annual Cost Per CSHCN Client Receiving Case Management
- ▶ Output 2.1.2.1. Number of CSHCN Clients Receiving Case Management

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state.
(8/31/2021)

Action Item: Promote physical activity and healthy eating to improve child health and development. (8/31/2023)

Action Item: Increase public awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable infectious diseases. (8/31/2021)

Objective 2.2. Strengthen Healthcare Infrastructure

Develop and enhance capacities for community clinical service providers and regionalized emergency health care systems.

Related Strategic Planning Goals

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Strategy 2.2.1. Emergency Medical Services and Trauma Care Systems

Develop and enhance regionalized emergency health care systems.

- ▶ Explanatory/Input 2.2.1.1. Number of Trauma Facilities
- ▶ Explanatory/Input 2.2.1.2. Number of Stroke Facilities
- ▶ Explanatory/Input 2.2.1.3. Number of Hospitals with Maternal Care Designation
- ▶ Explanatory/Input 2.2.1.4. Number of Hospitals with Neonatal Care Designation
- ▶ Output 2.2.1.1. Number of Providers Funded: Emergency Medical Services (EMS)/Trauma
- ▶ Output 2.2.1.2. Number of EMS Providers Licensed, Permitted, Certified or Registered
- ▶ Output 2.2.1.3. Number of Professional EMS Complaint Investigations Conducted
- ▶ Output 2.2.1.4. Number of Licenses Issued for EMS Entities
- ▶ Output 2.2.1.5. Number of EMS Facility Complaint Investigations Conducted
- ▶ Output 2.2.1.6. Number of EMS Delivery Entity Surveys Conducted

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Integrate and standardize optimal public health services at the regional level. (8/31/2021)

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Action Item: Improve regional and central office coordination and collaboration. (8/31/2021)

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Item: Establish an agency-level strategic engagement plan that promotes opportunities for collaboration on public health issues with stakeholders and partners. (8/31/2021)

Action Item: Collaborate with local health entities to strengthen the public health system in Texas through the Public Health Action Plan. (8/31/2023)

Strategy 2.2.2. Texas Primary Care Office

Develop systems of primary and preventive health care delivery in underserved areas of Texas.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Integrate and standardize optimal public health services at the regional level. (8/31/2021)

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Action Item: Improve regional and central office coordination and collaboration. (8/31/2021)

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Item: Establish an agency-level strategic engagement plan that promotes opportunities for collaboration on public health issues with stakeholders and partners. (8/31/2021)

Action Item: Collaborate with local health entities to strengthen the public health system in Texas through the Public Health Action Plan. (8/31/2023)

Goal 3. Consumer Protection Services

Achieve a maximum level of compliance by the regulated community to protect public health and safety.

Objective 3.1. Provide Licensing and Regulatory Compliance

Ensure timely, accurate licensing, certification, and other registrations; provide standards that uphold safety and consumer protection; and ensure compliance with standards.

- Outcome 3.1.1. Percentage of Inspected Entities in Compliance with Statutes/Rules
- Outcome 3.1.2. Percentage of Licenses Issued within Regulatory Timeframe

Related Strategic Planning Goals

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce.

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Strategy 3.1.1. Food (Meat) and Drug Safety

Design and implement programs to ensure the safety of food, drugs, and medical devices.

- ▶ Efficiency 3.1.1.1. Average Cost Per Surveillance Activity - Food/Meat and Drug Safety
- ▶ Output 3.1.1.1. Number of Surveillance Activities Conducted - Food/Meat and Drug Safety
- ▶ Output 3.1.1.2. Number of Enforcement Actions Initiated - Food/Meat and Drug Safety
- ▶ Output 3.1.1.3. Number of Licenses/Registrations Issued - Food/Meat and Drug Safety

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Promote consumer health and safety through education, inspection and investigation activities. (8/31/2020)

Strategy 3.1.2. Environmental Health

Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.

- ▶ Efficiency 3.1.2.1. Average Cost Per Surveillance Activity - Environmental Health
- ▶ Output 3.1.2.1. Number of Surveillance Activities Conducted - Environmental Health
- ▶ Output 3.1.2.2. Number of Enforcement Actions Initiated - Environmental Health
- ▶ Output 3.1.2.3. Number of Licenses Issued - Environmental Health

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Promote consumer health and safety through education, inspection and investigation activities. (8/31/2020)

Strategy 3.1.3. Radiation Control

Design and implement a risk assessment and risk management regulatory program for all sources of radiation.

- ▶ Efficiency 3.1.3.1. Average Cost Per Surveillance Activity - Radiation Control
- ▶ Output 3.1.3.1. Number of Surveillance Activities Conducted - Radiation Control
- ▶ Output 3.1.3.2. Number of Enforcement Actions Initiated - Radiation Control
- ▶ Output 3.1.3.3. Number of Licenses/Registrations Issued - Radiation Control

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Promote consumer health and safety through education, inspection and investigation activities. (8/31/2020)

Strategy 3.1.4. Texas.Gov. Estimated and Nontransferable

Texas.Gov. Estimated and Nontransferable.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Action Item: In collaboration with Health and Human Services Information Technology division, strategically leverage new technologies to optimize agency operations. (8/31/2021)

Strategy 3.1.5. Health Care Professionals

This function has been transferred to HHSC.

Implement programs to issue licenses, certifications, and other registrations of health care professionals, and to ensure compliance with standards.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Promote consumer health and safety through education, inspection and investigation activities. (8/31/2020)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce.

Action Item: Increase capacity and capability of the public health workforce and apply best practices. (8/31/2023)

Goal 4. Agency Wide Information Technology Projects

Provide data center services and a managed desktop computing environment for the agency.

Objective 4.1. Agency Wide Information Technology Projects

Provide data center services and a managed desktop computing environment for the agency.

Related Strategic Planning Goals

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Strategy 4.1.1. Agency Wide Information Technology Projects

Provide data center services and a managed desktop computing environment for the agency.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Action Item: In collaboration with Health and Human Services Information Technology division, strategically leverage new technologies to optimize agency operations. (8/31/2021)

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Action Item: Modernize data infrastructure and improve data quality and access. (8/31/2022)

Goal 5. Indirect Administration

Indirect administration.

Objective 5.1. Manage Indirect Administration

Manage indirect administration.

Related Strategic Planning Goals

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce.

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Strategy 5.1.1. Central Administration

Central administration.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state.
(8/31/2021)

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve public health disaster preparedness and response. (8/31/2023)

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Action Item: Strengthen Department of State Health Services laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats. (8/31/2023)

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (8/31/2020)

Action Item: In collaboration with Health and Human Services (HHS) Information Technology division, strategically leverage new technologies to optimize agency operations. (8/31/2021)

Action Item: In collaboration with HHS Procurement and Contracting Services, develop strategic major procurement planning and execution processes to gain efficiencies. (8/31/2021)

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Action Item: Improve regional and central office coordination and collaboration. (8/31/2021)

Action Item: Coordinate organizational processes for agency-wide response to public health issues with cross program implications. (8/31/2020)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce.

Action Item: Increase capacity and capability of the public health workforce and apply best practices. (8/31/2023)

Action Item: Develop a staff retention strategy. (09/30/2019)

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Item: Establish an agency-level strategic engagement plan that promotes opportunities for collaboration on public health issues with stakeholders and partners. (8/31/2021)

Action Item: Collaborate with local health entities to strengthen the public health system in Texas through the Public Health Action Plan. (8/31/2023)

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Action Item: Improve collaboration with institutions of higher education. (8/31/2021)

Action Item: Modernize data infrastructure and improve data quality and access. (8/31/2022)

Strategy 5.1.2. Information Technology Program Support

Information Technology program support.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Action Item: In collaboration with HHS Information Technology division, strategically leverage new technologies to optimize agency operations. (8/31/2021)

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Action Item: Modernize data infrastructure and improve data quality and access. (8/31/2022)

Strategy 5.1.3. Other Support Services

Other support services.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state. (8/31/2021)

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Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Lead, optimize and continually improve public health disaster preparedness and response. (8/31/2023)

Action Item: Strengthen Department of State Health Services laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats. (8/31/2023)

Strategic Planning Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Action Item: Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (8/31/2020)

Action Item: In collaboration with HHS Information Technology division, strategically leverage new technologies to optimize agency operations. (8/31/2021)

Action Item: In collaboration with HHS Procurement and Contracting Services, develop strategic major procurement planning and execution processes to gain efficiencies. (8/31/2021)

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

Action Item: Improve regional and central office coordination and collaboration. (8/31/2021)

Action Item: Coordinate organizational processes for agency-wide response to public health issues with cross program implications. (8/31/2020)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce.

Action Item: Increase capacity and capability of the public health workforce and apply best practices. (8/31/2023)

Action Item: Develop a staff retention strategy. (09/30/2019)

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Item: Establish an agency-level strategic engagement plan that promotes opportunities for collaboration on public health issues with stakeholders and partners. (8/31/2021)

Action Item: Collaborate with local health entities to strengthen the public health system in Texas through the Public Health Action Plan. (8/31/2023)

Strategic Planning Goal 7: Promote the use of science and data to drive decision-making and best practices.

Action Item: Improve collaboration with institutions of higher education. (8/31/2021)

Action Item: Modernize data infrastructure and improve data quality and access. (8/31/2022)

Strategy 5.1.4. Regional Administration

Regional administration.

Related Strategic Planning Goals and Action Items

Strategic Planning Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Item: Establish and advance public health priorities for the state. (8/31/2021)

Action Item: Reduce the burden of human immunodeficiency virus, tuberculosis and other infectious diseases. (8/31/2023)

Strategic Planning Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Item: Integrate and standardize optimal public health services at the regional level. (8/31/2021)

Strategic Planning Goal 4: Enhance operational structures to support public health functions of the state.

HHS System Strategic Plans for 2019–2023
Schedule A: Budget Structure

Action Item: Improve regional and central office coordination and collaboration. (8/31/2021)

Strategic Planning Goal 5: Improve recognition and support for a highly skilled and dedicated workforce.

Action Item: Increase capacity and capability of the public health workforce and apply best practices. (8/31/2023)

Action Item: Develop a staff retention strategy. (09/30/2019)

Strategic Planning Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Item: Establish an agency-level strategic engagement plan that promotes opportunities for collaboration on public health issues with stakeholders and partners. (8/31/2021)

Action Item: Collaborate with local health entities to strengthen the public health system in Texas through the Public Health Action Plan. (8/31/2023)

Goal 6. Health and Human Services Sunset Legislation-related Historical Funding

Shows historical funding for programs transferring between agencies pursuant to Senate Bill (S.B.) 200, 84th Legislature, Regular Session, 2015.

Objective 6.1. Health and Human Services Commission Programs Historical Funding

Shows historical funding for programs transferring from the Department of State Health Services to the Health and Human Services Commission (HHSC) pursuant to S.B. 200.

Related Strategic Planning Goals

These functions have been transferred to HHSC and are included in the HHSC section of this document. See specific cross-references below.

Strategy 6.1.1. Provide Special Supplemental Program for Women, Infants, and Children Services

Shows historical funding for Special Supplemental Program for Women, Infants, and Children program.

Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 5.1.2, Provide Special Supplemental Program for Women, Infants, and Children Services: Benefits, Nutrition Education and Counseling](#).

Strategy 6.1.2. Rio Grande State Center

Shows historical funding for Rio Grande State Center Outpatient Clinic.

Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 7.3.1, Other State Medical Facilities](#).

Strategy 6.1.3. Mental Health State Hospitals

Shows historical funding for Mental Health State Hospitals.

Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 7.2.1, Mental Health State Hospitals](#).

Strategy 6.1.4. Facility/Community-Based Regulation

Shows historical funding for Facilities and Community-Based Regulation.

Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 8.1.1, Health Care Facilities and Community-Based Regulation](#).

Strategy 6.1.5. Facility Capital Repairs and Renovations

Shows historical funding for Facility Capital Repairs and Renovations.

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Related Strategic Planning Goals and Action Items

Related strategic planning goals and action items are listed above, under [Strategy 7.4.2, Capital Repair and Renovation at State Supported Living Centers, State Hospitals, and Other](#).

Schedule B: List of Measure Definitions for the Health and Human Services Commission

HHS System Strategic Plans for 2019–2023
Schedule B: List of Measure Definitions for HHSC

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 1 Medicaid

Objective No. 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Outcome No. 1 Average Medicaid and CHIP Children Recipient Months Per Month

Calculation Method: N **Target Attainment:** H **Priority:** H **Cross Reference:** Agy 529 085-R-S70-1 01-01 OC 01

Key Measure: Y **New Measure:** N **Percent Measure:** N

BL 2020 Definition

This is a measure of the monthly average number of income-eligible children served in Medicaid and Children's Health Insurance Program (CHIP).

BL 2020 Data Limitations

None.

BL 2020 Data Source

Medicaid data are obtained from the Premiums Payable System (PPS). CHIP data are obtained from the Administrative Services Contractor.

BL 2020 Methodology

Sum the total number of children and newborn perinatal clients from the CHIP enrollment report with the total number of income-eligible children from PPS and divide that number by the number of months in the reporting period. Children under age 19 in Medicaid as Pregnant Women or Supplemental Security Income (SSI) clients are not included in this count. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the total average monthly number of income-eligible children receiving services in Medicaid and CHIP.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 1 Medicaid

Objective No. 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Outcome No. 2 Average Full Benefit Medicaid Recipient Months Per Month

Calculation Method: N **Target Attainment:** H **Priority:** H **Cross Reference:** Agy 529 085-R-S70-1 01-01 OC 02

Key Measure: Y **New Measure:** N **Percent Measure:** N

BL 2020 Definition

Medicaid Acute Care Recipient Months per Month is the average monthly number of recipient months (managed care and non-managed care combined) for Medicaid recipients (in the Aged and Medicare Related, Disability Related, Pregnant Women, Other Adults, or Children strategies).

BL 2020 Data Limitations

None

BL 2020 Data Source

Medicaid data are obtained from the Premiums Payable System (PPS).

BL 2020 Methodology

A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data are incomplete, estimates will be made based on completion ratios and other forecasting techniques. The quarterly average is the sum of the recipient months (managed care and non-managed care combined) for the three months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months (managed care and non-managed care combined) divided by the number of months summed.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition

Medicaid Acute Care Recipient Months per Month is the average monthly number of recipient months (managed care and non-managed care combined) for Medicaid recipients (in the Aged and Medicare Related, Disability Related, Pregnant Women, Other Adults, or Children strategies).

BL 2021 Data Limitations

None

BL 2021 Data Source

Medicaid data are obtained from the Premiums Payable System (PPS).

BL 2021 Methodology

A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data are incomplete, estimates will be made based on completion ratios and other forecasting techniques. The quarterly average is the sum of the recipient months (managed care and non-managed care combined) for the three months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months (managed care and non-managed care combined) divided by the number of months summed.

BL 2021 Purpose

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This measure reflects the average monthly number of recipient months for the named group.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 1 Medicaid

Objective No. 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Outcome No. 3 Average Medicaid Child under 21 Recipient Months Per Month

Calculation Method: N **Target Attainment: L** **Priority: H** **Cross Reference: Agy 529 085-R-S70-1 01-01 OC 03**

Key Measure: N **New Measure: N** **Percent Measure: N**

BL 2020 Definition

Medicaid Acute Care Child Recipient Months per Month is the average monthly number of recipient months (managed care and non-managed care combined) for all Medicaid recipients who are under 21, including Supplemental Security Income children and STAR Health.

BL 2020 Data Limitations

None

BL 2020 Data Source

The Premium Payable System.

BL 2020 Methodology

A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. The quarterly average is the sum of the recipient months (managed care and non-managed care combined) for the three months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months (managed care and non-managed care combined) divided by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project expenditures and recipient months.

BL 2020 Purpose

This measure determines the average number of recipient months per month for the named group.

BL 2021 Definition

Medicaid Acute Care Child Recipient Months per Month is the average monthly number of recipient months (managed care and non-managed care combined) for all Medicaid recipients who are under 21, including Supplemental Security Income children and STAR Health.

BL 2021 Data Limitations

None

BL 2021 Data Source

The Premium Payable System.

BL 2021 Methodology

A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. The quarterly average is the sum of the recipient months (managed care and non-managed care combined) for the three months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months (managed care and non-managed care combined) divided by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project expenditures and recipient months.

BL 2021 Purpose

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This measure determines the average number of recipient months per month for the named group.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 1 Medicaid

Objective No. 1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients

Outcome No. 4 Avg Monthly Cost Per Full Benefit Medicaid Client (Incl Drug and LTC)

Calculation Method: N **Target Attainment: L** **Priority: H** **Cross Reference: Agy 529 085-R-S70-1 01-01 OC 04**

Key Measure: Y **New Measure: N** **Percent Measure: N**

BL 2020 Definition

ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. Average Medicaid Cost per Recipient Month (for managed care and non-managed care combined) is the average amount paid for each recipient month incurred in the Aged and Medicare Related, Disability Related, Pregnant Women, Other Adults, Children and Medicaid Prescription Drugs strategies.

BL 2020 Data Limitations

This measure involves the recipient months and costs for services. It includes STAR+PLUS Acute Care, as well as STAR+PLUS Long Term Services and Supports. Data is on an incurred basis. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques.

BL 2020 Data Source

Data source for this measure are the monthly STMR/STRR 650/750 statistical reports and the Mental Health series drug reports compiled by the state Medicaid contractor, the Premium Payable System, and Health Maintenance Organization (HMO) rates. Dollars exclude costs for Texas Health Steps Dental and, Medicaid Transportation.

BL 2020 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of incurred recipient months during the reporting period. The measure will include managed care and non-managed care for the named group. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures for recipient months.

BL 2020 Purpose

This measure determines the average Medicaid acute cost per recipient month, including drug costs.

BL 2021 Definition

Average Medicaid Cost per Recipient Month (for managed care and non-managed care combined) is the average amount paid for each recipient month incurred in the Aged and Medicare Related, Disability Related, Pregnant Women, Other Adults, Children and Medicaid Prescription Drugs strategies.

BL 2021 Data Limitations

This measure involves the recipient months and costs for services. It includes STAR+PLUS Acute Care, as well as STAR+PLUS Long Term Services and Supports. Data is on an incurred basis. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques.

BL 2021 Data Source

Data source for this measure are the monthly STMR/STRR 650/750 statistical reports and the Mental Health series drug reports compiled by the state Medicaid contractor, the Premium Payable System, and Health Maintenance Organization (HMO) rates. Dollars exclude costs for Texas Health Steps Dental and, Medicaid Transportation.

BL 2021 Methodology

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The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of incurred recipient months during the reporting period. The measure will include managed care and non-managed care for the named group. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures for recipient months.

BL 2021 Purpose

This measure determines the average Medicaid acute cost per recipient month, including drug costs.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 1	Medicaid
Objective No. 1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Outcome No. 5	Medicaid Rec Months: Proportion in Managed Care

Calculation Method: N **Target Attainment:** H **Priority:** H **Cross Reference:** Agy 529 085-R-S70-1 01-01 OC 05

Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

The measure gives the proportion of recipient months for Medicaid clients enrolled in Managed Care plans compared to the total Medicaid full benefit population during the reporting period. Total Medicaid Recipients Months is the number of recipient months (managed care and non-managed care combined) for Medicaid recipients in the Aged and Medicare Related, Disability-Related, Pregnant Women, Other Adults, and Children strategies. Managed Care recipient months are the total number of recipient months for the above named strategies in the STAR, STAR+PLUS, STAR Health, Dual Demonstration or STAR Kids (beginning in FY2017) programs for the reporting period.

BL 2020 Data Limitations

HHSC is not directly responsible for enrolling clients in the STAR+PLUS program.

BL 2020 Data Source

The Premium Payable System.

BL 2020 Methodology

A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques. The proportion of Medicaid caseload in managed care is calculated by months for the given period. The resulting number is then multiplied by 100%.

BL 2020 Purpose

This is a measure of the impact of implementation of managed care initiatives.

BL 2021 Definition

The measure gives the proportion of recipient months for Medicaid clients enrolled in Managed Care plans compared to the total Medicaid full benefit population during the reporting period. Total Medicaid Recipients Months is the number of recipient months (managed care and non-managed care combined) for Medicaid recipients in the Aged and Medicare Related, Disability-Related, Pregnant Women, Other Adults, and Children strategies. Managed Care recipient months are the total number of recipient months for the above named strategies in the STAR, STAR+PLUS, STAR Health, Dual Demonstration or STAR Kids (beginning in FY2017) programs for the reporting period.

BL 2021 Data Limitations

HHSC is not directly responsible for enrolling clients in the STAR+PLUS program.

BL 2021 Data Source

The Premium Payable System.

BL 2021 Methodology

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A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques. The proportion of Medicaid caseload in managed care is calculated by months for the given period. The resulting number is then multiplied by 100%.

BL 2021 Purpose

This is a measure of the impact of implementation of managed care initiatives.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 1	Medicaid
Objective No. 1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Outcome No. 6	Percent of THSTEPS (EPSDT) Enrolled Pop. Screened Medicaid - Medical

Calculation Method: N **Target Attainment: H** **Priority: H** **Cross Reference: Agy 529 085-R-S70-1 01-01 OC 06**
Key Measure: N **New Measure: N** **Percent Measure: Y**

BL 2020 Definition

This measure reports the percentage of Texas Health Steps (THSteps) Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) clients receiving at least one medical check-up using the CMS-416 method.

BL 2020 Data Limitations

There are several limitations. The data reported only reflect the percentage of medical check-ups reported and completely processed as of the reporting timeframe. The THSteps (EPSDT) providers have 95 days in which to submit a claim after the date of service and if a claim is denied the provider has 180 days in which to appeal; therefore, all claims for a reporting period may not have been processed at the time of reporting. Complete data may not be available for the reporting period at the time the report is due, therefore, estimates or projections may be included based on available data.

BL 2020 Data Source

The data source, HISR303A, is generated by the Medicaid Claims Administrator. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2020 Methodology

The calculation is the result of dividing the number of THSteps enrolled children who received at least one initial or periodic medical check - up by the number of children enrolled in Medicaid, then multiplying by 100.

BL 2020 Purpose

The purpose of the measure is to monitor the THSteps (EPSDT) clients served for children receiving medical check-ups in Medicaid, as calculated using the CMS-416 method and indicates the extent to which EPSDT enrolled receive any initial or periodic screening services during the year, as required by the State's periodicity schedule, prorated by the proportion of the year for which they are Medicaid enrolled.

BL 2021 Definition

This measure reports the percentage of Texas Health Steps (THSteps) Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) clients receiving at least one medical check-up using the CMS-416 method.

BL 2021 Data Limitations

There are several limitations. The data reported only reflect the percentage of medical check-ups reported and completely processed as of the reporting timeframe. The THSteps (EPSDT) providers have 95 days in which to submit a claim after the date of service and if a claim is denied the provider has 180 days in which to appeal; therefore, all claims for a reporting period may not have been processed at the time of reporting. Complete data may not be available for the reporting period at the time the report is due, therefore, estimates or projections may be included based on available data.

BL 2021 Data Source

The data source, HISR303A, is generated by the Medicaid Claims Administrator. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2021 Methodology

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The calculation is the result of dividing the number of THSteps enrolled children who received at least one initial or periodic medical check-up by the number of children enrolled in Medicaid, then multiplying by 100.

BL 2021 Purpose

The purpose of the measure is to monitor the THSteps (EPSDT) clients served for children receiving medical check-ups in Medicaid, as calculated using the CMS-416 method and indicates the extent to which EPSDT enrolled receive any initial or periodic screening services during the year, as required by the State's periodicity schedule, prorated by the proportion of the year for which they are Medicaid enrolled.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 1	Medicaid
Objective No. 1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Outcome No. 7	Avg # of Members Receiving Waiver Services through Managed Care

Calculation Method: N **Target Attainment: H** **Priority: H** **Cross Reference: Agy 529 085-R-S70-1 01-01 OC 07**

Key Measure: Y **New Measure: N** **Percent Measure: N**

BL 2020 Definition

ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. This measure reports the monthly average number of STAR+PLUS members, enrolled in the 1915(c) component of STAR+PLUS or the Dual Demonstration, who received Medicaid Community Care services. The STAR+PLUS program integrates preventive, primary, acute care and long term care into a single managed care model.

BL 2020 Data Limitations

This measure only includes STAR+PLUS or Dual Demonstration members who are enrolled in the 1915(c) waiver component of Long-Term Services and Supports. This measure does not describe the level, type or amount of community care received by members.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

Divide the sum of managed care recipient months for members receiving 1915(c) waiver community care services for all months of the reporting period, by the number of months in the reporting period. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure shows the impact of managed care on community care caseloads for clients who are enrolled in the 1915(c) waiver component of STAR+PLUS or Dual Demonstration. This data is a useful tool for projecting future funding needs.

BL 2021 Definition

This measure reports the monthly average number of STAR+PLUS members, enrolled in the 1915(c) component of STAR+PLUS or the Dual Demonstration, who received Medicaid Community Care services. The STAR+PLUS program integrates preventive, primary, acute care and long term care into a single managed care model.

BL 2021 Data Limitations

This measure only includes STAR+PLUS or Dual Demonstration members who are enrolled in the 1915(c) waiver component of Long-Term Services and Supports. This measure does not describe the level, type or amount of community care received by members.

BL 2021 Data Source

The Premiums Payable System.

BL 2021 Methodology

Divide the sum of managed care recipient months for members receiving 1915(c) waiver community care services for all months of the reporting period, by the number of months in the reporting period. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

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This measure shows the impact of managed care on community care caseloads for clients who are enrolled in the 1915(c) waiver component of STAR+PLUS or Dual Demonstration. This data is a useful tool for projecting future funding needs.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No.	1 Medicaid
Objective No.	1 Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Outcome No.	8 Percent of Full Benefit Medicaid Eligible Population Enrolled

Calculation Method: N **Target Attainment:** H **Priority:** H **Cross Reference:** Agy 529 085-R-S70-1 01-01 OC 09

Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. This is a measure of the percentage of the population estimated to be eligible for Medicaid that enrolls in the program.

BL 2020 Data Limitations

A portion of the data used for this measure is statistically estimated based on the results of demographics surveys that are subject tolerable/acceptable levels of sampling and non-sampling variance (error). Limited comparable data are available for the nation and the other states.

BL 2020 Data Source

Measure is estimated using demographic (population) surveys such as the Current Population Survey, the Survey of Income and Program Participation, the American Community Survey and other data from the Texas State Data Center. Data Source for actual Medicaid enrollment information is the final 8-month Medicaid enrollment files.

BL 2020 Methodology

Divide the number of persons enrolled in Medicaid on a monthly average basis, per fiscal year, by the estimated monthly average number of potential eligibles. Multiply the result by 100. As the single state agency designated to oversee and administer the state's Medicaid program, HHSC serves as the liaison to the federal government and is responsible for establishing agreements with other state agencies in carrying-out the technical operations and service delivery for the Medicaid program. This measure indicates the effectiveness of outreach efforts to eligible populations and is of increased importance with implementation of the Children's Health Insurance

BL 2020 Purpose

As the single state agency designated to oversee and administer the state's Medicaid program, HHSC serves as the liaison to the federal government and is responsible for establishing agreements with other state agencies in carrying-out the technical operations and service delivery for the Medicaid program. This measure indicates the effectiveness of outreach efforts to eligible populations and is of increased importance with implementation of the Children's Health Insurance Program.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 1	Medicaid
Objective No. 1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Outcome No. 9	Avg # Members Receiving Nursing Facility Care through Managed Care

Calculation Method: N Target Attainment: H Priority: H Cross Reference:
Key Measure: Y New Measure: Y Percent Measure: N

BL 2020 Definition

This is the average monthly number of Nursing Facility clients enrolled in a Medicaid Managed Care health plan. This includes both the STAR+Plus and Dual Demonstration program.

BL 2020 Data Limitations

None

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

um of the managed care recipient months for Nursing Facility residents for all months of the reporting period divided by the number of months in the reporting period. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of Nursing Facility residents receiving services through Medicaid Managed Care.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 3	Children's Health Insurance Program Services
Objective No. 1	CHIP Services
Outcome No. 1	Percent of CHIP-eligible Children Enrolled

Calculation Method: N **Target Attainment:** H **Priority:** H **Cross Reference:** Agy 529 085-R-S70-1 03-01 OC 01
Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This is a measure of the percentage of children estimated to be eligible for the Children's Health Insurance Program (CHIP) that are enrolled in the program. Excludes Perinatal clients.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The source of data on the number of children eligible for the CHIP program is the March Current Population Survey (CPS) for Texas published during September-October of every year. Specifically, the identified population consists of children ages 0-18 that are not Medicaid-eligible but are from families with incomes of 200 percent of poverty or less. The data sources on the number of children enrolled in the program are the CHIP program PPS data maintained in electronic format and compiled by HHSC on a continuous basis.

BL 2020 Methodology

1) Determine the number of children eligible from the latest available CPS. 2) Determine the number of children enrolled as of the end of the last month of the state fiscal year (i.e., the count of enrollees for the month of August). 3) Divide by the total number of children enrolled in the program by the total number of children eligible. 4) Multiply by 100.

BL 2020 Purpose

This is a measure of the effectiveness of the outreach efforts of the CHIP program. CHIP is a federal program administered by HHSC to provide health insurance to children who do not qualify for Medicaid. Federal law requires extensive outreach efforts by states to enroll eligible children.

BL 2021 Definition

This is a measure of the percentage of children estimated to be eligible for the Children's Health Insurance Program (CHIP) that are enrolled in the program. Excludes Perinatal clients.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The source of data on the number of children eligible for the CHIP program is the March Current Population Survey (CPS) for Texas published during September-October of every year. Specifically, the identified population consists of children ages 0-18 that are not Medicaid-eligible but are from families with incomes of 200 percent of poverty or less. The data sources on the number of children enrolled in the program are the CHIP program PPS data maintained in electronic format and compiled by HHSC on a continuous basis.

BL 2021 Methodology

1) Determine the number of children eligible from the latest available CPS. 2) Determine the number of children enrolled as of the end of the last month of the state fiscal year (i.e., the count of enrollees for the month of August). 3) Divide by the total number of children enrolled in the program by the total number of children eligible. 4) Multiply by 100.

BL 2021 Purpose

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This is a measure of the effectiveness of the outreach efforts of the CHIP program. CHIP is a federal program administered by HHSC to provide health insurance to children who do not qualify for Medicaid. Federal law requires extensive outreach efforts by states to enroll eligible children.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 3	Children's Health Insurance Program Services
Objective No. 1	CHIP Services
Outcome No. 2	Average CHIP Programs Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** **Cross Reference: Agy 529 085-R-S70-1 03-01 OC 02**

Key Measure: Y **New Measure: N** **Percent Measure: N**

BL 2020 Definition

The measure provides the average Children's Health Insurance Program (CHIP) recipient months per month, including all CHIP-enrolled children (including CHIP Phase II children, and Perinatal clients).

BL 2020 Data Limitations

None.

BL 2020 Data Source

Integrated Eligibility staff produces monthly CHIP II enrollment reports, which includes the number of all CHIP enrollees.

BL 2020 Methodology

Divide the cumulative number of CHIP recipient months (CHIP II and Perinatal clients) from the enrollment report by the number of months in the period for which the measure is reported. Perinatal recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

To provide an overall average monthly CHIP caseload across all CHIP categories (CHIP II, and Perinatal clients) regardless of the method of finance or eligibility.

BL 2021 Definition

The measure provides the average Children's Health Insurance Program (CHIP) recipient months per month, including all CHIP-enrolled children (including CHIP Phase II children, and Perinatal clients).

BL 2021 Data Limitations

NONE.

BL 2021 Data Source

Integrated Eligibility staff produces monthly CHIP II enrollment reports, which includes the number of all CHIP enrollees.

BL 2021 Methodology

Divide the cumulative number of CHIP recipient months (CHIP II and Perinatal clients) from the enrollment report by the number of months in the period for which the measure is reported. Perinatal recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

To provide an overall average monthly CHIP caseload across all CHIP categories (CHIP II, and Perinatal clients) regardless of the method of finance or eligibility.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 3	Children's Health Insurance Program Services
Objective No. 1	CHIP Services
Outcome No. 3	Average CHIP Programs Benefit Cost with Prescription Benefit

Calculation Method: N **Target Attainment:** L **Priority:** H **Cross Reference:** Agy 529 085-R-S70-1 03-01 OC 03
Key Measure: Y **New Measure:** N **Percent Measure:** N

BL 2020 Definition

The measure provides the average monthly benefit cost paid to Children's Health Insurance Program (CHIP) enrolled medical (including immunizations and including prescription drugs) and dental providers on behalf of all CHIP-enrolled children (which includes CHIP Phase II and CHIP Perinatal). Benefit costs are understood to include amounts paid to health plans, the dental contractor, and Department of State Health Services (DSHS) to cover vaccines.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Integrated Eligibility staff furnishes a monthly report to HHSC containing the caseload for which each health and dental plan will incur costs during the following month. The numbers in that report are multiplied by the premium amount to be paid to the respective plans (including the portion for drug premiums, effective March 2012). For vaccine costs, HHSC receives a quarterly invoice from DSHS (or successor agency), which shows the amount used for vaccinating CHIP-enrolled children. The data source for prescription drug costs paid via Fee-For-Service is the monthly MH 494 report, provided by the state Medicaid contractor.

BL 2020 Methodology

The amounts incurred by HHSC in relation to the health and dental carriers and to DSHS (or successor agency) for benefit expenditures related to all CHIP-enrolled children (CHIP II and CHIP Perinatal) are totaled for the reporting period. This total is divided by the total number of CHIP-enrolled children (CHIP II and CHIP Perinatal) during the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This will provide an overall CHIP benefit cost per CHIP-enrolled child regardless of the eligibility category for CHIP.

BL 2021 Definition

The measure provides the average monthly benefit cost paid to Children's Health Insurance Program (CHIP) enrolled medical (including immunizations and including prescription drugs) and dental providers on behalf of all CHIP-enrolled children (which includes CHIP Phase II and CHIP Perinatal). Benefit costs are understood to include amounts paid to health plans, the dental contractor, and Department of State Health Services (DSHS) to cover vaccines.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Integrated Eligibility staff furnishes a monthly report to HHSC containing the caseload for which each health and dental plan will incur costs during the following month. The numbers in that report are multiplied by the premium amount to be paid to the respective plans (including the portion for drug premiums, effective March 2012). For vaccine costs, HHSC receives a quarterly invoice from DSHS (or successor agency), which shows the amount used for vaccinating CHIP-enrolled children. The data source for prescription drug costs paid via Fee-For-Service is the monthly MH 494 report, provided by the state Medicaid contractor.

BL 2021 Methodology

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The amounts incurred by HHSC in relation to the health and dental carriers and to DSHS (or successor agency) for benefit expenditures related to all CHIP-enrolled children (CHIP II and CHIP Perinatal) are totaled for the reporting period. This total is divided by the total number of CHIP-enrolled children (CHIP II and CHIP Perinatal) during the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This will provide an overall CHIP benefit cost per CHIP-enrolled child regardless of the eligibility category for CHIP.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 1	Provide Primary Health and Specialty Care
Outcome No. 1	Percent of Population under Age Three Served by ECI Program

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-01 OC 01
Key Measure: Y	New Measure: N	Percent Measure: Y	

BL 2020 Definition

The number of children who received comprehensive intervention services through ECI service providers expressed as a percentage of the total number of Texas children under three years of age.

BL 2020 Data Limitations

The accuracy of local program reporting is periodically verified through monitoring. Accurate reporting requires local programs to meet timelines for data entry into Texas Kids Intervention Data System (TKIDS).

BL 2020 Data Source

Local providers enter data into TKIDS. Using TKIDS data, determine the number of children receiving comprehensive services in the fiscal year. Population projections are obtained from data files provided by the Texas State Data Center.

BL 2020 Methodology

Determine the total number of children served by counting the number of cases that were in the enrolled disposition anytime during the reporting period. Exclude from the count cases that were closed with a reason indicating invalid data entry and cases in which children turned three years old before the first day of the reporting period. Count only once cases that transferred from one local program to another. Determine an estimate of the Texas birth-to-three population for the year using a four-year cohort of children age 0-1, 1-2 and 2-3 for the year and children 0-1 for the following year. Divide the total number of children served by the Texas birth-to-three population estimate. Multiply by 100 to obtain a percentage.

BL 2020 Purpose

This performance measure is important because it evaluates progress towards serving the number of children targeted for intervention.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 4 Provide Additional Health-related Services

Objective No. 1 Provide Primary Health and Specialty Care

Outcome No. 2 Percent of Children Successfully Completing Services

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 04-01 OC 02

Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

Measures the proportion of Blind Children’s Vocational Discovery and Development Program consumers exiting the program during the reporting period after a plan of services has been initiated who have successfully completed the plan of services.

BL 2020 Data Limitations

None

BL 2020 Data Source

Data is from the DBS automated consumer statistical system. Field staff who work with consumers indicate in this system whether a consumer has successfully or unsuccessfully completed services.

BL 2020 Methodology

The total number of consumer cases closed successfully during the reporting period is divided by the total number of consumer cases closed during the reporting period after receiving planned services.

BL 2020 Purpose

Successfully completing program services is the desired outcome of service for each consumer. DBS establishes a projection for the percentage of consumers who successfully complete services. This measure tracks and demonstrates the progress toward meeting that projection.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 1	Provide Primary Health and Specialty Care
Outcome No. 3	Percent of ECI Clients Enrolled in Medicaid

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-01 OC 03
Key Measure: Y	New Measure: N	Percent Measure: Y	

BL 2020 Definition

Of the average monthly number of children receiving ECI comprehensive services, the percent enrolled in Medicaid.

BL 2020 Data Limitations

The accuracy of local program reporting is periodically verified through monitoring. Accurate reporting requires local programs to meet timelines for data entry into Texas Kids Intervention Data System (TKIDS).

BL 2020 Data Source

Local contract providers enter data into TKIDS. Determine the total number of unduplicated children receiving comprehensive services in each month, as indicated by cases in the enrolled disposition in the reporting period, and of those, the number with Medicaid.

BL 2020 Methodology

The monthly number of children for each month of the reporting period is summed, and then divided by the number of months in the reporting period to calculate the average monthly number of children for that reporting period. Divide the average monthly number of ECI children with Medicaid by the average monthly number of children who receive comprehensive intervention services through ECI service providers to calculate Percent of Clients Enrolled in Medicaid.

BL 2020 Purpose

This measure identifies the percent of children who have access to Medicaid. However, it is important to note that the percentage of children with Medicaid will not be the same as the percentage of funding from Medicaid, as not all types of ECI services can be billed to Medicaid.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 4 Provide Additional Health-related Services

Objective No. 1 Provide Primary Health and Specialty Care

Outcome No. 4 Percent of ECI Program Funded by Medicaid

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 04-01 OC 04

Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

Total ECI Medicaid, which includes HHSC appropriated Medicaid, dollars divided by total ECI State and federal dollars. State and federal funds are revenues ECI receives from the Texas Legislature, the U.S. Department of Education, Title XIX, and other State and Federal sources specifically for early childhood intervention services.

BL 2020 Data Limitations

Contractor's reimbursements are not available until December and finalized after complete reconciliation in February.

BL 2020 Data Source

The Health and Human Services Accounting System (HHSAS), which is reconciled to Uniform Statewide Accounting System (USAS) for DARS ECI dollars. For "Medicaid Local Funds", the data source is quarterly and annual financial reports, financial report item: Medicaid funds collected by ECI providers. Local Funds include Medicaid Therapy funds (state and federal) residing at HHSC.

BL 2020 Methodology

Total ECI Medicaid dollars, which includes HHSC appropriated Medicaid, divided by total ECI state and federal dollars, which includes HHSC appropriated Medicaid.

BL 2020 Purpose

This measure identifies the percent of the ECI program funded by Medicaid. However, it is important to note that the percentage of the program funded by Medicaid will not be the same as the percent of children with Medicaid, as not all types of ECI services can be billed to Medicaid.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 2	Provide Community Behavioral Health Services
Outcome No. 1	% Adults Receiving Community MH Svcs Whose Functional Level Improved

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 04-02 OC 02
Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

One goal of community mental health services is to maintain or improve the consumer's level of functioning in the community. The desired outcome of community mental health services is to improve level of functioning to the highest level of independence possible. This measure provides information about this outcome for adults receiving community mental health services through an authorized level of care as determined by the Adult Needs and Strengths Assessment.

BL 2020 Data Limitations

Collection of data is dependent upon completion of the Uniform Assessment for Texas Resilience and Recovery as prescribed.

BL 2020 Data Source

Level of functioning is measured by the Life Functioning Domain of the Adult Needs and Strengths Assessment which measures an individual's lack of ability to function in various community settings over the past three months. This scale is used for persons with severe and persistent mental illnesses. Clinical staff are expected to administer Uniform Assessment at admission to community services, every 180 days and at planned discharges. Greater functional impairment scores reflect greater problems functioning in the community. The results of this assessment are entered into the department's data warehouse by staff at the local authority.

BL 2020 Methodology

For this calculation, the first Uniform Assessment upon admission and the latest Uniform Assessment which must have been completed at least 180 days after the initial Uniform Assessment are utilized. A decrease of 1 or more points in the second Life Functioning Domain score indicates improvement. The numerator is the number of adult consumers over the fiscal year with a minimum of two Uniform Assessments for Texas Resilience and Recovery with a decrease of 1 or more points in the second Life Functioning Domain score. The denominator is the total number of adult consumers over the fiscal year with a minimum of two Uniform Assessments for Texas Resilience and Recovery. The formula is numerator/denominator *100.

BL 2020 Purpose

Improved functioning in the community is an important indication that treatment is effective in reducing the functional deterioration associated with mental illness. There are four levels of care a mental health consumer may be assigned, level of care 1, 2, 3, or 4. Each level of care has a designated service package that the mental health consumer may receive. Persons receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 2	Provide Community Behavioral Health Services
Outcome No. 2	% Children Rcvng Community MH Svcs Whose Functional Level Improved

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 04-02 OC 03
Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

One goal of community mental health services is to maintain or improve the consumer's level of functioning in the community. The desired outcome of community mental health services is to improve level of functioning to the highest level of independence possible. This measure provides information about this outcome for children as measured by the Child and Adolescent Needs and Strengths assessment during the fiscal year.

BL 2020 Data Limitations

Collection of data is dependent upon completion of the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery as prescribed.

BL 2020 Data Source

The evaluation instrument for this measure is the Child and Adolescent Needs and Strengths assessment which is part of the Child and Adolescent Uniform Assessment completed for all children at admission, every 90 days thereafter, and at termination of services. Level of functioning is measured by the Child and Adolescent Needs and Strengths assessment, which measures an individual's functioning in various community settings over the past thirty days. For this calculation, the first Child and Adolescent Needs and Strengths assessment on the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery and any subsequent administrations of the Child and Adolescent Needs and Strengths assessment during the fiscal year are utilized.

BL 2020 Methodology

The Reliable Change Index will be used to measure change in Child & Adolescent Needs & Strengths assessment (asst) scores. During the 1st yr of Tx Resilience & Recovery roll out, adequate data points will be collected to est the Reliable Chg Index for Child & Adolescent Needs & Strengths asst domain items. Comparing initial & subsequent Child & Adolescent Needs & Strengths asst scores will yield a Reliable Chg Index score that will or will not show statistically significant imprv on specific domain items. Calculation: Num=Total number of children/youth authorized into levels of care 1,2,3,4 or Young Child(YC) who show reliable imprv on at least one Child & Adolescent Needs & Strengths asst domain as compared to the Reliable Chg Index identified for that domain whose last two Uniform Assessments are at least 90 days apart. Den= Total number of children/youth authorized into LOC 1,2,3,4,orYC whose last two Uniform Assessments are at least 90 days apart. The formula is num/den.

BL 2020 Purpose

Stabilized or improved functioning in the community is an important indication that treatment is effective in reducing the functional deterioration associated with mental illness. There are five levels of care a mental health consumer may be assigned: 1: Medication Maintenance, 2: Targeted Srvs (counseling or skills development training), 3: Complex Srvs (counseling and skills development training), 4: Intensive Family Srvs (Wraparound Srvs), or YC. Each level of care has a flexible array of services that the consumer may receive. There may be children whose authorized level of care does not match the level of care recommended by the Child and Adolescent Needs and Strengths assessment; however, these exceptions are usually due to clinical judgment, resource issues, continuity of care per Utilization Mgmt guidelines and/or consumer refusal. Children receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 2	Provide Community Behavioral Health Services
Outcome No. 3	% Children & Adolescents Rcvng Comm MH Svcs Avoiding Rearrest

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 04-02 OC 04
Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measure is an indication of the effectiveness of treatment strategies with children and adolescents who have a history of arrest involvement with the juvenile justice system.

BL 2020 Data Limitations

Collection of data is dependent upon the completion of the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery as prescribed.

BL 2020 Data Source

The evaluation instrument for this measure is the Child and Adolescent Needs and Strengths assessment which is part of the Child and Adolescent Uniform Assessment completed for all children at admission, every 90 days thereafter, and at termination of services. Staff at the local authorities enter this assessment data into the department's data warehouse. During the first year of Texas Resilience and Recovery roll out, adequate data points will be collected to establish the Reliable Change Index for Child and Adolescent Needs and Strengths assessment domain items. Comparing initial and subsequent Child and Adolescent Needs and Strengths assessment scores will yield a Reliable Change Index score that will or will not show statistically significant improvement on specific domain items. Children who received services for one quarter or more are included in this measure.

BL 2020 Methodology

For this calculation, the first Child and Adolescent Needs and Strengths assessment on the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery and any subsequent administrations of the Child and Adolescent Needs and Strengths assessment during the fiscal year are utilized. Numerator = The number of children and youth recommended and authorized into levels of care 1,2,3, 4 or Young Child, whose latest number of arrests is 0 and whose previous number of arrests is 0. Denominator = All children and youths recommended and authorized into levels of care 1,2,3, 4 or Young Child who have at least two "number of arrests" ratings.

The formula is (numerator/denominator) * 100.

BL 2020 Purpose

Children receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs. Juvenile justice involvement is often related to severe emotional disturbance. This measure will provide information on the department's efforts to provide treatment to children involved with the juvenile justice system in order to prevent further involvement with the juvenile justice system.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 2	Provide Community Behavioral Health Services
Outcome No. 4	% Rcvng Crisis Svcs Who Avoid Psychiatric Hospitalization w/in 30 days

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 04-02 OC 05

Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measure reports the percent of persons (regardless of age) with one or more crisis episodes, none of which were followed by a psychiatric hospitalization at a State or Community psychiatric hospital within 30 days of the first day of each crisis episode. A crisis episode is defined as all crisis services received from Community Mental Health Centers including NorthSTAR with no break longer than 7 days. A crisis service occurring after another crisis service by 8+ days is considered a separate crisis episode. The crisis services include both residential and outpatient.

BL 2020 Data Limitations

The accuracy of the Department's client databases is dependent upon accurate and timely information being entered into the data warehouses by Community Mental Health Centers and ValueOptions (NorthSTAR). For NorthSTAR, while the majority of paid records are available within 30 days of service, some information lags up to 90 days. Values in ABEST will be updated the quarter following the initial entry to ensure the most accurate data are available.

BL 2020 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) and NorthSTAR data warehouse. The State and Community hospitalization information is entered into the DSHS Client Assignment and Registration System (CARE).

BL 2020 Methodology

The numerator is the number of persons with one or more crisis episodes, none of which were followed by a State or Community psychiatric hospitalization within 30 days of the first day of each crisis episode. The denominator is the number of persons with one or more crisis episodes. The formula is numerator/denominator * 100.

BL 2020 Purpose

Providing less restrictive and more appropriate mental health crisis services in the community is an important function of Crisis Redesign. Appropriate interventions for persons in mental health crisis should reduce their need to access State or Community psychiatric hospitals.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 2	Provide Community Behavioral Health Services
Outcome No. 5	% of Persons Rcvng Crisis Services That is Followed by a Jail Booking

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-02 OC 06
Key Measure: N	New Measure: N	Percent Measure: Y	

BL 2020 Definition

ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. This measure reports the percent of persons (regardless of age) receiving a residential or outpatient crisis service from Community Mental Health Centers, including NorthSTAR, who had a jail booking within 7 days of a crisis service. The same crisis service lasting more than one day is considered a separate crisis service.

BL 2020 Data Limitations

This measure is dependent upon timely compliance to Texas Senate Bill 839, passed during the 80th Legislative Session, which requires DSHS and the Texas Department of Public Safety's Bureau of Identification and Records to establish a contemporaneous identification system that cross-references persons booked into jails with persons in the DSHS Client Assignment and Registration (CARE) System. Thus, DSHS is not able to propose a target for this measure until compliance with Texas Senate Bill 839 is achieved.

BL 2020 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse and NorthSTAR data warehouse. Jail booking information is from local and county jails statewide and will be cross-referenced with the DSHS CARE system.

BL 2020 Methodology

The numerator is the number of persons with a crisis service that have a jail booking within 7 days of a crisis service. The denominator is the number of persons with one or more crisis services.

The formula is numerator/denominator * 100.

BL 2020 Purpose

Providing less restrictive and more appropriate mental health crisis services in the community is an important function of Crisis Redesign. Appropriate interventions for persons in mental health crisis should prevent persons from being placed in jail settings.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 2	Provide Community Behavioral Health Services
Outcome No. 6	% Adults Who Complete Trtmt Pgm and Report No Past Month Substance Use

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 04-02 OC 07
Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

ADDITIONAL EDITS NEEDED FROM AGENCY NOVEMBER 2016. The percent of adults, age 18 or above, who complete a treatment program for substance abuse and report no past month substance use at the time of discharge.

BL 2020 Data Limitations

This only reflects clients from DSHS funded programs. Completion of treatment in this measure refers only to the completion of a level of care (service) at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service (episode).

BL 2020 Data Source

Provider staff complete an end-service or discharge assessment in the Clinical Management for Behavioral Health Services system (CMBHS) between each level of care and at discharge. Data is entered by client ID number directly into CMBHS.

BL 2020 Methodology

Total number of adults, age 18 or above, who complete a treatment service for substance abuse and report no past month substance use on the end-service or discharge assessment, divided by the total number of adults who complete a treatment service.

BL 2020 Purpose

Abstinence is an objective of ongoing recovery for addiction.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 2	Provide Community Behavioral Health Services
Outcome No. 7	% of Youth Successfully Completing a Substance Abuse Prevention Pgm

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 04-02 OC 08
Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measures the percentage of youth enrolled that successfully completed a substance abuse prevention program. Successful completion among youth will evidence reduced identified risk(s) and/or increased protective factors that minimize their probabilities of getting involved in the use of alcohol, tobacco and other drugs.

BL 2020 Data Limitations

Youth prevention programs and related activities are voluntary. The success rate may be limited by the number of youth that attended the required number of prevention education sessions and maintained or improved scores on the pre/posttests. Although a high rate of participation in testing is expected, circumstances beyond the providers' control may affect this rate (e.g., school regulations disallowing testing, low youth participation in voluntary testing).

BL 2020 Data Source

Providers will report the Curriculum Outcome Reports in the Clinical Management for Behavioral Health Services system. The reports include: the number of youth enrolled, the number of youth who are pre- and post-tested, the number of youth who complete the program, and the number of youth who complete the programs successfully.

BL 2020 Methodology

The formula is numerator/denominator * 100.

BL 2020 Purpose

To measure program effectiveness in reducing substance abuse risk factors and increasing protective factors.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 2	Provide Community Behavioral Health Services
Outcome No. 8	% Youth Who Complete Trtmnt Pgm and Report No Past Month Substance Use

Calculation Method: N **Target Attainment: H** **Priority: H** **Cross Reference:**
Key Measure: Y **New Measure: Y** **Percent Measure: Y**

BL 2020 Definition

The percent of youth, age 17 or below, who complete a treatment service for substance abuse and report no past month substance use at the time of discharge.

BL 2020 Data Limitations

Completion of treatment in this measure refers only to the completion of a level of care (service) at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service (episode). Accuracy of the data is dependent upon accurate and timely information being entered into the data warehouse system by providers.

BL 2020 Data Source

Provider staff complete an end-service or discharge assessment in The Clinical Management for Behavioral Health Services system (CMBHS) between each level of care and at discharge. Data is entered by client identification number directly into CMBHS. Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

This measure is an annual percent of persons who complete a youth substance abuse treatment program and report abstinence. The numerator is the total number of persons who complete a youth substance abuse treatment service and report no past month substance use on the end-service or discharge assessment. The denominator is the total number of persons who complete a youth substance abuse treatment service. The formula is numerator/denominator * 100.

BL 2020 Purpose

Abstinence is an objective of ongoing recovery for addiction.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 4	Provide Additional Health-related Services
Objective No. 2	Provide Community Behavioral Health Services
Outcome No. 9	Percent of Youth Completing Treatment Who Are Attending School

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-02 OC 10
Key Measure: N	New Measure: N	Percent Measure: Y	

BL 2020 Definition

The percent of youth, age 17 or below, who complete a treatment service for substance abuse and report improvement in school attendance at discharge.

BL 2020 Data Limitations

This only reflects clients from DSHS funded programs. Completion of treatment in this measure refers only to the completion of a level of care (service) at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service (episode).

BL 2020 Data Source

Provider staff complete an end-service or discharge assessment in The Clinical Management for Behavioral Health Services system (CMBHS) between each level of care and at discharge. Data is entered by client identification number directly into CMBHS.

BL 2020 Methodology

Total number of youth, age 17 and below, who complete a treatment service for substance abuse and report being in school on the end-service or discharge assessment, divided by the total number of youth who complete a treatment service.

BL 2020 Purpose

Reduction in absenteeism is highly correlated to recovery from substance abuse.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 5 Encourage Self-Sufficiency

Objective No. 1 Financial and Other Assistance

Outcome No. 1 Percent of Total Children in Poverty Receiving Cash Assistance

Calculation Method: N **Target Attainment: H** **Priority: H** **Cross Reference: Agy 529 085-R-S70-1 05-01 OC 01**

Key Measure: N **New Measure: N** **Percent Measure: Y**

BL 2020 Definition

This measure reports the number of children receiving Temporary Assistance for Needy Families (TANF) and the State Two-Parent Cash Assistance program benefits expressed as a percent of all children in Texas living in poverty.

BL 2020 Data Limitations

The estimated number of children in poverty is subject to change as a result of updates/revisions to the population estimates and projections

BL 2020 Data Source

The number of children receiving TANF and State Two-Parent Cash Assistance is from ad hoc computer runs against the Warrant history file. The number of children under age 18 in poverty is estimated using baseline family income information obtained from the last two March Current Population Surveys administered by the U.S. Census Bureau. The baseline information is extrapolated using standard demographic and other statistical techniques that rely on data provided by the population estimates and projections program of the Texas State Data Center.

BL 2020 Methodology

Data are computed by dividing the monthly average number of children receiving TANF and State Two-Parent Cash Assistance by the total number of children in Texas under 18 years of age whose family's income is at or below 100 percent of poverty, and then multiplying this result by 100.

BL 2020 Purpose

This measure is an expression of the percent of need being met as it pertains to providing financial assistance through the TANF and State Two-Parent Cash Assistance programs to children who are living in poverty. It is an indicator of the impact the agency is having on reaching this target population (children in poverty).

BL 2021 Definition

This measure reports the number of children receiving Temporary Assistance for Needy Families (TANF) and the State Two-Parent Cash Assistance program benefits expressed as a percent of all children in Texas living in poverty.

BL 2021 Data Limitations

The estimated number of children in poverty is subject to change as a result of updates/revisions to the population estimates and projections

BL 2021 Data Source

The number of children receiving TANF and State Two-Parent Cash Assistance is from ad hoc computer runs against the Warrant history file. The number of children under age 18 in poverty is estimated using baseline family income information obtained from the last two March Current Population Surveys administered by the U.S. Census Bureau. The baseline information is extrapolated using standard demographic and other statistical techniques that rely on data provided by the population estimates and projections program of the Texas State Data Center.

BL 2021 Methodology

Data are computed by dividing the monthly average number of children receiving TANF and State Two-Parent Cash Assistance by the total number of children in Texas under 18 years of age whose family's income is at or below 100 percent of poverty, and then multiplying this result by 100.

BL 2021 Purpose

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This measure is an expression of the percent of need being met as it pertains to providing financial assistance through the TANF and State Two-Parent Cash Assistance programs to children who are living in poverty. It is an indicator of the impact the agency is having on reaching this target population (children in poverty).

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 5 Encourage Self-Sufficiency

Objective No. 1 Financial and Other Assistance

Outcome No. 2 Number of Adults Exhausting Cash Assistance Benefits

Calculation Method: N **Target Attainment: L** **Priority: H** **Cross Reference: Agy 529 085-R-S70-1 05-01 OC 02**

Key Measure: N **New Measure: N** **Percent Measure: N**

BL 2020 Definition

This measure reports the unduplicated number of adult Temporary Assistance for Needy Families (TANF) and the state Two-Parent Cash Assistance clients who exhausted their eligibility for state or federal time-limited benefits during the fiscal year. TANF clients who exhausted their time limited benefits and continue to receive TANF and the state Two-Parent Cash Assistance because of personal or economic hardship are not included in the counts. State time limits are 12, 24, or 36 months, depending on education and work history. Federal time limits are 60 months.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Ad hoc computer runs using benefit and client eligibility files.

BL 2020 Methodology

Data run results represent the cumulative numbers who have exhausted their time limited benefits if they have 0 months remaining and are inactive. To determine the number exhausting time limited benefits for the applicable fiscal year, the cumulative number through the end of the prior fiscal year is subtracted from the cumulative number through the applicable fiscal year.

BL 2020 Purpose

This measure quantifies the adult population who may need but no longer are eligible for financial assistance through the TANF block grant and the state Two-Parent Cash Assistance because they have utilized the maximum number of service months for which they were eligible to receive benefits as stipulated in welfare reform legislation. This data is useful in projecting future funding needs.

BL 2021 Definition

This measure reports the unduplicated number of adult Temporary Assistance for Needy Families (TANF) and the state Two-Parent Cash Assistance clients who exhausted their eligibility for state or federal time-limited benefits during the fiscal year. TANF clients who exhausted their time limited benefits and continue to receive TANF and the state Two-Parent Cash Assistance because of personal or economic hardship are not included in the counts. State time limits are 12, 24, or 36 months, depending on education and work history. Federal time limits are 60 months.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Ad hoc computer runs using benefit and client eligibility files.

BL 2021 Methodology

Data run results represent the cumulative numbers who have exhausted their time limited benefits if they have 0 months remaining and are inactive. To determine the number exhausting time limited benefits for the applicable fiscal year, the cumulative number through the end of the prior fiscal year is subtracted from the cumulative number through the applicable fiscal year.

BL 2021 Purpose

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This measure quantifies the adult population who may need but no longer are eligible for financial assistance through the TANF block grant and the state Two-Parent Cash Assistance because they have utilized the maximum number of service months for which they were eligible to receive benefits as stipulated in welfare reform legislation. This data is useful in projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 5 Encourage Self-Sufficiency

Objective No. 1 Financial and Other Assistance

Outcome No. 3 % TANF Caretakers Leaving Due to Increased Employment Earnings

Calculation Method: N **Target Attainment:** H **Priority:** H **Cross Reference:** Agy 529 085-R-S70-1 05-01 OC 03

Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measure reports the number of Temporary Assistance for Needy Families (TANF) and State Two-Parent Cash Assistance caretakers who are denied TANF and State Two-Parent Cash Assistance during the fiscal year because of increased employment earnings expressed as a percent of the total number of caretakers who leave the program during the same time period.

BL 2020 Data Limitations

Time-limited benefits and implementation of full family sanctions impact this measure. The measure is impacted by the level of activity of Local Workforce Development Boards and the state of the economy.

BL 2020 Data Source

Data is obtained from reports in the eligibility determination system.

BL 2020 Methodology

Data is computed by taking the total number of TANF and State Two-Parent Cash Assistance families who leave the TANF and State Two-Parent Cash Assistance programs per year because of increased employment earnings, including those denied for earnings and those transferred to transitional Medicaid because of earnings. This number is divided by the total number of TANF and State Two-Parent Cash Assistance families who leave the TANF and State Two-Parent Cash Assistance programs during the same time period, and then multiplied by 100 to obtain the reported percentage.

BL 2020 Purpose

This measure assesses the impact of the agency's efforts to effectively move clients from welfare to work.

BL 2021 Definition

This measure reports the number of Temporary Assistance for Needy Families (TANF) and State Two-Parent Cash Assistance caretakers who are denied TANF and State Two-Parent Cash Assistance during the fiscal year because of increased employment earnings expressed as a percent of the total number of caretakers who leave the program during the same time period.

BL 2021 Data Limitations

Time-limited benefits and implementation of full family sanctions impact this measure. The measure is impacted by the level of activity of Local Workforce Development Boards and the state of the economy.

BL 2021 Data Source

Data is obtained from reports in the eligibility determination system.

BL 2021 Methodology

Data is computed by taking the total number of TANF and State Two-Parent Cash Assistance families who leave the TANF and State Two-Parent Cash Assistance programs per year because of increased employment earnings, including those denied for earnings and those transferred to transitional Medicaid because of earnings. This number is divided by the total number of TANF and State Two-Parent Cash Assistance families who leave the TANF and State Two-Parent Cash Assistance programs during the same time period, and then multiplied by 100 to obtain the reported percentage.

BL 2021 Purpose

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This measure assesses the impact of the agency's efforts to effectively move clients from welfare to work.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 5 Encourage Self-Sufficiency

Objective No. 1 Financial and Other Assistance

Outcome No. 4 Percentage of Eligible WIC Population Served

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 05-01 OC 04

Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measure represents the percent of potentially eligible clients that are provided services during the most recent month for which data are available. To be certified and participate in the WIC program, infants, children, and pregnant, postpartum, and breast-feeding women shall reside within the jurisdiction of the state, meet certain income and nutritional risk criteria.

BL 2020 Data Limitations

Most recent data available is used at reporting deadlines.

BL 2020 Data Source

Participation is reported in the output measure "Number of WIC Participants Provided Supplemental Food per Month". Potential eligibles come from the Texas WIC Program County Potential Eligible Estimates Report, which is produced by the Texas Department of State Health Services. Potential eligibles are an estimate of the number of pregnant, postpartum or breast-feeding women, as well as children up to the age of 5 whose family incomes are at or below 185% of the Federal Poverty Level.

BL 2020 Methodology

The percentage is calculated by dividing the most recent month's number of WIC participants by the estimated number of persons eligible for WIC services at the time the report is due. This calculation is based on a federal fiscal year.

BL 2020 Purpose

Measures the percentage of eligible WIC population served.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 6	Community & Independent Living Services & Coordination
Objective No. 3	Other Community Support Services
Outcome No. 1	% of Adult Victims of Family Violence Denied Shelter

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 06-03 OC 01
Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measure reports the percent of adult victims of family violence who requested shelter and were denied due to lack of space in the shelter they contacted. Adult victims denied shelter at an original site may find shelter (with assistance from the original site) at another location. A family member, friend, or another shelter may fill the need. Victims denied shelter may receive non-residential services.

BL 2020 Data Limitations

In rare instances, this count may be duplicated when a victim denied shelter at the original site seeks services in another location and is denied again due to lack of space. Data does not include walk-in clients or nonresidential clients who are seeking shelter.

BL 2020 Data Source

Data are obtained from the automated data collection system maintained by the Family Violence Program. Contractors not able to participate in this system submit their data manually to the Family Violence Program where it is combined with the automated data for reporting.

BL 2020 Methodology

Staff receives data from the automated system maintained by the Family Violence Program and queries data according to program requirements to obtain the total denied due to lack of space

BL 2020 Purpose

This measure is an indicator of the need for shelter services.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No. 1	State Supported Living Centers
Outcome No. 1	Avg # Days SSLC Residents Wait for Community Placement

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 07-01 OC 01
Key Measure: N **New Measure:** N **Percent Measure:** N

BL 2020 Definition

As campus residents are recommended for community placement, the Health and Human Services Commission (HHSC) begins a process of locating and/or developing community locations. Placement is a dynamic process with the individual, family or guardian and community providers involved in the placement process. There is high variability in the amount of time needed for actual community placement due to the uniqueness of the individual's needs and the location preferences of the individual and family or guardian.

BL 2020 Data Limitations

With the implementation of the standardized instrument for recommending that individuals currently residing in state ID campus-based facilities be placed in the community, the data collected for this measure should have inter-rater reliability.

BL 2020 Data Source

The recommendation for placement in the community is from each individual's annual review. Recommendations for community placements are entered into the commission's Client Assignment and Registration (CARE) system with the recommended movement code 5 (move from campus to community). Actual placement in the community is entered into the CARE system with the Assignment/Absence code of CP (Community Placement). Persons employed by the SSLCs enter the annual review recommendations into the department's CARE system.

BL 2020 Methodology

For the numerator, the sum of days between community placement recommendation and actual placement for each state ID campus resident recommended for community placement and placed in the community during the fiscal year are added together. The denominator is the number of individuals placed in community during the fiscal year. The formula is numerator/denominator.

BL 2020 Purpose

Ideally, campus residents recommended for community placement would be placed within 180 days. (Movement within 180 days of an individual's recommendation for community placement is a requirement of the Promoting Independence Plan.) A shorter average wait indicates success in developing community placements for campus residents who can benefit from community placement.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No. 1	State Supported Living Centers
Outcome No. 2	Number of Individuals with IDD Who Moved from Campus to Community

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 07-01 OC 02
Key Measure: N **New Measure:** N **Percent Measure:** N

BL 2020 Definition

This outcome is based on individuals with intellectual and developmental disabilities who prefer community placement obtaining such placement. It is actually a measure of the availability of Medicaid Waiver funded services (Home and Community-based Services and any others directly administered by the Health and Human Services Commission (HHSC) in the future) and ICF/IID funding for new capacity. Movement from campus (i.e. state ID facilities which are large self-contained areas where individuals live and receive 24-hour supervised care) to community tends to be from one type of residential setting to another residential setting.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Movement of individuals served by the HHSC campus-based system is recorded in the commission's data warehouse system by staff at the facilities. The source of data is the "CAM3 Campus-Based Discharge/Community Placement" Client Assignment and Registration (CARE) system from which indicates actual date of community placement. These forms are located in records available from the State Supported Living Centers. The Community Placement Living Plan is available in the clinical record and projects a date for community placement that may be changed based on a variety of factors. Assignment/Absence codes are used for these movements in the CARE system. The Community Placement (CP) code is used to indicate a community placement from a state ID facility.

BL 2020 Methodology

This is a simple count of persons with an Assignment/Absence code of CP over the fiscal year

BL 2020 Purpose

The implementation of the Governor's Executive Order, RP 13 and the Health and Human Services Commission's Promoting Independence Plan should have significant impact on this measure. Persons residing in state ID facilities that want community placement and for whom staff recommends community placement should have the opportunity for community placement.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No. 1	State Supported Living Centers
Outcome No. 3	% Consumers Expressed Satisfaction w/Ombudsman's Resolution of Issue

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 07-01 OC 03
Key Measure: N	New Measure: N	Percent Measure: Y	

BL 2020 Definition

This measure reports the percentage of residents, families and advocates expressing satisfaction with the resolution from the Ombudsman.

BL 2020 Data Limitations

Data for this measure is available and updated on the 15th of each month.

BL 2020 Data Source

The number of residents, families and advocates who filed a concern, Consumer Rights and Services (CRS) Ombudsman Reports, with the Ombudsman.

BL 2020 Methodology

The percentage of consumers who expressed satisfaction is based on final evaluation of the case.

BL 2020 Purpose

This measure is a satisfaction indicator of the reform effort to provide more oversight and protection for the residents of the living centers.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No. 2	Mental Health State Hospital Facilities and Services
Outcome No. 1	Patient Satisfaction with State Mental Health Facility Treatment

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 07-02 OC 01
Key Measure: N **New Measure:** N **Percent Measure:** N

BL 2020 Definition

A primary goal for inpatient treatment is to assure that quality psychiatric services are provided that meet or exceed the needs and expectations of consumers and their families. This measure is obtained from the consumers (and family members as appropriate) and provides consumer self-report information as an indication of satisfaction.

BL 2020 Data Limitations

The Mental Health Statistical Improvement Project Inpatient Consumer Survey is a voluntary survey. The collection of data from survey questionnaires is dependent upon the consumers' completion and submission of the survey. Since not all consumers will complete the survey, this measurement of satisfaction is not able to fully reveal consumer satisfaction.

BL 2020 Data Source

All adults and adolescents (13 years of age and older) are offered the Mental Health Statistical Improvement Project Inpatient Consumer Survey at discharge, but participation is strictly voluntary. The survey instrument asks for agreement/disagreement ratings along a five-point scale for 28 statements. The survey results are entered into a stand-alone section of the MyAvatar application. The surveys are extracted and submitted as part of the National Research Institute submission where the results are tabulated.

BL 2020 Methodology

The measure is calculated by averaging the items scored for all adolescent and adult patients combined who completed the Mental Health Statistical Improvement Project Inpatient Consumer Survey during the current fiscal year.

BL 2020 Purpose

A positive degree of satisfaction is one indicator reflecting success in addressing consumer needs and preferences. This includes achieving desired outcomes and is associated with compliance with treatment.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No. 2	Mental Health State Hospital Facilities and Services
Outcome No. 2	HHSC-Operated or Purchased Inpatient Bed Re-admission Rate

Calculation Method: C **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 04-02 OC 01

Key Measure: N **New Measure:** N **Percent Measure:** N

BL 2020 Definition

A primary goal for inpatient treatment is to assure that quality psychiatric services are provided that meet or exceed the needs and expectations of consumers and their families. This measure is obtained from the consumers (and family members as appropriate) and provides consumer self-report information as an indication of satisfaction.

BL 2020 Data Limitations

The Mental Health Statistical Improvement Project Inpatient Consumer Survey is a voluntary survey. The collection of data from survey questionnaires is dependent upon the consumers' completion and submission of the survey. Since not all consumers will complete the survey, this measurement of satisfaction is not able to fully reveal consumer satisfaction.

BL 2020 Data Source

All adults and adolescents (13 years of age and older) are offered the Mental Health Statistical Improvement Project Inpatient Consumer Survey at discharge, but participation is strictly voluntary. The survey instrument asks for agreement/disagreement ratings along a five-point scale for 28 statements. The survey results are entered into a stand-alone section of the MyAvatar application. The surveys are extracted and submitted as part of the National Research Institute submission where the results are tabulated.

BL 2020 Methodology

The measure is calculated by averaging the items scored for all adolescent and adult patients combined who completed the Mental Health Statistical Improvement Project Inpatient Consumer Survey during the current fiscal year.

BL 2020 Purpose

A positive degree of satisfaction is one indicator reflecting success in addressing consumer needs and preferences. This includes achieving desired outcomes and is associated with compliance with treatment.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 8	Regulatory, Licensing and Consumer Protection Services
Objective No. 1	Long-Term Care and Acute Care Regulation
Outcome No. 1	Percentage of Licenses Issued within Regulatory Timeframe

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 01
Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

Percentage of individuals credentialed and entities licensed within regulatory timeframes (mandated by statute and listed in specific program rules).

BL 2020 Data Limitations

The Regulatory Automation System (RAS) reports the total consecutive number days from the fiscal remittance date to the date an application is approved. However, the report does not take into account periods of time when time frames are suspended per regulations when an applicant fails to submit a complete application and/or payment.

BL 2020 Data Source

Application records and the Regulatory Automation System (RAS).

BL 2020 Methodology

This efficiency measure reflects the annual percentage of individuals credentialed and entities licensed within regulatory timeframes. Calculated using the total number of individuals and entities licensed/credentialed within the established timeframes divided by the total number of individuals and entities licensed/credentialed during the reporting period.

BL 2020 Purpose

Measures the efficiency of licensing activities to ensure compliance with regulatory timeframes.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 8	Regulatory, Licensing and Consumer Protection Services
Objective No. 1	Long-Term Care and Acute Care Regulation
Outcome No. 2	% Facilities Complying with Stds at Inspection Licen-Medicare/Medicaid

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 07

Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measure reports the number of facilities (nursing facilities, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), assisted living facilities, adult day care facilities, and Prescribed Pediatric Extended Care Centers (PPECC) complying with standards at time of inspection expressed as a percent of all of these facilities (nursing facilities, ICFs/IID, assisted living facilities, adult day care facilities, and PPECCs). Complying with standards is defined as a recommendation to continue/renew licensure and/or certification. An inspection is defined as a standard survey of a nursing facility, a re-certification survey of an ICF/IID, or a licensing inspection. Licensing inspections conducted in conjunction with a standard or an annual survey are counted as one activity.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Regulatory Services Compliance, Assessment, Regulation, Enforcement System (CARES) Central Data Repository (CDR) that pulls data from the CARES and other systems. At the end of the reporting period, an ad hoc report will be done containing all of the data elements needed to perform the necessary calculations. The report will be titled “% Facilities Complying with Standards at Inspection Licen-Medicare/Medicaid” in the future.

BL 2020 Methodology

The percentage of facilities complying with standards during the state fiscal year is calculated by dividing the number of inspections determined to be in compliance at the time of inspection (numerator) by the total number of inspections completed (denominator) during the reporting period, and multiplying this result by 100

BL 2020 Purpose

This measure quantifies the achievement of the program's objective while also indicating public accountability of facilities.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 8	Regulatory, Licensing and Consumer Protection Services
Objective No. 1	Long-Term Care and Acute Care Regulation
Outcome No. 3	% Facilities Correcting Adverse Findings by 1st Follow-up Visit

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 08

Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measure reports the percentage of facilities (nursing facilities, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID), assisted living facilities, adult day care facilities, and Prescribed Pediatric Extended Care Centers (PPECC)) that have corrected adverse findings/actions by the time of the first follow-up visit. The first follow-up visit is defined as the visit conducted for the purpose of determining correction of deficiencies/violations cited at the time of inspection or investigation. This visit is the first visit conducted for this purpose. A second, third, or subsequent visit would not be counted under this measure. Adverse findings are defined as recommendations other than to continue/renew licensure and/or certification.

BL 2020 Data Limitations

Does not apply

BL 2020 Data Source

Data are obtained from the Central Data Repository (CDR) that pulls nursing facility only data from the Compliance, Assessment, Regulation, Enforcement System (CARES) and other systems. At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled "Facilities Correcting Adverse Findings by 1st Follow-up Visit" in the future.

BL 2020 Methodology

The percentage of facilities correcting adverse findings by time of the first follow-up visit after inspection or investigation is calculated by dividing the number of inspections determined to be in compliance with standards at the time of the first follow-up visit (numerator) by the total number of such visits conducted during the reporting period (denominator), and multiplying this result by 100. Data are reported for the state fiscal year.

BL 2020 Purpose

This measure quantifies the achievement of the program's objective while also indicating public accountability of facilities.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 8	Regulatory, Licensing and Consumer Protection Services
Objective No. 1	Long-Term Care and Acute Care Regulation
Outcome No. 4	% NF with More Than Six On-site Monitoring Visits Per Year

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 09

Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measure reports the percentage of nursing facilities that have more than six regulatory visits per year. A regulatory visit is defined as any on-site licensure inspection, certification survey, complaint and incident investigation, or follow-up to inspections, surveys and investigations. Licensure inspections conducted in conjunction with a certification survey are counted as one regulatory visit for purposes of this measure. However, if during a regulatory visit, more than one type of activity is performed (a licensure inspection, a follow-up and an investigation) each type of activity is counted separately for reporting this measure.

BL 2020 Data Limitations

Does not apply

BL 2020 Data Source

Data are obtained from the Central Data Repository (CDR) that pulls data from the Compliance, Assessment, Regulation, Enforcement System (CARES) and other systems. At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “% NF with More Than Six on-site Monitoring Visits Per Year” in the future.

BL 2020 Methodology

The percentage of nursing facilities with more than six regulatory visits is calculated by determining the number of nursing facilities with more than 6 visits per year (numerator) and dividing by the average number of nursing facilities licensed and/or certified (denominator) during the reporting period, and multiplying the result by 100

BL 2020 Purpose

This measure quantifies the achievement of the program's objective while indicating the public accountability of nursing facilities.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 8	Regulatory, Licensing and Consumer Protection Services
Objective No. 1	Long-Term Care and Acute Care Regulation
Outcome No. 5	Incidence of Facility Abuse/Neglect/Exploitation Per 1,000 Persons

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 18
Key Measure: N **New Measure:** N **Percent Measure:** N

BL 2020 Definition

This measure compares the number of confirmed investigations of abuse, neglect, or exploitation of persons receiving mental health, intellectual disability or physical disability services, which include state supported living centers, state hospitals, state centers, community centers, private ICF-IID facilities, and community providers to the total number of persons being served by these entities.

BL 2020 Data Limitations

Due to data being gathered by another agency and reported to FPS, it is difficult to accurately project the number of persons who will be receiving services through mental health, intellectual disability or physical disability programs. CARE counts all individuals enrolled, regardless of whether or not services are received. This may inflate the denominator.

BL 2020 Data Source

IMPACT; Health and Human Services Client Assignment and Registration (CARE) system; and the Home and Community-based services (HCS) Automated Enrollment and Billing system. Due to possible modifications in HHS data systems, the data sources used to calculate this measure are subject to change. Should this occur, the current appropriate data systems will be substituted and documented in the performance folder.

BL 2020 Methodology

Divide the number of confirmed incidents by mental health, intellectual disability or physical disability service providers which are those investigations of abuse, neglect, or exploitation that are coded as 'CON' (confirmed) in IMPACT at the completion of the investigation stage during the reporting period (numerator) by the unduplicated count of clients who are receiving mental health, intellectual disability or physical disability services during the reporting period, as gathered from the CARE report system and the HCS Automated Enrollment and Billing system, or appropriate data system (denominator) and multiply the result by 1,000.

BL 2020 Purpose

Assuming that FPS investigations are prompt, thorough, and accurate, this measure is an indicator of the quality of care being provided by mental health, intellectual disability or physical disability providers.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 8	Regulatory, Licensing and Consumer Protection Services
Objective No. 1	Long-Term Care and Acute Care Regulation
Outcome No. 6	Adult Protective Services Caseworker Turnover Rate

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 19
Key Measure: N **New Measure:** N **Percent Measure:** N

BL 2020 Definition

This measure is the percentage of classified regular full- and part-time APS caseworkers who voluntarily and involuntarily separate from the agency during the fiscal year. The definition is based on the methodology used by the State Auditor's Office to calculate classified employee turnover for fiscal year 2007.

BL 2020 Data Limitations

There may be some minimal loss of data due to data entry transactions occurring after calculation.

BL 2020 Data Source

The HHSAS-HR system is used to identify full- and part-time employees with job class codes that correspond to APS caseworker positions including: 5002 APS Specialist I; 5003 APS Specialist II; 5004 APS Specialist III; 5005 APS Specialist IV; and 5006 APS Specialist V.

Job Class codes are subject to change. Should this occur, current equivalent codes will be substituted and documented in the performance folder.

BL 2020 Methodology

Divide the number of separations during the fiscal year (numerator) by the average number of APS caseworkers during the fiscal year (denominator) and multiply by 100 to achieve a percentage. The average number of APS caseworkers is calculated by totaling the number of APS caseworkers (defined as someone who worked at any time during a quarter) for each quarter of the fiscal year, and then dividing this total by the number of quarters. Should the SAO methodology change, the agency will work with LBB to update the measure definition in ABEST.

BL 2020 Purpose

The purpose of this measure is to provide an annual turnover rate for APS caseworkers. The measure would allow the agency to compare turnover rates across fiscal years to assist in identifying retention trends in the APS caseworkers.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 8	Regulatory, Licensing and Consumer Protection Services
Objective No. 1	Long-Term Care and Acute Care Regulation
Outcome No. 7	Percent of APS Caseworkers Retained for Six Months Following BSD

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 20
Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

This measure calculates the percentage of APS caseworkers retained for at least six months following the completion of Basic Skills Development (BSD) training.

BL 2020 Data Limitations

There may be some minimal loss of data due to data entry transactions occurring after calculation.

BL 2020 Data Source

Active APS caseworkers providing direct delivery services are identified by the following job class codes: 5002 APS Specialist I; 5003 APS Specialist II; 5004 APS Specialist III; 5005 APS Specialist IV; and 5006 APS Specialist V. The End Date of the training is from HHSAS-HRMS Administrator Training Database where the date is during four quarters. The four quarters would include the last two quarters of the previous fiscal year and the first two quarters of the current fiscal year. The numerator for this measure is the count of APS caseworkers who completed BSD training during the last two quarters of the previous fiscal year and the first two quarters of the current fiscal year and remained with the agency six months or more following the completion of the BSD training. The denominator for this measure is the count of APS caseworkers who completed BSD training during the last two quarters of the previous fiscal year and the first two quarters of the current fiscal year.

BL 2020 Methodology

Divide the numerator by the denominator and multiply by 100 to achieve a percentage.

BL 2020 Purpose

The purpose of this measure is to provide an annual retention rate for APS caseworkers who have completed BSD.

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Agency Code: **529** Agency: **Health and Human Services Commission**
Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 2 Child Care Regulation
Outcome No. 1 Percent of Investigations with a High Risk Finding

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 02

Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

An investigation is conducted when a report is received that alleges a licensed or registered operation has failed to comply with the law, administrative rules, or minimum standards. Each minimum standard has been assigned a weight based on the risk a violation of that standard would present to children in care. Standards that present the most risk to children in care when violated have been assigned a high weight. All administrative rules and laws are weighted high. Children are considered to be at risk when violations of law, rules, or standards with a high weight occur.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Child care investigators enter the results of their investigations into the Child-care Licensing Automation Support System (CLASS). Information is obtained from queries on investigation information contained in the CLASS investigation tables.

BL 2020 Methodology

Divide the number of non-abuse/neglect investigations and abuse/neglect investigations that were completed during the reporting period that have a finding of non-compliance for a law, rule, or standard with a high weight (numerator) by the total number of investigations that were completed within the reporting period (denominator) and multiply by 100 to achieve a percentage.

BL 2020 Purpose

The purpose of this measure is to evaluate the agency's success in protecting children in care from those situations that pose the highest risk. It is an important measure in determining whether the program is meeting its objective.

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Agency Code: **529** Agency: **Health and Human Services Commission**
Goal No. 8 Regulatory, Licensing and Consumer Protection Services
Objective No. 2 Child Care Regulation
Outcome No. 2 Percent of Licensed Facilities with No Recent Violations

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 04
Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

An operation is said to be operating in compliance with minimum standards when no violations are observed during an inspection by a licensing representative.

BL 2020 Data Limitations

None

BL 2020 Data Source

Child care licensing representatives enter into the Child-care Licensing Automation Support System (CLASS) the violations of minimum standards which they observe during inspections, non-abuse/neglect investigations or abuse/neglect investigations. A record is kept of the violations that occur at each operation by the date on which they were observed and cited. Data to calculate the numerator and denominator are taken from CLASS.

BL 2020 Methodology

Divide the result of subtracting the total number of licensees and registrants operating at the end of the reporting period that had violations anytime during the previous two-year period from the total number of licensees and registrants operating at the end of the reporting period (numerator) by the total number of licensees and registrants operating at the end of the reporting period (denominator) and multiply the result by 100 to achieve a percentage.

BL 2020 Purpose

The purpose of this measure is to determine what percent of regulated facilities are operating in compliance with agency minimum standards. The information can be used to target facilities that need more regulatory attention, i.e., those which do not fall into this group.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 8	Regulatory, Licensing and Consumer Protection Services
Objective No. 2	Child Care Regulation
Outcome No. 3	Percent of Facilities with a Remedial Action

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 06
Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

Remedial actions may occur as a result of a violation, but more often the operation is cited, given a date by which to achieve compliance, and re-inspected to be sure the correction has been made. Only the most serious violations, several non-compliances that create an endangering situation or patterns of repeated non-compliances result in remedial actions. Remedial actions are those that Licensing may impose if an operation is deficient in a minimum standard, rule, law, a specific term associated with the operation's permit, or a condition of evaluation, probation, or suspension. The four types of remedial actions are corrective, adverse, judicial and monetary. Agency homes and CPA branches are not eligible for remedial actions.

BL 2020 Data Limitations

Remedial actions not within the agency's jurisdiction are not entered in CLASS. Each facility will be counted only once per fiscal year, regardless of the number of remedial actions it received during the reporting period.

BL 2020 Data Source

Remedial actions within the agency's jurisdiction are entered into the Child-care Licensing Automation Support System (CLASS) with the date the action occurred.

BL 2020 Methodology

Divide the number of facilities with one or more remedial action (numerator) by the total number of eligible facilities during the reporting period (denominator) and multiply the result by 100 to achieve a percentage.

BL 2020 Purpose

The purpose of this measure is to determine the percentage of facilities with remedial actions. This will assist licensing staff in identifying the most serious violators.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 8	Regulatory, Licensing and Consumer Protection Services
Objective No. 3	Professional and Occupational Regulation
Outcome No. 1	Percent of Licensed/Certified Professionals with No Recent Violations

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 08-01 OC 03

Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

Percent of the total licensed, certified, registered, permitted or documented professionals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).

BL 2020 Data Limitations

The numbers of violations are dependent on the number of complaints filed and the nature of those violations investigated. The agency has no control over either of these two factors. The agency also has no control over the number of individuals who meet the requirements for professional credentialing and/or professionals who choose to renew their licenses.

BL 2020 Data Source

The total number of professionals and the number of professionals who received a sanction is obtained from Regulatory Automation System (RAS).

BL 2020 Methodology

The percentage is calculated by dividing the total number of individuals currently licensed, registered, permitted, certified, or documented who have not incurred a violation within the current and preceding two years by the total number of individuals currently licensed, registered, permitted, certified, or documented by the agency.

BL 2020 Purpose

Licensing, certifying, registering, permitting, and documenting individuals helps ensure that practitioners meet legal standards for professional education and practice, which is a primary program goal. This measure is an indication of the percentage of individuals who have not committed violations of the laws, and/or rules governing the profession. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No. 9	Program Eligibility Determination & Enrollment
Objective No. 2	Community Access and Supports
Outcome No. 1	Percent LTC Ombudsman Complaints Resolved or Partially Resolved

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 09-02 OC 02
Key Measure: N	New Measure: N	Percent Measure: Y	

BL 2020 Definition

This measure reports the sum of the average monthly number of individuals on an interest list for: Medicaid Community-Based Alternatives (CBA) Waiver services, Medicaid Home and Community-based (HCS) Waiver services, Medicaid Related Conditions (CLASS) Waiver services, Deaf-blind with Multiple Disabilities Waiver services, Medically Dependent Children Program services, non-Medicaid XX Community Services and Supports, Community Services, In-Home and Family Support Services and In-Home Services. See explanatory measures under strategies 1.3.1., 1.3.2., 1.3.3., 1.3.4., 1.3.5., 1.4.1., 1.4.2., and 1.4.4.

BL 2020 Data Limitations

See specific data limitations for each of the services that comprise this measure.

BL 2020 Data Source

Specific sources from which the data are obtained are listed under each of the component measures that comprise this measure. These measures are identified under the short definition above.

BL 2020 Methodology

This measure is derived by summing the component measures that comprise this measure. See explanatory measures under strategies 1.3.1., 1.3.2., 1.3.3., 1.3.4., 1.3.5., 1.4.1., 1.4.2., and 1.4.4.

BL 2020 Purpose

This measure is important because it is an indicator of the total unmet need for services provided.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 10 Provide Disability Determination Services within SSA Guidelines

Objective No. 1 Increase Decisional Accuracy and Timeliness of Determinations

Outcome No. 1 Percent of Case Decisions That Are Accurate

Calculation Method: N **Target Attainment:** **Priority:** **Cross Reference:** Agy 529 085-R-S70-1 10-01 OC 01

Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2020 Definition

The percentage of cases that can be processed without being returned to the State agency for further development or for correction of decisions based on evidence in the file as reported monthly by the SSA Office of Quality Performance.

BL 2020 Data Limitations

Quality attributes are determined by SSA policy. The cases receiving a quality review are a random sample and do not include all case categories. The guidance for this review is found in SSA's Programs Operations Manual System (POMS), Section 30005.001 ff. For example, "Group I" (Decisional Errors) are the only errors that affect the DDS accuracy rate. "Group II" (Onset) and "Group III" (Technical) are not factored into the DDS's accuracy rate. The reviews are done by SSA components.

BL 2020 Data Source

Based on evidence reported monthly by the SSA Office of Quality Performance.

BL 2020 Methodology

Determined by SSA formula. Figures are non-cumulative.

BL 2020 Purpose

Shows improvement in the accuracy in disability determination decisions.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No. 11 Office of Inspector General

Objective No. 1 Client and Provider Accountability

Outcome No. 1 Net State Dollars Recovered Per Dollar Expended from All Funds

Calculation Method: N **Target Attainment: H** **Priority: M** **Cross Reference: Agy 529 085-R-S70-1 11-01 OC 01**

Key Measure: N **New Measure: N** **Percent Measure: N**

BL 2020 Definition

This measures the return on investment achieved by the Inspector General relative to the agency's costs. "Recoveries" include all dollars collected, recouped, or otherwise recovered as a result of IG activities. Cost savings and dollars identified for recovery that have not yet been collected (such as negotiated settlements and court-ordered restitutions) are not included in this measure.

BL 2020 Data Limitations

No limitations.

BL 2020 Data Source

The sources of recovery data include IG case management systems, the claims administrator system and databases, and data reported from IG partners who directly recover funds based on IG activities (such as DSHS WIC recoupments and certain MCO collections). IG expenditure data is reflected, in coordination with HHSC Central Budget, in the HHS financial system of record. IG staff compile recovery data from the respective source systems and activities in a consolidated IG-wide tracking system on a monthly basis, and that data is then compared to total expenditure data across the IG for the same reporting period..

BL 2020 Methodology

For the given reporting period, the sum of IG dollars recovered from all IG divisions (including Investigations, Inspections, Audit, and Litigation) is reduced by total IG expenditures in all funds. This quantity is then divided by the total IG expenditures in all funds. The result is then reported as a dollar figure. Calculation: (Recoveries - Expenditures) / Expenditures, expressed as a percentage. The percentage is then converted to a dollar figure (e.g. 30% ROI = \$1.30 Recovered per \$1 Expended).

BL 2020 Purpose

This is a measure of the effectiveness of the IG's efforts to maximize recoveries to HHSC programs, demonstrating how the dollars allocated to the IG's office result in an overall savings.

BL 2021 Definition

The return on investment of combined Federal and State dollars that fund the Office of Inspector General (OIG). "Recoveries" refers to payments received by HHSC to satisfy financial obligations due the state. Recoveries include dollars actually recovered. Recoveries are handled by various programs in OIG.

BL 2021 Data Limitations

No Limitation.

BL 2021 Data Source

The sources of data are the OIG case management system and the claims administrator system and databases. OIG staff collects data on recoveries on a monthly basis, entering the information in the appropriate system and/or database.

BL 2021 Methodology

For the given reporting period, the sum of OIG dollars recovered is reduced by the sum of all OIG expenditures in all funds. This quantity is then divided by the sum of all OIG expenditures in all funds. The result is then reported as a dollar figure.

BL 2021 Purpose

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This is a measure of the effectiveness of OIG's efforts to maximize recoveries to HHSC programs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	1	Aged and Medicare-related Eligibility Group
Measure Type	EF	
Measure No.	1	Average Aged and Medicare-Related Cost Per Recipient Month

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly cost paid per Aged and Medicare-Related recipient month.

BL 2020 Data Limitations

None.

BL 2020 Data Source

PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars include STAR+PLUS premiums for long term services and supports. Dollars exclude costs for Texas Health Steps dental, prescription drugs, and Medical Transportation Program.

BL 2020 Methodology

The average monthly cost for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include Managed Care & Non Managed Care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the amount paid for each recipient month for the named group.

BL 2021 Definition

The average monthly cost paid per Aged and Medicare-Related recipient month.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Strategy-Related Measures Definitions

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PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars include STAR+PLUS premiums for long term services and supports. Dollars exclude costs for Texas Health Steps dental, prescription drugs, and Medical Transportation Program.

BL 2021 Methodology

The average monthly cost for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include Managed Care & Non Managed Care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the amount paid for each recipient month for the named group.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	1	Aged and Medicare-related Eligibility Group
Measure Type	OP	
Measure No.	1	Average Aged and Medicare-Related Recipient Months Per Month: Total

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of Aged and Medicare Related recipient months, including managed care. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition

The average monthly number of Aged and Medicare Related recipient months, including managed care. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System.

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BL 2021 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the average monthly number of recipient months for the named group.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	2	Disability-Related Eligibility Group
Measure Type	EF	
Measure No.	1	Average Disability-Related Cost Per Recipient Month

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-02 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly expenditure per Disability-Related recipient month.

BL 2020 Data Limitations

None.

BL 2020 Data Source

PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs for Texas Health Steps dental, prescription drugs, and Medical Transportation Program. Dollars include STAR+PLUS and STAR kids long term support and services.

BL 2020 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months during the reporting period. The measure will include managed care & non managed Care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the amount paid for each recipient month for the named group.

BL 2021 Definition

The average monthly expenditure per Disability-Related recipient month.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Strategy-Related Measures Definitions

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PREM report (currently with incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs for Texas Health Steps dental, prescription drugs, and Medical Transportation Program. Dollars include STAR+PLUS and STAR kids long term support and services.

BL 2021 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months during the reporting period. The measure will include managed care & non managed Care for the named group. Completion factors may be applied to the incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the amount paid for each recipient month for the named group.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	1	Medicaid	
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients	
Strategy No.	2	Disability-Related Eligibility Group	
Measure Type	EX		
Measure No.	1	Percent Of Disability-related Recipients Who Are 21 and Under	

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-02 EX 01

Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This measure reports the number of Disability-Related clients under age 21 as a percent of the state's total Medicaid population. This includes clients receiving full benefit Medicaid services only, limited benefit beneficiaries are excluded.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Premiums Payable System

BL 2020 Methodology

Data are computed by totaling the number of Disability-Related recipients under 21 over all months in the reporting period, and dividing by the number of months in the reporting period to determine the average monthly number of recipients. This result is divided by the total average monthly recipients on Medicaid over the same time period and then multiplied by 100. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2020 Purpose

This measure reflects the percent of full benefit clients on Medicaid for the named group.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	1	Medicaid	
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients	
Strategy No.	2	Disability-Related Eligibility Group	
Measure Type	OP		
Measure No.	1	Average Disability-Related Recipient Months Per Month: Total	

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-02 OP 01

Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of Disability-Related recipient months, including managed care program clients. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed Care and Fee For Service are included Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition

The average monthly number of Disability-Related recipient months, including managed care program clients. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System.

Strategy-Related Measures Definitions

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BL 2021 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed Care and Fee For Service are included Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the average monthly number of recipient months for the named group.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	2	Disability-Related Eligibility Group
Measure Type	OP	
Measure No.	2	Average Disability-Related Recipient Months Per Month: STAR+PLUS

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-02 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly cost paid per Disability?-?Related recipient month in STAR?+?PLUS?. ?The Non Medicare category includes members who are aged?, ?blind?, ?or ?disabled who are not qualified for Medicare?. ?The STAR?+?PLUS program integrates preventive?, ?primary?, ?acute care and long term care into a single managed care ?model?. ?This measure does not include premiums paid for drug benefits?.

BL 2020 Data Limitations

When new client groups or costs are added into STAR+PLUS capitation, the average cost will fluctuate.

BL 2020 Data Source

The source for expenditure data is the capitation rates set by the HHSC Actuarial Analysis Division. Recipient month data is from the Premium Payment System.

BL 2020 Methodology

The average monthly premium per non Medicare recipient month is calculated by dividing the total premiums paid to the STAR?+?PLUS Health Maintenance ?Organization ?(?HMOs?) ?including administrative fees on behalf of non?-?Medicare members for the months in the reporting period by the total number of recipient months ?projected to be incurred in the reporting period?. ?Data is accounted for under an incurred basis?, ?and the exposure period for each month is the current month plus an ?additional seven months to allow for corrections?, ?redeterminations?, ?retroactive decisions?, ?and post and prior eligibility periods?. ?Completion factors may be applied to ?incomplete data?. ?Forecasting models and trends are used to project future expenditures and recipient months?.

BL 2020 Purpose

The average monthly long term care cost paid per Disability?-?Related recipient month in STAR?+?PLUS?. ?The Non Medicare category includes members who are aged?, ?blind?, ?or disabled who are not qualified for Medicare?. ?The STAR?+?PLUS program integrates preventive?, ?primary?, ?acute care and long term care into a single managed ?care model?.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	3	Pregnant Women Eligibility Group
Measure Type	EF	
Measure No.	1	Average Pregnant Women Cost Per Recipient Month

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-03 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly expenditure per Pregnant Women recipient month.

BL 2020 Data Limitations

None.

BL 2020 Data Source

PREM report (incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs in Texas Health Steps Dental, Medical Transportation Program, and prescription drug.

BL 2020 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed Care and fee-for-service are included. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the amount paid for each recipient month for the named group.

BL 2021 Definition

The average monthly expenditure per Pregnant Women recipient month.

BL 2021 Data Limitations

None.

BL 2021 Data Source

PREM report (incurred data). The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs in Texas Health Steps Dental, Medical Transportation Program, and prescription drug.

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BL 2021 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed Care and fee-for-service are included. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the amount paid for each recipient month for the named group.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	3	Pregnant Women Eligibility Group
Measure Type	OP	
Measure No.	1	Average Pregnant Women Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-03 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of Pregnant Women recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services..

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed Care and Fee for Service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition

The average monthly number of Pregnant Women recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System.

Strategy-Related Measures Definitions

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BL 2021 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed Care and Fee for Service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the average monthly number of recipient months for the named group.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	4	Other Adults Eligibility Group
Measure Type	EF	
Measure No.	1	Average Other Adult Cost Per Recipient Month

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-04 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly expenditure per Other Adult recipient month. The Other Adults group includes TANF-Level Adults, Medically Needy clients, and Medicaid for Breast and Cervical Cancer clients.

BL 2020 Data Limitations

None.

BL 2020 Data Source

PREM report. The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude Texas Health Steps Dental, Medical Transportation Program, and prescription drug. Dollars include STARPlus long term support and services for Breast and Cervical Cancer clients.

BL 2020 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include Managed Care & Non Managed Care costs and caseloads for TANF Adults, Medically Needy, and Breast and Cervical Cancer clients. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the amount paid for each recipient month for the named group.

BL 2021 Definition

The average monthly expenditure per Other Adult recipient month. The Other Adults group includes TANF-Level Adults, Medically Needy clients, and Medicaid for Breast and Cervical Cancer clients.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Strategy-Related Measures Definitions

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PREM report. The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude Texas Health Steps Dental, Medical Transportation Program, and prescription drug. Dollars include STARPlus long term support and services for Breast and Cervical Cancer clients.

BL 2021 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees in the total by the number of projected recipient months to be incurred. The measure will include Managed Care & Non Managed Care costs and caseloads for TANF Adults, Medically Needy, and Breast and Cervical Cancer clients. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the amount paid for each recipient month for the named group.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	4	Other Adults Eligibility Group
Measure Type	OP	
Measure No.	1	Average Other Adult Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-04 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of Temporary Assistance for Needy Families (TANF)-Level Adult, Medically Needy, and Medicaid for Breast and Cervical Cancer(MBCC). A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premium Payable System.

BL 2020 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition

The average monthly number of Temporary Assistance for Needy Families (TANF)-Level Adult, Medically Needy, and Medicaid for Breast and Cervical Cancer(MBCC). A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premium Payable System.

Strategy-Related Measures Definitions

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BL 2021 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the average monthly number of recipient months for the named group.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	5	Children Eligibility Group
Measure Type	EF	
Measure No.	1	Average Income-Eligible Children Cost Per Recipient Month

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-05 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly expenditure per Child recipient month for clients in the Children strategy, excluding STAR Health children. The Children group includes all age-group related children. It does not include SSI children, medically needy children, children in the STAR Health program or members under 19 in the Pregnant Women risk group.

BL 2020 Data Limitations

None.

BL 2020 Data Source

PREM report. The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs for Texas Health Steps Dental, Medical Transportation and prescription drug.

BL 2020 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed Care & Non Managed Care are included for the aged- based Children’s groups in the non-disabled children strategy. (This excludes Supplemental Security Income kids and STAR Health.). Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the amount paid for each recipient month for the named group.

BL 2021 Definition

The average monthly expenditure per Child recipient month for clients in the Children strategy, excluding STAR Health children. The Children group includes all age-group related children. It does not include SSI children, medically needy children, children in the STAR Health program or members under 19 in the Pregnant Women risk group.

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BL 2021 Data Limitations

None.

BL 2021 Data Source

PREM report. The PREM consists of data from the monthly STMR 650/750 (Non Managed Care) & STRR 650/750 (Managed Care) statistical reports compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Dollars exclude costs for Texas Health Steps Dental, Medical Transportation and prescription drug.

BL 2021 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from claims and HMO capitation rates which include administration fees by the number of projected recipient months to be incurred. Managed Care & Non Managed Care are included for the aged- based Children's groups in the non-disabled children strategy. (This excludes Supplemental Security Income kids and STAR Health.). Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the amount paid for each recipient month for the named group.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	5	Children Eligibility Group
Measure Type	EF	
Measure No.	2	Average STAR Health Foster Care Children Cost Per Recipient Month

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-05 EF 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Average monthly expenditure per Foster care children recipient months in STAR Health.

BL 2020 Data Limitations

None.

BL 2020 Data Source

PREM report (currently with incurred data). The PREM consists of data from the statistical reports (STMR/STRR 650/750) compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Costs exclude prescription drugs and Medical Transportation Program. Because STAR Health premiums include dental costs, dental is included in this measure.

BL 2020 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from HMO capitation rates by the total recipient months to be incurred. The measure includes Managed Care for the Foster Care Children served in the statewide STAR Health program. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the amount paid for each recipient month for the named group.

BL 2021 Definition

Average monthly expenditure per Foster care children recipient months in STAR Health.

BL 2021 Data Limitations

None.

BL 2021 Data Source

PREM report (currently with incurred data). The PREM consists of data from the statistical reports (STMR/STRR 650/750) compiled by the Medicaid contractor, the Premiums Payable System, and Health Maintenance Organization (HMO) capitation rates. Costs exclude prescription drugs and Medical Transportation Program. Because STAR Health premiums include dental costs, dental is included in this measure.

Strategy-Related Measures Definitions

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BL 2021 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from HMO capitation rates by the total recipient months to be incurred. The measure includes Managed Care for the Foster Care Children served in the statewide STAR Health program. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the amount paid for each recipient month for the named group.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	5	Children Eligibility Group
Measure Type	OP	
Measure No.	1	Average Income-Eligible Children Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-05 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of recipient months for clients in the Children strategy, excluding STAR Health children. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. The Children group includes all age-group related children. It does not include Supplemental Security Income children, medically needy children, and children in the STAR Health program or members under 19 in the Pregnant Women risk group.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included for the age-based Children's groups in the non-disabled Children's strategy. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition

The average monthly number of recipient months for clients in the Children strategy, excluding STAR Health children. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services. The Children group includes all age-group related children. It does not include Supplemental Security Income children, medically needy children, and children in the STAR Health program or members under 19 in the Pregnant Women risk group.

BL 2021 Data Limitations

None.

Strategy-Related Measures Definitions
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BL 2021 Data Source

The Premiums Payable System.

BL 2021 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care and fee for service are included for the age-based Children's groups in the non-disabled Children's strategy. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the average monthly number of recipient months for the named group.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	5	Children Eligibility Group
Measure Type	OP	
Measure No.	2	Average STAR Health Foster Care Children Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-01-05 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of Foster Care Children in statewide Managed Care recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months. Managed care only is included; these children are Foster Care children served in the statewide managed care STAR Health program.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for the named group.

BL 2021 Definition

The average monthly number of Foster Care Children in statewide Managed Care recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for Medicaid services.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System.

Strategy-Related Measures Definitions

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BL 2021 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months. Managed care only is included; these children are Foster Care children served in the statewide managed care STAR Health program.

BL 2021 Purpose

This measure reflects the average monthly number of recipient months for the named group.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	6	Medicaid Prescription Drugs
Measure Type	EF	
Measure No.	1	Average Cost/Medicaid Recipient Month: Prescription Drugs

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-01-06 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure is the total Medicaid prescription cost incurred divided by the total number of recipient months incurred in the reporting period for a given state fiscal year.

BL 2020 Data Limitations

The Medicaid Prescription Drug dollars do not include any rebates or Clawback expenses.

BL 2020 Data Source

PREM report. Drug costs for drugs paid fee-for-service (FFS) comes from monthly MH 492 reports provided by the Medicaid contractor. Costs for Health Maintenance Organization (HMO) clients are based on caseload from the Premiums Payable System and capitation rates set by HHSC. Other drug expenditures include payments to MCOs for pass-through payments for dual-eligible clients enrolled in STAR+PLUS and non-risk based payments for high cost medications. Reports come from the Vendor Drug Program via the Medicaid claims contractor.

BL 2020 Methodology

This measure is the total Medicaid prescription cost (for FFS and managed care clients) incurred divided by the number of recipient months for the reporting period. Managed Care & Non Managed Care are included for all full benefit Medicaid clients. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future costs and caseload

BL 2020 Purpose

Captures the total prescription cost incurred divided by the total number of recipient months incurred in the reporting period.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	7	Health Steps (EPSDT) Dental
Measure Type	EF	
Measure No.	1	Avg Cost Per THSteps (EPSDT) Dental Recipient Months Per Month

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-01-07 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This is the average cost per recipient month per month of Texas Health Steps (THSteps) Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) of dental and orthodontic recipients eligible for dental and orthodontic services during the reporting period. Measure excludes STAR Health Clients as their dental is part of STAR Health capitation.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The STM650 report compiled monthly by the state Medicaid contractor is used for fee-for-service dental costs, and the Premium Payable System and rates set by HHSC is used for Dental Maintenance Organization dental costs (starting March 2012).

BL 2020 Methodology

This cost is calculated by dividing the total dental and orthodontic expenditures in the reporting period by the total number of THSteps Dental recipient months in the same reporting period. (THSteps Dental recipient months are the same group of eligible persons as the THSteps Orthodontic recipient months, so do not sum). Clients eligible include all Medicaid children under age 21 excluding foster care children in the STAR Health program. (STAR Health includes dental care.) Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2020 Purpose

Measures the average cost per eligible for THSteps (EPSDT) dental and orthodontic services.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	7	Health Steps (EPSDT) Dental
Measure Type	OP	
Measure No.	1	Average THSteps (EPSDT) Dental Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This is the average monthly number of recipient month for Texas Health Steps (THSteps) recipients eligible for dental and orthodontic services during the reporting period. Excludes STAR Health clients as their dental is part of the overall program benefits and capitation.

BL 2020 Data Limitations

None

BL 2020 Data Source

The Premium Payable System

BL 2020 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Managed care & fee for service are included. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for the named group.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	1	Acute Care Svcs (incl STARPLUS LTC) for Full-Benefit Clients
Strategy No.	8	Medical Transportation
Measure Type	EF	
Measure No.	1	Average Nonemergency Transportation (NEMT) Cost Per Recipient Month

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-01-08 EF 01

Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

NEMT Cost Per Recipient Month is the average amount paid for NEMT for each recipient month incurred. It is a blended per-member-per-month for all fee for service and managed care model costs.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

BL 2020 Data Source

Medicaid recipient month data are obtained from the Premiums Payable System (PPS) For managed care, NEMT cost data is calculated from Premium Payable System enrollment and rates set by HHSC. Fee-for Service (FFS) cost data is from claims administrator reports and the accounting system.

BL 2020 Methodology

This measure is the total NEMT cost (for FFS and managed care) incurred divided by the number of recipient months for the reporting period. Managed Care & fee for service are included. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future costs and caseload.

BL 2020 Purpose

This measure determines the average cost per recipient month.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	1	Community Attendant Services
Measure Type	EF	
Measure No.	1	Average Mthly Cost Per Individual Served: Community Attendant Services

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-02-01 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Community Attendant Services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as amounts incurred for services delivered but not yet paid. The average monthly number of Medicaid non-waiver community attendant services individuals is defined under output measure 1 of this strategy.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims administrator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

Units of service paid to date for a given service month are divided by the number of individuals with claims approved-to-pay for the month of service to yield an "average units per individual to date," which is then adjusted by adding the average amount of change expected to occur over the remaining payment months, using moving averages to calculate historical average amounts of change for each additional payment period. The amount paid for a given month is divided by the units of service paid to date for the month of service to yield an "average cost per unit to date." The adjusted units of service per individual is multiplied by the average cost per unit times the number of individuals served (as reported in 1.2.2 OP 1). The sum of the expenditures for all months in the reporting period is then divided by the sum of the number of CAS individuals for all months of the reporting period.

BL 2020 Purpose

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Community Attendant Services per individual per month.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	1		Medicaid
Objective No.	2		Community Services and Supports - Entitlement
Strategy No.	1		Community Attendant Services
Measure Type	OP		
Measure No.	1		Average # of Individuals Served Per Mnth: Community Attendant Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-02-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received the Medicaid-funded non-waiver Community Services and Supports, Community Attendant Services (CAS) (formerly referred to as Frail Elderly).

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

The number of individuals authorized to receive CAS services, as well as the number of units of service authorized, are obtained from the Commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

The monthly average for the reporting period is calculated by dividing the sum of the monthly number of individuals for all months of the reporting period, by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the "completion factor" method are over-ridden for service months in which fewer than three payment periods of data is available (or for additional months if necessary, based upon analyst judgment.)

For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals served with the funding that has been appropriated.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	2	Primary Home Care
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Individual Served: Primary Home Care

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-02-02 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Primary Home Care services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as amounts incurred for services delivered but not yet paid. This is a fee-for-service only. The average monthly number of Medicaid non-waiver primary home care individuals is defined under output measure 1 of this strategy.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims administrator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

The units of service paid to date for a given service month are divided by the number of individuals for whom claims have been approved-to-pay for the corresponding month of service to yield an “average units per individual to date” for a given month of service. The average units per individual to-date amounts for each service month are then adjusted by adding the average amount of change expected to occur over the remaining payment months, using moving averages to calculate historical average amounts of change for each additional payment period.

The average monthly expenditure for the named group is calculated by dividing total expenditures by the total by the number of projected recipient months to be incurred for the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services available under this strategy. This unit cost is a tool for projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	2	Primary Home Care
Measure Type	OP	
Measure No.	1	Average Number of Individuals Served Per Month: Primary Home Care

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-02-02 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received Medicaid-funded non-waiver Community Services and Supports, Primary Home Care. This is a fee-for-service only.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

The number of individuals authorized to receive Primary Home Care services, as well as the number of units of service authorized, are obtained from the Commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly ind. count (as described above) for all months of the reporting period, by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the completion factor method are over-ridden for service months in which fewer than three payment periods of data is available (or for additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals served with the funding that has been appropriated.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	3	Day Activity and Health Services (DAHS)
Measure Type	EF	
Measure No.	1	Avg Mthly Cost Per Individual Served: Day Activity and Health Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-02-03 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Day Activity and Health Services (XIX) per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as amounts incurred for services delivered but not yet paid. This is a fee-for-service only. The average monthly number of Medicaid non-waiver day activity and health services individuals is defined under output measure 1 of this strategy.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims administrator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

The average monthly expenditure for the named group is calculated by dividing the total expenditures by the total by the number of projected recipient months to be incurred for the reporting period. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reports the average cost of Medicaid non-waiver Community Services and Supports Day Activity and Health Services (XIX) per individual per month.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	3	Day Activity and Health Services (DAHS)
Measure Type	OP	
Measure No.	1	Average Number of Individuals Per Month: Day Activity/Health Services

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-02-03 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the monthly average number of individuals who, based upon approved-to-pay claims, received Medicaid-funded non-waiver Community Services and Supports Day Activity and Health Services (XIX).

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

The number of individuals authorized to receive the above services, as well as the number of units of service authorized, are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual count for all months of the reporting period by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the completion factor method are over-ridden for service months in which fewer than three payment periods of data is available (or additional months if necessary, based upon analyst judgment). For these service months, the census values are estimated by using the historical ratio of individual served (based upon claims data) to individuals authorized to receive the service (per SAS). Please note that using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals served with the funding that has been appropriated.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	4	Nursing Facility Payments
Measure Type	EF	
Measure No.	1	Net Nursing Facility Cost Per Medicaid Resident Per Month

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-02-04 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average net nursing facility cost per Medicaid nursing facility resident (individual) per month. This is a measure of fee-for-service only.

BL 2020 Data Limitations

Because it takes up to 36 months to close out 100% of the days of service billed for a month of service, the Medicaid payments as well as the amount of individual income contribution ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

BL 2020 Data Source

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved-to-pay are obtained from claims payment data provided to the agency by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

BL 2020 Methodology

The average daily nursing home rate for the reporting period less the applied income per day for the reporting period equals the net cost per Medicaid resident per day for each month in the reporting period. The net cost per Medicaid resident per day is then multiplied by the calendar days in the month to obtain the value for that service month.

The average value for each reporting period is calculated by taking the sum of the product of the "net nursing facility cost per average daily rate" for each month in the reporting period (as calculated above), times the estimated "average number of individuals receiving Medicaid-funded nursing facilities per month" for each month of the reporting period, and dividing that sum by the sum of the estimated "average number of individuals receiving Medicaid-funded nursing facilities per month" for all months of the reporting period.

BL 2020 Purpose

This measure is important because it is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the total unit cost to HHSC for providing Medicaid reimbursed services in a nursing facility. This data is a useful tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	4	Nursing Facility Payments
Measure Type	OP	
Measure No.	1	Avg. Number Receiving Medicaid-funded FFS Nursing Facility Services/Mo

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-02-04 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average number of individuals receiving Medicaid-funded nursing facility services during the reporting period. This is a fee-for-service only.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

Month-of-service to-date data that reports, by type of service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

BL 2020 Methodology

Data are computed by taking the number of Medicaid days of nursing facility services ultimately incurred for a month of service and dividing by the number of calendar days in the month to derive an average daily census. This result is the average number of individuals receiving services during the month. The reported data are calculated by dividing the sum of the monthly number of individuals receiving Medicaid-funded nursing facility services for all months of the reporting period, by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the completion factor method are over-ridden for service months in which fewer than three payment periods of data is available.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals receiving the service that expends the majority of funding appropriated to this strategy. This count is an indication of service demand and is a useful tool for projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	4	Nursing Facility Payments
Measure Type	OP	
Measure No.	2	Average Number Receiving Personal Needs Allowance Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average unduplicated number of Medicaid eligible, Supplemental Security Income (SSI) institutional individuals who received a 100% state-funded payment to enhance their "Personal Needs Allowance" (PNA) above the SSI standard payment amount. The PNA is the amount of funds an individual is allowed to retain in order to pay for incidentals that are not provided by the institution. The standard SSI payment for a individual in an institution is only \$30 per month. This is a fee-for-service only. All eligible individuals receive a supplemental payment of \$15 per month.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Individual counts are obtained from the department's Health and Human Services Administrative System (HHSAS) Financials. The payment amount is established by rule and does not vary by individual.

BL 2020 Methodology

Monthly individual counts for this measure are derived each month by dividing the monthly amount expended for this service by \$15. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts for all months in the reporting period, by the number of months in the reporting period.

BL 2020 Purpose

This measure is important because it quantifies the number of individuals who receive this service, which was mandated by the Texas Legislature.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	5	Medicare Skilled Nursing Facility
Measure Type	EF	
Measure No.	1	Net Medicaid/Medicare Copay Per Individual-FFS Nursing Facility Svcs

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-02-05 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the net monthly payment per individual receiving co-paid Medicaid/Medicare nursing facility services. The department pays the daily Medicare skilled nursing facility co-insurance payments for individuals who are eligible for both Medicare and Medicaid. This is a fee-for-service only.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

Month-of-service to-date data that reports, by type of service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

BL 2020 Methodology

Units of service paid to date for a given service month are divided by the number of individuals for whom claims have been approved-to-pay for the corresponding month of service to yield an avg units per ind. to date for a given month of service. The avg. units per ind. to-date amts for each service month are adjusted by adding the avg. amount of change expected to occur over the remaining pymt months, using moving averages to calculate historical avg. amts. of change for each additional pymt period. For each service month, the avg net cost per day of service is calculated by subtracting the avg. amt. of client income per patient day from the Medicare co-payment rate. The est.expenditure for each service month is calculated as follows: the (adjusted) units of service per ind. times the avg cost per unit times the number of individuals served (as calculated and reported in 1.2.5.OP-1).

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to providing services in this strategy. It quantifies the unit cost for the Medicare co-payment for eligible nursing facility residents. This data is a tool for projecting future funding needs.

BL 2021 Methodology

Methodology (continued) - The sum of the monthly expenditures for all months in the reporting period is divided by the sum of the number of SNF individuals for all months of the reporting period.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	5	Medicare Skilled Nursing Facility
Measure Type	OP	
Measure No.	1	Average Number Receiving Nursing Facility Copayments/Mo

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-02-05 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the monthly average number of persons receiving co-paid Medicaid/Medicare nursing facility services during the reporting period. The department pays the daily Medicare skilled nursing facility co-insurance payments for persons who are eligible for both Medicare and Medicaid. This is a fee-for-service only.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

Month-of-service to-date data that reports, by type of service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

BL 2020 Methodology

The data are calculated by dividing the sum of the monthly number of persons receiving co-paid Medicaid/ Medicare nursing facility services for all months of the reporting period by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the completion factor method are over-ridden for service months in which fewer than four payment periods of data is available.(or additional months if necessary.) For these service months, the census values are estimated by using the "completion factor"-generated estimate from the preceding month, plus the average monthly change for the two prior years.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of persons receiving one of the services funded under this strategy. This count is an indication of service demand and is a useful tool for projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	6	Hospice
Measure Type	EF	
Measure No.	1	Average Net Payment Per Individual Per Month for Hospice

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-02-06 EF 01

Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average net cost per individual per month for Hospice Services. Expenditures are defined as payments made to providers for services delivered to clients, as well as incurred amounts for services delivered but not yet paid. The average monthly number of Medicaid Hospice clients is defined under output measure 1.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

Month-of-service to-date data that reports by type-of-service, the number of clients for whom claims have been approved-to-pay, the number of units of service approved-to-pay, the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes COGNOS software.

BL 2020 Methodology

Units of service paid to date for a given service month are divided by the number of inds with claims approved-to-pay for the month of service to yield an "avg. units per ind to date," which is then adjusted by adding the avg amt of change expected to occur over the remaining pymt months, using moving avgs to calculate historical avg amts of change for each additional pymt period. The amt paid for a given month is divided by the units of service paid to date for the month of service to yield an "avg. cost per unit to date." The avg. cost per ind to-date amts for each service month are then adjusted by adding the avg. amt of change expected to occur over the remaining pymt months, using moving avgs to calculate historical avg. amts of change for each additional pymt period. The adjusted units of service per ind are multiplied by the avg cost per unit multiplied by the number of inds served.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the total unit cost to the agency for providing Medicaid reimbursed hospice services. This data is a useful tool for projecting future funding needs.

BL 2021 Methodology

Methodology (continued) The sum of the expenditures for all months in the reporting period is then divided by the sum of the number of Hospice inds for all months of the reporting period.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	1	Medicaid	
Objective No.	2	Community Services and Supports - Entitlement	
Strategy No.	6	Hospice	
Measure Type	OP		
Measure No.	1	Average Number of Individuals Receiving Hospice Services Per Month	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-02-06 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average of the unduplicated monthly number of individuals receiving Hospice services during the reporting period.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

Month-of-service to-date data that reports, by type of service, the number of clients for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes COGNOS software.

BL 2020 Methodology

The data are calculated by dividing the sum of the monthly number of persons receiving Hospice services for all months of the reporting period by the number of months in the reporting period. Completion factors are applied to claims data-to-date to estimate the final number of individuals receiving services. Census values estimated through the "completion factor" method are over-ridden for service months in which fewer than four payment periods of data is available.(Or additional months if necessary.) For these service months, the census values are estimated by using the "completion factor"-generated estimate from the preceding month, plus the average monthly change for the two prior years.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It provides a count of individuals receiving one of the services funded under this strategy. This count is an indication of service demand and is a useful tool for projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	7	Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)
Measure Type	EF	
Measure No.	1	Monthly Cost Per ICF/IID Medicaid Eligible Individual

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-02-07 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This efficiency measure is the average monthly cost per individual in Community Intermediate Care Facilities for Individuals With an Intellectual Disability or Related Conditions (ICF/IID).

BL 2020 Data Limitations

Because it takes several months to close out 100% of the days of service billed for a month of service, the Medicaid payments as well as the amount of individual income contribution ultimately incurred for months that have not yet closed out must be estimated. based upon approved-to-pay claims data to-date.

BL 2020 Data Source

Month-of-service to-date data that reports, by facility size, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software. In addition, the numbers of individuals authorized to receive ICF-ID services by facility size are obtained from the commission's Service Authorization System (SAS).

BL 2020 Methodology

For each facility size grouping, the average daily rate for the reporting period less the applied income per patient day for the reporting period equals the net cost per resident per day for each month in the reporting period. The net cost per resident per day is then multiplied by the calendar days in the month to obtain the value for that service month. The average value for each reporting period is calculated by taking the sum of the products of the "monthly (net) cost per ICF-IID individual" for each month in the reporting period (as calculated above), times the estimated "number of (Medicaid- funded) persons in ICF/IID Medicaid beds" (as defined in 1.2.7 OP 1)" for each month of the reporting period, and dividing that sum by the sum of the estimated "number of (Medicaid- funded) persons in ICF/IID Medicaid beds for all months of the reporting period.

BL 2020 Purpose

This measure allows the agency to track the cost, over time, of ICF/IID services provided to individuals served by state operated and non-state operated providers.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	7	Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)
Measure Type	OP	
Measure No.	1	Average Number of Persons in ICF/IID Medicaid Beds Per Month

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-02-07 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This output measure is the average number of Medicaid-funded individuals who reside in all Community ICFs/IID.

BL 2020 Data Limitations

Completion factors must be used to estimate data for months that have not been closed out.

BL 2020 Data Source

Month-of-service to-date data that reports, by facility size, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved to-pay, the amount of patient's "applied income" associated with approved-to-pay claims, and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application which utilizes TM1 software.

In addition, the numbers of individuals authorized to receive ICF-ID services by facility size are obtained from the commission's Service Authorization System (SAS)

BL 2020 Methodology

The number of individuals served is defined as an "average daily census", i.e, the number of days of service incurred in a month divided by the the number of calendar days in that month. Data includes all bed size groupings; small (6 beds or less), medium (7 to 14 beds), and large (15 beds or more). Census values estimated through the "completion factor" method are over-ridden for service months in which fewer than three payment periods of data is available. (or additional months if necessary.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

BL 2020 Purpose

This measure reflects the system-wide level of activity occurring over time and allows the agency to associate ICF/IID Medicaid beds with related costs and outcomes.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	2	Community Services and Supports - Entitlement
Strategy No.	7	Intermediate Care Facilities - for Individuals w/ ID (ICF/IID)
Measure Type	OP	
Measure No.	2	Average Number of ICF/IID Medicaid Beds Per Month

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-02-07 OP 02

Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This output measure is the average number of certified beds in all Community ICFs/IID.

BL 2020 Data Limitations

None

BL 2020 Data Source

Client Assignment and Registration (CARE) system database of ICF/IID provider that contains information about location and size of each facility. HHSC staff certifies beds for the purpose of Medicaid reimbursement.

BL 2020 Methodology

The total number of Medicaid certified beds in all ICFs/IID each month is determined for the last day of the month. The measure is the average number of beds each month as calculated for the reporting quarter and year-to-date. The numerator is the sum of the monthly bed count for each month of the reporting period. The denominator is the number of months in the reporting period. The formula is numerator/denominator.

BL 2020 Purpose

This measure reflects the system-wide level of activity occurring over time and allows the agency to associate ICF/IID Medicaid beds with related costs and outcomes.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	1	Home and Community-based Services (HCS)
Measure Type	EF	
Measure No.	1	Avg Mthly Cost Per Individual Served: Home & Community Based Services

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-01 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure captures the average cost per month for serving Medicaid Home and Community-Based Services waiver (HCS) individuals.

BL 2020 Data Limitations

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. Therefore, for the current quarter, the numerator is an estimated expenditure amount based on prior period billing data and the denominator is the actual enrollments for the current quarter.

BL 2020 Data Source

Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

BL 2020 Methodology

Units of service paid to date for a given service month are divided by the number of individuals with claims approved-to-pay for the month of service to yield an "average units per individuals to date", which is then adjusted by adding the average amount of change expected to occur over the remaining payment months, using moving averages to calculate historical average amounts of change for each additional payment period. The average value for each report period is calculated by taking the sum of the product of the adj.monthly cost per ind. for each month in the rept. period, times the est. "average number of ind. receiving HCS per month" for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the est. "average number of individuals receiving HCS per month" for each month of the reporting period times the number of months in the reporting period.

BL 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of HCS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	1	Home and Community-based Services (HCS)
Measure Type	EF	
Measure No.	2	Avg Mthly Cost Indiv Served: Home and Community-Based Svcs Residential

Calculation Method: N	Target Attainment: H	Priority: H	Cross Reference:
Key Measure: Y	New Measure: Y	Percentage Measure: N	

BL 2020 Definition

This measure captures the average cost per month for serving Medicaid Non-Residential Home and Community-Based Services waiver (HCS) individuals.

BL 2020 Data Limitations

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. Therefore, for the current quarter, the numerator is an estimated expenditure amount based on prior period billing data and the denominator is actual enrollments for the current quarter.

BL 2020 Data Source

This measure is derived from enrollment and billing data, which are provided on a monthly basis. The calculation uses the average billing rate per individual from the HCS billing system for the Residential slot type. Since there is a 95-day billing window for the waiver programs, the average billing rate is an average of the prior months that are complete. The calculation also uses the monthly number of individuals enrolled from the Client Assignment and Registration (CARE) system for the Residential slot type. The enrollment report provides the number of individuals entering and leaving by slot type. The ending enrollment balance at the end of the month represents the beginning balance for the next month by slot type. This combination of enrollments and average billing rates is used rather than utilizing the billing system alone because of the 95 day billing window for submitting claims.

BL 2020 Methodology

For the Residential slot type within the HCS program, the average billing rate for each month is multiplied by the number enrolled for those same months to determine a monthly expenditure amount. The monthly expenditure amount and number of individuals enrolled for the Residential slot type within HCS are aggregated into a total monthly expenditure amount and total number of individuals enrolled. The aggregated monthly expenditure amount for each of the three months in the reporting quarter is summed. The aggregated number of individuals for each of the three months in the reporting quarter is also summed. The quarterly aggregated expenditure amount is divided by the quarterly aggregated number of individuals enrolled for an average monthly cost per individual for the reporting quarter. Once the billing data for previously reported quarters is complete, the values reported in ABEST will be updated using only the aggregated average monthly billing rate for all waivers.

BL 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of HCS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	1		Medicaid
Objective No.	3		Long-term Care - Non-entitlement
Strategy No.	1		Home and Community-based Services (HCS)
Measure Type	EF		
Measure No.	3		Avg Mthly Cost Indiv: Home & Community-Based Svcs Non Residential

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:

Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure captures the average cost per month for serving Medicaid Non-Residential Home and Community-Based Services waiver (HCS) individuals.

BL 2020 Data Limitations

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. Therefore, for the current quarter, the numerator is an estimated expenditure amount based on prior period billing data and the denominator is actual enrollments for the current quarter.

BL 2020 Data Source

This measure is derived from enrollment and billing data, which are provided on a monthly basis. The calculation uses the average billing rate per individual from the HCS billing system for the Non-Residential slot type. Since there is a 95-day billing window for the waiver programs, the average billing rate is an average of the prior months that are complete. The calculation also uses the monthly number of individuals enrolled from the Client Assignment and Registration (CARE) system for the Non-Residential slot type. The enrollment report provides the number of individuals entering and leaving by slot type. The ending enrollment balance at the end of the month represents the beginning balance for the next month by slot type. This combination of enrollments and average billing rates is used rather than utilizing the billing system alone because of the 95 day billing window for submitting claims.

BL 2020 Methodology

For the Non-Residential slot type within the HCS program, the average billing rate for each month is multiplied by the number enrolled for those same months to determine a monthly expenditure amount. The monthly expenditure amount and number of individuals enrolled for the Non-Residential slot type within HCS are aggregated into a total monthly expenditure amount and total number of individuals enrolled. The aggregated monthly expenditure amount for each of the three months in the reporting quarter is summed. The aggregated number of individuals for each of the three months in the reporting quarter is also summed. The quarterly aggregated expenditure amount is divided by the quarterly aggregated number of individuals enrolled for an average monthly cost per individual for the reporting quarter. Once the billing data for previously reported quarters is complete, the values reported in ABEST will be updated using only the aggregated average monthly billing rate for all waivers.

BL 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of HCS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	1	Medicaid	
Objective No.	3	Long-term Care - Non-entitlement	
Strategy No.	1	Home and Community-based Services (HCS)	
Measure Type	EX		
Measure No.	1	# Individuals Receiving Services at the End of the Fiscal Year: HCS	

Calculation Method: N **Target Attainment: L** **Priority: M** Cross Reference: Agy 529 085-R-S70-1 01-03-01 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides an unduplicated workload count of priority population eligible individuals receiving intellectual disability Medicaid Home and Community-Based Services waiver (HCS) funded services at the end of the fiscal year.

BL 2020 Data Limitations

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. If the original claim is rejected for payment for any reason, the provider has up to 180 days from the end of the original service month to correct the claim and re-bill it. Since the documentation of a service being provided to an individual is based on these claims, accurate counts of numbers served during a fiscal year may not be available for several months past the fiscal year. Values reported in the Automated Budget and Evaluation System of Texas (ABEST) can be updated when the appropriation year closes and the LBB reopens the system.

BL 2020 Data Source

The providers of HCS waiver services submit Medicaid claims for the services provided during each month. The numbers of individuals served is taken from a standard production report.

BL 2020 Methodology

This is a simple unduplicated count of individuals that received HCS waiver services at the end of the fiscal year.

BL 2020 Purpose

Due to the high demand for these services, as indicated by the number of individuals waiting for waiver services, it is critical for the department to monitor how many individuals are receiving the service annually in order to determine the service level that will be carried into the next Fiscal Year and/or Biennium.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

Strategy-Related Measures Definitions
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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	1	Home and Community-based Services (HCS)
Measure Type	EX	
Measure No.	2	Avg # Individis on Interest List Per Month: Home & Commity Based Svcs

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-01 EX 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure provides a simple count of individuals who express an interest in Home and Community-Based Waiver services (HCS). For purposes of this measure, interest is defined as placing one’s name on the interest list with the local authority for HCS waiver services. The count only includes those individuals on the list who are in “open” status (I.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.)

BL 2020 Data Limitations

The accuracy of the HCS interest list is dependent upon the submission of accurate data by the Local Authorities (LAs). There may be duplication of names between interest lists for ID services.

BL 2020 Data Source

An individual seeking ID services or an individual seeking ID services on behalf of another individual with intellectual or developmental disabilities begins the review of service options with the local authority staff. If the individual, legal representative or family member decides they are interested in HCS waiver services, the name of the individual is entered onto the interest list for HCS waiver services in the CARE system.

BL 2020 Methodology

This is a simple count on the last day of the month of individuals whose names have been entered into the Client Assignment and Registration (CARE) system as interested in HCS waiver services. When calculating the average monthly number of individuals on the interest for a given fiscal year, the average of the months in the fiscal year is calculated. When necessary, future and past periods are estimated based on the counts of the available months.

BL 2020 Purpose

This measure is an indicator of the unmet need for services provided under the HCS waiver as currently funded by this strategy and is a tool for projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	1	Home and Community-based Services (HCS)
Measure Type	EX	
Measure No.	3	Avg # on HCS Interest List Receiving Other Svcs Per Mth

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-01 EX 04
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average number of clients per month, who were receiving other long-term services and supports (LTSS), while on the Interest List.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source

Regional Staff enters data into a reporting database known as Community Services Interest List (CSIL) that is maintained by State Office Program, but matching up with SAS data to include people receiving other services.

BL 2020 Methodology

This Measure is calculated by taking the number of clients receiving other long-term services and supports while on the interest list divided by the number of months.

BL 2020 Purpose

This measure is a mechanism for tracking those clients on the interest list who receive other long-term services and supports while waiting.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	1	Home and Community-based Services (HCS)
Measure Type	EX	
Measure No.	4	% Declined Svcs or Found to Be Ineligible Svcs at the EOY HCS Waiver

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-01 EX 05
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This measure reports the annual number of individuals whose name was released from the HCS interest list, resulting in a non-enrollment closure expressed as a percentage of all individuals whose name was released from a HCS interest list. As individuals come to the top of the interest list, they are either deemed ineligible, or there is no affirmative response to enroll.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

BL 2020 Data Source

Community Services Interest List (CSIL) that is maintained by Agency Staff. Each month, reports are generated from this system that provide the number of individuals released from the interest list, the number of individuals enrolled, the number of non-enrollment enclosures, and the number of individuals in release status for whom the final disposition is still pending.

BL 2020 Methodology

The measure is calculated by dividing the number of individuals whose names were released from the HCS interest list and where the HCS interest list record for those individuals were closed during the fiscal year without the individuals being enrolled for HCS, by the total number of individuals whose names were released from the HCS interest list and where the HCS interest list record for those individuals were closed during the fiscal year.

BL 2020 Purpose

This measure is a mechanism for tracking the percentage of those individuals that come to the top of the interest list, that are either deemed ineligible, or from whom there is no affirmative response to enroll.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	1	Home and Community-based Services (HCS)
Measure Type	EX	
Measure No.	5	Percent of HCS Recipients Receiving Residential Services

Calculation Method: N	Target Attainment: H	Priority: H	Cross Reference:
Key Measure: Y	New Measure: Y	Percentage Measure: Y	

BL 2020 Definition

This measure reports the number of HCS recipients, per month, who are receiving residential services, expressed as a percentage of all individuals receiving HCS services.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Month-of-service data that reports the number of individuals for whom claims have been approved -to-pay are obtained from a claims payment report provided by HHSC, using data from the CARE system. This report breaks down the data into individuals who received residential services vs individuals who received services in non-residential settings.

BL 2020 Methodology

The measure is calculated by dividing the number of individuals who received HCS residential services by the total number of individuals who received any HCS service, based upon claims payment data.

BL 2020 Purpose

This measure is a mechanism for tracking the percentage of those individuals in the HCS program that choose to live in a residential setting, as opposed to other alternatives.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	1	Home and Community-based Services (HCS)
Measure Type	OP	
Measure No.	1	Avg # Individuals Served Per Mth: Home & Commity Based Services (HCS)

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-01 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure captures the unduplicated count of priority population eligible individuals who receive Home and Community-Based Services waiver (HCS) funded services on a monthly basis.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to calculate this measure. The number of individuals authorized to receive HCS services is obtained from the commission's Client Assignment and Registration (CARE) system . Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system .

BL 2020 Methodology

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the "completion factor" method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to-month, the estimated census values estimated through the "completion factor" method are over-ridden for service months in which fewer than three payment periods of data is available.(Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per CARE).

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate HCS waiver-funded services with related costs and outcomes.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	2	Community Living Assistance and Support Services (CLASS)
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Individual: CLASS Waiver

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-02 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average cost of Medicaid Related Conditions Waiver (CLASS) services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals, as well as incurred amounts for services delivered but not yet paid. The average monthly number of CLASS individuals is defined under output measure 1 of this strategy.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the days of service billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

BL 2020 Data Source

Month-of-service to-date data that reports by type-of-service the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

Estimates are derived by first dividing the exp. to-date for a given month of service by the number of ind. for who claims have been approved-to-pay to-date for the same month of service to yield an average monthly cost per ind. served to date for a given month of service. The average monthly cost per ind. to-date for each service month is then adjusted by adding the average amount of change in cost expected to occur over the remaining payment months, using moving averages to calculate hist. average amounts of change for each add. payment period. However, because of the normal amount of variation which occurs in processing billings from month-to month, an alt. method is used for service months in which fewer than three payment periods of data is available. For these service months, the values are est. by using the average of the value generated by the methodology explained above, and the est. from the preceding month, plus the average monthly change for the two prior years.

BL 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of CLASS waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

BL 2021 Definition

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	2	Community Living Assistance and Support Services (CLASS)
Measure Type	EX	
Measure No.	1	Average Number on Interest List: Community Living Assistance & Support

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-02 EX 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average monthly unduplicated number of individuals who have requested CLASS waiver services, but are placed on an interest list for CLASS due to funding constraints.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source

Data are captured by means of a reporting database maintained by State Office program staff. Individuals are placed on an interest list by means of a telephone call to the State Office Interest List Hotline or by completion of Form 3620, Intake Summary of Individual’s Need for Services. The count only includes those individuals on the list who are in “open” status (i.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.) The count may include individuals who are waiting for CLASS while receiving other Community Services and Supports.

BL 2020 Methodology

Counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly counts of individuals on the interest list for CLASS (as described above) for all months of the reporting period, by the number of months in the reporting period.

BL 2020 Purpose

This measure is an indicator of the unmet need for services provided under the Medicaid CLASS waiver as currently funded by this strategy and is a tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	2	Community Living Assistance and Support Services (CLASS)
Measure Type	EX	
Measure No.	2	# of Persons Receiving Svcs at the End of the Fiscal Year: CLASS

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-02 EX 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Community Living Assistance & Support Services (CLASS) waiver during the last month of the fiscal year being reported.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive CLASS waiver services is obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

BL 2020 Methodology

This is a simple unduplicated count of individuals who received CLASS waiver services during the last month of the fiscal year being reported.

BL 2020 Purpose

By reporting the number of persons served at the end of the fiscal year, this measure allows the State to determine the service level that will be carried into the next fiscal year and/or biennium.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	2	Community Living Assistance and Support Services (CLASS)
Measure Type	EX	
Measure No.	3	Avg # on CLASS Interest List Receiving Other Svcs Per Mth

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-02 EX 04
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average number of clients per month, who were receiving other long-term services and supports (LTSS), while on the Interest List.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source

Regional Staff enters data into a reporting database known as Community Services Interest List (CSIL) that is maintained by State Office Program, but matching up with SAS data to include people receiving other services.

BL 2020 Methodology

This Measure is calculated by taking the number of clients receiving other long-term services and supports while on the interest list divided by the number of months.

BL 2020 Purpose

This measure is a mechanism for tracking those clients on the interest list who receive other long-term services and supports while waiting.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	2	Community Living Assistance and Support Services (CLASS)
Measure Type	EX	
Measure No.	4	% Declined Svcs or Found to Be Ineligible Svcs at the EOY CLASS Waiver

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: Y**

BL 2020 Definition

This measure reports the annual number of individuals whose name was released from the CLASS interest list, resulting in a non-enrollment closure expressed as a percentage of all individuals whose name was released from a CLASS interest list. As individuals come to the top of the interest list, they are either deemed ineligible, or there is no affirmative response to enroll.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

BL 2020 Data Source

Community Services Interest List (CSIL) that is maintained by Agency Staff. Each month, reports are generated from this system that provide the number of individuals released from the interest list, the number of individuals enrolled, the number of non-enrollment enclosures, and the number of individuals in release status for whom the final disposition is still pending.

BL 2020 Methodology

The measure is calculated by dividing the number of individuals whose names were released from the CLASS interest list and where the CLASS interest list record for those individuals were closed during the fiscal year without the individuals being enrolled for CLASS, by the total number of individuals whose names were released from the CLASS interest list and where the CLASS interest list record for those individuals were closed during the fiscal year.

BL 2020 Purpose

This measure is a mechanism for tracking the percentage of those individuals that come to the top of the interest list, that are either deemed ineligible, or from whom there is no affirmative response to enroll.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	2	Community Living Assistance and Support Services (CLASS)
Measure Type	OP	
Measure No.	1	Average Number of Individuals Served Per Month: CLASS Waiver

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-02 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims by month of service, received services under the Medicaid Related Conditions waiver (CLASS). CLASS offers people of all ages, who have severe disabilities, the opportunity to live in their own home and to work and socialize in their communities. CLASS is a cost effective alternative to institutional care with a service array that includes case management, habilitation, respite care, physical therapy, occupational therapy, speech therapy, nursing services, psychological services, adaptive aids/supplies, minor home modifications, and unlimited prescriptions.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive CLASS waiver services is obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the "completion factor" method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to-month, the estimated census values estimated through the "completion factor" method are over-ridden for service months in which fewer than three payment periods of data is available.(Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

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BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate CLASS waiver -funded services with related costs and outcomes.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	3	Deaf-Blind Multiple Disabilities (DBMD)
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Individual: Deaf-Blind Waiver

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-03 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average cost of Deaf - blind with Multipile Disabilities Waiver services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals, as well as incurred amounts for services delivered but not yet paid. The average monthly number of Deaf - blind with Multipile Disabilities Waiver individuals is defined under output measure 1 of this strategy.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the days of service billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date.

BL 2020 Data Source

Month-of-service to-date data that reports by type-of-service the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

First divide expenditures for a given month by the number of ind. to yield an avg monthly cost. This is then adj. by adding the avgchange in cost expected over the remaining payment months, using moving avgs to calculate hist. average amounts of change for each additional payment period. When fewer than 3 payment periods of data is avail, the values are est. by using the avg of the value generated by the methodology above, and the est. from the preceding month, plus the avg monthly change for the 2 prior years.

The avg value for each report period is calculated by taking the sum of the product of the adj.monthly cost per ind. for each month in the rept. period, times the est. “average number of ind. receiving DBMD per month” for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the est.“average number of individuals receiving DBMD per month” for each month times the number of months in the reporting period.

BL 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of Deaf - blind with Multipile Disabilities waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	3	Deaf-Blind Multiple Disabilities (DBMD)
Measure Type	EX	
Measure No.	1	Average Number on Interest List: Deaf-Blind Mult Disabilities Waiver

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-03 EX 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average monthly unduplicated number of individuals who have requested Deaf-blind with Multiple Disabilities Waiver services, but are placed on an interest list for Deaf-blind with Multiple Disabilities Waiver services due to funding constraints.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source

Data are reported by means of a reporting database maintained by State Office program staff. Individuals are placed on an interest list by means of a telephone call to the State Office Interest List Hotline or by completion and submittal of Form 6501 Deaf-Blind Medicaid Waiver Interest List Form. The count only includes those individuals on the list who are in “open” status (I.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.) The count may include individuals who are waiting for Deaf-blind with Multiple Disabilities Waiver services while receiving other Community Services and Supports.

BL 2020 Methodology

Counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly counts of individuals on the interest list for Deaf-blind with Multiple Disabilities Waiver (as described above) for all months of the reporting period, by the number of months in the reporting period.

BL 2020 Purpose

This measure is an indicator of the unmet need for services provided under the Deaf-blind with Multiple Disabilities Waiver as currently funded by this strategy and is a tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	3	Deaf-Blind Multiple Disabilities (DBMD)
Measure Type	EX	
Measure No.	2	# of Persons Receiving Services at the End of the Fiscal Year: DBMD

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-03 EX 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Medicaid Deaf-blind with Multiple Disabilities waiver during the last month of the fiscal year being reported.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

BL 2020 Methodology

This is a simple unduplicated count of individuals who received Medicaid Deaf-blind with Multiple Disabilities waiver services during the last month of the fiscal year being reported

BL 2020 Purpose

By reporting the number of individuals served at the end of the fiscal year, this measure allows the State to determine the service level that will be carried into the next fiscal year and/or biennium.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	3	Deaf-Blind Multiple Disabilities (DBMD)
Measure Type	EX	
Measure No.	3	Avg # DBMD Interest List Receiving Other Svcs Per Mth

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-03 EX 04
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average number of clients per month, who were receiving other long-term services and supports (LTSS), while on the Interest List.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source

Regional Staff enters data into a reporting database known as Community Services Interest List (CSIL) that is maintained by State Office Program, but matching up with SAS data to include people receiving other services.

BL 2020 Methodology

This Measure is calculated by taking the number of clients receiving other long-term services and supports while on the interest list divided by the number of months.

BL 2020 Purpose

This measure is a mechanism for tracking those clients on the interest list who receive other long-term services and supports while waiting.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	3	Deaf-Blind Multiple Disabilities (DBMD)
Measure Type	EX	
Measure No.	4	% Declined Svcs or Found to Be Ineligible Svcs at the EOY DBMD Waiver

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: Y**

BL 2020 Definition

This measure reports the number of clients who were waiting on interest lists and either then declined services when they became available or were deemed to be ineligible for those particular waiver services. As clients come to the top of the interest list, they are either deemed ineligible, or there is no affirmative response to enroll.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

BL 2020 Data Source

Regional Staff enters data into a reporting database known as Community Services Interest List (CSIL) that is maintained by State Office Program

BL 2020 Methodology

The measure is calculated by subtracting the number of clients enrolled on Interest Lists in various waiver programs from the total number of clients enrolled and denied to get total number of clients declined or ineligible for services.

BL 2020 Purpose

This measure is a mechanism for tracking those clients waiting on an interest list and then for multiple reasons had to come off of them.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

Strategy-Related Measures Definitions
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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
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Goal No.	1	Medicaid	
Objective No.	3	Long-term Care - Non-entitlement	
Strategy No.	3	Deaf-Blind Multiple Disabilities (DBMD)	
Measure Type	OP		
Measure No.	1	Average Number of Individuals Served Per Month: Deaf-Blind Waiver	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-03 OP 01

Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received one or more services under the Deaf-blind with Multiple Disabilities Waiver.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the "completion factor" method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to-month, the estimated census values estimated through the "completion factor" method are over-ridden for service months in which fewer than three payment periods of data is available.(Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate Medicaid Deaf-blind with Multiple Disabilities waiver-funded services with related costs and outcomes.

Please note that using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	4	Texas Home Living Waiver
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Individual Served: Texas Home Living Waiver

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-04 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure captures the average cost per month for serving Texas Home Living (TxHmL) Waiver individuals.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the services billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date

BL 2020 Data Source

Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

BL 2020 Methodology

First divide expenditures for a given month by the number of ind. to yield an avg monthly cost. This is then adj. by adding the avgchange in cost expected over the remaining payment months, using moving avgs to calculate hist. average amounts of change for each additional payment period. When fewer than 3 payment periods of data is avail, the values are est. by using the avg of the value generated by the methodology above, and the est. from the preceding month, plus the avg monthly change for the 2 prior years.

The average value for each report period is calculated by taking the sum of the product of the adj.monthly cost per ind. for each month in the rept. period, times the est. “average number of ind. receiving HCS per month” for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the est.“average number of individuals receiving HCS per month” for each month times the number of months in the reporting period.

BL 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of TxHmL waiver-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	4	Texas Home Living Waiver
Measure Type	EX	
Measure No.	1	# of Individuals Receiving Svcs at the End of the Fiscal Year: Tx HML

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-04 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides an unduplicated workload count of priority population eligible individuals receiving ID Texas Home Living (TxHmL) waiver funded services at the end of the fiscal year.

BL 2020 Data Limitations

Original claims for services provided may be submitted by providers of waiver services up to 95 days after the end of the service month. If the original claim is rejected for payment for any reason, the provider has up to 180 days from the end of the original service month to correct the claim and re-bill it. Since the documentation of a service being provided to an individual is based on these claims, accurate counts of numbers served may not be available for several months past the fiscal year. Updates to the values reported in the Automated Budget and Evaluation System of Texas (ABEST) will be available when the appropriation year closes.

BL 2020 Data Source

The providers of waiver services submit Medicaid claims for the services provided during each month. The numbers of individuals served is taken from a standard production report.

BL 2020 Methodology

This is a simple unduplicated count of individuals that received TxHmL waiver services at the end of the fiscal year.

BL 2020 Purpose

Due to the very high demand for these services, as indicated by the number of individuals waiting for TxHmL waiver services, it is critical that the commission monitors how many individuals are receiving the service annually.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	4	Texas Home Living Waiver
Measure Type	EX	
Measure No.	2	Average Number Individuals on Interest List Per Month: TXHMLV Waiver

Calculation Method: N	Target Attainment: L	Priority: M	Cross Reference:
Key Measure: Y	New Measure: Y	Percentage Measure: N	

BL 2020 Definition

This measure provides a simple count of individuals who express an interest in Texas Home Living Waiver services (TxHmL). For purposes of this measure, interest is defined as placing one’s name on the interest list with the local authority for TxHmL waiver services. The count only includes those individuals on the list who are in “open” status (I.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.)

BL 2020 Data Limitations

The accuracy of the TxHmL interest list is dependent upon the submission of accurate data by the Local Authorities (LAs). There may be duplication of names between interest lists for ID services.

BL 2020 Data Source

An individual seeking ID services or an individual seeking ID services on behalf of another individual with intellectual or developmental disabilities begins the review of service options with the local authority staff. If the individual, legal representative or family member decides they are interested in TxHmL waiver services, the name of the individual is entered onto the interest list for TxHmL waiver services in the CARE system.

BL 2020 Methodology

This is a simple count on the last day of the month of individuals whose names have been entered into the Client Assignment and Registration (CARE) system as interested in TxHmL waiver services. When calculating the average monthly number of individuals on the interest list for a given fiscal year, the average of the months in the fiscal year is calculated. When necessary, future and past periods are estimated based on the counts of the available months.

BL 2020 Purpose

This measure is an indicator of the unmet need for services provided under the TxHmL waiver as currently funded by this strategy and is a tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	4	Texas Home Living Waiver
Measure Type	EX	
Measure No.	3	Avg # on TXHL Waiver Interest List Receiving Other Services Per Month

Calculation Method: N **Target Attainment: L** **Priority: M** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average number of clients per month, who were receiving other LTSS Services, while on the Interest List.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source

Local Authority Staff enters individuals names into the CARE interest list. These names are then matched against service authorization data from the Service Authorization System to determine whether individuals on the Texas Home Living Interest list are receiving other services.

BL 2020 Methodology

This Measure is calculated by taking the annual number of clients receiving other HHSC services while on the interest list divided by the number of months.

BL 2020 Purpose

This measure is a mechanism for tracking those clients on the interest list who receive other HHSC services while waiting.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	4	Texas Home Living Waiver
Measure Type	EX	
Measure No.	4	% Declined Svcs or Found to Be Ineligible Svcs at the EOY TXHL Waiver

Calculation Method: N **Target Attainment: L** **Priority: M** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: Y**

BL 2020 Definition

This measure reports the number of individuals whose name was released from the TxHmL interest list, resulting in a non-enrollment closure, expressed as a percentage of all individuals whose name was released from a TxHmL interest list and for whom a final disposition has been reached. As individuals come to the top of the interest list, they are either enrolled, deemed ineligible, determined there is no affirmative response to enroll, or still in process. This measure excludes from the calculation those individuals who are still in process.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

BL 2020 Data Source

Local Authority Staff enters data into the CARE Interest List system. Each month, reports are generated from this system that provide the number of individuals released from the interest list, the number of individuals enrolled, the number of non-enrollment enclosures, and the number of individuals in release status for whom the final disposition is still pending.

BL 2020 Methodology

The measure is calculated by dividing the number of individuals whose names were released from the TxHmL interest list and where the TxHmL interest list record for those individuals were closed during the fiscal year without the individuals being enrolled for TxHmL, by the total number of individuals whose names were released from the TxHmL interest list and where the TxHmL interest list record for those individuals were closed during the fiscal year.

BL 2020 Purpose

This measure is a mechanism for tracking the percentage of those individuals that come to the top of the interest list, that are either deemed ineligible, or from whom there is no affirmative response to enroll.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
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Goal No.	1	Medicaid	
Objective No.	3	Long-term Care - Non-entitlement	
Strategy No.	4	Texas Home Living Waiver	
Measure Type	OP		
Measure No.	1	Avg Number of Individuals Served Per Month: Texas Home Living Waiver	

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-04 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure captures the unduplicated count of priority population eligible individuals who receive Texas Home Living (TxHmL) Waiver funded services on a monthly basis.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to calculate this measure. The number of individuals authorized to receive Texas Home Living services is obtained from the commission's Client Assignment and Registration (CARE) system . Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from a claims payment report provided by HHSC enterprise, using data from the CARE system.

BL 2020 Methodology

For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available.(Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per CARE).

Please note that using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate TxHmL waiver-funded services with related costs and outcomes.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
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Goal No.	1	Medicaid	
Objective No.	3	Long-term Care - Non-entitlement	
Strategy No.	5	Program of All-inclusive Care for the Elderly (PACE)	
Measure Type	EF		
Measure No.	1	Avg Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)	

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-05 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average cost for providing a month of care for a PACE individual. PACE provides community-based services for frail and aging individuals who would qualify for nursing facility placement. A comprehensive care approach is used to provide an array of medical, functional, and day activity services for a capitated monthly fee that is below the cost of comparable institutional care.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive PACE services are obtained from the commission’s Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

First, the expenditures to-date for a given month of service are divided by the number of individuals for whom claims have been approved-to-pay to -date for the same month of service to yield an average monthly cost per individual served to date for a given month of service. The average value for each reporting period is then calculated by taking the sum of the product of the adjusted monthly cost per individual for each month in the reporting period (as calculated above), times the estimated “average number of individuals receiving PACE per month” (as calculated in 1.3.5 Output measure 1) for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the estimated “average number of individuals receiving PACE per month” for each month of the reporting period.

BL 2020 Purpose

This measure is important because it provides the unit cost associated with providing long-term care and acute care services to PACE recipients. This data is a useful tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	5	Program of All-inclusive Care for the Elderly (PACE)
Measure Type	EX	
Measure No.	1	Number of Persons Receiving Svcs End of Fiscal Year: PACE

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-05 EX 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Program of All-Inclusive Care for the Elderly (PACE) during the last month of the fiscal year being reported.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

BL 2020 Data Source

The source for expenditure and recipient data is approved-to pay data from the Claims Management System (CMS) by means of ad hoc query.

BL 2020 Methodology

This is a simple unduplicated count of individuals who received Program of All-inclusive Care for the Elderly (PACE) services during the last month of the fiscal year being reported.

BL 2020 Purpose

This measure provides a count of individuals served through the agency's PACE project. This data is a useful tool for projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
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Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	5	Program of All-inclusive Care for the Elderly (PACE)
Measure Type	OP	
Measure No.	1	Avg # of Recipients Per Month: Program for All Inclusive Care (PACE)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-05 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average number of individuals who are enrolled in a Program for All Inclusive Care For the Elderly (PACE) managed care model. PACE is a national demonstration project that provides community-based services to frail and aging individuals who qualify for nursing facility placement. It uses a comprehensive care approach, furnishing an array of services for a monthly fee that is below the cost of comparable institutional care. All PACE individuals are dually eligible (Medicare and Medicaid) long-term-care utilizers.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive PACE services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

The sum of the monthly number of PACE recipients for all months of the reporting period is divided by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the "completion factor" method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to month, the estimated census values estimated through the "completion factor" method are over-ridden for service months in which fewer than three payment periods of data is available.(Or additional months if necessary.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

Using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.

Strategy-Related Measures Definitions
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BL 2020 Purpose

This measure provides a count of individuals served through the agency's PACE project. This data is a useful tool for projecting future funding needs.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	1		Medicaid
Objective No.	3		Long-term Care - Non-entitlement
Strategy No.	6		Medically Dependent Children Program (MDCP)
Measure Type	EF		
Measure No.	1		Average Monthly Cost Per Individual: MDCP Waiver

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-06 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average cost of Medically Dependent Children Program (MDCP) Waiver services per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as incurred amounts for services delivered but not yet paid. The average monthly number of children served is defined under output measure 1 of this strategy.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the days of service billed for a month of service, the expenditures ultimately incurred for months that have not yet closed out must be estimated based upon approved-to-pay claims data to-date

BL 2020 Data Source

Month-of-service to-date data that reports, by type of service, the number of individuals for whom claims have been approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

First divide expenditures for a given month by the number of ind. to yield an avg monthly cost. This is then adj. by adding the avgchange in cost expected over the remaining payment months, using moving avgs to calculate hist. average amounts of change for each additional payment period. When fewer than 3 payment periods of data is avail, the values are est. by using the avg of the value generated by the methodology above, and the est. from the preceding month, plus the avg monthly change for the 2 prior years.

The avg value for each report period is calculated by taking the sum of the product of the adj.monthly cost per ind. for each month in the rept. period, times the est. “average number of ind. receiving MDCP per month” for each month of the reporting period times the number of months in the reporting period, and dividing that sum by the sum of the est.“average number of individuals receiving MDCP per month” for each month times the number of months in the reporting period.

BL 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services for which funding has been appropriated. It allows the agency to track the cost of MDCP-funded services over time, helps to maintain the fiscal integrity of the program by ensuring the availability of funds within appropriated resources and is a tool for projecting future funding needs.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	1	Medicaid	
Objective No.	3	Long-term Care - Non-entitlement	
Strategy No.	6	Medically Dependent Children Program (MDCP)	
Measure Type	EX		
Measure No.	1	Average Number on Interest List Per Month: MDCP Waiver	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 01-03-06 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average monthly unduplicated number of individuals who have requested Medically Dependent Children Program (MDCP) services, but are placed on an interest list for these services due to funding constraints. Individuals are placed on an interest list by means of a telephone call to the State Office Interest List Hotline or through completion of a Form 3620, Intake/Summary of Individuals Need for Services. The count only includes those individuals on the list who are in "open" status (i.e., it excludes those individuals who are being processed for eligibility to begin receiving the service.)

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information.

BL 2020 Data Source

Counts are collected on a monthly basis. Data are reported by means of a reporting database maintained by State Office program staff.

BL 2020 Methodology

The monthly average for the reporting period is calculated by dividing the sum of the monthly counts of individuals on the interest list for MDCP (as described above) for all months of the reporting period, by the number of months in the reporting period.

BL 2020 Purpose

This measure is an indicator of the unmet need for services provided under the MDCP as currently funded by this strategy and is a tool for projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	6	Medically Dependent Children Program (MDCP)
Measure Type	EX	
Measure No.	2	# Persons Receiving Svcs at the End of the Fiscal Year: MDCP

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-06 EX 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the number of individuals who, based upon approved-to-pay claims, received one or more services under the Medically Dependent Children Program (MDCP) during the last month of the fiscal year being reported.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive MDCP services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

BL 2020 Methodology

This is a simple unduplicated count of individuals who received MDCP services during the last month of the fiscal year being reported.

BL 2020 Purpose

By reporting the number of individuals served at the end of the fiscal year, this measure allows the State to determine the service level that will be carried into the next fiscal year and/or biennium.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	3	Long-term Care - Non-entitlement
Strategy No.	6	Medically Dependent Children Program (MDCP)
Measure Type	EX	
Measure No.	3	% Declined Svcs or Found to Be Ineligible Svcs at the EOY MDCP Waiver

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 01-03-06 EX 05
Key Measure: Y	New Measure: N	Percentage Measure: Y	

BL 2020 Definition

The measure is calculated by counting the number of individuals whose name was released from the MDCP interest list and where the MDCP interest list record for that individual was closed during the fiscal year without the individual being enrolled for MDCP expressed as a percentage of all individuals whose name was released from a MDCP interest list.

BL 2020 Data Limitations

Individuals on the list are contacted at least annually to determine whether they are still interested in remaining on the list and to verify contact information. Payment lag or using sample data may also be a limitation.

BL 2020 Data Source

Community Services Interest List (CSIL) that is maintained by Agency Staff. Each month, reports are generated from this system that provide the number of individuals released from the interest list, the number of individuals enrolled, the number of non-enrollment enclosures, and the number of individuals in release status for whom the final disposition is still pending.

BL 2020 Methodology

The measure is calculated by dividing the number of individuals whose names were released from the MDCP interest list and where the MDCP interest list record for those individuals were closed during the fiscal year without the individuals being enrolled for MDCP, by the total number of individuals whose names were released from the MDCP interest list and where the MDCP interest list record for those individuals were closed during the fiscal year.

BL 2020 Purpose

This measure is a mechanism for tracking those individuals that come to the top of the interest list, they are either deemed ineligible, or there is no affirmative response to enroll expressed as a percentage of all individuals whose name was released from a MDCP interest list.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: 529	Agency: Health and Human Services Commission
Goal No.	1 Medicaid
Objective No.	3 Long-term Care - Non-entitlement
Strategy No.	6 Medically Dependent Children Program (MDCP)
Measure Type	OP
Measure No.	1 Average Number of Individuals Served Per Month: MDCP Waiver

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average unduplicated number of individuals who received one or more services under the Medically Dependent Children Program (MDCP) Waiver.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive MDCP services are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software.

BL 2020 Methodology

The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period. For the most part, the number of individuals ultimately receiving services are estimated by the "completion factor" method, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to month, the estimated census values estimated through the "completion factor" method are over-ridden for service months in which fewer than three payment periods of data is available.(Or additional months if necessary.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It reflects the system-wide level of activity occurring over time and allows the agency to associate MDCP- funded services with related costs and outcomes.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	4	Other Medicaid Services
Strategy No.	1	Non-Full Benefit Payments
Measure Type	EF	
Measure No.	1	Average Emergency Services for Non-citizens Cost Per Recipient Month

Calculation Method: N **Target Attainment: L** **Priority: L** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

The average monthly costs of providing Medicaid to non-citizens residing in the United States, who are in need of medical services due to an emergency condition. TP 30 eligible persons are aliens residing in the United States who do not meet citizenship requirements for TANF or other medical programs. These persons are non-immigrants, undocumented persons, and certain legal permanent residents (LPR). This measure involves Type 30 (TP 30) program recipient months and expenditures.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System and the STMR 647A provided by the state Medicaid Contractor.

BL 2020 Methodology

The total TP 30 expenditures incurred are divided by the total number of TP 30 recipient months. Data is provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

Captures the average monthly cost of providing Medicaid to TP 30 non-citizens residing in the U.S., who are in need of medical services due to an emergency condition..

BL 2021 Definition

The average monthly costs of providing Medicaid to non-citizens residing in the United States, who are in need of medical services due to an emergency condition. TP 30 eligible persons are aliens residing in the United States who do not meet citizenship requirements for TANF or other medical programs. These persons are non-immigrants, undocumented persons, and certain legal permanent residents (LPR). This measure involves Type 30 (TP 30) program recipient months and expenditures.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System and the STMR 647A provided by the state Medicaid Contractor.

Strategy-Related Measures Definitions

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BL 2021 Methodology

The total TP 30 expenditures incurred are divided by the total number of TP 30 recipient months. Data is provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

Captures the average monthly cost of providing Medicaid to TP 30 non-citizens residing in the U.S., who are in need of medical services due to an emergency condition.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	4	Other Medicaid Services
Strategy No.	1	Non-Full Benefit Payments
Measure Type	OP	
Measure No.	1	Average Monthly Number of Non-citizens Receiving Emergency Services

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-04-01 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reflects the number of Type 30 (TP 30) aliens residing in the United States who have an emergency medical condition and meet all Medicaid eligibility criteria except citizenship. TP 30 eligible persons are aliens residing in the United States who do not meet citizenship requirements for Temporary Assistance for Needy Families (TANF) or other medical programs. These persons are undocumented aliens and certain legal permanent resident aliens. This measure includes all TP 30 program recipient months.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premium Payable System.

BL 2020 Methodology

The Average Number of Undocumented Persons Recipient Months Per Month is the sum of the monthly TP 30 recipient months divided by the number of months summed. Data is provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of TP 30 aliens residing in the U.S. who have an emergency medical condition covered by Medicaid.

BL 2021 Definition

This measure reflects the number of Type 30 (TP 30) aliens residing in the United States who have an emergency medical condition and meet all Medicaid eligibility criteria except citizenship. TP 30 eligible persons are aliens residing in the United States who do not meet citizenship requirements for Temporary Assistance for Needy Families (TANF) or other medical programs. These persons are undocumented aliens and certain legal permanent resident aliens. This measure includes all TP 30 program recipient months.

BL 2021 Data Limitations

None.

Strategy-Related Measures Definitions
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BL 2021 Data Source

The Premium Payable System.

BL 2021 Methodology

The Average Number of Undocumented Persons Recipient Months Per Month is the sum of the monthly TP 30 recipient months divided by the number of months summed. Data is provided on an incurred basis. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2021 Purpose

This measure reflects the average monthly number of TP 30 aliens residing in the U.S. who have an emergency medical condition covered by Medicaid.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	4	Other Medicaid Services
Strategy No.	2	For Clients Dually Eligible for Medicare and Medicaid
Measure Type	EF	
Measure No.	1	Average Part B Premium Per Month

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-04-02 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly premium paid for Supplemental Medical Insurance Benefits (SMIB) Part B Premium for Medicare eligible Medicaid clients. The SMIB Part B premium is set by the Social Security Administration and is effective for each calendar year.

BL 2020 Data Limitations

This measure includes Qualified Medicare Beneficiary Qualifying Individuals (QMB QI-1s). The MF 232-01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.

BL 2020 Data Source

Social Security Act and report MF 232-01

BL 2020 Methodology

The average is calculated by taking the total estimated dollar value of claims projected to be incurred for this type of client and dividing the total by the number of projected recipient months to be incurred. The SMIB Part B premium is set by the Social Security Administrations and is effective for each calendar year. Caseload data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

HHSC pays the Social Security Administration a premium for coverage of physician and other related services.

BL 2021 Definition

The average monthly premium paid for Supplemental Medical Insurance Benefits (SMIB) Part B Premium for Medicare eligible Medicaid clients. The SMIB Part B premium is set by the Social Security Administration and is effective for each calendar year.

BL 2021 Data Limitations

This measure includes Qualified Medicare Beneficiary Qualifying Individuals (QMB QI-1s). The MF 232-01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.

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BL 2021 Data Source

Social Security Act and report MF 232-01

BL 2021 Methodology

The average is calculated by taking the total estimated dollar value of claims projected to be incurred for this type of client and dividing the total by the number of projected recipient months to be incurred. The SMIB Part B premium is set by the Social Security Administrations and is effective for each calendar year. Caseload data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

HHSC pays the Social Security Administration a premium for coverage of physician and other related services.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	4	Other Medicaid Services
Strategy No.	2	For Clients Dually Eligible for Medicare and Medicaid
Measure Type	EF	
Measure No.	2	Average Part A Premium Per Month

Calculation Method: N **Target Attainment: L** **Priority: L** Cross Reference: Agy 529 085-R-S70-1 01-04-02 EF 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly premium paid for Medicare Part A coverage for Medicare eligible Medicaid clients. The Medicare Part A premium is set by the Social Security Administration and is effective for each calendar year. Medicare Part A is hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Social Security Act and report MF832 01.

BL 2020 Methodology

The average is calculated by taking the total estimated dollar value of claims projected to be incurred by clients and dividing this total by the number of projected recipient months to be incurred. The numerator will be the sum of full and reduced rate Part A dollars; the denominator will be the sum of full and reduced rate Part A recipient months. The Medicare Part A premium is set by the Social Security Administration and is effective for each calendar year.

BL 2020 Purpose

HHSC pays the Social Security Administration a premium for coverage of inpatient hospital stays and other related services.

BL 2021 Definition

The average monthly premium paid for Medicare Part A coverage for Medicare eligible Medicaid clients. The Medicare Part A premium is set by the Social Security Administration and is effective for each calendar year. Medicare Part A is hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Social Security Act and report MF832 01.

Strategy-Related Measures Definitions

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BL 2021 Methodology

The average is calculated by taking the total estimated dollar value of claims projected to be incurred by clients and dividing this total by the number of projected recipient months to be incurred. The numerator will be the sum of full and reduced rate Part A dollars; the denominator will be the sum of full and reduced rate Part A recipient months. The Medicare Part A premium is set by the Social Security Administration and is effective for each calendar year.

BL 2021 Purpose

HHSC pays the Social Security Administration a premium for coverage of inpatient hospital stays and other related services.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	4	Other Medicaid Services
Strategy No.	2	For Clients Dually Eligible for Medicare and Medicaid
Measure Type	EF	
Measure No.	3	Avg Qualified Medicare Beneficiaries (QMBs) Cost Per Recipient Month

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-04-02 EF 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is the average monthly cost for the payment of Medicare deductible and coinsurance benefits for eligible Medicaid clients. This is for Qualified Medicare Beneficiaries (QMBs).

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System and monthly STMR650 provided by the Medicaid contractor.

BL 2020 Methodology

The calculation is made by taking the total yearly deductible and coinsurance payments paid and dividing this by the total monthly number of QMB recipient months for the year. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure is the average monthly cost for the payment of deductible and coinsurance benefits for Medicare eligible Medicaid clients.

BL 2021 Definition

This measure is the average monthly cost for the payment of Medicare deductible and coinsurance benefits for eligible Medicaid clients, Qualified Medicare Beneficiaries (QMBs).

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System and monthly STMR650 provided by the Medicaid contractor.

Strategy-Related Measures Definitions

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BL 2021 Methodology

The calculation is made by taking the total yearly deductible and coinsurance payments paid and dividing this by the total monthly number of QMB recipient months for the year. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure is the average monthly cost for the payment of deductible and coinsurance benefits for Medicare eligible Medicaid clients.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	4	Other Medicaid Services
Strategy No.	2	For Clients Dually Eligible for Medicare and Medicaid
Measure Type	OP	
Measure No.	1	Average Part B Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-04-02 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of recipient months of eligibility for which a premium payment is made for supplemental medical insurance benefits (SMIB) Part B coverage. Medicare Part B is medical insurance that helps pay for physician services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A. This measure includes both full-benefit and qualified partial-benefit clients.

BL 2020 Data Limitations

This measure includes Qualified Medicare Beneficiary Qualifying Individuals (QMB QI-1s). The MF 232- 01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.

BL 2020 Data Source

Monthly MF 232-01 report, which provides the number of premiums for each month on an incurred basis.

BL 2020 Methodology

The average is the sum of the monthly recipient months in the reporting period divided by the number of months summed. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

HHSC pays the Social Security Administration a premium for Medicare Part B coverage for Qualified Medicare Beneficiaries (QMB), and Specified Low-Income Medicare Beneficiaries (SLMB), which covers physician and other related services.

BL 2021 Definition

The average monthly number of recipient months of eligibility for which a premium payment is made for supplemental medical insurance benefits (SMIB) Part B coverage. Medicare Part B is medical insurance that helps pay for physician services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A. This measure includes both full-benefit and qualified partial-benefit clients.

BL 2021 Data Limitations

Strategy-Related Measures Definitions

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This measure includes Qualified Medicare Beneficiary Qualifying Individuals (QMB QI-1s). The MF 232- 01 report, a source document for this measure, provides both SMIB and QMB QI-1 recipient months. No distinction is made between the two types in this report. QMB QI-1s are a subset of the SMIB population, and both have the same calendar year premiums.

BL 2021 Data Source

Monthly MF 232-01 report, which provides the number of premiums for each month on an incurred basis.

BL 2021 Methodology

The average is the sum of the monthly recipient months in the reporting period divided by the number of months summed. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

HHSC pays the Social Security Administration a premium for Medicare Part B coverage for Qualified Medicare Beneficiaries (QMB), and Specified Low-Income Medicare Beneficiaries (SLMB), which covers physician and other related services.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	4	Other Medicaid Services
Strategy No.	2	For Clients Dually Eligible for Medicare and Medicaid
Measure Type	OP	
Measure No.	2	Average Part A Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-04-02 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of Medicare eligible recipients for which a Medicare Part A premium is paid. HHSC pays the Social Security Administration a premium for Part A coverage for Qualified Medicare Beneficiaries (QMB) and Medicaid Qualified Medicare Beneficiaries (MQMB). The premium covers hospitalizations and other related services.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Monthly MF 832-01 report, which provides the number of premiums for each month on an incurred basis.

BL 2020 Methodology

The average is the sum of the monthly recipient months in the reporting period divided by the number of months summed. Part A full rate and reduced rate recipient months are included. Data are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

HHSC pays the Social Security Administration a premium for Part A coverage for Qualified Medicare Beneficiaries (QMB) and Medicaid Qualified Medicare Beneficiaries (MQMB). The premium covers hospitalizations and other related services.

BL 2021 Definition

The average monthly number of Medicare eligible recipients for which a Medicare Part A premium is paid. HHSC pays the Social Security Administration a premium for Part A coverage for Qualified Medicare Beneficiaries (QMB) and Medicaid Qualified Medicare Beneficiaries (MQMB). The premium covers hospitalizations and other related services.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Monthly MF 832-01 report, which provides the number of premiums for each month on an incurred basis.

Strategy-Related Measures Definitions

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BL 2021 Methodology

The average is the sum of the monthly recipient months in the reporting period divided by the number of months summed. Part A full rate and reduced rate recipient months are included. Data are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional eleven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

HHSC pays the Social Security Administration a premium for Part A coverage for Qualified Medicare Beneficiaries (QMB) and Medicaid Qualified Medicare Beneficiaries (MQMB). The premium covers hospitalizations and other related services.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	1	Medicaid
Objective No.	4	Other Medicaid Services
Strategy No.	2	For Clients Dually Eligible for Medicare and Medicaid
Measure Type	OP	
Measure No.	3	Average QMBs Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 01-04-02 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is the average monthly number of Medicare eligible partial benefit Medicaid clients who meet the criteria established by federal legislation.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

The quarterly average is the sum of the recipient months for the 3 months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months divided by the number of months summed. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

HHSC is required to pay Medicare premiums, deductibles, and coinsurance liabilities for Qualified Medicare Beneficiaries whose income is at or below certain eligibility criteria. These clients are not eligible for other Title XIX services.

BL 2021 Definition

This measure is the average monthly number of Medicare eligible partial benefit Medicaid clients who meet the criteria established by federal legislation.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System.

BL 2021 Methodology

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The quarterly average is the sum of the recipient months for the 3 months in the specified quarter divided by 3. The year to date average is the sum of the monthly recipient months divided by the number of months summed. Data is accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

HHSC is required to pay Medicare premiums, deductibles, and coinsurance liabilities for Qualified Medicare Beneficiaries whose income is at or below certain eligibility criteria. These clients are not eligible for other Title XIX services.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	3	Children's Health Insurance Program Services
Objective No.	1	CHIP Services
Strategy No.	1	Children's Health Insurance Program (CHIP)
Measure Type	EF	
Measure No.	1	Average CHIP Children Benefit Cost Per Recipient Month

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 03-01-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is the average monthly cost per recipient month of health premiums plus newborn screening and vaccine costs (excluding prescription drugs) for the Children’s Health Insurance Program (CHIP)for a reporting period.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Administrative Services Contractor furnishes a monthly report to HHSC containing the costs each health plan have incurred during the month . For vaccine and newborn screening costs, HHSC receives a quarterly invoice from Department of State Health Services.

BL 2020 Methodology

The amounts owed to the health carriers are totaled for the reporting period. This total is divided by the number of recipient months in the CHIP II program during the reporting period. This measure does not include prescription drugs and CHIP Perinatal costs or recipient months.

BL 2020 Purpose

The measure provides the average monthly benefit cost paid to CHIP enrolled medical (including immunizations and excluding prescription drugs) providers on behalf of CHIP federally funded clients.

BL 2021 Definition

This measure is the average monthly cost per recipient month of health premiums plus newborn screening and vaccine costs (excluding prescription drugs) for the Children’s Health Insurance Program (CHIP)for a reporting period.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Administrative Services Contractor furnishes a monthly report to HHSC containing the costs each health plan have incurred during the month . For vaccine and newborn screening costs, HHSC receives a quarterly invoice from Department of State Health Services.

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BL 2021 Methodology

The amounts owed to the health carriers are totaled for the reporting period. This total is divided by the number of recipient months in the CHIP II program during the reporting period. This measure does not include prescription drugs and CHIP Perinatal costs or recipient months.

BL 2021 Purpose

The measure provides the average monthly benefit cost paid to CHIP enrolled medical (including immunizations and excluding prescription drugs) providers on behalf of CHIP federally funded clients.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	3	Children's Health Insurance Program Services	
Objective No.	1	CHIP Services	
Strategy No.	1	Children's Health Insurance Program (CHIP)	
Measure Type	OP		
Measure No.	1	Average CHIP Children Recipient Months Per Month	

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 03-01-01 OP 01

Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is the average monthly recipient months in the CHIP Phase II program

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

The measure is calculated by totaling the recipient months for CHIP II eligibles from the enrollment report and dividing that number by the number of months in the period covered by the report. This measure does not include CHIP Perinatal recipient months. Recipient months are accounted for on an incurred basis and are estimated using completion factors. Forecasting models and trends are used to project future counts.

BL 2020 Purpose

Measures the average number of Traditional CHIP recipient months.

BL 2021 Definition

This measure is the average monthly recipient months in the CHIP Phase II program

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System.

BL 2021 Methodology

The measure is calculated by totaling the recipient months for CHIP II eligibles from the enrollment report and dividing that number by the number of months in the period covered by the report. This measure does not include CHIP Perinatal recipient months. Recipient months are accounted for on an incurred basis and are estimated using completion factors. Forecasting models and trends are used to project future counts.

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BL 2021 Purpose

Measures the average number of Traditional CHIP recipient months.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	3	Children's Health Insurance Program Services	
Objective No.	1	CHIP Services	
Strategy No.	2	CHIP Perinatal Services	
Measure Type	EF		
Measure No.	1	Average Perinatal Benefit Cost Per Recipient Month	

Calculation Method: N **Target Attainment: L** **Priority: L** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure is the average monthly cost of health premiums (excluding dental and prescription drugs) for the Children's Health Insurance Program (CHIP) Perinatal program for a reporting period.

BL 2020 Data Limitations

Data is on an incurred basis. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques.

BL 2020 Data Source

HHSC programs furnish a monthly report showing the costs each health plan has incurred during the month. For vaccine and newborn screening costs, HHSC receives a quarterly invoice from Department of State Health Services.

BL 2020 Methodology

The amounts owed to the health carriers are totaled for the reporting period. Prescription drugs are excluded. Divide the total cost by the total number of CHIP Perinatal recipient months (both pre-and post-natal) in the same reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2020 Purpose

Captures the average cost of CHIP Perinatal recipients per month, excluding dental and drug costs.

BL 2021 Definition

This measure is the average monthly cost of health premiums (excluding dental and prescription drugs) for the Children's Health Insurance Program (CHIP) Perinatal program for a reporting period.

BL 2021 Data Limitations

Data is on an incurred basis. If data is incomplete, estimates will be made based on completion ratios and other forecasting techniques.

BL 2021 Data Source

Strategy-Related Measures Definitions

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HHSC programs furnish a monthly report showing the costs each health plan has incurred during the month. For vaccine and newborn screening costs, HHSC receives a quarterly invoice from Department of State Health Services.

BL 2021 Methodology

The amounts owed to the health carriers are totaled for the reporting period. Prescription drugs are excluded. Divide the total cost by the total number of CHIP Perinatal recipient months (both pre-and post-natal) in the same reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2021 Purpose

Captures the average cost of CHIP Perinatal recipients per month, excluding dental and drug costs.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	3	Children's Health Insurance Program Services
Objective No.	1	CHIP Services
Strategy No.	2	CHIP Perinatal Services
Measure Type	OP	
Measure No.	1	Average Perinatal Recipient Months Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 03-01-02 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is the average monthly number of children enrolled in coverage under the Children’s Health Insurance Program (CHIP) Perinatal program for a reporting period.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Premiums Payable System.

BL 2020 Methodology

The measure is calculated by totaling the number of CHIP Perinatal recipient months (both pre- and post-natal) from the enrollment report and dividing that number by the number of months in the period covered by the report. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2020 Purpose

Captures the average number of CHIP Perinatal recipients month.

BL 2021 Definition

This measure is the average monthly number of children enrolled in coverage under the Children’s Health Insurance Program (CHIP) Perinatal program for a reporting period.

BL 2021 Data Limitations

None.

BL 2021 Data Source

The Premiums Payable System.

Strategy-Related Measures Definitions

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BL 2021 Methodology

The measure is calculated by totaling the number of CHIP Perinatal recipient months (both pre- and post-natal) from the enrollment report and dividing that number by the number of months in the period covered by the report. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2021 Purpose

Captures the average number of CHIP Perinatal recipients month.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	3	Children's Health Insurance Program Services	
Objective No.	1	CHIP Services	
Strategy No.	3	CHIP Prescription Drugs	
Measure Type	EF		
Measure No.	1	Average Cost/CHIP Recipient Month: Pharmacy Benefit	

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 03-01-03 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is the total Children’s Health Insurance Program (CHIP) prescription costs (which includes CHIP, and Perinatal clients) incurred during the reporting period divided by the total number of recipient months incurred during the reporting period.

BL 2020 Data Limitations

The CHIP prescription dollars do not include any rebates.

BL 2020 Data Source

CHIP PREM. Enrollment data is taken from the enrollment reports provided by the Administrative Services Contractor. All prescription drug costs in CHIP became capitated in March 2012, so drug costs are calculated based on premium rates set by HHSC.

BL 2020 Methodology

Divide the total CHIP prescription costs incurred during the reporting period by the total number of CHIP recipient months for traditional CHIP and CHIP Perinatal programs incurred during the reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2020 Purpose

The measure captures the total CHIP prescription cost incurred divided by the total number of CHIP recipient months.

BL 2021 Definition

This measure is the total Children’s Health Insurance Program (CHIP) prescription costs (which includes CHIP, and Perinatal clients) incurred during the reporting period divided by the total number of recipient months incurred during the reporting period.

BL 2021 Data Limitations

The CHIP prescription dollars do not include any rebates.

BL 2021 Data Source

CHIP PREM. Enrollment data is taken from the enrollment reports provided by the Administrative Services Contractor. All prescription drug costs in CHIP became capitated in March 2012, so drug costs are calculated based on premium rates set by HHSC.

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BL 2021 Methodology

Divide the total CHIP prescription costs incurred during the reporting period by the total number of CHIP recipient months for traditional CHIP and CHIP Perinatal programs incurred during the reporting period. Recipient months are accounted for under an incurred basis and the exposure period for each month is the current month plus an additional seven months to allow for corrections, re determinations, retroactive decisions, and post and prior eligibility periods. Because data are reported on an incurred basis, recipient month figures are completed using completion ratios. Forecasting models and trends are used to project future counts.

BL 2021 Purpose

The measure captures the total CHIP prescription cost incurred divided by the total number of CHIP recipient months.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	3	Children's Health Insurance Program Services
Objective No.	1	CHIP Services
Strategy No.	4	CHIP Dental Services
Measure Type	EF	
Measure No.	1	Average Monthly Cost of the Dental Benefit Per Chip Program Recipient

Calculation Method: N **Target Attainment: L** **Priority: M** Cross Reference: Agy 529 085-R-S70-1 03-01-04 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is the average monthly cost per recipient month of dental premiums for the Children’s Health Insurance Program (CHIP) program for a reporting period

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Administrative Services Contractor furnishes a monthly report to HHSC containing the premiums incurred for dental during the month.

BL 2020 Methodology

The amounts incurred for dental services are totaled for the reporting period and divided by the number of recipient months in the CHIP program during the reporting period. This measure includes CHIP Perinatal costs or recipient months for infants in the CHIP Perinatal program.

BL 2020 Purpose

The measure provides the average monthly benefit cost paid to CHIP enrolled dental plan providers on behalf of traditional CHIP program clients.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	1		Women's Health Programs
Measure Type	EF		
Measure No.	1		Average Monthly Cost Per Healthy Texas Women Client

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average monthly expenditure per Healthy Texas Women Program recipient month.

BL 2020 Data Limitations

None

BL 2020 Data Source

This measure consists of expenditure data from the monthly STMR 650A (Non Managed Care) statistical reports compiled by the Medicaid contractor and recipient month data from the Premiums Payable System. Also included are contract costs from CAPPs Financials and System of Contract Operation & Reporting (SCOR).

BL 2020 Methodology

The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from the stat report(claims) and contract costs by the number of projected recipient months to be incurred. The measure includes both fee-for-service and contract costs. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2020 Purpose

This measure reflects the amount paid for each recipient month for the named group.

BL 2021 Definition

This measure reports the average monthly expenditure per Healthy Texas Women Program recipient month.

BL 2021 Data Limitations

None

BL 2021 Data Source

This measure consists of expenditure data from the monthly STMR 650A (Non Managed Care) statistical reports compiled by the Medicaid contractor and recipient month data from the Premiums Payable System. Also included are contract costs from CAPPs Financials and System of Contract Operation & Reporting (SCOR).

BL 2021 Methodology

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The average monthly expenditure for the named group is calculated by dividing the total estimated dollars from the stat report(claims) and contract costs by the number of projected recipient months to be incurred. The measure includes both fee-for-service and contract costs. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future expenditures and recipient months.

BL 2021 Purpose

This measure reflects the average amount paid for each recipient month for the named group.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	1	Women's Health Programs
Measure Type	EF	
Measure No.	2	Average Monthly Cost Per Family Planning Client

Calculation Method: N	Target Attainment: L	Priority: L	Cross Reference: Agy 529 085-R-S70-1 04-01-01 EF 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average monthly cost of providing family planning services to eligible clients with HHSC family planning funds.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

BL 2020 Data Source

Client data are from the TMHP Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe. Expenditures data are from the Health and Human Services Contract Administration and Tracking System.

BL 2020 Methodology

For each reporting time period, the total funds expended for family planning contracts is summed and divided by the sum of the monthly unduplicated number of clients receiving family planning services from contracting and/or enrolled entities.

BL 2020 Purpose

This measure reports the average monthly cost of providing family planning services for eligible clients with HHSC family planning funds.

BL 2021 Definition

This measure reports the average monthly cost of providing family planning services to eligible clients with HHSC family planning funds.

BL 2021 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

BL 2021 Data Source

Client data are from the TMHP Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe. Expenditures data are from the Health and Human Services Contract Administration and Tracking System.

BL 2021 Methodology

For each reporting time period, the total funds expended for family planning contracts is summed and divided by the sum of the monthly unduplicated number of clients receiving family planning services from contracting and/or enrolled entities.

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BL 2021 Purpose

This measure reports the average monthly cost of providing family planning services for eligible clients with HHSC family planning funds.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	1	Women's Health Programs
Measure Type	EX	
Measure No.	1	# of Certified Clinical Providers Enrolled in Healthy Texas Women Pgm

Calculation Method: N **Target Attainment: L** **Priority: M** Cross Reference: Agy 529 085-R-S70-1 04-01-01 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of certified clinical providers enrolled and eligible to provide Healthy Texas Woman(HTW) services to HTW clients.

BL 2020 Data Limitations

Data only reports on providers who have certified and who can provide an annual women's health examination and prescribe family planning drugs and/or devices.

BL 2020 Data Source

Data are from the certified clinical provider universe held in the claims administrator's database or any newly developed reporting and analytic systems (e.g., Enterprise Data Warehouse).

BL 2020 Methodology

The provider count includes only those certified clinical providers who are certified and would perform the annual family planning exam and prescribe family planning drugs and devices. This includes physicians, physician extenders (e.g., physician assistants and advance practice nurses), FQHCs, ASCs, family planning agencies, and health clinics.

BL 2020 Purpose

This measure can be used to determine the number of certified clinical providers who can treat HTW clients and to determine multi-year trends in provider enrollment.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	1		Women's Health Programs
Measure Type	EX		
Measure No.	2		Number of Clinical Providers Enrolled in Family Planning

Calculation Method: N **Target Attainment: H** **Priority: M** Cross Reference: Agy 529 085-R-S70-1 04-01-01 EX 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of certified providers enrolled and eligible to provide Family Planning(FP)services to FP clients.

BL 2020 Data Limitations

Data only reports on providers who have been certified and who can provide an annual women's health examination and prescribe family planning drugs and/or devices.

BL 2020 Data Source

Data are from the certified provider universe held in the claims administrator's database or any newly developed reporting and analytic systems (e.g. Enterprise Data Warehouse)

BL 2020 Methodology

The provider count includes only those certified clinical providers who are certified and would perform the annual family planning exam and prescribe family planning drugs and devices. This includes physicians, physician extenders (e.g., physician assistants and advance practice nurses), FQHCs, ASCs, family planning agencies, and health clinics.

BL 2020 Purpose

This measure can be used to determine the number of certified clinical providers who can treat FP clients and to determine multi-year trends in provider enrollment.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	1	Women's Health Programs
Measure Type	OP	
Measure No.	1	Avg Monthly # Women Enrolled in Services through Healthy Texas Women

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average monthly number of Healthy Texas Women recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for HTW.

BL 2020 Data Limitations

None

BL 2020 Data Source

The Premium Payable System.

BL 2020 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of recipient months for clients enrolled in the HTW program.

BL 2021 Definition

This measure reports the average monthly number of Healthy Texas Women recipient months. A recipient month is defined as one month's coverage for an individual who has been determined as eligible for HTW.

BL 2021 Data Limitations

None

BL 2021 Data Source

The Premium Payable System.

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BL 2021 Methodology

Average recipient months per month is calculated by summing the named group's recipient months by month and dividing by the number of months summed. Recipient months are accounted for under an incurred basis, and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2021 Purpose

This measure reflects the average monthly number of recipient months for clients enrolled in the HTW program.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	1	Women's Health Programs
Measure Type	OP	
Measure No.	2	Average Monthly Number of Family Planning Clients

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-01-01 OP 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

BL 2020 Data Source

Client data is from the Texas Medicaid Health Partnership Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe.

BL 2020 Methodology

The average monthly number of adults receiving FP services is calculated by summing the monthly unduplicated client served counts and dividing by the number of summed months. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2020 Purpose

This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.

BL 2021 Definition

This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.

BL 2021 Methodology

The average monthly number of adults receiving FP services is calculated by summing the monthly unduplicated client served counts and dividing by the number of summed months. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2021 Purpose

This measure reports the average monthly number of persons receiving family planning services from contracting and/or enrolled entities funded through the HHSC Family Planning Program.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	1		Women's Health Programs
Measure Type	OP		
Measure No.	3		Number of Women over 21 Provided Title V Services

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-01 OP 03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the unduplicated number of women over 21 receiving prenatal, dysplasia, and genetics, and laboratory services through contracting agencies funded with Title V and/or related general revenue.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

BL 2020 Data Source

System reports for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2020 Methodology

Reported data is calculated by adding the number of clients from reports for the contracting agencies.

BL 2020 Purpose

This measure reports the unduplicated number of women aged 21 and over receiving prenatal, dysplasia, and genetics, and laboratory services through contracting agencies funded with Title V and/or related general revenue.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	1		Women's Health Programs
Measure Type	OP		
Measure No.	4		Average Monthly Number of Women Receiving HTW Services

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:

Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average monthly number of Healthy Texas Women receiving a service covered under the Healthy Texas Women program.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Ad Hoc Query Platform (AHQP) Claims Universe, TMHP.

BL 2020 Methodology

Average monthly number of women receiving a service in HTW is calculated by summing the number of monthly utilizers and dividing by the number of months summed. Number of women served are accounted for based on claims data and the exposure period for each month is the current month plus an additional seven months to allow for corrections, redeterminations, retroactive decisions, and post and prior eligibility periods. Completion factors may be applied to incomplete data. Forecasting models and trends are used to project future recipient months.

BL 2020 Purpose

This measure reflects the average monthly number of women receiving services in HTW, this is a measure of utilization.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4	Provide Additional Health-related Services	
Objective No.	1	Provide Primary Health and Specialty Care	
Strategy No.	2	Alternatives to Abortion. Nontransferable.	
Measure Type	OP		
Measure No.	1	Number of Persons Receiving Services as Alternative to Abortion	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-02 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of clients who receive services as an alternative to abortion. The Alternatives to Abortion program provides assistance which includes providing women with pregnancy and parenting information, connecting them with mentoring and social service programs, and providing them with time-limited material goods (e.g., car seats, clothing, etc.).

BL 2020 Data Limitations

HHSC must rely on the Alternatives to Abortion contractor to maintain information in their data collection system. The contractor depends on its subcontractors to timely and accurately enter data into the data collection system. Also, there is a gap between the due date for quarterly LBB reporting and the date the contractor is required to submit final program reports to the contract manager. To assist HHSC in timely reporting LBB measures, the contractor provides HHSC with unfiltered information that may include duplicate client counts.

BL 2020 Data Source

The data source is the Alternatives to Abortion contractor's data collection system.

BL 2020 Methodology

The Alternatives to Abortion contractor completes and submits a standardized template with required data elements on a monthly, quarterly and annual basis. The information is derived from the contractor's data collection system. This data is re-calculated each quarter to ensure an unduplicated count of clients is reflected in the year-to-date total.

BL 2020 Purpose

This measure reports the number of clients who receive services as an alternative to abortion. The Alternatives to Abortion program provides assistance which includes providing women with pregnancy and parenting information, connecting them with mentoring and social service programs, and providing them with time-limited material goods (e.g., car seats, clothing, etc.).

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	2		Alternatives to Abortion. Nontransferable.
Measure Type	OP		
Measure No.	2		Number of Alternatives to Abortion Services Provided

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-02 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number provided is an unduplicated count of services provided to clients of the Alternatives to Abortion program. The Alternatives to Abortion program provides assistance which includes providing women with pregnancy and parenting information, connecting them with mentoring and social service programs, and providing them with time-limited material goods (e.g., car seats, clothing, etc.).

BL 2020 Data Limitations

HHSC must rely on the Alternatives to Abortion contractor to maintain information in their data collection system. The contractor depends on its subcontractors to timely and accurately enter data into the data collection system.

BL 2020 Data Source

The data source is the Alternatives to Abortion contractor's data collection system.

BL 2020 Methodology

The Alternatives to Abortion contractor completes and submits a standardized template with required data elements on a monthly, quarterly and annual basis. The information is derived from the data collection system maintained by the contractor.

BL 2020 Purpose

This measure indicates the number of unduplicated services provided to clients of the Alternatives to Abortion program.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

Strategy-Related Measures Definitions
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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	3	Early Childhood Intervention Services
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Child: Comprehensive Services/State & Federal

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-03 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A monthly average of only HHSC appropriated state and federal funds expended for services divided by the monthly average of children receiving comprehensive services in the reporting period. State and federal funds are revenues ECI receives from the Texas Legislature, the U.S. Department of Education, Title XIX, and other State and Federal sources specifically for early childhood intervention services. The funds ECI contractors receive that are not directly appropriated for HHSC ECI are not included.

BL 2020 Data Limitations

The accuracy of state and federal funds expended for ECI services is verified periodically through monitoring and reviews of annual audits. State and federal funds expenditure data may not be complete as provider monthly requests for reimbursement are not submitted until 30 days after the end of the month.

BL 2020 Data Source

The Health and Human Services Accounting System (HHSAS), which is reconciled to Uniform Statewide Accounting System (USAS). Quarterly and annual financial reports, financial report items: State and Federal funds, expended by quarter for ECI services. TKIDS: number served in comprehensive services.

BL 2020 Methodology

HHSC appropriation authority includes all general revenue and federal funds allocated to the HHSC ECI services strategy. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9 or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund ECI services. The denominator is the average monthly number of comprehensive children served in ECI services. The formula is numerator/denominator.

BL 2020 Purpose

This measure provides information regarding the HHSC ECI expenditures for providing comprehensive services to eligible children. This data can be used for projecting future expenditures and evaluating performance.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	3	Early Childhood Intervention Services
Measure Type	EF	
Measure No.	2	Average Monthly Cost Per Child: Comprehensive Services/Local

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-03 EF 02

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A monthly average of local funds collected and expended for comprehensive services divided by the monthly average of children receiving comprehensive services in the reporting period. Local funds include all revenue expended by ECI providers for comprehensive services other than the State and Federal funds described in the efficiency measure for Comprehensive Services/State and Federal funds. Local funds include the Medicaid Therapy funds (state and federal) residing at HHSC.

BL 2020 Data Limitations

The accuracy of local funds expended for ECI services is periodically verified through monitoring and reviews of annual audits. Local funds expenditure data may not be complete as provider quarterly and annual reports are not submitted until 30 days after the end of each quarter.

BL 2020 Data Source

Quarterly and annual financial reports, financial report items: funding sources that comprise local funds expended for ECI services. TKIDS: number served in comprehensive services.

BL 2020 Methodology

HHSC appropriation authority includes all local funds allocated to the ECI Services. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9 or 12 for year to date. The numerator is the total local funds utilized to fund the ECI Services program. The denominator is the average monthly number of comprehensive children served in ECI services. The formula is numerator/denominator.

BL 2020 Purpose

This measure is important because it provides the agency with information regarding the cost of providing comprehensive services to eligible children from sources other than ECI. This data can be used for projecting future expenditures and comparing local costs and performance.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	3		Early Childhood Intervention Services
Measure Type	EX		
Measure No.	1		Average Monthly Number of Hrs of Service Delivered Per Child Per Month

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-03 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of hours of service delivered per child per month for children in ECI comprehensive services.

BL 2020 Data Limitations

The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring. Services do not include eligibility services or other activities that occur prior to the child's enrollment in ECI, case management, or transition activities.

BL 2020 Data Source

Local providers enter data into the Texas Kids Intervention Data System (TKIDS). Delivered services are those provided to the child/family according to each child's Individualized Family Service Plan (IFSP). The number of children receiving comprehensive services is determined by the cases in the enrolled disposition at any time in the reporting period.

BL 2020 Methodology

The numerator is the total number of hours of delivered service in the reporting period divided by the number of months in the reporting period. The denominator is the average monthly number of children receiving comprehensive services for the reporting period, calculated by dividing the total unduplicated number of children receiving comprehensive services for each month of the reporting period by the number of months in the reporting period. The formula is numerator/denominator.

BL 2020 Purpose

This measure is important because it reflects services provided to children and families to help support and promote the child's development and functioning. This data may be used to project future service, staffing, and fiscal needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	3	Early Childhood Intervention Services
Measure Type	OP	
Measure No.	1	Average Monthly Number of Referrals to Local Programs

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of children referred to local ECI service providers.

BL 2020 Data Limitations

The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

BL 2020 Data Source

Local contract providers enter data into the Texas Kids Intervention Data System (TKIDS). Determine the total number of unduplicated monthly referrals, as identified by cases that entered the referral disposition in the reporting period.

BL 2020 Methodology

The unduplicated number of referrals is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

BL 2020 Purpose

This measure is important because it aids the agency in evaluating the impact of state and local public awareness and child find activities, and because higher referrals reflect more effective outreach activities.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	3		Early Childhood Intervention Services
Measure Type	OP		
Measure No.	2		Avg Monthly Number of Children Determined Eligible for ECI Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-03 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides the average monthly number of children determined eligible for ECI services.

BL 2020 Data Limitations

The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

BL 2020 Data Source

Local contract providers enter data into the Texas Kids Intervention Data System (TKIDS). This data includes the number of children who have received an eligibility determination disposition, and the number of those children who have been determined eligible for services.

BL 2020 Methodology

The average monthly number of children is calculated by taking the average of the monthly counts in the reporting period. The sum of unduplicated monthly counts of children determined eligible for ECI services in the reporting period is divided by the number of months in the reporting period.

BL 2020 Purpose

This measure informs the agency with one metric of the level of effort directed towards identifying children eligible for ECI services.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	3		Early Childhood Intervention Services
Measure Type	OP		
Measure No.	3		Average Monthly Number of Children Served in Comprehensive Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-03 OP 04
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A monthly average of children who receive comprehensive intervention services (unduplicated by month) in ECI programs.

BL 2020 Data Limitations

The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

BL 2020 Data Source

Local contract providers enter data into TKIDS. Determine the total number of unduplicated children receiving comprehensive services monthly, as indicated by cases in the enrolled disposition in the reporting period.

BL 2020 Methodology

The unduplicated number of children receiving comprehensive services is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

BL 2020 Purpose

This measure is important because it is an indication of the number of children eligible for and receiving comprehensive services. This measure is a reflection of the level of performance of the agency and local providers.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	3	Early Childhood Intervention Services
Measure Type	OP	
Measure No.	4	Average Monthly Number of Eligibility Determinations Completed

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

A monthly average of children who receive comprehensive intervention services (unduplicated by month) in ECI programs.

BL 2020 Data Limitations

The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

BL 2020 Data Source

Local contract providers enter data into TKIDS. Determine the total number of unduplicated children receiving comprehensive services monthly, as indicated by cases in the enrolled disposition in the reporting period.

BL 2020 Methodology

The unduplicated number of children receiving comprehensive services is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

BL 2020 Purpose

This measure is important because it is an indication of the number of children eligible for and receiving comprehensive services. This measure is a reflection of the level of performance of the agency and local providers.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	3		Early Childhood Intervention Services
Measure Type	OP		
Measure No.	5		Average Monthly Number of Children Newly Enrolled in ECI

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

The average monthly number of new children enrolled in ECI services.

BL 2020 Data Limitations

The accuracy of the data is dependent on accurate and timely information being entered into the Texas Kids Intervention Data System (TKIDS) by local contractors. The accuracy of local reporting is periodically verified through monitoring.

BL 2020 Data Source

Local contract providers enter data into the Texas Kids Intervention Data System (TKIDS).

BL 2020 Methodology

The average monthly number of children is calculated by tacking the average of the individual monthly counts in the reporting period. The sum of the unduplicated monthly counts of children newly enrolled in ECI services in the reporting period is then divided by the number of months in the reporting period.

BL 2020 Purpose

This measure is important because it is an indication of the number of children newly enrolling for comprehensive services. This measure is a reflection of the level of performance of the agency and local providers.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	4	Ensure ECI Respite Services & Quality ECI Services
Measure Type	EF	
Measure No.	1	Average Time for Complaint Resolution

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-04 EF 01

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of calendar days per complaint resolved, summed for all complaints resolved, that elapsed from receipt of a request for agency investigation to the date upon which final action on the complaint was taken by the agency, divided by the number of complaints resolved. The calculation excludes complaints determined to be not under the jurisdiction of the agency's statutory authority.

BL 2020 Data Limitations

This measure applies only to jurisdictional complaints.

BL 2020 Data Source

Entries are made in the ECI Complaint Log. The ECI Complaint Log is a list, by fiscal year, of complaints filed against the agency or its local providers, and the date of final disposition. Issuance of a letter of findings or documentation of complaint withdrawal is considered final disposition and resolution.

BL 2020 Methodology

The number of days required for the final disposition of a complaint is determined by the number of calendar days from the date the written complaint was received by the ECI state office staff to the date of the complaint's final disposition. Final disposition is determined by the date of the findings letter or letter verifying complaint withdrawal.

BL 2020 Purpose

This measure is important because it provides the agency with information regarding the time state staff spend investigating formal complaints in order to evaluate the efficiency of the process and the agency's compliance with federal statute.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	4	Ensure ECI Respite Services & Quality ECI Services
Measure Type	OP	
Measure No.	1	Average Monthly Number of Children Receiving Respite Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-04 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A monthly average of children (and their families) who receive respite services in ECI programs.

BL 2020 Data Limitations

The accuracy of the data is dependent upon the accurate and timely submission of respite reports by local contractors. Counts cannot be unduplicated across contractors because the State does not collect this data at the client-level.

BL 2020 Data Source

Local contract providers submit Respite Reports at the end of each quarter. These reports include an item that identifies the number of children receiving respite each month in the quarter.

BL 2020 Methodology

The number of children receiving respite is summed for each month of the reporting period, and the total is divided by the number of months in the reporting period.

BL 2020 Purpose

Some families of children with developmental delays and disabilities need respite. Monitoring the level of respite services provided to ECI families is important to project future service needs and fiscal needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	5	Children's Blindness Services
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Child: Children's Blindness Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-05 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the average monthly cost per consumer served in the Blind Children's Vocational Discovery and Development Program (BCVDDP).

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data sources are the program related expenditures and encumbrances during the reporting period from the HHSC Accounting System (HHSAS and the DBS automated consumer statistical system); and the number of consumers served (Performance Measure 04-01-05-OP-01: "Average Monthly Number of Children Receiving Blindness Services").

BL 2020 Methodology

The formula is numerator/denominator. The numerator is the total HHSC expenditures and encumbrances utilized during the reporting period to fund the habilitative services for children strategy. The denominator is the average monthly number of consumers receiving habilitative services (Performance Measure 04-01-05-OP-01: "Average Monthly Number of Children Receiving Blindness Services").

BL 2020 Purpose

This measure tracks the average monthly cost per consumer served through the Blindness Services for Children strategy. It provides one indication of the efficiency of the program.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	5	Children's Blindness Services
Measure Type	EX	
Measure No.	1	Number of Children Receiving Blindness Services Per Year

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-05 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the unduplicated number of consumers served for the fiscal year in the DBS automated consumer statistical system for the Blind Children's Vocational Discovery and Development Program. Cases must have been in one or more of the following phases at any time during the reporting period: initial contact, application, eligibility, plan development, service delivery, or post closure services.

BL 2020 Data Limitations

The number of consumers served in a given reporting period is affected by consumers that are carried over from the previous fiscal year as well as the uneven flow of consumers entering and exiting the program during the reporting period.

BL 2020 Data Source

Data is from the DBS automated consumer statistical system. Field staff who work with consumers collect, input, and update consumer data in this system.

BL 2020 Methodology

Data is from the DBS automated consumer statistical system. Field staff who work with consumers collect, input, and update consumer data in this system.

BL 2020 Purpose

DBS establishes a projection for the population in need of services that can reasonably be served within available resources. This measure tracks and demonstrates progress toward meeting that projected target.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	6	Autism Program
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Child Receiving Focused Autism Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-06 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A monthly average of state funds expended for services divided by the average monthly number of children receiving focused autism services in the reporting period.

BL 2020 Data Limitations

Data reliability is dependent on the accuracy of information submitted to HHSC by the autism grantees.

BL 2020 Data Source

Data sources for this measure are 1) HHSAS Financial data and invoices, and 2) Consumer Data Report.

BL 2020 Methodology

HHSC appropriation authority includes all general revenue funds allocated to the Autism Program strategy. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund focused autism services in the autism program for the reporting period. The denominator is the unduplicated number of children receiving focused autism services for the reporting period. The formula is numerator/denominator/number of months in the reporting period.

BL 2020 Purpose

This measure allows HHSC to monitor grant funds expended and to ensure costs are in line with monthly projections.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	6		Autism Program
Measure Type	EX		
Measure No.	1		Number of Children Receiving Focused Autism Services Per Year

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-06 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the unduplicated number of children served with focused services for the fiscal year by the HHSC Autism Program.

BL 2020 Data Limitations

Data reliability is dependent on the accuracy of information submitted to HHSC by autism grantees.

BL 2020 Data Source

Data source for this measure is: Consumer Data Report.

BL 2020 Methodology

Sum of unduplicated children served with focused autism services for the fiscal year.

BL 2020 Purpose

Autism grantees establish a target for the number of children with autism to be served with focused autism services within available resources. This measure tracks progress toward meeting that target.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	6		Autism Program
Measure Type	OP		
Measure No.	1		Average Monthly Number of Children Receiving Focused Autism Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-06 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A monthly average of unduplicated children who are receiving or who have received focused autism services in the HHSC Autism Program.

BL 2020 Data Limitations

Data reliability is dependent on the accuracy of information submitted to HHSC by autism grantees.

BL 2020 Data Source

Data source for this measure is the Consumer Data Report.

BL 2020 Methodology

Cases in open status at any time during the reporting period are included in the calculated average. The numerator is the total unduplicated number of cases receiving focused services each month in the reporting period. The denominator is the number of months in the reporting period. The formula is numerator/denominator.

BL 2020 Purpose

Autism grantees establish a target for the number of children with autism to be served with focused autism services within available resources. This measure tracks progress toward meeting that target.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	7	Children with Special Health Care Needs
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per CSHCN Client Receiving Health Care Benefits

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-07 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average paid for eligible Children with Special Health Care Needs (CSHCN) Services Program clients receiving health care benefits. For purposes of this measure, health care benefits as defined in rule include medical services, enabling services (excluding transportation), and family support services.

BL 2020 Data Limitations

The number of clients with paid claims is reported based on the date of service. Providers have 95 days to file claims from the date of service and 180 days to submit appeals. Therefore, payment data for a given period may change through time. Due to the definition, the number of clients used for this measure may be duplicated in subsequent quarters. Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2020 Data Source

The average monthly cost per client receiving health care benefits is obtained from the program's automated data system.

BL 2020 Methodology

The average monthly cost per CSHCN Services Program client is calculated by dividing the amount paid for receiving health care benefits by the number of CSHCN Services Program clients who received health care benefits and averaging across the reporting period. Estimates may be included based on the data available.

BL 2020 Purpose

This measure is used to monitor trends in the cost of care for the clients receiving health care benefits reimbursed by the CSHCN Services Program and reflects the program's ability to meet some of the needs of clients.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	7	Children with Special Health Care Needs
Measure Type	OP	
Measure No.	1	Avg Mon Caseload CSHCN Clients Receiving Health Care Benefits

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-07 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average monthly caseload of clients in the Children with Special Health Care Needs (CSHCN) Services Program who receive health care benefits paid by the program. For purposes of this measure, health care benefits, as defined in rule, include medical services, enabling services, (excluding transportation), and family support services.

BL 2020 Data Limitations

The number of clients with paid claims is reported based on the date of service. Providers have 95 days to file claims from the date of service and 180 days to submit appeals. Therefore, payment data for a given period may change through time. This measure may be affected by factors such as the number of individuals enrolled in the program, the clients' needs, and the availability of other healthcare resources. Due to the definition, the number of clients used for this measure may be duplicated in subsequent quarters. Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2020 Data Source

The average monthly caseload of clients receiving health care benefits is obtained from the program's automated data system.

BL 2020 Methodology

This measure is calculated by summing the number of clients with paid claims for health care benefits in a month and averaging such across the reporting period. Estimates may be used for quarters in which claims data is incomplete.

BL 2020 Purpose

This measure is used to monitor trends in the cost of care for clients receiving health care benefits reimbursed by the CSHCN Services Program and reflects the program's ability to meet some of the needs of clients.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	8	Title V Children's Dental and Health Services
Measure Type	OP	
Measure No.	1	Number of Infants <1 and Children Age 1-21 Years Provided Services

Calculation Method: C **Target Attainment: L** **Priority: L** Cross Reference: Agy 529 085-R-S70-1 04-01-08 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the unduplicated number of infants <1 and children (ages 1 through 21) receiving dental and child health services, such as well child checkups, immunizations, newborn hearing and metabolic screenings, vision and hearing screening, and comprehensive and periodic oral health care through contracting agencies funded with Title V and/or related general revenue.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

BL 2020 Data Source

System reports for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2020 Methodology

Reported data is calculated by adding the number of clients from reports for the contracting agencies.

BL 2020 Purpose

This measure reports the unduplicated number of infants <1 and children (ages 1 through 21) receiving dental and child health services, such as well child checkups, immunizations, newborn hearing and metabolic screenings, vision and hearing screening, and comprehensive and periodic oral health care through contracting agencies funded with Title V and/or related general revenue.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	9	Kidney Health Care
Measure Type	EF	
Measure No.	1	Average Cost Per Chronic Disease Service - Kidney Health Care

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-09 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure includes Kidney Health Care (KHC) allowable chronic disease services, including medical, drug and transportation services and payment of Medicare Part D premiums. This measure is the average amount paid per KHC client per fiscal year.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

BL 2020 Data Source

Data are derived from the KHC claims processing and budget reporting systems.

BL 2020 Methodology

The average cost per chronic disease service will be determined per client served per fiscal year by dividing the total client services expenditures by the total number of unduplicated clients.

BL 2020 Purpose

To measure the average amount paid per KHC client per fiscal year.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	9	Kidney Health Care
Measure Type	OP	
Measure No.	1	Number of Kidney Health Clients Provided Services

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-01-09 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

The measure is the total number of unduplicated clients for whom Kidney Health Care (KHC) made payment or reimbursed for chronic disease services received during the fiscal year. This includes medical, drugs and transportation services and payment of Medicare Part D premiums.

BL 2020 Data Limitations

Complete data may not be available at the time the report is due; therefore, projections may be included based on the data available.

BL 2020 Data Source

Data are derived from KHC claims processing and budget reporting systems.

BL 2020 Methodology

The measure is the total number of unduplicated clients for whom KHC made payment or reimbursed for chronic disease services received during the fiscal year. Data are non-cumulative, and the reported values will be updated on a quarterly basis.

BL 2020 Purpose

The measure is the total number of unduplicated clients for whom KHC made payment or reimbursed for services received during the fiscal year.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	10		Additional Specialty Care
Measure Type	EX		
Measure No.	1		Number of Epilepsy Program Clients Provided Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-10 EX 01
Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

Number of epilepsy program clients provided outreach activities, case management, and (direct) medical services by HHSC funded contractors.

BL 2020 Data Limitations

None

BL 2020 Data Source

Information is obtained from the Epilepsy Contractor Quarterly Reports.

BL 2020 Methodology

The number of persons receiving epilepsy services through funded programs is derived from a quarterly tabulation based on information obtained from the Epilepsy Contractor Quarterly Reports.

BL 2020 Purpose

Measures the number of epilepsy program clients provided services which include outreach activities, case management, and (direct) medical services.

BL 2021 DefinitionBL 2021 Data LimitationsBL 2021 Data SourceBL 2021 MethodologyBL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	10	Additional Specialty Care
Measure Type	EX	
Measure No.	2	Number of Hemophilia Assistance Program Clients

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-01-10 EX 02
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

Number of Hemophilia Assistance Program (HAP) clients that receive financial assistance for blood factor products through HHSC approved providers.

BL 2020 Data Limitations

None.

BL 2020 Data Source

HAP history files.

BL 2020 Methodology

The measure is the total number of unduplicated clients for whom the HAP made payment for services received during the fiscal year.

BL 2020 Purpose

Measures the number of HAP clients that receive financial assistance for blood factor products through HHSC approved providers.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	1		Provide Primary Health and Specialty Care
Strategy No.	11		Community Primary Care Services
Measure Type	EF		
Measure No.	1		Average Cost Per Primary Health Care Eligible Patient

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-01-11 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average cost per Primary Health Care eligible patient provided access to primary care services. The cost includes service and administrative dollars spent by contractors.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

BL 2020 Data Source

The sources for this measure are the contractor monthly and annual reports.

BL 2020 Methodology

Average cost per Primary Health Care eligible patient provided access to primary care services per year is calculated by dividing the unduplicated number of patients who are screened and found eligible for services into the available contract funding for the fiscal year.

BL 2020 Purpose

Measures average cost per Primary Health Care eligible patients provided access to primary care services per year.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	11	Community Primary Care Services
Measure Type	OP	
Measure No.	1	# of Primary Hlth Care Eligible Patients Provided Primary Care Svcs

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-01-11 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure is the unduplicated number of Primary Health Care clients provided primary care services.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

BL 2020 Data Source

The sources for this measure are the contractor monthly and annual reports.

BL 2020 Methodology

This is the unduplicated number of Primary Health Care clients receiving services as reported by contractors.

BL 2020 Purpose

Measures the number of Primary Health Care Program clients provided primary health care services.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	1	Provide Primary Health and Specialty Care
Strategy No.	12	Abstinence Education
Measure Type	OP	
Measure No.	1	Number of Persons Served in Abstinence Education Programs

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-01-12 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

Number of Persons receiving services delivered by the Abstinence Education Program.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data.

BL 2020 Data Source

Summary report derived from bi-annual activity reports. Numbers served will be totaled from the data reports from the Abstinence Education program.

BL 2020 Methodology

The total number of persons served will be the unduplicated count of individuals receiving services from contractors, parents in state-wide services, teachers and community members in coalitions and trainings, and students in youth clubs or leadership camps during the reporting period.

BL 2020 Purpose

Measures the number of persons receiving services.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	1	Community Mental Health Services (MHS) for Adults
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Adult: Community Mental Health Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the Health and Human Services Commission (HHSC) appropriation authority monthly cost per adult receiving community mental health services in a full level of care.

BL 2020 Data Limitations

The accuracy of the commission's data is dependent upon accurate and timely information being entered into data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

The cost for providing adult community mental health services in each month of the quarter is averaged. The numerator is the total HHSC appropriation authority funds utilized to fund adult mental health community services/the number of months in the reporting period. The denominator is the average monthly number of adults receiving mental health community services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	2		Provide Community Behavioral Health Services
Strategy No.	1		Community Mental Health Services (MHS) for Adults
Measure Type	EX		
Measure No.	1		Number of Adults Receiving Community Mental Health Services Per Year

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-01 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures an unduplicated count of eligible adults who receive community mental health services through a full level of care service package as part of Texas Resilience and Recovery during one fiscal year.

BL 2020 Data Limitations

The accuracy of the commission's data is dependent upon accurate and timely information being entered into data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

BL 2020 Methodology

This measure is an annual count of adults who receive community mental health services. The total unduplicated number of adults that receive community mental health services through a full level of care service package as part of Texas Resilience and Recovery during the fiscal year is summed.

BL 2020 Purpose

The number of persons served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	1	Community Mental Health Services (MHS) for Adults
Measure Type	OP	
Measure No.	1	Average Monthly Number of Adults Receiving Community MH Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the average monthly unduplicated count of eligible adults whose services are funded with Health and Human Services Commission (HHSC) appropriation authority funds and who receive mental health community services through a full level of care service package as part of Texas Resilience and Recovery.

BL 2020 Data Limitations

The accuracy of the commission's client database is dependent upon accurate and timely information being entered into the data warehouse by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

To obtain the number of adults served with HHSC appropriation authority funds, the percentage of total expenditures that were funded through the commission's appropriation authority in the previous fiscal year is calculated. This percentage is applied to the average monthly number served for the specified quarter to yield the average monthly number served for the specified quarter with HHSC appropriation authority funds. The numerator is the sum of the number of adults receiving community Mental Health services through a full level of care service package as part of Texas Resilience and Recovery levels of care each month of the reporting period *state funded percentage. The state funded percentage is the expenditures financed through the HHSC appropriation authority for any adult Mental Health community service/Total expenditures for any adult Mental Health community service *100. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of persons served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	2	Community Mental Health Services (MHS) for Children
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Child Receiving Community MH Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-02 EF 01

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the Health and Human Services Commission (HHSC) appropriation authority monthly cost per child receiving community mental health services in a full level of care.

BL 2020 Data Limitations

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The cost for providing child community mental health services in each month of the quarter is averaged. The numerator is the total HHSC appropriation authority funds utilized to fund child mental health community services/ the number of months in the reporting period. The denominator is the total monthly number of children receiving mental health services in the community that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

BL 2020 Purpose

This measure captures the HHSC appropriation authority monthly cost per child receiving community mental health services in a full level of care.

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Agency Code:	529	Agency:	Health and Human Services Commission
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Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	2	Community Mental Health Services (MHS) for Children
Measure Type	EX	
Measure No.	1	Number of Children Receiving Community MH Services Per Year

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-02 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures an unduplicated count of eligible children who receive community mental health services through a full level of care service package as part of Texas Resilience and Recovery during one fiscal year.

BL 2020 Data Limitations

The accuracy of the commission's data is dependent upon accurate and timely information being entered into data warehouse system by the local mental health authorities/local behavioral health authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

This measure is an annual count of children who receive community mental health services. The total unduplicated number of children that receive community mental health services through a full level of care service package as part of Texas Resilience and Recovery during the fiscal year is summed.

BL 2020 Purpose

The number of persons served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

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Agency Code:	529	Agency:	Health and Human Services Commission
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Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	2	Community Mental Health Services (MHS) for Children
Measure Type	OP	
Measure No.	1	Average Monthly Number of Children Receiving Community MH Services

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-02-02 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure captures the average monthly unduplicated count of eligible children (under age 18) whose services are funded with Health and Human Services Commission (HHSC) appropriation authority funds and who receive mental health community services through a full level of care service package as part of Texas Resiliency and Recovery (levels of care 1,2,3,4, or Young Child) on a monthly basis. The mental health services in the levels of care may be provided on a monthly or quarterly basis depending upon the service.

BL 2020 Data Limitations

The accuracy of the commission's data is dependent upon accurate and timely information being entered into data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

To obtain the number of children served with HHSC appropriation authority funds, the percentage of total expenditures that were funded through the commission's appropriation authority in the previous year is calculated. This percentage is applied to the average monthly numbers served for the specified quarter to yield the average monthly number served for the specified quarter with HHSC appropriation authority funds. The numerator is the sum of the number of children receiving community Mental Health services through a full level of care service package as part of Texas Resilience and Recovery each month of the reporting period * state funded percentage. The state funded percentage is the expenditures financed through the HHSC appropriation authority for any child's community Mental Health services / Total expenditures for any child's community Mental Health services *100. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	2		Provide Community Behavioral Health Services
Strategy No.	3		Community Mental Health Crisis Services (CMHCS)
Measure Type	EF		
Measure No.	1		Avg GR Spent Per Person for Crisis Residential Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-03 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the average amount of General Revenue (GR) spent per person for a crisis residential services (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board)during the fiscal year.

BL 2020 Data Limitations

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The numerator is the total year-to-date GR expenditures for crisis residential services. The denominator is the unduplicated year-to-date number of persons who receive a crisis residential service funded by GR.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

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Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	3	Community Mental Health Crisis Services (CMHCS)
Measure Type	EF	
Measure No.	2	Avg GR Spent Per Person for Crisis Outpatient Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-03 EF 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the average amount of General Revenue (GR) spent per person for a crisis outpatient services (i.e., mobile crisis outreach team, walk-in crisis, or crisis follow-up)during the fiscal year.

BL 2020 Data Limitations

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The numerator is the total year-to-date GR expenditures for crisis outpatient services. The denominator is the unduplicated year-to-date number of persons who receive a crisis outpatient service funded by GR. The formula is numerator/denominator.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	3	Community Mental Health Crisis Services (CMHCS)
Measure Type	OP	
Measure No.	1	# Persons Receiving Crisis Residential Services Per Year Funded by GR

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 04-02-03 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure captures the unduplicated year-to-date number of persons (regardless of age) who receive a crisis residential services (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board), and whose services are funded by General Revenue.

BL 2020 Data Limitations

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The unduplicated number of persons who receive a residential crisis service, where the source of funding was General Revenue, is summed for the fiscal year.

BL 2020 Purpose

Providing mental health crisis residential services as alternatives to service in more restrictive and less appropriate settings (e.g., Emergency Room, psychiatric hospital and jail) is an important function. This measure provides an unduplicated count of the number of individuals served in residential crisis services as less restrictive and more appropriate alternatives per year.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	3	Community Mental Health Crisis Services (CMHCS)
Measure Type	OP	
Measure No.	2	# Persons Receiving Crisis Outpatient Services Per Year Funded by GR

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-03 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the unduplicated year-to-date number of persons (regardless of age) who receive a crisis outpatient services (i.e., mobile crisis outreach team, walk-in crisis, or crisis follow-up) , and whose services are funded by General Revenue.

BL 2020 Data Limitations

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The unduplicated number of persons who receive an outpatient crisis service , where the source of funding was General Revenue, is summed for the fiscal year.

BL 2020 Purpose

Providing mental health crisis outpatient services as alternatives to service in more restrictive and less appropriate settings (e.g., Emergency Room, psychiatric hospital and jail) is an important function. This measure provides an unduplicated count of the number of individuals served in outpatient crisis services as less restrictive and more appropriate alternatives per year.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	2		Provide Community Behavioral Health Services
Strategy No.	4		Substance Abuse Prevention, Intervention, and Treatment
Measure Type	EF		
Measure No.	1		Average Mo Cost Per Youth for Substance Abuse Prevention Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded youth substance abuse prevention services.

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The numerator is sum of prevention service expenditures reported by providers. The denominator is the number served. The formula is numerator/denominator. The number served is the total number of persons receiving HHSC-funded youth substance abuse prevention services.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: 529	Agency: Health and Human Services Commission
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Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	4	Substance Abuse Prevention, Intervention, and Treatment
Measure Type	EF	
Measure No.	2	Average Mo Cost Per Adult for Substance Abuse Intervention Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 EF 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded adult substance abuse intervention services.

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The sum of direct service expenditures and HHSC non-service expenditures for the intervention programs divided by the total number of persons served. Number served is the total number of persons receiving HHSC-funded adult substance abuse intervention services.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	4	Substance Abuse Prevention, Intervention, and Treatment
Measure Type	EF	
Measure No.	3	Average Mo Cost Per Youth for Substance Abuse Intervention Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 EF 03

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded youth substance abuse intervention services.

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The sum of direct service expenditures and HHSC non-service expenditures for the intervention programs divided by the total number of persons served. Number served is the total number of persons receiving youth intervention services.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	4	Substance Abuse Prevention, Intervention, and Treatment
Measure Type	EF	
Measure No.	4	Average Mo Cost Per Adult Served in Treatment Programs for SA

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 EF 04

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded adult substance abuse treatment services.

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The sum of substance abuse treatment claims divided by the total number of persons served. Number served is the total number of persons receiving adult substance abuse treatment services.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	4	Substance Abuse Prevention, Intervention, and Treatment
Measure Type	EF	
Measure No.	5	Average Mo Cost Per Youth Served in Treatment Programs for SA

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 EF 05

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the monthly cost per person receiving Health and Human Services Commission (HHSC) funded youth substance abuse treatment services.

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

BL 2020 Methodology

The sum of substance abuse treatment claims divided by the total number of persons served. Number served is the total number of persons receiving youth substance abuse treatment services.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	2		Provide Community Behavioral Health Services
Strategy No.	4		Substance Abuse Prevention, Intervention, and Treatment
Measure Type	EX		
Measure No.	1		% of Adults Completing Treatment Programs for Substance Abuse

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This measure captures the percent of persons completing an adult substance abuse treatment service during one fiscal year.

BL 2020 Data Limitations

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

BL 2020 Methodology

This measure is an annual percent of persons who complete an adult substance abuse treatment program. The numerator is the total number of persons who complete an adult substance abuse treatment program during the reporting period. The denominator is the total number of persons discharged or ending the service during the reporting period. The formula is numerator/denominator.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4	Provide Additional Health-related Services	
Objective No.	2	Provide Community Behavioral Health Services	
Strategy No.	4	Substance Abuse Prevention, Intervention, and Treatment	
Measure Type	EX		
Measure No.	2	% of Youth Completing Treatment Programs for SA	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 EX 02
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This measure captures the percent of persons completing a youth substance abuse treatment service during one fiscal year.

BL 2020 Data Limitations

The accuracy of the Health and Human Services Commission's (HHSC) data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse.

BL 2020 Methodology

This measure is an annual percent of persons who complete a youth substance abuse treatment program. The numerator is the total number of persons who complete a youth substance abuse treatment program during the reporting period. The denominator is the total number of persons discharged or ending the service during the reporting period. The formula is numerator/denominator.

BL 2020 Purpose

This measure is used to determine efficiency and cost effectiveness of the programs over time.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	4	Substance Abuse Prevention, Intervention, and Treatment
Measure Type	OP	
Measure No.	1	Avg Mo Number of Youth Served in Substance Abuse Prevention Programs

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the average monthly count of persons served through Health and Human Services Commission (HHSC) funded youth substance abuse prevention program service types.

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers. Program measures are aggregate reports and not based on individual level services for each strategy. Due to the nature of the prevention activities within each of the strategies, it is not possible to capture an unduplicated count of the services provided.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

The total number of persons served with HHSC youth substance abuse prevention funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded youth substance abuse prevention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of youth served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	4	Substance Abuse Prevention, Intervention, and Treatment
Measure Type	OP	
Measure No.	2	Avg Mo Number of Youth Served in Treatment Programs for SA

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the average monthly unduplicated count of persons served through Health and Human Services Commission (HHSC) funded youth substance abuse treatment program service types.

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

The total number of persons served with HHSC youth substance abuse treatment funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded youth substance abuse intervention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of youth served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	2	Provide Community Behavioral Health Services
Strategy No.	4	Substance Abuse Prevention, Intervention, and Treatment
Measure Type	OP	
Measure No.	3	Avg Mo Number of Adults Served in SA Intervention Programs

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 OP 03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the average monthly count of persons served through Health and Human Services Commission (HHSC) funded adult substance abuse intervention program service types.

BL 2020 Data Limitations

The accuracy of the HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers. Program measures are aggregate reports and not based on individual level services for each strategy. Due to the nature of the intervention activities within each of the strategies, it is not possible to capture an unduplicated count of the services provided.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

The total number of persons served with HHSC adult substance abuse intervention funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded adult substance abuse intervention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of adults served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4		Provide Additional Health-related Services
Objective No.	2		Provide Community Behavioral Health Services
Strategy No.	4		Substance Abuse Prevention, Intervention, and Treatment
Measure Type	OP		
Measure No.	4		Avg Mo Number of Youth Served in SA Intervention Programs

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 OP 04
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the count of persons served through Health and Human Services Commission (HHSC) funded youth substance abuse intervention program service types.

BL 2020 Data Limitations

The accuracy of the HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers. Program measures are aggregate reports and not based on individual level services for each strategy. Due to the nature of the intervention activities within each of the strategies, it is not possible to capture an unduplicated count of the services provided.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

The total number of persons served with HHSC youth substance abuse treatment funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded youth substance abuse intervention services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of youth served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	4	Provide Additional Health-related Services	
Objective No.	2	Provide Community Behavioral Health Services	
Strategy No.	4	Substance Abuse Prevention, Intervention, and Treatment	
Measure Type	OP		
Measure No.	5	Avg Mo Number of Adults Served in Treatment Programs for SA	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 04-02-04 OP 05
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the count of persons served through Health and Human Services Commission (HHSC) funded adult substance abuse treatment program service types.

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the providers.

BL 2020 Data Source

Contractually required services are submitted by the providers to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

The total number of persons served with HHSC adult substance abuse treatment funds in each month of the quarter is averaged. The numerator is the sum of the number of persons served in HHSC funded adult substance abuse treatment services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of adults served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	4	Provide Additional Health-related Services
Objective No.	3	Build Community Capacity
Strategy No.	1	Indigent Health Care Reimbursement (UTMB)
Measure Type	EX	
Measure No.	1	Number Indigent Patients Receiving Health Care Services

Calculation Method: N **Target Attainment: H** **Priority: M** Cross Reference: Agy 529 085-R-S70-1 04-03-02 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reflects the unduplicated number of indigent patients receiving health care services through the University of Texas Medical Branch (UTMB), paid for with funds from the State-Owned Multi-Categorical Teaching Hospital Account.

BL 2020 Data Limitations

Health and Human Services Commission depends on UTMB to provide the documentation of voucher billing.

BL 2020 Data Source

Data are submitted to HHSC as documentation of voucher billing from UTMB.

BL 2020 Methodology

Sum the number of unduplicated indigent patients receiving services paid for through the State-Owned Multi-Categorical Teaching Hospital Account.

BL 2020 Purpose

Measures the number of indigent patients receiving health care services through UTMB. These services are funded through the State-Owned Multi-Categorical Teaching Hospital Account.

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529	Agency: Health and Human Services Commission
Goal No.	5 Encourage Self-Sufficiency
Objective No.	1 Financial and Other Assistance
Strategy No.	1 Temporary Assistance for Needy Families Grants
Measure Type	EF
Measure No.	1 Average Monthly Grant: TANF Basic Cash Assistance

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the dollar amount of the average monthly Temporary Assistance for Needy Families (TANF) Basic grant per recipient for the federally funded TANF program. The TANF Basic program provides a monthly financial assistance payment to eligible families with children and with no or one certified adult.

BL 2020 Data Limitations

Data are incomplete at initial reporting due to cancellations and supplemental payments.

BL 2020 Data Source

Data is obtained from the "TANF Warrant History" file, based on eligibility determination system.

BL 2020 Methodology

This measure is calculated by dividing the total dollar amount of grants to TANF Basic recipients in reporting period by total number of TANF Basic recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2020 Purpose

This measure provides the unit cost of one of the service components funded under this strategy.

BL 2021 Definition

This measure reports the dollar amount of the average monthly Temporary Assistance for Needy Families (TANF) Basic grant per recipient for the federally funded TANF program. The TANF Basic program provides a monthly financial assistance payment to eligible families with children and with no or one certified adult.

BL 2021 Data Limitations

Data are incomplete at initial reporting due to cancellations and supplemental payments.

BL 2021 Data Source

Data is obtained from the "TANF Warrant History" file, based on eligibility determination system.

BL 2021 Methodology

Strategy-Related Measures Definitions

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This measure is calculated by dividing the total dollar amount of grants to TANF Basic recipients in reporting period by total number of TANF Basic recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2021 Purpose

This measure provides the unit cost of one of the service components funded under this strategy.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	1	Temporary Assistance for Needy Families Grants
Measure Type	EF	
Measure No.	2	Average Monthly Grant: State Two-Parent Cash Assistance Program

Calculation Method: N **Target Attainment: L** **Priority: L** Cross Reference: Agy 529 085-R-S70-1 05-01-01 EF 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the dollar amount of the average monthly State Two-Parent Cash Assistance Program grant per recipient. The State Two-Parent Cash Assistance Program provides a monthly financial assistance payment to eligible families with two certified adults.

BL 2020 Data Limitations

Data are incomplete at initial reporting due to cancellations and supplemental payments.

BL 2020 Data Source

Data is obtained from the 'TANF Warrant History' file, based on eligibility determination system.

BL 2020 Methodology

Data is derived by dividing total dollar amount of grants to State Two Parent Cash Assistance Program recipients in reporting period by the total number of State Two Parent Cash Assistance Program recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2020 Purpose

This measure provides the unit cost of one of the service components funded under this strategy.

BL 2021 Definition

This measure reports the dollar amount of the average monthly State Two-Parent Cash Assistance Program grant per recipient. The State Two-Parent Cash Assistance Program provides a monthly financial assistance payment to eligible families with two certified adults.

BL 2021 Data Limitations

Data are incomplete at initial reporting due to cancellations and supplemental payments.

BL 2021 Data Source

Data is obtained from the 'TANF Warrant History' file, based on eligibility determination system.

BL 2021 Methodology

Strategy-Related Measures Definitions

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Data is derived by dividing total dollar amount of grants to State Two Parent Cash Assistance Program recipients in reporting period by the total number of State Two Parent Cash Assistance Program recipients per month for the same period. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2021 Purpose

This measure provides the unit cost of one of the service components funded under this strategy.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	5	Encourage Self-Sufficiency	
Objective No.	1	Financial and Other Assistance	
Strategy No.	1	Temporary Assistance for Needy Families Grants	
Measure Type	EX		
Measure No.	1	Percent of TANF Applications Approved	

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-01 EX 01

Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This measure is the total number of initial applications for TANF Basic, TANF State Two-Parent, One-Time TANF Basic and One-Time TANF Two-Parent programs approved for benefits, expressed as a percentage of all initial TANF applications disposed within the reporting quarter. A disposed application is one that has been worked to a decision as either approved or denied for eligibility for the program.

BL 2020 Data Limitations

There may be more than one disposition for a TANF application during the reporting quarter.

BL 2020 Data Source

Data are obtained from DataMart, the interface for TIERS reporting

BL 2020 Methodology

Determine the total number of initial applications disposed for TANF each month of the reporting quarter. Of these, identify the total number that were approved. Calculate the percentage by dividing the total number of approvals by the total number of dispositions for each quarter and for the cumulative quarters as the year progresses.

BL 2020 Purpose

Determine the total number of initial applications disposed for TANF each month of the reporting quarter.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	1	Temporary Assistance for Needy Families Grants
Measure Type	OP	
Measure No.	1	Average Number of TANF Basic Cash Assistance Recipients Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average number of persons who received a Temporary Assistance for Needy Families (TANF) grant from the federally funded TANF program during the reporting period. The TANF program provides a monthly financial assistance payment to low income families with children and with no or one certified parent.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Data is obtained from the "TANF Warrant History" file based on an eligibility determination system.

BL 2020 Methodology

The number of TANF recipient month in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant; hence, this measure does not report an unduplicated count of recipients over time. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2020 Purpose

This measure provides an average monthly count of persons receiving federally funded TANF cash assistance.

BL 2021 Definition

This measure reports the monthly average number of persons who received a Temporary Assistance for Needy Families (TANF) grant from the federally funded TANF program during the reporting period. The TANF program provides a monthly financial assistance payment to low income families with children and with no or one certified parent.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Data is obtained from the "TANF Warrant History" file based on an eligibility determination system.

Strategy-Related Measures Definitions

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BL 2021 Methodology

The number of TANF recipient month in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant; hence, this measure does not report an unduplicated count of recipients over time. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2021 Purpose

This measure provides an average monthly count of persons receiving federally funded TANF cash assistance.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	1	Temporary Assistance for Needy Families Grants
Measure Type	OP	
Measure No.	2	Avg Number of State Two-Parent Cash Assist Recipients Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period. The State Two-Parent Cash Assistance program provides a monthly financial assistance payment to eligible families with two certified adults.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Data is obtained from the 'TANF Warrant History' file based on an eligibility determination system.

BL 2020 Methodology

The number of State Two Parent Cash Assistance Program recipient months for each month in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2020 Purpose

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period.

BL 2021 Definition

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period. The State Two-Parent Cash Assistance program provides a monthly financial assistance payment to eligible families with two certified adults.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Data is obtained from the 'TANF Warrant History' file based on an eligibility determination system..

BL 2021 Methodology

Strategy-Related Measures Definitions

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The number of State Two Parent Cash Assistance Program recipient months for each month in the reporting period are totaled (numerator) and then divided by the number of months in the reporting period (denominator). Recipients are counted in each month they receive a grant. Because data are reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2021 Purpose

This measure reports the monthly average number of persons who received a State Two-Parent Cash Assistance Program grant during the reporting period.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	1	Temporary Assistance for Needy Families Grants
Measure Type	OP	
Measure No.	3	Average Number of TANF One-time Payments Per Month

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of One Time (OT) payments issued. Temporary Assistance for Needy Families (TANF) One Time payments provides a \$1000 emergency cash payment to families not receiving monthly TANF/two parent benefits and who meet all TANF eligibility requirements. In order to receive a one-time payment, families must meet all TANF requirements and at least one of the crisis criteria as outlined in the Texas Works Handbook.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Data is obtained from the 'TANF Warrant History' file based on an eligibility determination system.

BL 2020 Methodology

The number of average payments per month is computed by summing the number of TANF One time payments in all months of the reporting period and dividing by the number of months in the reporting period. Because data is reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2020 Purpose

This measure provides an average monthly count of persons receiving a TANF one-time payment.

BL 2021 Definition

This measure reports the number of One Time (OT) payments issued. Temporary Assistance for Needy Families (TANF) One Time payments provides a \$1000 emergency cash payment to families not receiving monthly TANF/two parent benefits and who meet all TANF eligibility requirements. In order to receive a one-time payment, families must meet all TANF requirements and at least one of the crisis criteria as outlined in the Texas Works Handbook.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Data is obtained from the 'TANF Warrant History' file based on an eligibility determination system.

Strategy-Related Measures Definitions

86th Regular Session, Agency Submission, Version 1
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BL 2021 Methodology

The number of average payments per month is computed by summing the number of TANF One time payments in all months of the reporting period and dividing by the number of months in the reporting period. Because data is reported on an incurred basis, the most recent data are completed using completion ratios. Forecasting models and trends are used to project future estimates.

BL 2021 Purpose

This measure provides an average monthly count of persons receiving a TANF one-time payment.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	5	Encourage Self-Sufficiency	
Objective No.	1	Financial and Other Assistance	
Strategy No.	1	Temporary Assistance for Needy Families Grants	
Measure Type	OP		
Measure No.	4	Number of Children Receiving \$30 Once a Year Grant	

Calculation Method: C **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 04
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of children who received the once a year grant of \$30 per child. Children are eligible to receive this grant if they were eligible to receive TANF or State Two Parent Cash Assistance benefits for the month of August.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Data is obtained from the "TANF Warrant History" file based on an eligibility determination system

BL 2020 Methodology

An ad hoc report will provide a count of children who received the once a year grant.

BL 2020 Purpose

This measure shows the number of children in Texas impacted by the funds appropriated in this strategy for a once a year grant that is to be provided each August to assist TANF and two parent families purchase school clothes and supplies.

BL 2021 Definition

This measure reports the number of children who received the once a year grant of \$30 per child. Children are eligible to receive this grant if they were eligible to receive TANF or State Two Parent Cash Assistance benefits for the month of August.

BL 2021 Data Limitations

None.

BL 2021 Data Source

Data is obtained from the "TANF Warrant History" file based on an eligibility determination system

BL 2021 Methodology

An ad hoc report will provide a count of children who received the once a year grant.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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BL 2021 Purpose

This measure shows the number of children in Texas impacted by the funds appropriated in this strategy for a once a year grant that is to be provided each August to assist TANF and two parent families purchase school clothes and supplies.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	1	Temporary Assistance for Needy Families Grants
Measure Type	OP	
Measure No.	5	Average Monthly Number of TANF Grandparent Payments

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 05
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average number of TANF One time Grandparent payments made during the reporting period. The 76th session of the Texas Legislature authorized the department to provide assistance payments to qualified grandparents on behalf of dependent children. The eligible grandparent population was expanded by SB297 of the 77th Legislature to include grandparents age 45 and older with an income of 200% of poverty or under.

BL 2020 Data Limitations

Only one TANF One time Grandparent payment is counted per TANF Grandparent case.

BL 2020 Data Source

TANF One time Grandparent payment data are from the agency's Client Server Support System Grandparent Payment System database.

BL 2020 Methodology

The number of monthly TANF Grandparent payments is summed for all months in the reporting period, then divided by the number of months in the reporting period to determine the average per month.

BL 2020 Purpose

This measure provides information on the utilization of TANF One time Grandparent payments.

BL 2021 Definition

This measure reports the monthly average number of TANF One time Grandparent payments made during the reporting period. The 76th session of the Texas Legislature authorized the department to provide assistance payments to qualified grandparents on behalf of dependent children. The eligible grandparent population was expanded by SB297 of the 77th Legislature to include grandparents age 45 and older with an income of 200% of poverty or under.

BL 2021 Data Limitations

Only one TANF One time Grandparent payment is counted per TANF Grandparent case.

BL 2021 Data Source

TANF One time Grandparent payment data are from the agency's Client Server Support System Grandparent Payment System database.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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BL 2021 Methodology

The number of monthly TANF Grandparent payments is summed for all months in the reporting period, then divided by the number of months in the reporting period to determine the average per month.

BL 2021 Purpose

This measure provides information on the utilization of TANF One time Grandparent payments.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	1	Temporary Assistance for Needy Families Grants
Measure Type	OP	
Measure No.	6	Avg # TANF/State Cash Adults Per Month w/ State Time-limited Benefits

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 06

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average number of adults receiving Temporary Assistance for Needy Families (TANF) or State Two Parent Cash Assistance in the month who have used one or more state time limited months. The term "time limited" refers to the maximum length of time that a client is eligible to receive benefits. State time limits are determined based on education, functional literacy and work history, and are for 12, 24 or 36 months.

BL 2020 Data Limitations

Mandatory clients (those w/o employment services exemptions or good cause for not participating) begin using their state time limited benefits 1 month after they are contacted by TX Workforce Commission (TWC) or a local entity directly or indirectly under contract with TWC for participation in the Choices program if they have a 12 or 24 month limit. Clients with a 36 month limit are given 12 months before their state time limited benefits begin, to correct basic educational deficiencies. All of these clients continue to use state time limited benefits unless they are given good cause not to participate, move outside the area served by the Choices program, their Choices case is closed, or they cease receiving TANF or State Two Parent Cash Asst. Exempt clients who participate in the Choices program use their state time limited benefits only in the months in which they participate in Choices.

BL 2020 Data Source

Data are obtained from computer runs using monthly eligibility files. These files are used to establish the number of months that are counted toward a person's state time limit.

BL 2020 Methodology

Data is calculated by adding the monthly number of TANF and State Two Parent Cash Assistance adults who have used one or more state time limited months, and dividing by the number of months in the reporting period. Data are unduplicated within the month.

BL 2020 Purpose

This measure quantifies the population at risk of losing TANF funded financial assistance or State Two Parent Cash Assistance due to the state time limited eligibility criteria stipulated in recent state welfare reform laws.

BL 2021 Definition

This measure reports the average number of adults receiving Temporary Assistance for Needy Families (TANF) or State Two Parent Cash Assistance in the month who have used one or more state time limited months. The term "time limited" refers to the maximum length of time that a client is eligible to receive benefits. State time limits are determined based on education, functional literacy and work history, and are for 12, 24 or 36 months.

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BL 2021 Data Limitations

Mandatory clients (those w/o employment services exemptions or good cause for not participating) begin using their state time limited benefits 1 month after they are contacted by TX Workforce Commission (TWC) or a local entity directly or indirectly under contract with TWC for participation in the Choices program if they have a 12 or 24 month limit. Clients with a 36 month limit are given 12 months before their state time limited benefits begin, to correct basic educational deficiencies. All of these clients continue to use state time limited benefits unless they are given good cause not to participate, move outside the area served by the Choices program, their Choices case is closed, or they cease receiving TANF or State Two Parent Cash Asst. Exempt clients who participate in the Choices program use their state time limited benefits only in the months in which they participate in Choices.

BL 2021 Data Source

Data are obtained from computer runs using monthly eligibility files. These files are used to establish the number of months that are counted toward a person's state time limit.

BL 2021 Methodology

Data is calculated by adding the monthly number of TANF and State Two Parent Cash Assistance adults who have used one or more state time limited months, and dividing by the number of months in the reporting period. Data are unduplicated within the month.

BL 2021 Purpose

This measure quantifies the population at risk of losing TANF funded financial assistance or State Two Parent Cash Assistance due to the state time limited eligibility criteria stipulated in recent state welfare reform laws.

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	1	Temporary Assistance for Needy Families Grants
Measure Type	OP	
Measure No.	7	Avg # TANF/State Cash Adults/Month with Federal Time-limited Benefits

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-01 OP 07
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average number of adults receiving Temporary Assistance for Needy Families (TANF) or State Two Parent Cash Assistance in the month who have used one or more time limited months. The term "time limited" refers to the maximum length of time that a client is eligible to receive benefits. TANF and State Two-Parent Cash Assistance programs allow a maximum of 60 months of benefits

BL 2020 Data Limitations

All adult clients begin using their time limited benefits effective October 1999 or their first month on TANF or State Two-Parent Cash Assistance, if later. Months counted toward the state time limit from November 1996 through September 1999 also count towards the 60 month time limit.

BL 2020 Data Source

Data are obtained from computer runs using monthly eligibility files. These files are used to establish the number of months that are counted toward a person's Federal time limit.

BL 2020 Methodology

Data is calculated by summing for all months of the reporting period, the monthly number of TANF and State Two-Parent Cash Assistance adults who have used one or more 60 month time limited months, and dividing by the number of months in the reporting period. Data are unduplicated within the month.

BL 2020 Purpose

This measure quantifies the population at risk of losing TANF funded financial assistance or State Two Parent Cash Assistance due to the 60 month time limited eligibility criteria stipulated in recent federal welfare reform laws.

BL 2021 Definition

This measure reports the average number of adults receiving Temporary Assistance for Needy Families (TANF) or State Two Parent Cash Assistance in the month who have used one or more time limited months. The term "time limited" refers to the maximum length of time that a client is eligible to receive benefits. TANF and State Two-Parent Cash Assistance programs allow a maximum of 60 months of benefits

BL 2021 Data Limitations

All adult clients begin using their time limited benefits effective October 1999 or their first month on TANF or State Two-Parent Cash Assistance, if later. Months counted toward the state time limit from November 1996 through September 1999 also count towards the 60 month time limit.

Strategy-Related Measures Definitions

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BL 2021 Data Source

Data are obtained from computer runs using monthly eligibility files. These files are used to establish the number of months that are counted toward a person's Federal time limit.

BL 2021 Methodology

Data is calculated by summing for all months of the reporting period, the monthly number of TANF and State Two-Parent Cash Assistance adults who have used one or more 60 month time limited months, and dividing by the number of months in the reporting period. Data are unduplicated within the month.

BL 2021 Purpose

This measure quantifies the population at risk of losing TANF funded financial assistance or State Two Parent Cash Assistance due to the 60 month time limited eligibility criteria stipulated in recent federal welfare reform laws.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	2	Provide WIC Services: Benefits, Nutrition Education & Counseling
Measure Type	EF	
Measure No.	1	Average Food Costs Per Person Receiving Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 05-01-02 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average food cost per person is the average cost of supplemental allowable foods purchased as part of the services to eligible WIC program participants.

BL 2020 Data Limitations

The most recent data available is used at reporting deadline.

BL 2020 Data Source

Actual food costs are obtained from the HHSC automated accounting records, which aggregate payments made to vendors with food funds. Rebates are calculated within the WIC automated system using the effective contract rebate rates as specified in the respective contracts. system.

BL 2020 Methodology

To calculate the post-rebate average cost per participant, the total food cost for the reporting period less the total rebate dollars received during the reporting period is divided by the total number of participants served during the reporting period. This calculation is based on a federal fiscal year.

BL 2020 Purpose

Measures the average food costs per person receiving services.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

BL 2021 Purpose

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	2	Provide WIC Services: Benefits, Nutrition Education & Counseling
Measure Type	EX	
Measure No.	1	WIC Breastfeeding Initiation Rate

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 05-01-02 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure represents the percent of infants whose mothers were participants in the program during pregnancy and initiated breastfeeding at or before the time of the infant’s certification of eligibility.

BL 2020 Data Limitations

Mothers must return to WIC after their child's birth to be included in the data.

BL 2020 Data Source

The Texas WIC management information system. This performance measure is derived from the number of infants born to WIC mothers that initiated breastfeeding with the infant.

BL 2020 Methodology

The percent is calculated by dividing the most recently completed month’s unduplicated number of infants, whose mothers were participants in the program during pregnancy, breastfed at or before the time of their certification of eligibility by the total unduplicated number of infants whose mothers were participants in the program during pregnancy.

BL 2020 Purpose

This measure is intended to show the effectiveness of the program’s efforts to encourage pregnant women to initiate breastfeeding. It is not intended to measure duration of breastfeeding.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	5	Encourage Self-Sufficiency	
Objective No.	1	Financial and Other Assistance	
Strategy No.	2	Provide WIC Services: Benefits, Nutrition Education & Counseling	
Measure Type	OP		
Measure No.	1	Number of WIC Families Provided Nutrition Education & Counseling	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 05-01-02 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The total number of times WIC families receive either group nutrition education or individual nutrition counseling during the reporting period . WIC participants are typically seen at the WIC clinic every 3 months and are offered group education or individual counseling during each of these visits . This is a duplicative count because participants may receive 4 or more educational contacts per year.

BL 2020 Data Limitations

Estimates may be used at reporting deadlines.

BL 2020 Data Source

The WIC automated data system is the data source. Local WIC agencies document nutrition education and counseling contacts on the system at the clinic level and transmit this data to the central WIC office at HHSC.

BL 2020 Methodology

The WIN system is queried at the central WIC office to derive this total for the reporting period. This calculation is based on a federal fiscal year.

BL 2020 Purpose

Measures the total number of times WIC families receive either group nutrition education or individual nutrition counseling during the reporting period.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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BL 2021 Purpose

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	5	Encourage Self-Sufficiency	
Objective No.	1	Financial and Other Assistance	
Strategy No.	2	Provide WIC Services: Benefits, Nutrition Education & Counseling	
Measure Type	OP		
Measure No.	2	Number of WIC Participants Provided Nutritious Supplemental Food	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 05-01-02 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This output measures actual state-wide monthly participation determined by the number of WIC clients provided with supplemental foods for a particular month. The United States Department of Agriculture (USDA) and HHSC define WIC client participation as: the sum of the number of persons who have received supplemental foods or food instruments plus the number of totally breastfed infants (i.e., receiving no supplemental foods or food instruments) whose mothers were WIC participants and received food benefits during the reporting period plus the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the reporting period.

BL 2020 Data Limitations

Most recent data available is used at reporting deadlines.

BL 2020 Data Source

Participation counts are collected through the WIC automated system.

BL 2020 Methodology

The most recent available monthly participation count at the time the report is due will be reported for both the quarterly and year-to-date performance. This calculation is based on a federal fiscal year.

BL 2020 Purpose

This output measures actual state-wide monthly participation determined by the number of WIC clients provided with supplemental food for a particular month.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	5	Encourage Self-Sufficiency
Objective No.	1	Financial and Other Assistance
Strategy No.	4	Disaster Assistance
Measure Type	OP	
Measure No.	1	Number of Applications Approved

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 05-01-04 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Reports unduplicated number of Federal Emergency Management Agency (FEMA) referrals for Other Needs Assistance (ONA) under the Individual and Households Program (IHP) approved for a grant during a presidentially declared disaster. Grants are provided for disaster-related serious needs and necessary expenses not met by the victim's insurance, voluntary organizations or other relief organizations. For property losses, the victim must be denied loan assistance by the Small Business Administration. IHP grants may consist of Housing Assistance provided directly by FEMA and ONA (for repair or replacement of personal property and vehicles or for medical or funeral assistance) provided by HHSC. Victims must apply for assistance within 60 days after the President declares a major disaster.

BL 2020 Data Limitations

The measurement is limited in determining operational success in that each incident is an individual incident that cannot be benchmarked. The target is to measure the impact of the incident. In that we have to acknowledge the scope, type(s), impact area(s), and number of disasters will limit the agency in measuring success in dollars awarded. Knowing this amount is important to measuring the agency response or impact on public recovery from disaster.

BL 2020 Data Source

Data is obtained from reports on applications approved from the Disaster Assistance Reporting Information System, which interfaces with the federal National Emergency Management Information System.

BL 2020 Methodology

Reported data are computed as follows: The number of applications approved is summed for each state fiscal year based either on the month of payment or the date the disaster is declared as determined for each disaster by HHSC executive leadership.

BL 2020 Purpose

This measure is a mechanism for assessing in the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the services delivered.

BL 2021 Definition

Strategy-Related Measures Definitions

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Reports unduplicated number of Federal Emergency Management Agency (FEMA) referrals for Other Needs Assistance (ONA) under the Individual and Households Program (IHP) approved for a grant during a presidentially declared disaster. Grants are provided for disaster-related serious needs and necessary expenses not met by the victim's insurance, voluntary organizations or other relief organizations. For property losses, the victim must be denied loan assistance by the Small Business Administration. IHP grants may consist of Housing Assistance provided directly by FEMA and ONA (for repair or replacement of personal property and vehicles or for medical or funeral assistance) provided by HHSC. Victims must apply for assistance within 60 days after the President declares a major disaster.

BL 2021 Data Limitations

The measurement is limited in determining operational success in that each incident is an individual incident that cannot be benchmarked. The target is to measure the impact of the incident. In that we have to acknowledge the scope, type(s), impact area(s), and number of disasters will limit the agency in measuring success in dollars awarded. Knowing this amount is important to measuring the agency response or impact on public recovery from disaster.

BL 2021 Data Source

Data is obtained from reports on applications approved from the Disaster Assistance Reporting Information System, which interfaces with the federal National Emergency Management Information System.

BL 2021 Methodology

Reported data are computed as follows: The number of applications approved is summed for each state fiscal year based either on the month of payment or the date the disaster is declared as determined for each disaster by HHSC executive leadership.

BL 2021 Purpose

This measure is a mechanism for assessing in the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the services delivered.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	1	Guardianship
Measure Type	EF	
Measure No.	1	Average Mthly Cost Per Adult Guardianship Ward Served

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-01 EF 01

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average monthly cost of providing direct delivery guardianship services by the Health and Human Services Commission (HHSC) staff and providing contracted guardianship services by private guardianship programs.

BL 2020 Data Limitations

None

BL 2020 Data Source

Actual expenditures are from the Health and Human Services Administrative System – Financials System (HHSAS-FS) for Program Activity Code (PAC) 580 (Guardianship Staff Services). The number of wards receiving HHSC and contracted guardianship services is currently from the Guardianship Online Database (GOLD) system; where the guardianship letter was issued on or before the end of the reporting month. This measure includes both new and on-going guardianship services provided directly by HHSC staff and contractors. GOLD has replaced the Information Management Protecting Adults and Children in Texas (IMPACT) data source for the number of guardianships.

BL 2020 Methodology

Annual expenditure projections for PAC 580 are made using an internal budget document that includes actual expenditures reported on HHSAS-FS for the reporting period, annualizing those expenditures and adding estimates for accruals and encumbrances. These amounts are totaled and the total is divided by the number of months in the reporting period to arrive at the average monthly cost. The average monthly cost per HHSC direct delivery and contracted guardianship ward served is calculated by dividing the average monthly cost by the average monthly number of HHSC direct delivery and contracted wards served.

BL 2020 Purpose

This measure is useful as a benchmark and to monitor changes in costs for serving direct delivery Guardianship wards.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	1	Guardianship
Measure Type	EX	
Measure No.	1	Avg Mthly # Referrals DFPS to HHSC for Assessment/Need Guardianship

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 06-01-01 EX 02
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

The measure shows the count of individuals for whom the Department of Family and Protective (DFPS) has validated abuse, neglect or exploitation and made a referral to the Health and Human Services Commission (HHSC), and for whom HHSC guardianship staff must perform an assessment to determine whether or not to apply for guardianship.

BL 2020 Data Limitations

The measure does not reflect the outcome of the assessment process; however, in combination with the measure showing the average number of guardianships, it provides a more complete picture of staff workloads.

BL 2020 Data Source

Data are currently captured electronically in the Guardianship Online Database (GOLD). The guardianship data system produces a standard monthly report of the number of referrals received. The numerator is the total number of referrals received for the year to date. The denominator is the number of months in the year to date.

BL 2020 Methodology

Divide the numerator by the denominator. When calculating the second quarter, third quarter, and fourth quarter, the year-to-date total is recalculated.

BL 2020 Purpose

The purpose of this measure is to show the average number of new cases that HHSC guardianship staff must review each month and conduct a capacity assessment for.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	1	Guardianship
Measure Type	OP	
Measure No.	1	Avg Number of Wards Receiving Guardianship Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-01 OP 01

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The measure shows the count of wards for which guardianship has been established through court order. The count includes both new and on-going guardianships that will be served by the Health and Human Services Commission (HHSC) staff and contracted private guardianship programs. On-going guardianships refers to guardianships initiated in previous months and without closure dates.

BL 2020 Data Limitations

Documentation can be delayed by the volume of work, which is impacted by vacancies, sick leave, vacation leave, turnover, Guardianship Online Database (GOLD) system downtime, etc.

BL 2020 Data Source

Using GOLD, the data are gathered by counting HHSC's cases and contracted private guardianship cases open during the reporting period and cases closed during the reporting period, the number of cases as documented on the guardianship detail table in which wards' guardianship letters were issued on or before the end of the report month and the event activity type was coded as 'GUA' (numerator). The count includes direct-delivery and contracted guardianships. The denominator is the sum of months in the reporting period. The IMPACT detail table was replaced with a report from GOLD system.

BL 2020 Methodology

Divide the numerator by the denominator. When calculating the second quarter, third quarter, and fourth quarter, the year-to-date total is recalculated.

BL 2020 Purpose

The purpose of this measure is to show the average number of adults for whom HHSC was directly serving as guardian during the reporting period. It indicates part of the workload volume in the guardianship program.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	EF	
Measure No.	1	Avg Mthly Cost Per Individual Served: Non-Medicaid Community Serv (XX)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 EF 01

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average cost of non-Medicaid Title XX-funded Community Care Services Eligibility per individual per month. Expenditures are defined as payments made to providers for services delivered to individuals as well as incurred amounts for services delivered but not yet paid.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals as well as cost per individual per month ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-to-date and/or the number of individuals authorized to receive services, the units of service approved-to-pay to- date, and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

BL 2020 Data Source

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

BL 2020 Methodology

The sum of monthly expenditures for non-Medicaid Title XX-funded Community Care Services Eligibility by month-of-service for all months in the reporting period is divided by the average monthly number of non-Medicaid Title XX-funded Community Care Services Eligibility individuals for the months of the reporting period; this is then divided by the number of months in the reporting period.

BL 2020 Purpose

This measure quantifies the unit cost for providing eligible individuals with services funded under this strategy. This unit cost is a tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	EF	
Measure No.	2	Average Cost Per Home-delivered Meal (SSBG)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 EF 02

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average cost of a home-delivered meal funded by the Social Services Block Grant (SSBG). Expenditures are defined as payments made to providers for services delivered to individuals, as well as incurred amounts for services delivered but not yet paid.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of clients approved-to-pay to-date and/or the number of individuals authorized to receive services, the units of service approved-to-pay to-date, and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

BL 2020 Data Source

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

BL 2020 Methodology

The sum of monthly expenditures for meals services by month-of-service for all months in the reporting period is divided by the average monthly number of meals served during the months of the reporting period; this is then divided by the number of months in the reporting period.

BL 2020 Purpose

This measure quantifies the average unit cost for one of the services (home-delivered meals) provided under this strategy. This unit cost is a tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	EF	
Measure No.	3	Statewide Average Cost Per Congregate Meal (AAA)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 EF 03

Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

The statewide average State Unit on Aging (HHSC) cost per congregate meal is a measure of the statewide average per meal cost to provide congregate meals to individual's age 60 and older and other eligible individuals. Congregate meals are hot or other appropriate meals served in a setting, which promotes social interaction as well as improved nutrition. Congregate meals provide one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences - National Research Council and are served in a congregate setting. These meals include standard meals, which are regular meals that are served to the majority of participants. Additionally, therapeutic meals or liquid supplements, which are special meals or liquid supplements that have been prescribed by a physician (i.e., diabetic diets, renal diets, pureed diets, tube feeding) may be served in the congregate setting.

BL 2020 Data Limitations

Only State Unit on Aging HHSC funded units are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in this measure's calculation.

BL 2020 Data Source

The number of meals is based on data reported to the Commission by area agencies on aging (AAAs). Expenditures are reported by the AAAs and include accrued expenses.

BL 2020 Methodology

The statewide average State Unit on Aging HHSC cost per meal is calculated by dividing State Unit on Aging HHSC appropriated expenditures reported by the AAAs used to provide congregate meals to individuals age 60 or older and other eligible individuals by the number of congregate meals funded by the State Unit on Aging HHSC during the fiscal year.

BL 2020 Purpose

This measure identifies the statewide average cost per congregate meal.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	EF	
Measure No.	4	Statewide Average Cost Per Home-delivered Meal (AAA)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 EF 04

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The statewide average State Unit on Aging HHSC cost per home delivered meal is a measure of the statewide average per meal cost to provide home delivered meals to individuals age 60 and older and other eligible individuals. Home delivered meals are hot, cold, frozen, dried, canned or supplemental food (with a satisfactory storage life), which provide one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences - National Research Council and are delivered to an eligible individual in his/her place of residence.

BL 2020 Data Limitations

Only State Unit on Aging HHSC funded units are considered for this measure. While some units funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in this measure's calculation.

BL 2020 Data Source

The number of home delivered meals is based on data reported to the Commission by area agencies on aging (AAAs). Data is reported only for those individuals for whom an intake form is completed. Expenditures are reported by the AAAs and include accrued expenses

BL 2020 Methodology

The statewide average State Unit on Aging HHSC cost per meal is calculated by dividing State Unit on Aging HHSC appropriated expenditures reported by the AAAs used to provide home delivered meals to individuals age 60 or older and other eligible individuals by the number of home delivered meals funded by State Unit on Aging HHSC during the fiscal year.

BL 2020 Purpose

This measure identifies the statewide average cost per home delivered meal.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	EF	
Measure No.	5	Statewide Average Cost Per Person Receiving Homemaker Services (AAA)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 EF 05

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This is a measure of the statewide average program cost per individual to provide homemaker services to individual age 60 and older funded by the State Unit on Aging HHSC. Homemakers provide services that involve the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance for individuals who need assistance with these activities in their place of residence.

BL 2020 Data Limitations

Only State Unit on Aging HHSC funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in the measure calculation.

BL 2020 Data Source

The number of individuals receiving homemaker services is based on data reported to the Commission by area agencies on aging (AAAs). Data is reported only for those individuals for whom an intake form is completed. Expenditures are reported by the AAAs and include accrued expenses.

BL 2020 Methodology

The statewide average cost per person receiving homemaker services is calculated by dividing expenditures reported by the AAAs used to provide homemaker services to individuals age 60 or older by the unduplicated number of individuals receiving homemaker services funded by the State Unit on Aging HHSC.

BL 2020 Purpose

This measure identifies the State Unit on Aging HHSC average cost per individual receiving homemaker services.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	EF	
Measure No.	6	Statewide Avg Cost Per Person Rec Personal Assistance Services (AAA)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 EF 06

Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

The statewide average cost per individual receiving personal assistance services is a measure of the statewide average program cost per individual used to provide personal assistance services to people age 60 and older. Personal assistance is the act of assisting another person with tasks that the individual would typically do if he or she were able. This covers hands-on assistance in all activities of daily living. Personal assistance staff are trained and supervised.

BL 2020 Data Limitations

Only State Unit on Aging HHSC funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in the measure calculation.

BL 2020 Data Source

The number of individuals receiving personal assistance services is based on data reported to the Commission by the area agencies on aging (AAAs). Data is reported only for those individuals for whom an intake form is completed. Expenditures are reported by the AAAs and include accrued expenses.

BL 2020 Methodology

The statewide average cost per individual receiving personal assistance services is calculated by dividing State Unit on Aging (HHSC) expenditures reported by the AAAs used to provide personal assistance services to individuals age 60 or older by the unduplicated number of individuals receiving personal assistance services funded by the State Unit on Aging (HHSC).

BL 2020 Purpose

This measure identifies the statewide average cost per individual receiving personal assistance services.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	EF	
Measure No.	7	Statewide Average Cost Per Modified Home (AAA)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 EF 07
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This is a measure of the statewide average program cost per home to provide home repair or modification for the dwellings of individual age 60 and older. Residential repair services consist of repairs or modifications of client-occupied dwellings essential for the health and safety of the occupants. This service can also include limited housing, counseling, and moving expenses where repairs or modifications will not attain reasonable standards of health and safety.

BL 2020 Data Limitations

Only State Unit on Aging HHSC funded units are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in the measure calculation.

BL 2020 Data Source

The number of homes is based on data reported to the Commission by area agencies on aging (AAAs). Expenditures are reported by the AAAs and include accrued expenses.

BL 2020 Methodology

The statewide average cost per modified home is calculated by dividing State Unit on Aging HHSC expenditures reported by the AAAs used to provide these services to individuals age 60 or older by the unduplicated number of homes receiving home repair/modification funded by the State Unit on Aging HHSC.

BL 2020 Purpose

This measure identifies the statewide average State Unit on Aging HHSC cost per modified home.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	6	Community & Independent Living Services & Coordination	
Objective No.	1	Long-term Care Services & Coordination	
Strategy No.	2	Non-Medicaid Services	
Measure Type	EX		
Measure No.	1	Avg # Individuals Receiving Non-Medicaid Communy Svcs & Supports XX	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 EX 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received one or more non-Medicaid Title XX-funded Community Care Services Eligibility and did not receive either entitlement or waiver services. Services included under this category are: Family Care, Home-delivered Meals, Emergency Response Services, Adult Foster Care, Day Activities and Health Services (funded through Social Services Block Grant), Consumer Managed Personal Attendant Services, Residential Care, and Special Services for Individuals with Disabilities.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive the above services, as well as the number of units of service authorized, are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software

BL 2020 Methodology

Since a high percentage of individuals who receive Meals and/or Emergency Response Services also receive other services, an unduplicated monthly count of individuals receiving one or more non-Medicaid Title XX-funded community care services must be estimated. This is accomplished by multiplying counts for these two services by the percentage of individuals who are authorized to receive these services only, as opposed to these services in addition to other services, according to information obtained from SAS authorization data. Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period.

BL 2020 Purpose

This measure provides a count of individuals who received Non-Medicaid Title XX funded community care services, who did not receive other community services and supports (Medicaid entitlement or Medicaid Waiver services).

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	6	Community & Independent Living Services & Coordination	
Objective No.	1	Long-term Care Services & Coordination	
Strategy No.	2	Non-Medicaid Services	
Measure Type	EX		
Measure No.	2	Avg # of Individuals Receiving Svcs at the End of the Fiscal Yr: XX/GR	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 EX 03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides an unduplicated workload count of priority population eligible adults and children who receive ID community services at the end of the fiscal year. ID community services include non-residential services including: vocational services, training services, respite services, and specialized therapies.

BL 2020 Data Limitations

This measure provides the actual number of individuals who receive community services and provides information about the total system activity during one fiscal year. It is a frequently requested number used to compare system activity over a period of two or more fiscal years. The accuracy of the commission's CARE system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities.

BL 2020 Data Source

As individuals enter the community programs, registration information is entered into the commission's Client Assignment and Registration (CARE) system portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. Individuals who receive more than one community service during the year are counted only once for the year.

BL 2020 Methodology

The total unduplicated number of individuals that receive a ID community service during the fiscal year regardless of how the services for the individuals were funded is tallied for each local authority and system-wide.

BL 2020 Purpose

This measure provides the actual unduplicated number of persons who receive ID community services and provides information about the total system activity during one fiscal year

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	OP	
Measure No.	1	Average # of Individuals Per Mth Receiving Home-delivered Meals (SSBG)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 01

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average unduplicated number of individuals who, based upon approved-to-pay claims, received a home-delivered meal funded through the Social Services Block Grant (SSBG). Individuals are provided with hot, nutritious meals delivered directly to their home.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of individuals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of individuals ultimately served.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive home delivered meals, as well as the number of meals authorized, are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, the number of meals approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

BL 2020 Methodology

Individual counts are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the monthly individual counts (as described above) for all months of the reporting period, by the number of months in the reporting period.

BL 2020 Purpose

This measure provides a count of eligible individuals who are receiving home-delivered meals, a service that contributes to enabling them to remain in their own home as opposed to being placed in another more restrictive setting.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	OP	
Measure No.	2	Average Number of Home-delivered Meals Provided Per Month (SSBG)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 02

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average number of home-delivered meals on approved-to-pay claims submitted by Meals providers and funded through the Social Services Block Grant (SSBG).

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of meals ultimately provided must be estimated for months that have not yet closed out, by using "completion factors" applied to the number of meals approved-to-pay to-date and/or the number of meals authorized. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of meals on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of meals ultimately provided.

BL 2020 Data Source

Two types of data are used to report this measure. The number of individuals authorized to receive home delivered meals, as well as the number of meals authorized, are obtained from the commission's Service Authorization System (SAS) by means of ad hoc query. Month-of-service to-date data that reports the number of individuals for whom claims have been approved-to-pay, the number of meals approved-to-pay, and the amounts approved-to-pay, are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

BL 2020 Methodology

Data are collected on a monthly basis. The monthly average for the reporting period is calculated by dividing the sum of the number of home-delivered meals provided (as described above) for all months of the reporting period, by the number of months in the reporting period.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the volume of services delivered (meals).

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	OP	
Measure No.	3	Number of Individuals Receiving Congregate Meals (AAA)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The measure is the unduplicated number of individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as receiving congregate meals funded by the State Unit on Aging (HHSC). Congregate meals are hot or other appropriate meals served to eligible individuals which meets one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences B National Research Council and which is served in a congregate setting. There are two types of congregate meals. These are standard meals which are regular meals from the standard menu that are served to the majority of all of the participants and therapeutic meals or liquid supplements that have been prescribed by a physician and are planned specifically for an individual participant by a dietician (i.e., diabetic diets, renal diets, pureed diets, tube feeding) may be served in the congregate setting.

BL 2020 Data Limitations

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

BL 2020 Data Source

The number of individuals is based on data reported to the Commission by the AAAs.

BL 2020 Methodology

This measure is the total unduplicated count, as reported by AAA, of individuals receiving a congregate meal funded by the State Unit on Aging (HHSC).

BL 2020 Purpose

This is an output measure that identifies an unduplicated count of individuals receiving a congregate meal funded by the State Unit on Aging (HHSC).

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	OP	
Measure No.	4	Number of Congregate Meals Served (AAA)

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 04
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The measure is the number of congregate meals provided to individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as congregate meals funded by the State Unit on Aging (HHSC). Congregate meals are hot or other appropriate meals served to eligible individuals which meets one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences B National Research Council and which is served in a congregate setting. There are two types of congregate meals. These are standard meals which are regular meals from the standard menu that are served to the majority of all of the participants and therapeutic meals or liquid supplements that have been prescribed by a physician and are planned specifically for an individual participant by a dietician (i.e., diabetic diets, renal diets, pureed diets, tube feeding) may be served in the congregate setting.

BL 2020 Data Limitations

Only State Unit on Aging (HHSC) funded units are considered for this measure. While some units funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in this measure's calculation.

BL 2020 Data Source

The number of congregate meals is based solely on data reported to the Commission by the AAAs.

BL 2020 Methodology

The measure is the total congregate meals served to individuals age 60 and older and other eligible individuals.

BL 2020 Purpose

This is an output measure that identifies the total congregate meals served to individuals age 60 and older and other eligible individuals.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	6	Community & Independent Living Services & Coordination	
Objective No.	1	Long-term Care Services & Coordination	
Strategy No.	2	Non-Medicaid Services	
Measure Type	OP		
Measure No.	5	Number of Individuals Receiving Home-delivered Meals (AAA)	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 05
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The measure is the unduplicated number of individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as receiving home delivered meals funded by the State Unit on Aging (HHSC). Home delivered meals are hot, cold, frozen, dried, canned or supplemental food (with a satisfactory storage life) which provide a minimum of one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences B National Research Council, and are delivered to an eligible individual in his/her place of residence.

BL 2020 Data Limitations

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

BL 2020 Data Source

The number of individuals receiving home delivered meals is based on data reported to the Commission by the AAAs.

BL 2020 Methodology

The measure is the total unduplicated number, by AAA, of individuals age 60 and older and other eligible individuals receiving a home delivered meal.

BL 2020 Purpose

This measure identifies the unduplicated number of individuals receiving home delivered meals.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	6	Community & Independent Living Services & Coordination	
Objective No.	1	Long-term Care Services & Coordination	
Strategy No.	2	Non-Medicaid Services	
Measure Type	OP		
Measure No.	6	Number of Home-delivered Meals Served (AAA)	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 06

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The measure is the number of home delivered meals served to individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as receiving home delivered meals funded by the State Unit on Aging (HHSC). Home delivered meals are hot, cold, frozen, dried, canned or supplemental food (with a satisfactory storage life) which provide a minimum of one-third (1/3) of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Sciences B National Research Council, and are delivered to an eligible individual in his/her place of residence.

BL 2020 Data Limitations

Only State Unit on Aging (HHSC) funded units are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

BL 2020 Data Source

The number of home delivered meals served to individuals age 60 and older is based on data reported to the Commission by the AAAs. Data is reported only for those individuals for whom an intake form is completed.

BL 2020 Methodology

The measure is the total number of meals served to individuals age 60 and older and other eligible individuals.

BL 2020 Purpose

This measure identifies the number of home delivered meals served.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	OP	
Measure No.	7	Number of Individuals Receiving Homemaker Services (AAA)

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 07
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

The measure is the unduplicated number of individuals age 60 and older, who are receiving homemaker services funded by the State Unit on Aging HHSC, as reported to the Commission by area agencies on aging (AAAs). Trained and supervised homemakers provide services that involve the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance for individuals who need assistance with these activities in their place of residence.

BL 2020 Data Limitations

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

BL 2020 Data Source

The number of unduplicated individuals receiving homemaker services is based on data reported to the Commission by AAAs. Data is reported only for those individuals for whom an intake form is completed.

BL 2020 Methodology

The number of individuals 60 and older receiving homemaker services is the unduplicated total reported to the Commission by the AAAs.

BL 2020 Purpose

This measure identifies the total unduplicated number of individuals 60 and over who have received homemaker services funded by the State Unit on Aging (HHSC).

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	OP	
Measure No.	8	Number of Individuals Receiving Personal Assistance (AAA)

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 08
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The measure is the unduplicated number of individuals age 60 and older who have received personal assistance services funded by the State Unit on Aging (HHSC). Personal assistance is the act of assisting another person with tasks that that individual would typically do if he or she were able. This covers hands-on assistance in all activities of daily living. Trained and supervised home health staffs provide the services for individuals who need assistance with these activities in their place of residence.

BL 2020 Data Limitations

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

BL 2020 Data Source

The number of unduplicated individuals receiving personal assistance services is based on data reported to the Commission by the AAAs. Data is reported only for those individuals for whom an intake form is completed.

BL 2020 Methodology

The number of persons 60 and older receiving personal assistance services is the unduplicated total reported to the Commission by the AAAs

BL 2020 Purpose

This measure identifies the total unduplicated number of individuals 60 and over who have received personal assistance services funded by the State Unit on Aging (HHSC).

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	OP	
Measure No.	9	Number of Homes Repaired/Modified (AAA)

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 09
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

The measure is the unduplicated number of homes reported to the Commission by area agencies on aging (AAAs) as receiving repair or modification services funded by the State Unit on Aging HHSC. Residential repair services consist of repairs or modifications of an individual-occupied dwelling that are essential for the health and safety of the occupants.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The unduplicated number of homes receiving repair/modification is based on data reported to the Commission by the AAAs. Data is reported only for those individuals for whom an intake form is completed.

BL 2020 Methodology

The number of homes receiving repair/modification is the unduplicated total reported to the Commission by the AAAs.

BL 2020 Purpose

This measure identifies the number of homes receiving repair/modification services funded by the State Unit on Aging HHSC.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	OP	
Measure No.	10	Number of One-way Trips (AAA)

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 10
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The measure is the number of one-way trips provided to individuals age 60 and older and other eligible individuals reported to the Commission by area agencies on aging (AAAs) as receiving demand-response transportation services. Transportation services consist of taking an elderly individual from one location to another. Demand-response transportation carries elderly individuals from a specific origin to a specific destination upon advance request (usually 24 hours).

BL 2020 Data Limitations

Only State Unit on Aging HHSC funded units are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging HHSC, they are not included in the measure calculation. In addition, AAAs determine the level and the types of transportation services that they will provide.

BL 2020 Data Source

The number of one-way demand-response trips is based on data reported to the Commission by the AAAs. Data is reported only for those individuals for whom an intake form is completed.

BL 2020 Methodology

The number of one-way demand-response trips is the total reported to the State Unit on Aging HHSC by the AAAs.

BL 2020 Purpose

This measure identifies the total number of one-way trips that are funded by the State Unit on Aging HHSC.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	2	Non-Medicaid Services
Measure Type	OP	
Measure No.	11	Avg # of Individuals Served Per Month: Non Medicaid Comm Care (XX/GR)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-02 OP 12
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the monthly average unduplicated number of individuals who received one or more of the following Non Medicaid Community Care(XX / GR) services: adult foster care, client managed personal assistance services (CMPAS), day activity and health services (DAHS), emergency response services, home-delivered meals, personal assistance services (Family Care), residential care, and special services for persons with disabilities.

BL 2020 Data Limitations

Because it takes several months to close out 100% of the claims for a month of service, the number of individuals as well as cost per individual per month ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-to-date and/or the number of individuals authorized to receive services, the units of service approved-to-pay to- date, and the payment amounts approved-to-pay to-date. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the payment amounts approved-to-pay to-date divided by the appropriate completion factor equals the estimated expenditures ultimately incurred.

BL 2020 Data Source

Month-of-service to-date data that reports the unduplicated number of individuals for whom claims have been approved-to-pay are obtained from claims payment data provided by TMHP (the Medicaid claims adjudicator) that is accessed and reported through an agency-developed application that utilizes COGNOS software

BL 2020 Methodology

For the most part, the number of individuals ultimately receiving services are estimated by the “completion factor” method explained above, applied to claims data to-date. However, because of the normal amount of variation which occurs in processing billings from month-to month, the estimated census values estimated through the “completion factor” method are over-ridden for service months in which fewer than three payment periods of data is available.(Or additional months if necessary, based upon analyst judgment.) For these service months, the census values are estimated by using the historical ratio of individuals served (based upon claims data) to individuals authorized to receive the service (per SAS).

Please note that using an alternate method of estimation for periods with relatively few payment periods is consistent with actuarial standards of practice.

BL 2020 Purpose

This measure provides a count of eligible persons who are receiving Non Medicaid Community Care (XX / GR) services that contribute to enabling them to remain in their own home as opposed to being placed in another more restrictive setting.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	EF	
Measure No.	1	Average Mthly Cost Per Individual Receiving Community Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 EF 01

Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures information regarding what it costs the state each month, on average, to provide community ID services to each individual who is assigned to these services regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

BL 2020 Data Limitations

The accuracy of the commission's database is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

BL 2020 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

BL 2020 Methodology

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund ID community services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual or developmental disabilities receiving community services that are served with HHSC appropriation authority funds. The formula is numerator/denominator

BL 2020 Purpose

This measure captures HHSC appropriation authority cost per person for adult and child community ID services.

BL 2021 Definition

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	EF	
Measure No.	2	Average Monthly Cost Per Individual Receiving Employment Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 EF 02

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures information regarding what it costs the state each month, on average, to provide employment services to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission HHSC appropriation authority cost per individual as defined by the companion output measure.

BL 2020 Data Limitations

The accuracy of the commission’s database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

BL 2020 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

BL 2020 Methodology

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund employment services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving employment services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

BL 2020 Purpose

This measure captures HHSC appropriation authority cost per individuals for adult and child in employment services.

BL 2021 Definition

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	6	Community & Independent Living Services & Coordination	
Objective No.	1	Long-term Care Services & Coordination	
Strategy No.	3	Non-Medicaid Developmental Disability Community Services	
Measure Type	EF		
Measure No.	3	Average Monthly Cost Per Individual Receiving Day Training Services	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 EF 03
Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This measure captures information regarding what it costs the state each month, on average, to provide day training services to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

BL 2020 Data Limitations

The accuracy of the commission’s database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority . If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

BL 2020 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

BL 2020 Methodology

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund employment services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving day training services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

BL 2020 Purpose

This measure captures HHSC appropriation authority cost per individuals for adult and child in day training services.

BL 2021 Definition

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Agency Code:	529	Agency:	Health and Human Services Commission
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Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	EF	
Measure No.	4	Average Monthly Cost Per Individual Receiving Therapies

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 EF 04
Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This measure captures information regarding what it costs the state each month, on average, to provide therapy to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

BL 2020 Data Limitations

The accuracy of the commission’s database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority . If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

BL 2020 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

BL 2020 Methodology

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund employment services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving therapies that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

BL 2020 Purpose

This measure captures HHSC appropriation authority cost per individuals for adult and child in therapy.

BL 2021 Definition

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	EF	
Measure No.	5	Average Monthly Cost Per Individual Receiving Respite

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 EF 05

Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This measure captures information regarding what it costs the state each month, on average, to provide respite to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

BL 2020 Data Limitations

The accuracy of the commission’s database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority . If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

BL 2020 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

BL 2020 Methodology

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund respite as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving respite that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

BL 2020 Purpose

This measure captures HHSC appropriation authority cost per individuals for adult and child in respite.

BL 2021 Definition

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Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	EF	
Measure No.	6	Average Monthly Cost Per Individual Receiving Independent Living

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 EF 06

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures information regarding what it costs the state each month, on average, to provide independent living services to each individual who is assigned to this service regardless of age. It measures the Health and Human Services Commission (HHSC) appropriation authority cost per individual as defined by the companion output measure.

BL 2020 Data Limitations

The accuracy of the commission's database is dependent upon accurate and timely information being entered into the data warehouse system by the local authority. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information, which is used for reporting in the Automated Budget and Evaluation System of Texas (ABEST). Final expenditure information may be entered into the Client Assignment and Registration (CARE) system up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures can be updated in ABEST when the information is available. The Legislative Budget Board (LBB) determines whether to reopen ABEST to allow for these updates.)

BL 2020 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the CARE portion of the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the HHSC appropriation authority as well as other local funds, grant funds, and earned revenues.

BL 2020 Methodology

HHSC appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total HHSC appropriation authority funds utilized to fund employment services as reported in CARE / the number of months in the reporting period. The denominator is the average monthly number of individuals with intellectual disabilities receiving independent living services that are served with HHSC appropriation authority funds. The formula is numerator/denominator.

BL 2020 Purpose

This measure captures HHSC appropriation authority cost per individuals for adult and child in independent living.

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BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	EX	
Measure No.	1	Number Individuals with ID Receiving Community Svcs End of Fiscal Year

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides an unduplicated workload count of priority population eligible adults and children who receive ID community services at the end of the fiscal year. ID community services include non-residential services including: vocational services, training services, respite services, and specialized therapies.

BL 2020 Data Limitations

This measure provides the actual number of individuals who receive community services and provides information about the total system activity during one fiscal year. It is a frequently requested number used to compare system activity over a period of two or more fiscal years. The accuracy of the department's CARE system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities.

BL 2020 Data Source

As individuals enter the community programs, registration information is entered into the department's Client Assignment and Registration (CARE) system portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. Individuals who receive more than one community service during the year are counted only once for the year.

BL 2020 Methodology

The total unduplicated number of individuals that receive a ID community service during the fiscal year regardless of how the services for the individuals were funded is tallied for each local authority and system-wide.

BL 2020 Purpose

This measure provides the actual unduplicated number of persons who receive ID community services and provides information about the total system activity during one fiscal year

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	OP	
Measure No.	1	Average Monthly # of Individuals with ID Receiving Community Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive ID community services. ID community services include vocational services, training services, respite services, specialized therapies and excludes residential services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period.

BL 2020 Data Limitations

The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

BL 2020 Data Source

As individuals enter the comm. progs, registration info is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total unduplicated number of individuals assigned to receive any ID community service each month is calculated. To obtain an unduplicated number of individuals, each individual is counted only once each period regardless of the number of different community services to which assigned. For each quarter of the fiscal year, the unduplicated number of individuals served in each month of the quarter is averaged. The production report lists total number of adults and children assigned to a particular service each month regardless of how the services for the individuals were funded.

BL 2020 Methodology

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving ID community service each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	OP	
Measure No.	2	Avg Mthly # Indiv w/Intellectual Disability (ID) Recv Employment Svcs

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 OP 02

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive employment services.

BL 2020 Data Limitations

The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

BL 2020 Data Source

As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities employment service each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

BL 2020 Methodology

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving employment services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: 529	Agency: Health and Human Services Commission
Goal No.	6 Community & Independent Living Services & Coordination
Objective No.	1 Long-term Care Services & Coordination
Strategy No.	3 Non-Medicaid Developmental Disability Community Services
Measure Type	OP
Measure No.	3 Avg Mthly # Indiv w/Intellectual Disability (ID) Recv Day Train Svcs

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive day training services.

BL 2020 Data Limitations

The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

BL 2020 Data Source

As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities day training service each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

BL 2020 Methodology

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving day training services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	OP	
Measure No.	4	Avg Mthly # Indiv with Intellectual Disability (ID) Rec Therapies

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 OP 04

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive therapies.

BL 2020 Data Limitations

The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

BL 2020 Data Source

As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities therapy each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

BL 2020 Methodology

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving therapies each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	1	Long-term Care Services & Coordination
Strategy No.	3	Non-Medicaid Developmental Disability Community Services
Measure Type	OP	
Measure No.	5	Avg Mthly # Indiv with Intellectual Disability (ID) Rec Respite

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 OP 05
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive respite.

BL 2020 Data Limitations

The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

BL 2020 Data Source

As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities respite each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

BL 2020 Methodology

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving respite each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	6	Community & Independent Living Services & Coordination	
Objective No.	1	Long-term Care Services & Coordination	
Strategy No.	3	Non-Medicaid Developmental Disability Community Services	
Measure Type	OP		
Measure No.	6	Avg Mthly # Indiv w/Intellectual Disability (ID) Rec Independent Liv	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-01-03 OP 06

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with the Health and Human Services Commission (HHSC) appropriation authority funds and who receive independent living services.

BL 2020 Data Limitations

The accuracy of the commission's Client Assignment and Registration (CARE) system is dependent upon accurate and timely information being entered into the data warehouse system by the local authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

BL 2020 Data Source

As individuals enter the community programs, registration information is entered into the CARE portion of the data warehouse system by staff of the local authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of individuals served are issued quarterly based on the information in the data warehouse system. The total number of individuals assigned to receive any intellectual disabilities independent living services each month is calculated. For each quarter of the fiscal year, individuals served in each month of the quarter is averaged.

BL 2020 Methodology

To obtain the number of individuals served with HHSC appropriation authority funds, HHSC uses a production report which reflects the numbers of priority population individuals served each month with general revenue (GR) funds and required local match. The numerator is the sum of the number of individuals receiving independent living services each month of the reporting period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of adults and children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

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Agency Code: 529	Agency: Health and Human Services Commission
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Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	1	Independent Living Services (General, Blind, and CILs)
Measure Type	EF	
Measure No.	1	Cost Per Person Served by Centers for Independent Living

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-01 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Estimated Independent Living contract amounts expended by HHSC supported Centers for Independent Living divided by the number of persons served in HHSC supported Centers for Independent Living.

BL 2020 Data Limitations

The number of consumers served by IL Centers is provided by the centers. HHSC does not control the data that is submitted.

BL 2020 Data Source

Consumer information is provided by monthly reports from HHSC supported Centers for Independent Living, and estimated expenditures are based upon data from HHSC financial information system.

BL 2020 Methodology

Estimated IL contract amounts expended by HHSC supported Centers for Independent Living divided by the number of persons served in HHSC supported Centers for Independent Living. Non-cumulative

BL 2020 Purpose

The purpose of this measure is to calculate the financial resources (costs) needed to serve each consumer.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	1	Independent Living Services (General, Blind, and CILs)
Measure Type	EF	
Measure No.	2	Average Cost/Person Rec'g Contracted Independent Living Svc

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-01 EF 02

Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the average cost per person receiving HHSC contracted Independent Living Services.

BL 2020 Data Limitations

Consumer data is dependent on the timeliness and accuracy of data entry by contractors.

BL 2020 Data Source

Independent Living Program and HHSAS.

BL 2020 Methodology

Total expenditures in Independent Living Strategy divided by total consumers served for the reporting period.

BL 2020 Purpose

This measure tracks the average monthly cost per person served through the Independent Living contractors. It provides one indication of the efficiency of the program.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	1	Independent Living Services (General, Blind, and CILs)
Measure Type	OP	
Measure No.	1	# People Receiving Services from Centers for Independent Living

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Number of people receiving services from HHSC-supported Centers for Independent Living as reported in monthly reports received from HHSC-supported Centers for Independent Living.

BL 2020 Data Limitations

Timeliness and accuracy of center data entry.

BL 2020 Data Source

Data collected by the Centers is sent to HHSC monthly.

BL 2020 Methodology

Centers are responsible for maintaining demographics on consumers served and monthly reports submitted provide a total count served for the month and on a fiscal year-to-date basis.

BL 2020 Purpose

HHSC provides funds to centers through contracts in order for them to provide independent living core services within their catchments areas. The volume of consumers receiving services is an indicator that centers are achieving their intended purpose.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	1	Independent Living Services (General, Blind, and CILs)
Measure Type	OP	
Measure No.	2	Number of Consumers Who Achieved Independent Living Center Goals

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-01 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the number of consumers who exited the Independent Living program during the reporting period who achieved an Independent Living goal(s).

BL 2020 Data Limitations

None

BL 2020 Data Source

Data is from the automated consumer statistical system. Field staff who work with consumers indicate in this system whether a consumer has achieved an employment outcome

BL 2020 Methodology

All consumers identified as having successfully achieved an independent living goal(s) in the automated consumer statistical system during the reporting period are included in the count.

BL 2020 Purpose

Achieving an independent living goal(s) is the desired result of the Independent Living program.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	6	Community & Independent Living Services & Coordination	
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities	
Strategy No.	1	Independent Living Services (General, Blind, and CILs)	
Measure Type	OP		
Measure No.	3	# of People Rec'g HHSC Contracted Independent Living Svcs	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-01 OP 03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Number of consumers receiving services from Independent Living Center contractors.

BL 2020 Data Limitations

Reporting is dependent on timeliness and accuracy of contractor data entry.

BL 2020 Data Source

Independent Living Data Reporting System.

BL 2020 Methodology

Count of consumers with plan or waived plan in the Independent Living Data Reporting System for the reporting period. The served count, in accordance with the Rehabilitation Services Administration (RSA) 704 State Independence Living Services Annual Performance Report, is all consumers who have a signed or waived plan, including those who have closed with goals met as well as those who have closed without plan goals met. This will include individuals who have a signed or waived plan but are waiting for one or more purchased services.

BL 2020 Purpose

The purpose of the Independent Living Services is to increase the independence of people with disabilities in their daily activities. The measure shows the number of consumers provided services.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	1	Independent Living Services (General, Blind, and CILs)
Measure Type	OP	
Measure No.	4	Number of Consumers Who Achieved Independent Living Goals

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-01 OP 04

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Count of consumers receiving HHSC contracted Independent Living services with cases closed because goals have been met.

BL 2020 Data Limitations

Timeliness and accuracy of contractor data entry.

BL 2020 Data Source

Independent Living Data Reporting System.

BL 2020 Methodology

All consumers whose cases are closed with reason "goal met" in the Independent Living Data Reporting system during the reporting period are included in the count.

BL 2020 Purpose

Achieving an independent living goal(s) is the desired result of the Independent Living program.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	2	Blindness Education, Screening and Treatment (BEST) Program
Measure Type	EF	
Measure No.	1	Average Cost Per Individual Treated in BEST Program

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-02 EF 01

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the average cost per individual receiving treatment services through the Blindness Education, Screening and Treatment (BEST) program.

BL 2020 Data Limitations

Limited by timeliness and accuracy of contractor reporting.

BL 2020 Data Source

The data sources are the program related expenditures and encumbrances during the reporting period from HHSC’s Accounting System (HHSAS); and the number of consumers treated (Performance Measure 05-02-02-OP-01: “Number of Individuals Receiving Treatment Services in BEST Program”).

BL 2020 Methodology

The formula is numerator/denominator. The numerator is the total HHSC expenditures and encumbrances utilized during the reporting period to fund treatment services for the BEST program. The denominator is the number of individuals receiving treatment services during the reporting period (Performance Measure 05-02-02-OP-01: “Number of Individuals Receiving Treatment Services in BEST Program”).

BL 2020 Purpose

This measure tracks the average cost per individual treated in BEST program. It provides one indication of the efficiency of the program.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	2	Blindness Education, Screening and Treatment (BEST) Program
Measure Type	EF	
Measure No.	2	Average Cost Per Individual Screened in BEST Program

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-02 EF 02

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the average cost per individual receiving screening or treatment services through the Blindness Education, Screening and Treatment (BEST) program.

BL 2020 Data Limitations

Limited by timeliness and accuracy of reporting.

BL 2020 Data Source

The data sources are the program related expenditures and encumbrances during the reporting period from HHSC’s Accounting System and the number of consumers screened (Performance Measure 05-02-02-OP-02: “Number of Individuals Receiving Screening Svcs in BEST Program”).

BL 2020 Methodology

The formula is numerator/denominator. The numerator is the total HHSC expenditures and encumbrances utilized during the reporting period to fund screening services for the BEST Program. The denominator is the number of individuals receiving screening services during the reporting period (Performance Measure 05-02-02-OP-02: “Number of Individuals Receiving Screening Svcs in BEST Program”).

BL 2020 Purpose

This measure tracks the average cost per individual screened by the BEST Program. It provides one indication of the efficiency of the program.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	2	Blindness Education, Screening and Treatment (BEST) Program
Measure Type	OP	
Measure No.	1	Number of Individuals Receiving Treatment Services in BEST Program

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-02 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the number of individuals receiving treatment services during the reporting period through the Blindness Education, Screening and Treatment (BEST) program.

BL 2020 Data Limitations

Reporting is impacted by timeliness and accuracy of data entry.

BL 2020 Data Source

Data for the treatment services comes from HHSC’s automated consumer statistical system.

BL 2020 Methodology

This is a count of the number of individuals receiving eye treatment services during the reporting period.

BL 2020 Purpose

BEST establishes a projection for the population in need of BEST services that can reasonably be served within the available resources. This measure tracks and demonstrates progress toward meeting the projected target.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	6	Community & Independent Living Services & Coordination	
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities	
Strategy No.	2	Blindness Education, Screening and Treatment (BEST) Program	
Measure Type	OP		
Measure No.	2	Number of Individuals Receiving Screening Services in BEST Program.	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-02 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the number of individuals receiving screening services during the reporting period through the Blindness Education, Screening and Treatment (BEST) program.

BL 2020 Data Limitations

Reporting is impacted by timeliness and accuracy of data entry.

BL 2020 Data Source

Contractor monthly reporting.

BL 2020 Methodology

This is a count of the number of individuals receiving eye screenings as reported by the contractor during the reporting period.

BL 2020 Purpose

BEST establishes a projection for the population in need of BEST services that can reasonably be served within the available resources. This measure tracks and demonstrates progress toward meeting the projected target.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	3	Provide Services to People with Spinal Cord/Traumatic Brain Injuries
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per CRS Consumer

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-03 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Measures the average monthly cost per person receiving Comprehensive Rehabilitation Services.

BL 2020 Data Limitations

The agency cannot control rising costs of service. Reimbursements from comparable benefits can be difficult to predict. This affects the actual dollars spent and the average cost per consumer.

BL 2020 Data Source

Agency financial system (HHSAS) and automated consumer statistical system.

BL 2020 Methodology

HHSC appropriation authority includes all general revenue funds allocated to the Comprehensive Rehabilitation Services (CRS) strategy. The number of months in the reporting period is 3 for each quarter and either 3, 6, 9 or 12 for year to date. The numerator is total amount expended and encumbered, and the denominator is defined in 02-03-04-OP-01.

BL 2020 Purpose

This measure provides information that shows the efficiency of how funds are used. It is important because it provides information on changes in the cost of services. As costs per CRS consumer increases, the number of consumers served decreases.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	3	Provide Services to People with Spinal Cord/Traumatic Brain Injuries
Measure Type	EX	
Measure No.	1	Number of People Receiving Comprehensive Rehabilitation Svcs Per Year

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-03 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Unduplicated number of people receiving Comprehensive Rehabilitative Services for the fiscal year.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Timeliness and accuracy of data entry.

BL 2020 Methodology

For the fiscal year, the sum of unduplicated people served. People served is defined as consumers noted in the consumer statistical system whose status in the reporting period was:

- Successful closure,
- Post closure,
- Post closure completed,
- Unsuccessful closure plan initiated with funds allocated, or
- Plan initiated with funds allocated.

BL 2020 Purpose

The measure demonstrates provision of critical rehabilitation services to eligible Texans. It is important because an estimated 80% of the consumers age 16 and above who suffer and survive a traumatic spinal cord or traumatic brain injury do not have the resources necessary to pay for inpatient and outpatient comprehensive rehabilitation services and Post Acute Brain Injury rehabilitation services. Research indicates that those who have access to appropriate rehabilitation services tend to experience greater independence and productivity over their lifetime. This results in lowered dependence on public services and an overall savings to the public.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	6	Community & Independent Living Services & Coordination	
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities	
Strategy No.	3	Provide Services to People with Spinal Cord/Traumatic Brain Injuries	
Measure Type	OP		
Measure No.	1	Avg Monthly # of People Receiving Comprehensive Rehabilitation Svcs	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-03 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A monthly average of people receiving Comprehensive Rehabilitation Services as reported by automated caseload statistical system

BL 2020 Data Limitations

Timeliness and accuracy of data entry.

BL 2020 Data Source

HHSC automated caseload system.

BL 2020 Methodology

The numeric average of unduplicated people served. For each quarter of the fiscal year, the number of people served in each month of the quarter is averaged. For the second, third, and fourth quarters, year-to-date calculations are also obtained. The numerator is the total unduplicated number of people receiving Comprehensive Rehabilitation Services each month in the reporting period. The denominator is the number of months in the reporting period. The formula is numerator/denominator. People served is defined as consumers noted in the consumer statistical system whose status in the reporting period was:

- Successful closure,
- Post closure,
- Post closure completed,
- Unsuccessful closure plan initiated with funds allocated, or
- Plan initiated with funds allocated.

BL 2020 Purpose

The measure demonstrates provision of critical rehabilitation services to eligible Texans. It is important because an estimated 80% of the consumers age 16 and above who suffer and survive a traumatic spinal cord or traumatic brain injuries do not have the resources necessary to pay for inpatient and outpatient comprehensive rehabilitation services and Post Acute Brain Injury rehabilitation services. Research indicates that those who have access to appropriate rehabilitation services tend to experience greater independence and productivity over their lifetime. This results in lowered dependence on public services and an overall savings to the public.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	3	Provide Services to People with Spinal Cord/Traumatic Brain Injuries
Measure Type	OP	
Measure No.	2	Number of Consumers Who Achieved CRS Goals

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 06-02-03 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of eligible consumers who achieved CRS goals on their rehabilitation plans, thereby increasing their level of independence.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Data is from the HHSC consumer reporting system. Staff will input and update consumer data on achievement of CRS plan goals.

BL 2020 Methodology

Count of the total number of individuals with CRS cases closed “successful” in the reporting period.

BL 2020 Purpose

This measure establishes a standard of accountability that HHSC can monitor in support of the CRS program for persons receiving services.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	4	Provide Services to Persons Who Are Deaf or Hard of Hearing
Measure Type	EF	
Measure No.	1	Average Cost Per Interpreter Certificate Issued

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-04 EF 02

Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This measures the average cost per interpreter certificate issued.

BL 2020 Data Limitations

There are no data limitations anticipated.

BL 2020 Data Source

Agency records of program costs and a personal computer database showing number of certificates issued are the data sources.

BL 2020 Methodology

The total amount of funds expended for the program divided by the number of certificates issued.

BL 2020 Purpose

To assist the agency in assessing actual costs to administer the program and to set fee levels to recover costs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	4	Provide Services to Persons Who Are Deaf or Hard of Hearing
Measure Type	EF	
Measure No.	2	Average Time for Ethics Complaint Resolution

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-04 EF 03

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measures the average number of days to resolve a certified interpreter ethics complaint. This measure is related to attaining customer satisfaction.

BL 2020 Data Limitations

This measure is limited by the complexity of the issue to be resolved and the number of individuals involved.

BL 2020 Data Source

Agency records of the dates complaints are received and the dates complaints are resolved is the data source

BL 2020 Methodology

Count the number of days between the dates complaints are received and the dates complaints are resolved; divide this sum of days by the number of complaints resolved during a fiscal year.

BL 2020 Purpose

To ensure interpreter compliance with rules and standards of ethical behavior to eliminate communication barriers and to guarantee equal access for people who are deaf or hard of hearing.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	4	Provide Services to Persons Who Are Deaf or Hard of Hearing
Measure Type	EF	
Measure No.	3	Average Cost Per Equipment/Service Application Processed

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-04 EF 04
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measures the average cost for the agency to process each application for specialized telecommunications equipment or services.

BL 2020 Data Limitations

There are no data limitations.

BL 2020 Data Source

The total amount of funds expended to administer the equipment/service voucher program divided by the number of equipment/service applications processed will give an average cost for the agency to process each application. Reimbursement to vendors for equipment or services is not part of this measure.

BL 2020 Methodology

The total amount of funds expended to administer the equipment/service voucher program divided by the number of equipment/service applications processed will give an average cost for the agency to process each application. Reimbursement to vendors for equipment or services is not part of this measure.

BL 2020 Purpose

To determine the cost of the program based on the number of applications received.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	4	Provide Services to Persons Who Are Deaf or Hard of Hearing
Measure Type	EF	
Measure No.	4	Average Time to Process an Equipment/Service Application Received

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-04 EF 05

Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This calculates the average time to process an application into the database from the date the application was received.

BL 2020 Data Limitations

There are no data limitations.

BL 2020 Data Source

Agency database of applications which documents the date the application was received and the date the application was entered into the database.

BL 2020 Methodology

For applications received during a reporting period, sum the number of days from the date the application was received to the date the application was entered. Divide this sum of days by the number of applications entered during the reporting period.

BL 2020 Purpose

To provide an indication of the responsiveness of agency staff to process an application and generate a voucher or follow-up letter.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	4	Provide Services to Persons Who Are Deaf or Hard of Hearing
Measure Type	OP	
Measure No.	1	Number Receiving Communication Access Services

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measures the total number of individuals who are deaf or hard of hearing who received communication access services. Communication access includes services such as interpreting, Communications Access Real-time Translation (CART), information and referral, services to senior citizens and case coordination.

BL 2020 Data Limitations

This measure is limited to measuring only persons who are deaf or hard of hearing. This measure does not include those individuals with whom persons who are deaf or hard of hearing are trying to communicate. This measure is limited by the type of project proposed by contractors for the various services provided.

BL 2020 Data Source

Reports submitted by contractors on the number of individuals receiving some type of communication access service and agency records are the sources of data. Data does not include services provided under the interagency contracts.

BL 2020 Methodology

Sum the total number of individuals receiving some type of communication access service.

BL 2020 Purpose

To promote an effective system of services to individuals who are deaf or hard of hearing.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	4	Provide Services to Persons Who Are Deaf or Hard of Hearing
Measure Type	OP	
Measure No.	2	Number of Consumers Educated and Interpreters Trained

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-04 OP 03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measures the total number of consumers educated and interpreters trained.

BL 2020 Data Limitations

This measure is limited by the amount of donations/grants the agency may receive, the amount of administrative fees generated from interagency contracts and the types of projects proposed and contracted.

BL 2020 Data Source

Agency records of participant sign-in sheets from each education and training event is the data source.

BL 2020 Methodology

Sum the total number of individuals who were provided education and training.

BL 2020 Purpose

To eliminate communication barriers and to guarantee equal access for people who are deaf or hard of hearing.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	4	Provide Services to Persons Who Are Deaf or Hard of Hearing
Measure Type	OP	
Measure No.	3	Number of Interpreter Certificates Issued

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-04 OP 04
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measures the number of interpreter certificates issued during a fiscal year.

BL 2020 Data Limitations

None

BL 2020 Data Source

Agency database documenting the effective date and the expiration date of a certificate.

BL 2020 Methodology

Sum the number of certificates issued.

BL 2020 Purpose

To increase the availability and skill levels of interpreters to eliminate communication barriers and to guarantee equal access for people who are deaf or hard of hearing.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	4	Provide Services to Persons Who Are Deaf or Hard of Hearing
Measure Type	OP	
Measure No.	4	Number of Interpreter Tests Given

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-04 OP 05

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measures the number of interpreter tests given during a fiscal year. This is a measure of productivity.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Agency records of the number of interpreter tests given during a fiscal year.

BL 2020 Methodology

Sum the number of interpreter tests given.

BL 2020 Purpose

To increase the availability of interpreters to eliminate communication barriers and to guarantee equal access for people who are deaf or hard of hearing.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	2	Provide Rehabilitation Services to Persons with General Disabilities
Strategy No.	4	Provide Services to Persons Who Are Deaf or Hard of Hearing
Measure Type	OP	
Measure No.	5	Number of Equipment/Service Vouchers Issued

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-02-04 OP 06
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measures the number of financial assistance vouchers issued by the agency during the fiscal year to eligible clients enabling them to purchase adaptive equipment or services necessary to access the telephone system.

BL 2020 Data Limitations

This measure does not provide an accurate account of the number of multiple vouchers issued for replacement of lost or expired vouchers.

BL 2020 Data Source

Agency database documenting voucher print date is the data source.

BL 2020 Methodology

Agency database generates a count of vouchers issued for financial assistance.

BL 2020 Purpose

To ensure equal access to the telephone system for persons with a disability.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
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Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	3	Other Community Support Services
Strategy No.	1	Family Violence Services
Measure Type	EF	
Measure No.	1	HHSC Avg Cost Per Person Receiving Family Violence Services

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-03-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the HHSC average cost per person receiving shelter services, non-residential services or both and the average cost per client receiving both services. A "Shelter" provides residential and nonresidential services to victims of family violence including a secure 24-hour-a-day temporary emergency residence, emergency medical care, emergency transportation, intervention services, legal assistance (civil and criminal), information on educational arrangements for children, information about training for and seeking employment and referral to community resources. "Non-resident services" refers to the delivery of the following in a non-live-in environment: Counseling, assistance in obtaining medical care, transportation, legal assistance, employment services, law enforcement liaison, and information and referral to other resources.

BL 2020 Data Limitations

Data is dependent on each contractor timely and accurately entering information into the Family Violence Program data collection system.

BL 2020 Data Source

Data is obtained from the automated data collection system maintained by the Family Violence Program.

BL 2020 Methodology

The program area receives data from the automated system maintained by the Family Violence Program and queries data according to program requirements for all quarters, the annual funding for Family Violence providers is divided by four to get the estimated expenditures attributable to the quarter being reported to determine the average cost for the reporting period. The average cost is the numerator for this measure. The denominator for this measure is the sum of the number of clients specific to the quarter being reported. Divide the numerator by the denominator to calculate the average cost per person receiving family violence services. When calculating the second quarter, third quarter, and fourth quarter, the year to date total is recalculated.

BL 2020 Purpose

This measure quantifies the average cost to the agency for each person receiving Family Violence services. This data is a useful tool for projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	3	Other Community Support Services
Strategy No.	1	Family Violence Services
Measure Type	EX	
Measure No.	1	Percent of Family Violence Program Budgets Funded by HHSC

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 06-03-01 EX 01
Key Measure: N	New Measure: N	Percentage Measure: Y	

BL 2020 Definition

This measure reports the average percent of the cost of centers providing family violence services which is funded by HHSC.

BL 2020 Data Limitations

None

BL 2020 Data Source

The HHSC allocation amount and the projected total resources to the centers for providing family violence services as recorded on the approved budget submitted by the family violence center.

BL 2020 Methodology

Data are computed by taking the total amount of HHSC funding to centers (numerator), and dividing by the sum of the total amount of HHSC funding to centers and the total amount of other resources the centers apply to the shelter/program (denominator).

BL 2020 Purpose

This measure is important because it indicates the impact of funding appropriated to the agency on the operating budget of domestic violence centers that contract with the agency.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	6	Community & Independent Living Services & Coordination
Objective No.	3	Other Community Support Services
Strategy No.	1	Family Violence Services
Measure Type	OP	
Measure No.	1	Number of Persons Served by Family Violence Programs/Shelters

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 06-03-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Reports number of victims of family violence and their children who receive either shelter, or non-residential services, and clients who receive a combination of both services from family violence programs that contract with the state. Shelter services include 24-hour a day shelter emergency medical care, emergency transportation, intervention services, legal assistance (civil and criminal), information on educational arrangements for children, information about training for and seeking employment, and referral to community resources. Non-residential services are the delivery of all of the above services in a non-live-in environment.

BL 2020 Data Limitations

Data is dependent on each contractor timely and accurately entering information into the Family Violence Program data collection system. Duplication may occur when a client re-enters the program within the reporting period.

BL 2020 Data Source

Data is obtained from the automated data collection system maintained by the Family Violence Program.

BL 2020 Methodology

Staff receives data from the automated system maintained by the Family Violence Program and queries data according to program requirements to obtain the unduplicated number of persons served.

BL 2020 Purpose

This measure provides caseload information for this strategy. It provides a count of the total number of persons receiving services from family violence programs and shelters.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	1	State Supported Living Centers
Strategy No.	1	State Supported Living Centers
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Campus Resident

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 07-01-01 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure captures information regarding what it costs the Health and Human Services Commission (HHSC) each month, on average, to provide State Supported Living Centers (SSLC) and State Center services.

BL 2020 Data Limitations

Data must be current and accurate in HHSC's electronic health record system as of the date the reports are produced.

BL 2020 Data Source

Funding for SSLC campus residential services includes the federal portion of Medicaid, Medicare, other federal interagency grants and reimbursements, third party/patient fees, state general revenue match for Medicaid, and other funds. The commission's accounting system contains all expenditure data for the state facilities. Costs include both facility administrative and residential operations. Excluded costs include depreciation, employee benefits paid by the Employee Retirement System, Central Office administrative costs and statewide administrative costs.

BL 2020 Methodology

The numerator is the total expenditures paid for by HHSC for SSLC campus residential services for each month in the reporting period divided by the number of months in the reporting period. The denominator is the average monthly number of state ID campus residents. The formula is numerator/denominator.

BL 2020 Purpose

This measure allows the agency to track the cost of an occupied bed at an SSLC campus over time. This is of particular importance in light of increased health care costs due to the complex medical and behavioral needs of the current state supported living center residents.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	1	State Supported Living Centers
Strategy No.	1	State Supported Living Centers
Measure Type	EF	
Measure No.	2	Avg # Days Individuals w/ID Wait Admission Specific Living Ctr Campus

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-01-01 EF 04

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides the number of days that individuals with intellectual and developmental disabilities wait for admission to a state supported living center (SSLC), when the individual would only accept admission to a specific center.

BL 2020 Data Limitations

If an individual submits an application packet for a specific SSLC and subsequently decides to accept admission to any center with an appropriate vacancy, the individual's preference is changed from a specific SSLC in the electronic health record (EHR) system to any SSLC effective on the first day of the month of the change. When the individual is subsequently admitted to a SSLC, the number of days the individual waited for admission will be calculated from the date of initial referral for a specific SSLC. This methodology should not affect the average days persons wait for admission to a specific SSLC.

BL 2020 Data Source

The source of the data is the completed application packet. Once the packet is received at the local SSLC, center staff will review the packet for completeness. If all required information is included in the application packet, center staff will input the referral information into the EHR.

BL 2020 Methodology

This is an average of days that all individuals wait for admission to a specified SSLC. The numerator is the total of all days that individuals waited for admission to a specific SSLC for those individuals admitted to a SSLC during the quarter. The denominator is the number of individuals admitted to a center during the reporting period from the waiting list for a specific SSLC. The formula is numerator/denominator. For year-to-date each quarter: The numerator is the sum of days all individuals admitted during the months from the beginning of the fiscal year to the end of the current quarter waited for admission to a specific facility. The denominator is the number of individuals admitted from the waiting list for a specific SSLC since the beginning of the fiscal year. The formula is numerator/denominator.

BL 2020 Purpose

Admissions to SSLCs are based on specific criteria as defined in Texas Administrative Code (TAC), Title 40, Part 1, Chapter 2, Subchapter F. Individuals are considered to be waiting for admission to a SSLC upon receipt of a completed application packet by the designated SSLC. Responsibility for completion of the application packet to a SSLC rests with the local authority (LA) as provided in TAC, Title 40, Part 1, Rule §2.265. Number of days that an individual waits for admission reflects the availability of services and efficiency of the system in accommodating individual choice.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	1	State Supported Living Centers
Strategy No.	1	State Supported Living Centers
Measure Type	EX	
Measure No.	1	Number of LC Campus Residents Who Are under 18 Years of Age Per Year

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-01-01 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides a snapshot look at the age of residents in state supported living centers (SSLC). Of concern in this measure are those residents who are children and adolescents and require compliance with federal and state regulations pertaining to education.

BL 2020 Data Limitations

None

BL 2020 Data Source

Individuals employed by the SSLC enter the date of birth at the time of admission into the commission's system. A standard production report provides the number of customers served less than 18 years of age.

BL 2020 Methodology

This measure is a simple unduplicated count of SSLC residents between the ages of 0 and 17 (inclusive). It is a point in time measure obtained on the last day of the state fiscal year (8/31).

BL 2020 Purpose

This measure allows the agency to track the proportion of children and adolescents residing in SSLCs for planning purposes. Individuals with intellectual and developmental disabilities who are in residence at SSLCs include school aged youth whose educational needs are largely met by the school system.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	7		Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	1		State Supported Living Centers
Strategy No.	1		State Supported Living Centers
Measure Type	OP		
Measure No.	1		Average Monthly Number of SSLC Campus Residents

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-01-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides the number of individuals enrolled in State Supported Living Center (SSLC) campus residential services each month on average. Enrollment is defined as the total number of individuals residing at the facility or absent for such purposes as home visits, hospitalizations, etc. with the intention of returning to the facility. Intellectual and developmental disability campus services are provided at state supported living centers.

BL 2020 Data Limitations

None.

BL 2020 Data Source

This is average monthly enrollment. Enrollment is the census plus all absences (individuals are expected to return to the facility). Enrollment data is obtained from the commission's electronic health record (EHR) system.

BL 2020 Methodology

The numerator is the total number of individuals absent or present in all state supported living center facilities for each month in the reporting period. The denominator is the number of months in the reporting period, quarter or year to date. The formula is numerator/denominator.

BL 2020 Purpose

This measure reflects the system-wide level of activity occurring over time and allows the agency to associate the utilization of state supported living center campus services with related costs and outcomes.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities	
Objective No.	1	State Supported Living Centers	
Strategy No.	1	State Supported Living Centers	
Measure Type	OP		
Measure No.	2	Number of Referrals to the Ombudsman	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-01-01 OP 05
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of reviews/ investigations performed by the Independent Ombudsman.

BL 2020 Data Limitations

Data for this measure is available and updated on the 15th of each month.

BL 2020 Data Source

The numbers of referrals reviewed /investigated are tracked on the Assistant Ombudsman report.

BL 2020 Methodology

Total number of reviews /investigations on a monthly basis; and compiling them to determine a total for the fiscal year.

BL 2020 Purpose

This measure provides a means to establish the baseline for funding levels from biennium to biennium.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	1	State Supported Living Centers
Strategy No.	1	State Supported Living Centers
Measure Type	OP	
Measure No.	3	Number of Reviews/Investigations Performed by the Ombudsman

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-01-01 OP 06

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of reviews/ investigations performed by the Independent Ombudsman.

BL 2020 Data Limitations

Data for this measure is available and updated on the 15th of each month.

BL 2020 Data Source

The numbers of referrals reviewed /investigated are tracked on the Assistant Ombudsman report.

BL 2020 Methodology

Total number of reviews /investigations on a monthly basis; and compiling them to determine a total for the fiscal year.

BL 2020 Purpose

This measure provides a means to establish the baseline for funding levels from biennium to biennium.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	1	State Supported Living Centers
Strategy No.	1	State Supported Living Centers
Measure Type	OP	
Measure No.	4	# Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 07-01-01 OP 07
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the number of unfounded allegations as reported by victims or others against State Supported Living Center (SSLC) staff. An allegation is defined as a report by an individual suspecting or having knowledge that a person served at a SSLC has been or is in a state of abuse, neglect, or exploitation (A/N/E). Victim is defined as a person served who is alleged to have been abused, neglected, or exploited under TAC, Title 40, Part 19, Rule §711.3 (41).

BL 2020 Data Limitations

The source data for this measure is supplied by the Department of Family and Protective Services (DFPS). To ensure confidentiality, DFPS can provide data quarterly in aggregate for the entire SSLC system. The allegations are reported by intake date. The investigation may take some time to complete. Monthly totals may change until all investigations are complete.

BL 2020 Data Source

Information Management Protecting Adults and Children in Texas (IMPACT) at DFPS.

BL 2020 Methodology

The measure is calculated by totaling the number of A/N/E allegations as reported by victims or others deemed unfounded at all state supported living centers by Department of Family and Protective Services investigators during a fiscal year.

BL 2020 Purpose

This measure is a mechanism for tracking unfounded allegations against SSLC staff.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	1	State Supported Living Centers
Strategy No.	1	State Supported Living Centers
Measure Type	OP	
Measure No.	5	# Confirmed Abuse/Neglect/Exploitation Incidents at SSLC

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 07-01-01 OP 08
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports confirmed allegations against State Supported Living Center (SSLC) staff. Confirmed is defined as an allegation which is determined to be supported by the preponderance of the evidence.

BL 2020 Data Limitations

This data is supplied by the Department of Family and Protective Services (DFPS) and the Health and Human Services Commission (HHSC) will work cooperatively with DFPS to provide the data for compilation. The allegations are reported by intake date. The investigation may take some time to complete. Monthly totals may change until all investigations are complete

BL 2020 Data Source

Information Management Protecting Adults and Children in Texas (IMPACT) at the Department of Family and Protective Services (DFPS).

BL 2020 Methodology

The measure is calculated by totaling the number of confirmed allegations of A/N/E at each State Supported Living Center by Department of Family and Protective Services investigators during a fiscal year.

BL 2020 Purpose

This measure is a mechanism for assessing confirmed allegations of A/N/E at all State Supported Living Centers.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	2	Mental Health State Hospital Facilities and Services
Strategy No.	1	Mental Health State Hospitals
Measure Type	EF	
Measure No.	1	Average Daily Cost Per Occupied State Mental Health Facility Bed

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-02-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures information regarding what it costs the Health and Human Services Commission (HHSC), on average, per occupied state mental health facility bed.

BL 2020 Data Limitations

Data must be current and accurate in the commission's accounting system as of the date reports are produced.

BL 2020 Data Source

The expenditures for facility operations are entered into the commission's accounting system for each mental health facility.

BL 2020 Methodology

This is the average daily HHSC cost, averaged by quarter and year-to-date, for an occupied bed in the state mental health facility program. Costs include both facility administrative and residential operations. Excluded costs include depreciation and employee benefits paid by the Employee Retirement System. The numerator is the total expenditures (less exclusion as above) paid by HHSC for state mental health facilities in the reporting period / Number of days in the reporting period. The denominator is the average daily census of state mental health facilities for the reporting period. The formula is numerator / denominator.

BL 2020 Purpose

This measure allows the commission to estimate the funding necessary to provide the number of state mental health facilities beds needed by its consumers.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	2	Mental Health State Hospital Facilities and Services
Strategy No.	1	Mental Health State Hospitals
Measure Type	EX	
Measure No.	1	Number of Consumers Served by State Mental Health Facilities Per Year

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-02-01 EX 01
Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This measure provides an unduplicated count of all adults and children receiving services through the state mental health facilities during one fiscal year.

BL 2020 Data Limitations

None.

BL 2020 Data Source

As persons are admitted to and discharged from state mental health facilities, this movement activity is entered into the commission's electronic medical record. Production reports of consumer movement are issued monthly based on the information in the electronic medical record. Quarterly information is calculated based on these reports.

BL 2020 Methodology

This measure is an unduplicated count of individuals with one day or longer in residence at a state mental health facility during the state fiscal year.

BL 2020 Purpose

This measure provides the actual number of persons admitted to all state mental health facilities each year plus the number of persons in residence in all state mental health facilities at the beginning of the year.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	2	Mental Health State Hospital Facilities and Services
Strategy No.	1	Mental Health State Hospitals
Measure Type	OP	
Measure No.	1	Average Daily Census of State Mental Health Facilities

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-02-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The state mental health facilities provide services to persons with severe mental illnesses for both acute episodes and longer-term care. The census of the facilities includes persons who have been admitted and not discharged. This measure provides information about the number of persons in state mental health facilities each day on average.

BL 2020 Data Limitations

Data is accurate to the extent that it is correctly entered into the data warehouse system.

BL 2020 Data Source

As persons are admitted to and discharged from state mental health facilities, this movement activity is entered into the commission's electronic medical record. Production reports of consumer movement are issued monthly based on the information in the electronic medical record. Quarterly information is calculated based on these monthly reports.

BL 2020 Methodology

This is an average daily census by quarter where census is defined as the total number of persons occupying a campus bed on any given day. Total bed days are obtained by multiplying the number of persons residing on campus during the reporting period by the number of days each person is on campus. The numerator is the total number of bed days for state mental health facilities for the reporting period. The denominator is the number of days in the reporting period. The formula is numerator/denominator.

BL 2020 Purpose

The census of state mental health facilities provides information about the utilization of these facilities. In order to ensure maximum occupancy and ensure availability of beds to meet needs, managers require information about current utilization and utilization trends over time.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	2	Mental Health State Hospital Facilities and Services
Strategy No.	2	Mental Health Community Hospitals
Measure Type	EF	
Measure No.	1	Average Daily Cost Per Occupied MH Community Hospital Bed

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-02-02 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the average daily cost per consumer receiving inpatient services at a Community Mental Health Hospital each day whose services are funded by the Health and Human Services Commission (HHSC).

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

The numerator is the total HHSC provided funding for Community Hospitals utilized to fund Community Hospital inpatient services as reported in the data warehouse /divided by the number of days in the reporting period. The denominator is the average daily number of persons receiving Community Hospital inpatient services. The formula is numerator/denominator.

BL 2020 Purpose

This measure allows HHSC to estimate the funding necessary to provide the number of Community Mental Health Hospital beds needed by its consumers.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities	
Objective No.	2	Mental Health State Hospital Facilities and Services	
Strategy No.	2	Mental Health Community Hospitals	
Measure Type	OP		
Measure No.	1	Average Daily Number of Occupied MH Community Hospital Beds	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-02-02 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the average number of consumers receiving inpatient services at a Community Mental Health Hospital each day whose services are funded by the Health and Human Services Commission (HHSC).

BL 2020 Data Limitations

The accuracy of HHSC's data is dependent upon accurate and timely information being entered into the data warehouse system by the Local Mental Health Authorities/Local Behavioral Health Authorities.

BL 2020 Data Source

Contractually required services are submitted by the Local Mental Health Authorities/Local Behavioral Health Authorities to the Behavioral Health Services data warehouse system.

BL 2020 Methodology

This is an average daily census by quarter where census is defined as the total number of persons occupying a facility bed on any given day, as financed by HHSC. Total bed days are obtained by multiplying the number of persons who are resident at the facility during the reporting period by the number of days each person is resident at the facility. The numerator is the total number of bed days for Community Mental Health Hospitals for the reporting period. The denominator is the number of days in the reporting period. The formula is numerator/denominator.

BL 2020 Purpose

The census of Community Mental Health Hospitals provides information about the utilization of these facilities. In order to ensure maximum occupancy and ensure availability of beds to meet needs, managers require information about current utilization and utilization trends over time.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	3	Other Facilities
Strategy No.	1	Other State Medical Facilities
Measure Type	EF	
Measure No.	1	Avg Cost/Outpatient Visit, Rio Grande State Center Outpatient Clinic

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 07-03-01 EF 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Calculated monthly, this measure reflects the total direct operating cost per patient visit.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Monthly accounting reports and medical records.

BL 2020 Methodology

It is calculated by dividing the total expenses for outpatient services by the total number of outpatient visits.

BL 2020 Purpose

Measures the average cost per outpatient visit at the Rio Grande State Center Outpatient Clinic.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	7	Mental Health State Hospitals, SSLCs and Other Facilities
Objective No.	3	Other Facilities
Strategy No.	1	Other State Medical Facilities
Measure Type	OP	
Measure No.	1	Avg # Outpatient Visits/Day, Rio Grande State Center Outpatient Clinic

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

An outpatient clinic visit is one in which a scheduled or unscheduled individual who is not an inpatient of the hospital is registered to receive non-emergency services. Each registration at the outpatient clinic is considered one outpatient visit. Services can include: 1) those provided by a member of the active medical staff or by a consultant who is paid from hospital funds, or 2) those which do not require a physician but which involve diagnosis and treatment, necessitating use of the administrative services of the outpatient clinic.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Daily log.

BL 2020 Methodology

Total number of outpatient visits.

BL 2020 Purpose

Measures the number of outpatient visits to the Rio Grande State Center Outpatient Clinic.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8		Regulatory, Licensing and Consumer Protection Services
Objective No.	1		Long-Term Care and Acute Care Regulation
Strategy No.	1		Health Care Facilities & Community-based Regulation
Measure Type	EF		
Measure No.	1		APS Daily Caseload Per Worker (Facility Investigations)

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 EF 04
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides the average daily caseload for Facility investigators. Facility investigations require formal written witness statements and often involve multiple alleged victims and perpetrators. Facility investigations must be initiated within 1 hour of intake. With limited exceptions, investigations must be completed within 14 days of intake

BL 2020 Data Limitations

Data from HHSAS-HR is point-in-time at the end of the month, so only the last record for the month is captured.

BL 2020 Data Source

For each day during the reporting period count stages from IMPACT that were open at any time during the day and for which the primary assignment is to a Facility Investigator with the appropriate job class and paid out of PAC 445 (APS Facility Investigations) in HHSAS-HR. The following stages are included: Investigation (INV).

For numerator, count stages assigned to caseworkers that were open during the day for each day during the reporting period if the primary assignment is to a Facility investigator with the appropriate job class and paid out of PAC 445 (APS Facility Investigations) in HHSAS-HR.

For the denominator, calculate the total number of caseworkers with primary assignments for each day during the report period, excluding trainees with less than 57 days of service. Trainees with 57 to 152 days of service are counted as half (.5) of a caseworker.

BL 2020 Methodology

Divide the numerator (sum of all daily case counts) for the reporting period by the denominator (sum of all daily caseworker counts) during the reporting period. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

BL 2020 Purpose

This measure is an indicator of an average amount of work handled each day by investigators in MH and ID settings. The intent is to approximate what a caseworker would state if asked about the workload being managed.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	EX		
Measure No.	1	Number of Facilities Terminated from Licensure and/or Certification	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of facilities that are terminated from the Medicare (Title XVIII) and/or the Medicaid (Title XIX) program, the number of facilities that have had their license revoked, and the number of facilities that were denied license renewal during the reporting period. Reasons for denial of a license are described in the rules for nursing facilities (Section 19.214), for ICF/IID (Section 90.17), for assisted living facilities (Section 92.17), for day activity and health services facilities (Section 98.19), and PPECC (Section 40.15).

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Texas Unified Licensure Information Portal (TULIP) and the Automated Survey Processing Environment (ASPEN) system. A report for certification termination will be run from ASPEN and report for licensure terminations will be run from TULIP.

BL 2020 Methodology

The number of facilities terminated from licensure and/or certification programs during the months of the reporting period is totaled.

BL 2020 Purpose

This measure is a reflection of the agency's performance as it pertains to initiating corrective actions/enforcement of facilities out of compliance.

Strategy-Related Measures Definitions
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Agency Code: 529	Agency: Health and Human Services Commission
Goal No.	8 Regulatory, Licensing and Consumer Protection Services
Objective No.	1 Long-Term Care and Acute Care Regulation
Strategy No.	1 Health Care Facilities & Community-based Regulation
Measure Type	EX
Measure No.	2 Number of Medicaid Facility Contracts Terminated

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 EX 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of nursing facilities, ICFs/IID, Hospice facilities, and PPECCs that have had their Medicaid provider contract terminated for failure to meet the Medicaid contracting requirements, for revocation or denial of their license, or for termination of their Medicaid certification.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Texas Health and Human Services Commission (HHSC) Provider Central Data Repository (CDR). At the end of the reporting period, an ad hoc report will be done containing the data elements needed to make the necessary calculations. The report does not have a name or number.

BL 2020 Methodology

The number of Medicaid facility contracts terminated during the months of the reporting period is summed.

BL 2020 Purpose

This measure is a reflection of the agency's performance as it pertains to initiating corrective actions/enforcement of facilities out of compliance.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	EX		
Measure No.	3	Number of Deaths from Abuse/Neglect/Exploitation: Facility Settings	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 EX 03
Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This measure reports the number of deaths due to abuse or neglect of APS clients receiving mental health or intellectual disability services, which include state supported living centers, state hospitals, state centers, private ICF-IID facilities, community centers, and Medicaid waiver programs.

BL 2020 Data Limitations

The data is limited due to self-reporting by mental health or intellectual disability facilities.

BL 2020 Data Source

The data are gathered from IMPACT using allegation disposition and serious injury codes.

BL 2020 Methodology

The measure equals the count of the number of cases with investigation completion dates within the reporting period in which at least one allegation disposition is coded as 'CON' (confirmed), there is a DOD (date of death) indicated, the reason for death is abuse or neglect and resulting fatality is indicated by the code of 'Fatal' in the seriousness of the injury field.

BL 2020 Purpose

This measure captures the number of deaths from maltreatment in mental health and intellectual disability programs. The number of deaths from maltreatment in mental health or intellectual disability programs is an important indicator of problems in the service delivery system, i.e., that care and treatment are substandard.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	1	Health Care Facilities & Community-based Regulation
Measure Type	EX	
Measure No.	4	Number of APS Caseworkers Who Completed Basic Skills Development

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 EX 04
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure counts the number of APS Caseworkers who completed Basic Skills Development (BSD) training during the reporting period.

BL 2020 Data Limitations

Fluctuations in this measure can be attributable to additional FTEs appropriated by the legislature and ongoing APS employee retention efforts.

BL 2020 Data Source

HHSAS-HRMS Administrator Training Database

BL 2020 Methodology

The calculation is a count of the number of caseworkers for whom the session end date in the HHSAS-HRMS Administrator Training Database is during the reporting period.

Values reported in ABEST are updated each year-end (“Fifth” Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

BL 2020 Purpose

This measure monitors the volume of APS caseworkers completing BSD.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	OP		
Measure No.	1	Number of Health Care Facility Complaint Investigations Conducted	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of complaint investigations conducted is defined as the total number of investigations under state and federal regulations performed by staff and the total number of self-investigated complaints by acute health facilities, free standing emergency medical care facilities, chemical dependency treatment facilities, and narcotic treatment programs, which are documented by an appropriate investigative report. The professional licensing and certification unit's investigations are initiated upon notification of possible violations of state laws or rules.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data are computed manually and from computerized database information for survey & and investigation documents submitted by staff.

BL 2020 Methodology

The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

BL 2020 Purpose

A complaint investigation is based on allegations of potential violations of state and federal regulations. The investigative report, completed by the surveyor or the facility, who performs the investigation, shows the allegation(s) considered; the investigative process; the area(s) found to be deficient in meeting any relevant regulations; and the surveyor's finding(s) relating to the validity of the allegation(s).

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	1	Health Care Facilities & Community-based Regulation
Measure Type	OP	
Measure No.	2	Number of Health Care Delivery Entity Surveys Conducted

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 02

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is defined as the number of surveys pertaining to the quality of health care delivery under state and federal regulations conducted by staff, excluding complaint investigations. Health care delivery entities include: acute care facilities, free standing emergency medical care facilities, chemical dependency treatment facilities, and narcotic treatment programs.

BL 2020 Data Limitations

None.

BL 2020 Data Source

This measure is the total number of surveys pertaining to the quality of health care delivery conducted by staff for each quarter, excluding complaint investigations, and is cumulative for the fiscal year.

BL 2020 Methodology

This measure is the total number of surveys pertaining to the quality of health care delivery conducted by staff for each quarter, excluding complaint investigations, and is cumulative for the fiscal year.

BL 2020 Purpose

This measure is the total number of surveys pertaining to the quality of health care delivery under state and federal regulations conducted by staff, excluding complaint investigations.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	1	Health Care Facilities & Community-based Regulation
Measure Type	OP	
Measure No.	3	Number of Licenses Issued for Health Care Entities

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 03

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of licenses issued reflects the number of newly licensed entities, entities renewing licenses, changing ownership (i.e., entities bought and sold), changing address, name, and number of beds. Entities include: general, special, and private psychiatric hospitals; crisis stabilization units; ambulatory surgical and birthing centers; special care, end stage, abortion, free standing emergency medical care facilities, chemical dependency treatment facilities, and narcotic treatment programs.

BL 2020 Data Limitations

This measure may be less than the actual workload due to applications received and reviewed where no license is issued (for various reasons). This measure does not reflect the number of licensed entities at any given time (i.e., a count of licensed entities) due to the fact that while initial licenses are being issued to new entities, a number of entities are closing or undergoing a change of ownership.

BL 2020 Data Source

After the receipt of a complete application and licensing fee and upon completion of the application review, a license is issued to the entity. All license data is entered into the regulatory databases.

BL 2020 Methodology

The licenses issued are totaled each quarter and are cumulative for the fiscal year.

BL 2020 Purpose

These counts can be used for analyzing trends in the health care industry and in forecasting future trends, growths, and/or declines in the health care industry as well as showing the significant workload of the programs.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No.	8 Regulatory, Licensing and Consumer Protection Services
Objective No.	1 Long-Term Care and Acute Care Regulation
Strategy No.	1 Health Care Facilities & Community-based Regulation
Measure Type	OP
Measure No.	4 Number of Long-term Care Facility Certifications Issued

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 04
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This is the total number of facility certifications issued for nursing facilities (NF) and ICFs/IID. This includes Medicare only nursing facilities, dually certified (Medicare/Medicaid) nursing facilities, Medicaid only nursing facilities, and ICFs/IID.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the federal Automated Survey Processing Environment (ASPEN) system and compiled by Data Management and Analysis Sub-Unit. At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled "Number of Long-term Care Facility Certifications Issued" in the future.

BL 2020 Methodology

The number of Long Term Care facility certifications issued for each of the components during the months of the reporting period are totaled. The components are then summed.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the workload expended by the agency in response to its charge of certifying residential care facilities for participation in the Medicare/Medicaid programs. This data is useful in projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	OP		
Measure No.	5	Number of Long-term Care Facility Licenses Issued	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 05
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the total number of facility licenses issued for all types of facilities (nursing facilities, ICFs/IID, assisted living facilities, day activity and health services, and PPECCs). Data includes new and renewed licenses. A license is considered as issued once it has been printed. Each license has a new expiration date printed on it. (This date may differ from the date on which the license is actually printed.) Facilities are licensed for a three-year period.

BL 2020 Data Limitations

This measure excludes change of ownership during a licensure period, change of facility name during a licensure period, bed decrease and increase changes, change of facility administrator for nursing facilities and ICFs/IID, and change in ownership of facility stock.

BL 2020 Data Source

Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled "Number of Long-term Care Facility Licenses Issued" in the future.

BL 2020 Methodology

The number of Long-term Care facility licenses issued during the months of the reporting period is summed.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the workload expended by the agency in response to its charge to license the various types of residential care facilities. This data is a useful tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	1	Health Care Facilities & Community-based Regulation
Measure Type	OP	
Measure No.	6	# of On-site Nursing Facility/ICF/IID Monitoring Visits Completed

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 06
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the number of monitoring visits to nursing facilities and Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IDD) during the reporting period. A monitoring visit is an on-site visit in addition to the annual inspection/survey to determine financially unstable facilities' compliance with state and federal standards. However, if during a monitoring visit, more than one type of activity is performed (a survey, follow-up to investigation and a new investigation) each type of activity is counted separately for reporting purposes.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “# of on-site Nursing Facility/ICF/IID Monitoring Visits Completed” in the future.

BL 2020 Methodology

The total number of completed monitoring visits is calculated by summing the number of monitoring visits to nursing facilities with visits to ICFs/IID during the months of the reporting period.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy and indicates how many regulatory visits nursing facilities/ICFs/IID average per month to determine compliance with state and federal regulations.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	1	Health Care Facilities & Community-based Regulation
Measure Type	OP	
Measure No.	7	Number of Inspections Completed Per Year

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 07
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the number of inspections conducted by the Health and Human Services Commission (HHSC), Regulatory Services. An inspection is defined as one of the following: a re-certification survey (ICFs/IID), a standard survey (certified nursing facilities), an initial survey (ICFs/IID or certified nursing facilities), an initial or annual licensing inspection (licensed only nursing facilities, assisted living facilities, day activity and health services, or PPECCs), or change of ownership. A licensing inspection done in conjunction with a survey of a certified facility is not counted as a separate inspection.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “Number of Inspections Completed Per Year” in the future.

BL 2020 Methodology

The numbers of inspections completed in long-term care facilities (nursing facilities, ICFs/IID , assisted living facilities, day activity and health services, and PPECCs) during the months of the reporting period are totaled.

BL 2020 Purpose

This measure is important because it is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency’s workload of inspecting facilities to ensure their compliance with state and federal standards. This data is a useful tool for projecting future funding needs.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	OP		
Measure No.	8	Number of First Follow-up Visits Completed Per Year	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 08
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of first follow-up visits completed during the fiscal year for all types of facilities (nursing facilities, ICFs/IID, assisted living facilities, day activity and health services, and PPECCs). The number of visits resulting in adverse actions and the number of visits not resulting in adverse actions are both included in the count.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required calculations. The report will be titled "Number of First Follow-up Visits Completed Per Year" in the future.

BL 2020 Methodology

The number of first follow-up visits completed during the months covered by the reporting period is summed.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of conducting first follow-up visits to those long-term care facilities not in compliance with state and federal standards at the time of the initial survey, most recent re-certification survey, most recent licensing inspection or complaint/incident investigation, bed change visits, or facility status verification visit to determine if the facility (usually unlicensed) is in compliance with licensure standards. This data is useful in determining future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	1	Health Care Facilities & Community-based Regulation
Measure Type	OP	
Measure No.	9	Number of Investigations Completed

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 09
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the number of complaint investigations and the number of incident investigations completed in nursing facilities, ICFs/IID, assisted living facilities, day activity and health services, PPECCs, and unlicensed facilities. For purposes of this measure, a complaint investigation is defined as the on-site investigation of all allegations associated with an individual complaint intake (assigned an identification number upon intake). An incident investigation is defined as the on-site investigation of all areas of facility compliance associated with an incident as reported by the facility. Facility staff are required to self-report incidents that have resulted in or has the potential of resulting in injury or harm to a resident.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data is obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the data elements needed to make the necessary calculations. The report will be titled “Number of Investigations Completed” in the future.

BL 2020 Methodology

The number of complaint and incident investigations completed during the months of the reporting period is summed.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload in pursuing the validity of inappropriate treatment of residents and/or the existence of other sub-standard conditions. This data is useful in determining future funding needs.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	OP		
Measure No.	10	Total Dollar Amount Collected from Fines	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 12
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the total dollar amount of administrative penalties collected for all types of facilities during the reporting period. It also includes the total amount of civil monetary penalties (CMP) collected by the department for nursing facilities participating in the Medicaid program, and the total dollar amount of CMPs collected by the federal Centers for Medicare and Medicaid Services (CMS) for facilities participating in Medicare/Medicaid (dually certified) or Medicare programs. A penalty amount collected is the amount that facilities have actually paid to the State Medicaid agency and/or the CMS for penalties assessed.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained monthly from the Accounting Division reports of accounts received for the payment of administrative penalties and civil monetary penalties. They are derived from a combination of the class (appropriation budget) and the cash account (0004500). The reports are named Administrative Penalties, and Civil Monetary Penalties.

BL 2020 Methodology

The total dollar amounts collected from fines during the months of the reporting period are summed. Monthly data are totaled over the reporting period.

BL 2020 Purpose

This measure quantifies one of the primary administrative tools available to the agency to ensure that residential care facilities implement the necessary actions to correct deficient conditions and practices.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	1	Health Care Facilities & Community-based Regulation
Measure Type	OP	
Measure No.	11	Number of Medicaid Facility and Hospice Service Contracts Issued

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 13
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of Medicaid provider contracts issued to nursing facilities, and ICFs/IID. Contracts issued include new facilities or services contracted, ownership changes resulting in a contract issuance, and re-applications after a facility or service's contract is terminated. Enrollment into the Medicaid program involves the facility/service meeting all Medicaid contracting criteria including acceptable completion of the enrollment/application process, compliance with the pertinent state licensing regulations and compliance with the applicable federal and state Medicaid certification regulations. A Medicaid contract is issued after the facility/service is licensed and/or certified. Based on this contract, the facility or service is eligible for vendor payments for the Medicaid individuals residing in the facility.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Health and Human Services Commission (HHSC) Provider Central Data Repository (CDR). At the end of the reporting period, an ad hoc report will be done containing the data elements needed to make the necessary calculations. The report will be titled "Number of Medicaid Facility Service Contracts Issued" in the future.

BL 2020 Methodology

The number of Medicaid nursing facility contracts issued during the months of the reporting period is summed; and the number of ICF/IID contracts issued during the months of the reporting period is summed. These four sums are totaled to obtain the reported data.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the workload expended by the agency in response to its charge of issuing contracts to Medicaid certified nursing facility, and ICF/IID. This data is a tool for projecting future funding needs.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	OP		
Measure No.	12	Number of Home and Community Support Services Agency Licenses Issued	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 14
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the total number of licenses issued by the Health and Human Services Commission (HHSC) Regulatory Services Home and Community Support Services Agency (HCSSA) staff. For reporting purposes, a license is considered as issued once it has been printed. Each license has a new expiration date printed on it. (This date may differ from the date on which the license is actually printed.) HCSSAs are licensed for two years.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the data elements needed to make the necessary calculations. This report will be titled "Number of Home and Community Support Services Agency Licenses Issued" in the future.

BL 2020 Methodology

Data for the appropriate number of months in the reporting period is summed.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of inspecting agencies to ensure their compliance with state and federal requirements. This data is a useful tool for projecting future funding needs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	1	Health Care Facilities & Community-based Regulation
Measure Type	OP	
Measure No.	13	Number Home & Community Support Services Agency Inspections Conducted

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 15
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the total number of inspections conducted during the reporting period by the Health and Human Services Commission (HHSC) Regulatory Services Home and Community Support Services Agency (HCSSA). For reporting purposes, an inspection is defined as one of the following: an initial licensing survey; an initial certification survey (Medicare certified agencies), a re-survey (licensed only). A licensing inspection done in conjunction with a survey of a Medicare certified agency is not counted as a separate inspection.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the regional HCSSA workload report (Excel worksheet) submitted monthly and compiled by the Data Management and Analysis Sub-Unit. Data will be contained in an ad hoc report done at the end of the reporting period. This report will be titled “Number of Home & Community Support Services Agency Inspections Conducted” in the future.

BL 2020 Methodology

Monthly data, covering the appropriate months of the reporting period, are totaled.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of inspecting agencies to ensure their compliance with state and federal requirements. This data is a useful tool for projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	OP		
Measure No.	14	Number of Complaint Investigations Conducted: HCSSA	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 16
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of complaint investigations conducted in Home and Community Support Services Agencies (HCSSA). A complaint investigation is defined as an on-site visit conducted for the purpose of determining compliance with federal and state requirements when a complaint has been filed with the department.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the regional HCSSA workload report (Excel worksheet) submitted monthly and compiled by Data Management and Analysis Sub-unit. Data will be contained in an ad hoc report done at the end of the reporting period. This report will be titled "Number of Complaint Investigations Conducted: HCSSA" in the future.

BL 2020 Methodology

For reporting purposes, monthly data covering the appropriate months in the reporting period are totaled.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of inspecting agencies to ensure their compliance with state and federal requirements. This data is a useful tool for projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	OP		
Measure No.	15	# of Initial HCS and TxHmL Reviews Completed	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 25
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of initial reviews completed on Home and Community Services (HCS) and Texas Home Living (TxHmL) contracts. An initial review is defined as an on-site visit conducted for the purpose of determining compliance with state requirements for certification with the department.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from an Access database which records all reviews completed. The Access database is maintained by Waiver Survey and Certification staff. Data is entered into the database as review reports are submitted. Data will be contained in an ad hoc report done at the end of the reporting period. This report has no official name or report number.

BL 2020 Methodology

For reporting purposes, monthly data covering the appropriate months in the reporting period are totaled.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of certifying HCS and TxHmL contracts to ensure their compliance with state requirements. This data is a useful tool for projecting future funding needs.

BL 2021 DefinitionBL 2021 Data LimitationsBL 2021 Data SourceBL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	1	Long-Term Care and Acute Care Regulation	
Strategy No.	1	Health Care Facilities & Community-based Regulation	
Measure Type	OP		
Measure No.	16	# of Annual HCS & TxHmL Recertification Reviews Completed	

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 26
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of annual recertification reviews completed on Home and Community Services (HCS) and Texas Home Living (TxHmL) contracts. An annual recertification review is defined as an on-site visit conducted for the purpose of determining compliance with state requirements for recertification with the department.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from an Access database which records all reviews completed. The Access database is maintained by Waiver Survey and Certification staff. Data is entered into the database as review reports are submitted. Data will be contained in an ad hoc report done at the end of the reporting period. This report has no official name or report number.

BL 2020 Methodology

For reporting purposes, monthly data covering the appropriate months in the reporting period are totaled.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy. It quantifies the agency's workload of recertifying HCS and TxHmL contracts to ensure their compliance with state requirements. This data is a useful tool for projecting future funding needs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

Strategy-Related Measures Definitions
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Automated Budget and Evaluation System of Texas (ABEST)

BL 2021 Purpose

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529	Agency: Health and Human Services Commission
Goal No.	8 Regulatory, Licensing and Consumer Protection Services
Objective No.	1 Long-Term Care and Acute Care Regulation
Strategy No.	1 Health Care Facilities & Community-based Regulation
Measure Type	OP
Measure No.	17 Number of On-site PPECC Monitoring Visits Completed

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 29
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of monitoring visits to Prescribed Pediatric Extended Care Centers (PPECC) during the reporting period. A monitoring visit is an on-site visit in addition to the annual inspection/survey to determine financially unstable facilities' compliance with state and federal standards. However, if during a monitoring visit, more than one type of activity is performed (a survey, follow-up to investigation and a new investigation) each type of activity is counted separately for reporting purposes.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Texas Unified Licensure Information Portal (TULIP). At the end of the reporting period, an ad hoc report will be done containing the required data elements needed to make the necessary calculations. The report will be titled “# of on-site PPECC Monitoring Visits Completed” in the future.

BL 2020 Methodology

The total number of completed monitoring visits is calculated by summing the number of monitoring visits to PPECCs during the months of the reporting period.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy and indicates how many regulatory visits PPECCs average per month to determine compliance with state and federal regulations.

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Agency Code: 529	Agency: Health and Human Services Commission
Goal No.	8 Regulatory, Licensing and Consumer Protection Services
Objective No.	1 Long-Term Care and Acute Care Regulation
Strategy No.	1 Health Care Facilities & Community-based Regulation
Measure Type	OP
Measure No.	18 Number of Completed Investigations in Facility Settings

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-01 OP 32
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of completed investigations of maltreatment of persons served in mental health or intellectual disability settings, which may include state supported living centers, state hospitals, state centers, private ICF-IID facilities, community centers, and Medicaid waiver programs.

BL 2020 Data Limitations

None

BL 2020 Data Source

An investigation completion is indicated by a closure or completion date during the reporting period. Investigation closures must be counted in order to capture all completed investigations. Due to an IMPACT design problem, the investigation completion date for rapid closures is left blank and a closed date is entered. In Facility investigations, rapid closures are used when investigations determine that situations reported to FPS are not within the purview of FPS to continue to investigate. Examples of such cases include client rights issues, administrative issues, and clinical practice issues appropriate for peer review.

BL 2020 Methodology

The measure is calculated by counting the number of Facility investigations for which an investigation completion date or investigation closure date is entered in IMPACT. The quarterly and annual counts are equal to the sum of the completed and closed investigations in each month of the reporting period. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

BL 2020 Purpose

The purpose of this measure is to track the number of investigations of abuse/neglect/exploitation of persons who are 65 or older or who have disabilities in Facility settings completed during the reporting period. This measure provides useful information for management purposes. The number of completed investigations and the promptness with which they are completed are important indicators of workload and performance in mental health and intellectual disability investigations.

BL 2021 Definition

BL 2021 Data Limitations

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BL 2021 Data Source

BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	2	Long-Term Care Quality Outreach
Measure Type	EX	
Measure No.	1	% Nurs Homes Have Increased/Fully Implemented Evidence-Based Practices

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-04 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This measure reports the number of Medicaid certified nursing homes which have increased or fully implemented the use of evidence-based best practices expressed as a percent of all such nursing homes reviewed each year.

BL 2020 Data Limitations

This measure reports nursing homes practice not resident level data. Any improvements made in resident outcomes cannot be attributed solely to the technical assistance regarding evidence-based best practices provided during Quality Monitoring Program reviews. A convenience sample of residents in each nursing home serves as the basis for this performance measure.

BL 2020 Data Source

Assessments are performed on a convenience sample of approximately five people per Quality Monitoring Program review in Texas Medicaid certified nursing homes as established in Health & Safety Code, Chapter 255. Quality Assurance Early Warning System for Long-Term Care Facilities; Rapid Response Teams, Assessments are conducted based on information gathered by interview, observation and record review.

BL 2020 Methodology

Evidence-based best practices (EBBPs) in nursing homes (NFs) are organized into three clinical groupings. Nursing: Diabetes, Fall Risk Management, Influenza Vaccinations, Pneumococcal Vaccinations, Mechanical Restraint Reduction, Pain Management, and Pressure Ulcer Prevention. Dietitian: Advance Care Planning, Artificial Nutrition & Hydration, Healthy Hydration, and Weight Management. Pharmacist: Anti-Psychotic Medication Use, Anxiolytic Medication Use, Medication Simplification, Pain Medication Management, and Sedative/Hypnotic Medication Use. Data on the use of EBBPs by NFs is gathered by HHSC quality monitors during QMP reviews. This data, placed in HHSC QMMT database, tracks the practices that NFs have implemented. For this measure, the HHSC QMMT database will be queried to determine the % of NFs, from all those receiving QMP reviews, showing an increase in EBBPs. NFs that have already implemented all elements will be shown as having improved.

BL 2020 Purpose

To promote the improvement in quality of care in focus areas the Health and Human Services Commission have identified as statewide priorities.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	1	Long-Term Care and Acute Care Regulation
Strategy No.	2	Long-Term Care Quality Outreach
Measure Type	OP	
Measure No.	1	Number of Quality Monitoring Visits to Nursing Facilities

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-04 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of Quality Monitoring Program Work Units that are comprised of Quality Monitoring Visits (QMV), Rapid Response Team (RRT) visits, and Provider Technical Assistance Meetings for nursing facilities during the reporting period. QMV are usually performed by a single quality monitor; RRT visits require two or more quality monitors. Both visit types involve individual facilities. Provider Technical Assistance Meetings, like RRT visits, are multidisciplinary; in addition, they provide technical assistance to multiple providers at once. In this measure, a "visit" is defined as the deployment of an individual monitor to a facility; more precisely this is the program's unit of work, and RRT visits may represent 2 or more units of work (because they may require 2 or more monitors).

BL 2020 Data Limitations

Does Not apply.

BL 2020 Data Source

Units of work are obtained from a visit database that records actual units of work and checked against monthly activity reports collected by the Quality Monitoring Program managers. There is no specific report name or number.

BL 2020 Methodology

The total number of completed monitoring visits is determined by counting the number of visits identified as Quality Monitoring visits (including Rapid Response visits) occurring during the reporting period. Similarly, Provider Education Meetings are counted from records of the events.

BL 2020 Purpose

This measure is a mechanism for assessing the agency's performance as it pertains to implementing the provisions of this strategy and indicates how many Quality Monitoring visits and technical assistance events are occurring in accordance with the requirements of Senate Bill 1839, 77th Legislature, Regular Session, 2001.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	EF	
Measure No.	1	Average Monthly Day Care Caseload Per Monitoring Worker

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EF 03

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides the average monthly caseload handled by a day care licensing monitoring worker. Day care monitoring worker caseloads consist of facility and investigation assignments for child care centers, licensed and registered child-care homes.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Facility and investigation assignments for licensed child care centers, licensed child care homes, and registered child-care homes are captured in the Child-care Licensing Automation Support System (CLASS). The actual number of workers in the calculation is the number of worker classifications charged in HHSAS-HR to PAC 247(Day Care Licensing) identified as CCL Inspector I-V (5040C, 1323A, 1324A) and CCL Specialist Generalist Investigator I-IV (5026U, 5024V, 5026V, 5025U, 5023U, 5024U, 5023V). Inspector trainees with less than 31 days of service are not counted. Inspectors with 31-90 days of service are counted as half a worker. Inspectors with 91 or more days of services are counted as full time. Due to possible modifications in the FPS fiscal system, PACs, service codes and/or worker classification codes are subject to change. Should this occur, the current equivalent codes will be substituted and documented in the performance folder.

BL 2020 Methodology

Count the number of facility and investigation assignments associated with day care monitoring workers in PAC 247 during the reporting period (numerator) and divide by the number of day care monitoring workers in PAC 247 with active assignments during the reporting period (denominator). When calculating 2nd, 3rd, & 4th quarters the year-to-date total is recalculated. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

BL 2020 Purpose

This measure is an indicator of an average amount of work handled by day care licensing monitoring workers, and is useful for determining and comparing staffing levels based on workload.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	2	Child Care Regulation	
Strategy No.	1	Child Care Regulation	
Measure Type	EF		
Measure No.	2	Average Monthly Residential Caseload Per Monitoring Worker	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EF 04
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure provides the average monthly caseload for a residential child care licensing monitoring worker.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Facility and investigation assignments are captured in the Child-care Licensing Automation Support System (CLASS). The CCL residential care licensing investigators identified as RCCL Inspector IV-VI (1323D, 1324D, 1325D) and RCCL Specialist Investigator I-II (5026E, 5026D, 5027V). Inspector trainees with less than 61 days of service are not counted. Inspectors with 61-120 days of service are counted as half a worker. Inspectors with 121 or more days of service are counted as full time. Due to possible modifications in the FPS fiscal system, PACs, service codes and/or worker classification codes are subject to change. Should this occur, the current equivalent codes will be substituted and documented in the performance folder.

BL 2020 Methodology

Count the number of facility and investigation assignments associated with residential licensing monitoring workers during the reporting period (numerator) and divide by the number of residential monitoring workers with facility or investigation assignments during the reporting period (denominator). When calculating 2nd, 3rd, & 4th quarters the year-to-date total is recalculated. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

BL 2020 Purpose

This measure is an indicator of an average amount of work handled by residential child care licensing monitoring workers, and is useful for determining and comparing staffing levels based on workload.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	2	Child Care Regulation	
Strategy No.	1	Child Care Regulation	
Measure Type	EX		
Measure No.	1	Number of Permitted Operations and Administrators	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 01
Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

A permit is a license, certification, registration, listing, compliance certificate, or any other written authorization granted by Licensing to operate a child-care facility, child-placing agency, listed family home, temporary shelter, or employer-based child care. This also includes an administrator's license. This is a count of all permitted operations and administrators on the last day of the reporting period

BL 2020 Data Limitations

None.

BL 2020 Data Source

When an operation or administrator is licensed or registered permitted, licensing staff enter this information into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology

Add together the totals from Explanatory Measures “Number of Licensed Child Care Centers,” “Number of Licensed Child Care Homes”, “Number of Licensed Residential Child Care Facilities”, “Number of Registered Child Care Homes,” “Number of Listed Family Homes,” “Number of Child Placing Agencies,” “Number of Child Care Administrators,” and “Number of Child-Placing Agency Administrators,” and the number of operations with a certificate of compliance.

BL 2020 Purpose

The purpose of this measure is to state the total number of operations, family homes and administrators that are regulated by the agency. This is important data in planning for adequate resources within the program

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	EX	
Measure No.	2	Number of Licensed Child Care Centers

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 02

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A Licensed Child Care Center is a child day-care operation that is licensed to provide care for seven or more children birth through 13 years of age for less than 24 hours a day, at a location other than the permit holder’s home.

BL 2020 Data Limitations

None.

BL 2020 Data Source

When child care centers are licensed, licensing staff enter the issuance into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology

From CLASS calculate the number of child care centers that are licensed and are in an active status on the last day of the reporting period.

BL 2020 Purpose

The purpose of this measure is to state the total number of Child Care Centers that are regulated by the agency. It is a subset of the Explanatory Measure “Number of Licenses, Certifications, Registrations and Listings.” This is important data in planning for adequate resources in staffing for this activity.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	EX	
Measure No.	3	Number of Licensed Child Care Homes

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A Licensed Child Care Home is a child day-care operation that is licensed to provide care for children from birth through 13 years of age for less than 24 hours a day in the caregivers own residence. The total number of children in care, including children related to the caregiver must not exceed 12. including the children related to the caregiver.

BL 2020 Data Limitations

None.

BL 2020 Data Source

When child care centers are licensed, licensing staff enter the issuance into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology

On the last day of the reporting period, from CLASS calculate the number of child care centers that are licensed and are operations with an initial license or a non-expiring license in an active status on the last day of the reporting period. as of the end of the month.

BL 2020 Purpose

The purpose of this measure is to state the total number of Child Care Centers that are regulated by the agency. It is a subset of the Explanatory Measure “Number of Licenses, Certifications, Registrations and Listings.” This is important data in planning for adequate resources in staffing for this activity.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	2	Child Care Regulation	
Strategy No.	1	Child Care Regulation	
Measure Type	EX		
Measure No.	4	Number of Licensed Residential Child Care Facilities (Excluding Homes)	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 04
Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

Residential operations are licensed to provide 24-hour care for children. The operation types are: General Residential Operations, Independent Foster Family Homes and Independent Foster Group Homes. General Residential Operations are licensed to provide child care for 13 or more children under the age of 18 and may provide various treatment services or programmatic services. Residential treatment centers, a subset of general residential operations, are licensed to provide care exclusively for children requiring treatment services for emotional disorders. Additional programmatic services provided are Child Care Services Only, Emergency Services Only, and Multiple Services.

BL 2020 Data Limitations

none.

BL 2020 Data Source

When a residential operation is licensed, residential licensing staff enters the date of issuance into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology

From CLASS calculate the number of child care homes that are licensed and are in an active status on the last day of the reporting period.

BL 2020 Purpose

The purpose of this measure is to state the total number of residential child care operations that are regulated or reviewed by the agency. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This is important data in planning for adequate resources in staffing this activity.

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	2	Child Care Regulation	
Strategy No.	1	Child Care Regulation	
Measure Type	EX		
Measure No.	5	Number of Registered Child Care Homes	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 05
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A registered child-care home is a child day-care operation that is permitted to in which the primary caregiver provides care for not more than six children from birth through 13 years, and may provide care after-school for not more than six additional elementary school children in the caregiver's own residence. The total number of children in care at any given time, including the children related to the caregiver, must not exceed 12.

BL 2020 Data Limitations

None.

BL 2020 Data Source

When an operation is registered, licensing staff enters the date of issuance into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology

From CLASS calculate the number of registered child care homes that are permitted and are in an active status on the last day of the reporting period.

BL 2020 Purpose

The purpose of this measure is to state the total number of registered child-care homes that are regulated by the agency. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This is important data in planning for adequate resources in staffing this activity.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	2	Child Care Regulation	
Strategy No.	1	Child Care Regulation	
Measure Type	EX		
Measure No.	6	Number of Agency Homes and CPS Foster Homes	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 06
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Agency Foster Family Homes are facilities that have been verified by a Child Placing Agency (CPA) provide care for not more than six children for 24 hours a day, are used only by a licensed child-placing agency and meets department standards. Agency and Foster Group Homes that have been verified by a CPA may provide are facilities that provides care for seven to twelve children for 24 hours a day. Foster homes are verified by a CPA once they meet applicable minimum standards.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Agency Home information is entered into the Child-care Licensing Automation Support System (CLASS). Data for CPS Foster Family and Foster Group homes is captured in the Information Management Protecting Adults and Children in Texas (IMPACT) system.

BL 2020 Methodology

From CLASS calculate the number of child care homes that are licensed and are in an active status on the last day of the reporting period. Add the number of Agency Foster Homes and Agency Group Homes from CLASS and the number of CPS Foster Family Homes and CPS Foster Group Homes from IMPACT to get the total Number of Foster Homes.

BL 2020 Purpose

The purpose of this measure is to state the total number of foster homes that are regulated by a private Child Placing Agency or CPS. This is important data in planning for adequate staffing for this activity and for identifying growth trends.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	8	Regulatory, Licensing and Consumer Protection Services	
Objective No.	2	Child Care Regulation	
Strategy No.	1	Child Care Regulation	
Measure Type	EX		
Measure No.	7	Number of Listed Family Homes	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 07
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A listed family home is a child day-care operation that is permitted to provide cares for no more than three unrelated children in the caregiver's own residence. There are no minimum standards for this type of care. Licensing does not conduct routine inspections at listed family homes. Inspections are only conducted when there is a report of abuse or neglect of a child, immediate risk to the health and safety of a child, that the home administered a medication to a child in violation of Human Resources Code §42.065, or that the home is receiving compensation for four or more unrelated children.

BL 2020 Data Limitations

None.

BL 2020 Data Source

When a home is listed, this information is entered into the Child-care Licensing Automation Support System (CLASS) by regional licensing staff.

BL 2020 Methodology

From CLASS calculate the number of permitted listed family homes in full an active status on the last day of the reporting period.

BL 2020 Purpose

The purpose of this measure is to count the number of listed family homes. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This data is important in determining what resources should be allocated to this function.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	EX	
Measure No.	8	Number of Child Placing Agencies

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 08

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A child-placing agency is licensed by DFPS and may then verify foster and adoptive homes by assuring that they meet applicable minimum standards. A branch office is both the location of a child’s record and a foster home’s record and the place from which both are overseen. A branch office functions in the same capacity as a main CPA office, but just under the oversight of a main CPA office. FPS regulates a branch office in the same way it regulates a main office, by assigning a licensing representative and by conducting unannounced, annual monitoring inspections.

BL 2020 Data Limitations

None.

BL 2020 Data Source

When a Child Placing Agency is licensed, residential licensing staff enter the date of issuance into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology

From CLASS calculate the number of child placing agencies including branch offices in active status on the last day of the reporting period.

BL 2020 Purpose

The purpose of this measure is to state the total number of child-placing agencies and branch offices that are regulated by the agency. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This is important data in planning for adequate resources in staffing this activity.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	EX	
Measure No.	9	Number of Child Care Administrators

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 09

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Licensed child care administrators administer residential child care operations. They must meet certain qualifications, pass a written examination and pay an annual fee.

BL 2020 Data Limitations

None.

BL 2020 Data Source

A list of licensed administrators is maintained in CLASS.

BL 2020 Methodology

From CLASS, count the number of active and inactive child care administrators' licenses on the last day of the reporting period.

BL 2020 Purpose

The purpose of this measure is to state the total number of child care administrators that are regulated by the agency. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This is important data in planning for adequate resources in staffing this activity. Include both active and inactive licenses.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	EX	
Measure No.	10	Number of Criminal Record Checks

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 10

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Criminal record checks are conducted on residential and child day care directors, owners, operators, administrators, employees (including those the operation intends to hire), persons applying to adopt or foster children through any licensed child placing agency, persons under contract with operations who have unsupervised contact with children in care on a regular or frequent basis, applicants for child care administrator’s licenses and other persons age 14 years or older who reside at the facility or home or who will regularly or frequently be at the facility or home while children are in care, including volunteers. Persons are checked upon being hired or when they apply for a license, certification, registration or listing and every 24 months thereafter.

BL 2020 Data Limitations

None

BL 2020 Data Source

Data for both types of criminal records checks are entered into the Child-care Licensing Automation Support System (CLASS) by licensing staff. Checks against the Department of Public Safety (DPS) database are sent and received via a batch process. FBI checks are submitted electronically through the DPS selected vendor.

BL 2020 Methodology

Count the number of criminal history checks processed during the reporting period.

BL 2020 Purpose

The purpose of this measure is to determine the workload associated with the Legislative mandate to conduct criminal history checks on persons working in child care. It measures compliance with the statute and provides valuable information on the resources required for this function. The checks themselves help determine whether or not a person's presence at a facility is a violation of minimum standards, the licensing statute, licensing rules and/or would present a risk to the health and safety of children in care.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	EX	
Measure No.	11	Number of Child Placing Agency Administrators

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 11
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Licensed child-placing agency administrators administer residential child care operations. They must meet certain qualifications, pass a written examination and pay an annual fee.

BL 2020 Data Limitations

None.

BL 2020 Data Source

A list of licensed child-placing agency administrators is maintained in the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology

From CLASS count the number of active and inactive child-placing agency administrators' licenses on the last day of the reporting period.

BL 2020 Purpose

The purpose of this measure is to count the total number of child-placing agency administrators that are regulated by the agency. It is a subset of the Explanatory Measure "Number of Licenses, Certifications, Registrations and Listings." This is important data in planning for adequate resources in staffing this activity.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	EX	
Measure No.	12	Percent of Child Care Licensing Workers: Two or More Years of Service

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 12

Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

CCL direct delivery caseworkers are identified as: CCL Inspector I - V (5040C, 1323A, 1324A), CCL Specialist I - IV (5023V, 5023U, 5027E) and; RCCL Inspector IV - VI (1323D, 1324D, 1325D). Staff tenure is calculated from date of hire. All applicable caseworker types will be included, if additional job codes or caseworker categories are created.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The total number of CCL direct delivery caseworkers with two or more years of service is the numerator. The total number of CCL direct delivery caseworkers is the denominator. Information for this measure is taken from HHSAS-HR. Due to possible modifications in the FPS fiscal system, PACs or worker job classification codes are subject to change. Should this occur, the current equivalent codes will be substituted and documented in the performance measure folder.

BL 2020 Methodology

Divide the numerator by the denominator and multiply by 100 to achieve a percentage.

BL 2020 Purpose

This measure is a useful indicator of staff competencies and a general reflection of staff satisfaction.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	EX	
Measure No.	13	Number of Central Registry Checks

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 EX 13
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Central registry checks are required for certain individuals in day care and residential operations. This measure provides the number of central registry checks that were requested during the reporting period.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Data for Central Registry checks are obtained from the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology

Count the number of Central Registry checks that were requested during the reporting period.

BL 2020 Purpose

The purpose of this measure is to count the Central Registry checks conducted by licensing staff.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	OP	
Measure No.	1	Number of New Permits

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 OP 01

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A permit is a license, certification, registration, listing, compliance certificate, or any other written authorization granted by Licensing to operate a child-care facility, child-placing agency, listed family home, temporary shelter or employer-based child care. This also includes an administrator's license. This measure provides the number of new permits that were issued during the reporting period. A new permit is issued when all of the requirements for issuance are met.

BL 2020 Data Limitations

The number of facilities and persons that apply is market-driven and is outside the agency's control.

BL 2020 Data Source

When licensing staff issue a permit to an operation or administrator license, registration, or listing, they enter the date of the issuance into the Child-care Licensing Automation Support System (CLASS).

BL 2020 Methodology

For the reporting period, sum the number of new permits that were issued to operations and administrators.

BL 2020 Purpose

The purpose of this measure is to track the entrance of operations and administrators into the child care system as a predictor of workload. It is important in projecting the need for regulatory resources.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	OP	
Measure No.	2	Number of Child Care Facility Inspections

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

An inspection is an on-site visit to an operating or non-operating operation or family home for the purposes of determining whether it is in compliance with the licensing law, administrative rules, and minimum standards. Inspections may be made in the following circumstances: routine monitoring, licensing receives an allegation that an operation is operating illegally; a person submits an application to become licensed or registered. Inspections conducted as part of an abuse/neglect investigation and inspections conducted as part of a non-abuse/neglect investigation are not included in the calculation.

BL 2020 Data Limitations

None.

BL 2020 Data Source

When a licensing representative inspects an operation, the date of the inspection and deficiencies with licensing law, administrative rules, or minimum standards that were observed during the inspection are entered into the Child-care Licensing Automation Support System. A record is kept by facility of the number and the date of all inspections that are conducted. The inspections are coded based upon the purpose as monitoring, investigation, follow-up or other. Information is counted from CLASS.

BL 2020 Methodology

From CLASS, add together the total number of inspections made by licensing representatives of all regulated and non-regulated child care facilities within the reporting period. Exclude inspections conducted as part of non-abuse/neglect investigations or abuse/neglect investigations, attempted inspections, and assessments. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported in ABEST are also updated as required to ensure that data reflected is accurate and reliable.

BL 2020 Purpose

To achieve quality services.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	2	Child Care Regulation
Strategy No.	1	Child Care Regulation
Measure Type	OP	
Measure No.	3	Number of Completed Non-Abuse/Neglect Investigations

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-03 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

A non-abuse/neglect investigation occurs when a report is received that alleges a violation of licensing law, administrative rules, or minimum standards. This includes the following types of operations: those which are may be subject to regulation, licensed or certified for day care and residential care, registered and listed family homes, and foster and adoptive homes verified by Child Placing Agencies. This is a count of all non-abuse/neglect investigations completed during the reporting period.

BL 2020 Data Limitations

None.

BL 2020 Data Source

When licensing staff receives a report alleging violations of the licensing law, administrative rules or minimum standards, the date it was received is entered into the Child-care Licensing Automation Support System (CLASS). When the non-abuse/neglect investigation is completed, staff enters their findings and a completion date. All reports received by the agency are resolved in some manner, but the number of reports received is outside the agency's control. Information is obtained from CLASS.

BL 2020 Methodology

Sum the total number of non-abuse/neglect investigations completed within the reporting period. Values reported in ABEST are updated each year-end ("Fifth" Quarter) up to and including the close of the appropriation year. Values reported i ABEST are also updated as required to ensure that data reflected is accurate and reliable.

BL 2020 Purpose

The purpose of this measure is to track the number of times that Licensing staff responds to reports from the public about the quality of child care.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	3	Professional and Occupational Regulation
Strategy No.	1	Credentialing/Certification of Health Care Professionals & Others
Measure Type	OP	
Measure No.	1	# Health Care Professionals & LCDCs Licensed, Permit, Cert, Registrd

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 08-01-02 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.

BL 2020 Data Limitations

None

BL 2020 Data Source

The data is obtained manually and from automated databases.

BL 2020 Methodology

This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.

BL 2020 Purpose

This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	3	Professional and Occupational Regulation
Strategy No.	1	Credentialing/Certification of Health Care Professionals & Others
Measure Type	OP	
Measure No.	2	Number of Licenses Issued Per Year: Nursing Facility Administrators

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-02 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the total number of licenses issued or renewed for nursing facility administrators during all months of the reporting period.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the online nursing facility administrator database.

BL 2020 Methodology

Data are calculated by totaling the number of licenses issued and renewed during the months of the reporting period.

BL 2020 Purpose

This measure quantifies the agency's workload as it pertains to implementing the provisions funded under this strategy. This is useful data for projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	3	Professional and Occupational Regulation
Strategy No.	1	Credentialing/Certification of Health Care Professionals & Others
Measure Type	OP	
Measure No.	3	Number of Credentials Issued Per Year: Nurse/Medication Aides

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-02 OP 03

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the total number of credentials issued or renewed for nurse aides and medication aides during all months of the reporting period.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are obtained from the Pearson VUE Credential Management System (PCMS) and Automated Review Management System (ARMS).

BL 2020 Methodology

Data are computed by totaling the number of permits and certifications issued or renewed during the months of the reporting period.

BL 2020 Purpose

This measure quantifies the agency's workload as it pertains to implementing the provisions funded under this strategy. This is useful data for projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	3	Professional and Occupational Regulation
Strategy No.	1	Credentialing/Certification of Health Care Professionals & Others
Measure Type	OP	
Measure No.	4	Number of Complaints Resolved/Year: Nursing Facility Administrators

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 08-01-02 OP 04
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the total number of complaints and referrals against nursing facility administrators that were resolved during all months of the reporting period. Complaints and referrals are resolved by the Health and Human Services Commission (HHSC), either administratively by the Professional Credentialing Enforcement branch or through formal Hearings conducted by the commission's Legal Division.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

This information is manually collected. Manual collections of data are pen and paper tabulations of information manually pulled from computer based records. There are no report titles or identifying numbers associated with this process.

BL 2020 Methodology

Data are computed by totaling the number of complaints and referrals dismissed by the Commission and number of cases resolved through formal hearing or settlement during the months of the reporting period.

BL 2020 Purpose

This measure quantifies the agency's workload as it pertains to implementing the provisions funded under this strategy. This is useful data for projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	3	Professional and Occupational Regulation
Strategy No.	1	Credentialing/Certification of Health Care Professionals & Others
Measure Type	OP	
Measure No.	5	Number of Complaints Resolved/Year: Nurse/Medication Aides/Direct Care

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 08-01-02 OP 05
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the number of referrals against medication aides, nurse aides, and uncredentialed staff that have been resolved. The uncredentialed staff is all direct care personnel not licensed by another state agency in long-term care facilities licensed by the Health and Human Services Commission (HHSC). Referrals are resolved by HHSC either administratively by the Professional Credentialing Enforcement branch or through formal hearings conducted by the commission's Legal Division.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

This information is collected manually. Manual collections of data are pen and paper tabulations of information manually pulled from Employee Misconduct Registry, Nurse Aide and Mediation Aide tracking database. There are no report titles or identifying numbers associated with this process.

BL 2020 Methodology

Data are computed by tabulating the number of referrals with final action of dismissal or imposition of sanctions for each month of the reporting period. These monthly numbers for each of the months in the reporting period are summed.

BL 2020 Purpose

This measure quantifies the agency's workload as it pertains to implementing the provisions funded under this strategy. This data is useful in projecting future funding needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	8	Regulatory, Licensing and Consumer Protection Services
Objective No.	3	Professional and Occupational Regulation
Strategy No.	1	Credentialing/Certification of Health Care Professionals & Others
Measure Type	OP	
Measure No.	6	Number of Professional Complaint Investigations Conducted

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 08-01-02 OP 06

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of health care professional complaint investigations conducted is defined as the total number of investigations performed by staff which are documented by an appropriate investigative report. The investigations are initiated upon notification of possible violations of state laws or rules.

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

The data are extracted from an automated regulatory system which has an enforcement module for tracking complaint investigations

BL 2020 Methodology

The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

BL 2020 Purpose

Investigating complaints against health care professionals is an element of regulation and public health protection.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	9	Program Eligibility Determination & Enrollment
Objective No.	1	Eligibility Operations
Strategy No.	1	Integrated Financial Eligibility and Enrollment (IEE)
Measure Type	EF	
Measure No.	1	Average Cost Per Eligibility Determination

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 09-01-01 EF 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the average cost to complete an eligibility determination case. Eligibility cases may include eligibility determinations for Temporary Assistance for Needy Families and State Two-parent cash assistance, Supplemental Nutrition Assistance Program, Medicaid for Elderly and People with Disability, Medicaid, and Children's Health Insurance Program. Eligibility cases include open/closed applications, approved or denied applications and complete reviews that have been sustained or denied.

BL 2020 Data Limitations

There may be more than one eligibility determination for a case during the reporting period. Data may be collected from different systems.

BL 2020 Data Source

Costs are obtained from expense queries for the eligibility determination sub-strategy using standard internal data collection protocols and internal procedures. The average monthly number of eligibility determinations is reported as 9-1-1 OP-1.

BL 2020 Methodology

The average cost per eligibility determination is calculated by dividing eligibility determination sub-strategy expenditures by the number of months in the reporting period. The sum of the eligibility determination sub-strategy departments expenditures reflect actual costs for each reporting period plus accrued expenditures for the 4th quarter of the reporting period based on appropriation year (year in which funds were appropriated for use regardless of fiscal year/accounting period expenditure is paid). The denominator is the data reported for 9-1-1 OP-1 for the reporting period. Dividing the numerator by the denominator yields the average cost for the period.

BL 2020 Purpose

This measure is useful for comparing costs, over time, of the principal workload drivers for Eligibility Determination, the largest sub-strategy within the Integrated Eligibility and Enrollment Strategy.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	9	Program Eligibility Determination & Enrollment
Objective No.	1	Eligibility Operations
Strategy No.	1	Integrated Financial Eligibility and Enrollment (IEE)
Measure Type	EF	
Measure No.	2	Accuracy Rate of Benefits Issued: TANF

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-01-01 EF 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the percentage of Temporary Assistance for Needy Families (TANF) benefits delivered correctly, as determined by the most recent TANF quality control (QC) results for the fiscal year. "Issued in error" is the difference between the dollar amount of benefits actually issued and the dollar amount of benefits that would have been issued had all relevant client information been reported in an accurate and timely fashion by the client and had all relevant client information been processed in accordance with applicable state and/or federal guidelines. (This definition includes over issuances greater than the error tolerance threshold only, and encompasses such things as a client reporting inaccurate information, a client not reporting changes on a timely basis, agency failure to correctly apply policy, and so on.)

BL 2020 Data Limitations

Does not apply.

BL 2020 Data Source

Data are based on the quality control (QC) eligibility review, which uses a statewide random sample of TANF benefits.

BL 2020 Methodology

The reported data are computed as follows: The numerator consists of the number of benefit dollars in the QC sample for the period, minus the number of dollars issued in error for the period, as determined through the QC review process. Only over issuances greater than the error tolerance threshold are included. The denominator consists of the number of benefit dollars in the QC sample for the period. Dividing the numerator by the denominator yields the accuracy rate for the period.

BL 2020 Purpose

This measure is an indicator of accountability and efficiency of agency operations as it pertains to the issuance of TANF benefits.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	9	Program Eligibility Determination & Enrollment
Objective No.	1	Eligibility Operations
Strategy No.	1	Integrated Financial Eligibility and Enrollment (IEE)
Measure Type	EF	
Measure No.	3	Accuracy Rate of Benefits Issued: SNAP

Calculation Method: N	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 09-01-01 EF 03
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measure reports the percentage of Supplemental Nutrition Assistance Program (SNAP) benefits delivered correctly, as determined by the most recent SNAP quality control results for the fiscal year, adjusted for the federal review regression percentage. "Issues in error" is the difference between the dollar amount of benefits actually issued and the dollar amount of benefits that would have been issued had all relevant client information been reported in an accurate and timely fashion by the client.

BL 2020 Data Limitations

For the federal review process, Food and Nutrition Service (FNS) randomly selects approximately one third of each state's annual sample and subjects each of the selected cases to an independent review to determine the accuracy of benefits issued. FNS uses its findings on this subset of cases to adjust the state's error rate through regression a term describing the statistical process of FNS projecting its findings from the subset of re reviewed cases to estimate what would have been found had a federal re review been conducted on all cases in the state's sample. For most states and in most years, the regression adjustment increases the state's error rate.

BL 2020 Data Source

Data are based on the quality control (QC) eligibility review and the Federal re-review process, which uses a statewide random sample of SNAP benefits. This sample complies with federally mandated precision tests. Annually, FNS calculates and publishes the official error rate by the end of June for the prior federal review year.

BL 2020 Methodology

The data are computed as follows: The numerator consists of the number of benefit dollars in the QC sample for the period, minus the number of dollars issued in error for the period, as determined through the QC review process. The denominator consists of the number of benefit dollars in the QC sample for the period. Dividing the numerator by the denominator yields the accuracy rate for the period. The numerator includes both over issuances and under issuances, greater than the error tolerance threshold and it is the absolute value of the magnitude of the error that contributes to the numerator for example, two cases, one with a \$50 over issuance and one with a \$50 under issuances, do not cancel each other out but instead contribute a total of \$100 to the numerator. The numerator also includes ineligible cases, with the contribution to the numerator being equal to the amount of the benefit issued.

BL 2020 Purpose

This measure is an indicator of accountability and efficiency of agency operations as it pertains to the issuance of SNAP benefits.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 529	Agency: Health and Human Services Commission
Goal No.	9 Program Eligibility Determination & Enrollment
Objective No.	1 Eligibility Operations
Strategy No.	1 Integrated Financial Eligibility and Enrollment (IEE)
Measure Type	EF
Measure No.	4 Percent of Eligibility Decisions Completed on Time

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-01-01 EF 04
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This measure is the number of eligibility case decisions that were completed within established timeframes for CHIP, Medicaid for the Elderly and People with Disabilities (MEPD), Texas Works (TW) programs for TANF and State Two Parent Cash Assistance, SNAP, and Medicaid for Families and Children, expressed as a percentage of all eligibility decisions completed in the same period. Case decisions are defined as applications approved, denied, or applications open/closed. TW programs include Title XIX Medical Programs for Families and Children, TANF and State Two Parent Cash Assistance, and SNAP. MEPD includes all Title XIX Medicaid services provided to aged or disabled people residing in Texas including Supplemental Security Income, Medical Assistance Only, Qualified Medicare Beneficiary, Specified Low-income Medicare Beneficiaries, other long term care Medicaid eligible qualified individuals, and Medicaid Waiver programs. CHIP includes traditional and Perinatal programs.

BL 2020 Data Limitations

The definition of "application" as applied to the case decisions may evolve as policy changes are implemented, which may impact the resulting counts.

BL 2020 Data Source

Data is obtained from Datamart, the interface for the eligibility determination system reporting.

BL 2020 Methodology

The total number of applications processed on time (not delinquent) in the reporting period divided by the total number of applications processed in the same reporting period, multiplied by 100, determines the percent of eligibility decisions completed on time.

BL 2020 Purpose

This measure quantifies timeliness and is an indicator of productivity as it pertains to determining eligibility for Texas Works, CHIP, and MEPD benefits.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	9	Program Eligibility Determination & Enrollment	
Objective No.	1	Eligibility Operations	
Strategy No.	1	Integrated Financial Eligibility and Enrollment (IEE)	
Measure Type	EX		
Measure No.	1	Total Value of SNAP Benefits Distributed	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-01-01 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the total amount (dollar value) of Supplemental Nutrition Assistance Program (SNAP) issued to households that have been determined eligible for benefits.

BL 2020 Data Limitations

This measure does not include costs for administration of the program.

BL 2020 Data Source

Data is obtained from the monthly report, net SNAP Issuances by month prepared by benefit system staff.

BL 2020 Methodology

This measure reports the total amount (dollar value) of Supplemental Nutrition Assistance Program (SNAP) benefits issued to eligible households.

BL 2020 Purpose

This measure conveys the total amount of SNAP benefits distributed. These benefits are 100 percent federally funded.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	9	Program Eligibility Determination & Enrollment	
Objective No.	1	Eligibility Operations	
Strategy No.	1	Integrated Financial Eligibility and Enrollment (IEE)	
Measure Type	EX		
Measure No.	2	Percent of Direct Delivery Staff with Less Than One Year	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-01-01 EX 03
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This measure reports the percentage of supervisors, workers and clerks with less than one year tenure.

BL 2020 Data Limitations

Only tenure in the current position is counted. The count of eligibility determination staff may differ from actual full-time equivalents.

BL 2020 Data Source

Data are obtained from payroll/personnel system queries.

BL 2020 Methodology

The number of supervisors, workers and clerks with less than one year of tenure at the end of the reporting period is divided by the total number of supervisors, workers, and clerks at the end of the reporting period. The result is expressed as a percentage.

BL 2020 Purpose

At least one year is required for staff to become proficient in eligibility determination tasks. The measure may explain timeliness, performance, staffing and cost anomalies.

BL 2021 DefinitionBL 2021 Data LimitationsBL 2021 Data SourceBL 2021 MethodologyBL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	9	Program Eligibility Determination & Enrollment	
Objective No.	1	Eligibility Operations	
Strategy No.	1	Integrated Financial Eligibility and Enrollment (IEE)	
Measure Type	OP		
Measure No.	1	Average Monthly Number of Eligibility Determinations	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-01-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average monthly number of eligibility determinations for Temporary Assistance for Needy Families and State Two Parent Cash Assistance, Supplemental Nutrition Assistance Program, Medicaid for the Elderly and People with Disabilities, Medicaid and Children's Health Insurance Program. Determining eligibility refers to actions taken to determine the eligibility status of applicants or ongoing cases: approved, denied, or open/closed applications, and sustained or denied complete reviews.

BL 2020 Data Limitations

There may be more than one eligibility determination for a case during the reporting period. Data may be collected from different systems.

BL 2020 Data Source

Data are obtained from Datamart.

BL 2020 Methodology

Data are computed by totaling, over all months in the reporting period, the number of eligibility determinations performed and dividing by the number of months in the reporting period.

BL 2020 Purpose

This measure is useful for comparing, over time, the principal workload drivers for Eligibility Determination, the largest sub-strategy within the Integrated Eligibility and Enrollment Strategy.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	9	Program Eligibility Determination & Enrollment	
Objective No.	1	Eligibility Operations	
Strategy No.	1	Integrated Financial Eligibility and Enrollment (IEE)	
Measure Type	OP		
Measure No.	2	Average Number of Recipients Per Month: SNAP	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-01-01 OP 03
Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This measure reports the average monthly number of Supplemental Nutrition Assistance Program (SNAP) recipients. Data include public assistance and non-public assistance recipients. Public assistance recipients are members of households in which all members receive Temporary Assistance for Needy Families (TANF) or State Two-Parent Cash Assistance or Supplemental Security Income and TANF. Non-public assistance recipients are members of households in which no one or only some of the members receive TANF or State Two-Parent Cash Assistance.

BL 2020 Data Limitations

Recipients are counted in each month they receive a SNAP benefit, so this measure does not report an unduplicated count of recipients over time.

BL 2020 Data Source

Data are obtained from automated monthly reports, SNAP benefit system Issuance Household Profile and the SNAP Case extract from an eligibility determination system.

BL 2020 Methodology

Data are computed by totaling, over all months in the reporting period, the monthly number of SNAP recipients and dividing this total by the number of months in the reporting period.

BL 2020 Purpose

This measure is an indicator of the agency's workload as it pertains to providing services to persons receiving SNAP benefits. It is useful for projecting caseloads and future funding needs. It is also information that legislators and the public frequently request.

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	9	Program Eligibility Determination & Enrollment
Objective No.	2	Community Access and Supports
Strategy No.	1	Intake, Access, and Eligibility to Services and Supports
Measure Type	EX	
Measure No.	1	Total Expenditures for the Ombudsman Program

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-02-01 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure identifies the reported total of all funds expended for the Ombudsman Program, which includes Federal Older Americans Act Title III and Title VII, other federal, State General Revenue and local cash.

BL 2020 Data Limitations

Expenditures are self-reported by area agencies on aging.

BL 2020 Data Source

Ombudsman expenditures are reported to the State Unit on Aging (HHSC) quarterly by area agencies on aging.

BL 2020 Methodology

Total expenditures are calculated by compiling the reported expenditures of each area agency on aging.

BL 2020 Purpose

At the state level, this measure provides a means to assess the level of activity and support for the Ombudsman program and is used as a monitoring tool for program oversight.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	9	Program Eligibility Determination & Enrollment	
Objective No.	2	Community Access and Supports	
Strategy No.	1	Intake, Access, and Eligibility to Services and Supports	
Measure Type	EX		
Measure No.	2	Number of Assisted Living Facilities Visited by a Certified Ombudsman	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-02-01 EX 02
Key Measure: N **New Measure:** N **Percentage Measure:** N

BL 2020 Definition

This measure identifies the cumulative, unduplicated number of licensed assisted living facilities visited by certified ombudsmen in the Long-Term Care (LTC) Ombudsman Program.

BL 2020 Data Limitations

All unduplicated visits to licensed assisted living facilities by certified ombudsmen during the fiscal year will be included in this count, as reported by local LTC Ombudsman Programs. This measure will only count one visit per assisted living facility.

BL 2020 Data Source

The number of visits to assisted living facilities is reported on a monthly basis by the local LTC Ombudsman Programs in the format specified by the Health and Human Services Commission (HHSC).

BL 2020 Methodology

The calculation is the cumulative number of unduplicated visits to licensed assisted living facilities by certified ombudsmen.

BL 2020 Purpose

This measure is an explanation of the LTC Ombudsman Program coverage and advocacy efforts in licensed assisted living facilities. The measure provides information to decision-makers and state agency staff to recognize the scope of services provided by the program. State agency staff may also identify opportunities for training and technical assistance to the local LTC Ombudsman Programs.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

Strategy-Related Measures Definitions
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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	9	Program Eligibility Determination & Enrollment	
Objective No.	2	Community Access and Supports	
Strategy No.	1	Intake, Access, and Eligibility to Services and Supports	
Measure Type	OP		
Measure No.	1	Number of Certified Ombudsmen	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-02-01 OP 01

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The total number of active Ombudsmen is defined as volunteers and staff who have completed appropriate instruction/prescribed training, and received recognition by the State Ombudsman as being a qualified Ombudsman and identified as having an active status in the program.

BL 2020 Data Limitations

All certified Ombudsmen who were active during the fiscal year will be included in the unduplicated count of active certified Ombudsmen for this measure.

BL 2020 Data Source

The unduplicated number of active certified Ombudsmen is reported quarterly by area agencies on aging in the format specified by the Commission. The area agencies on aging report both the unduplicated number of active Ombudsmen for the quarter and for the fiscal year. To be active in a state quarter, an Ombudsman visits long-term care facilities within the state quarter, or investigates/resolves complaints when identified, or provides other Ombudsman services such as in-services for long-term care facilities/community groups.

BL 2020 Methodology

The calculation is the total certified Ombudsmen listed on the quarterly active ombudsman list. The area agencies on aging report both the unduplicated number of active Ombudsmen for the quarter and for the fiscal year.

BL 2020 Purpose

This measure is an explanation and identification of the total number of active certified Ombudsmen. The output allows decision-makers and state agency staff to identify trends of the program.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	9	Program Eligibility Determination & Enrollment
Objective No.	2	Community Access and Supports
Strategy No.	1	Intake, Access, and Eligibility to Services and Supports
Measure Type	OP	
Measure No.	2	Number of Persons Receiving Care Coordination

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-02-01 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The measure is the unduplicated number of individuals age 60 and older receiving care coordination services during the fiscal year. Care coordination may include assessment, service plan development, arranging of comprehensive and unified services, follow-up, monitoring of an individual's or family's status and services delivered, and periodic review, with any necessary revision of the service plan. The State Unit on Aging's HHSC care coordination services is intended to give preference to short-term intervention. Short-term intervention is considered three months or less; however, this does not preclude individuals from receiving longer-term services when deemed appropriate by their care coordinator.

BL 2020 Data Limitations

Only State Unit on Aging (HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging, they are not included in the measure calculation.

BL 2020 Data Source

The number of individuals is based on data reported to the Commission by area agencies on aging. Data is reported only for those individuals for whom an intake form is completed.

BL 2020 Methodology

This calculation is based on the total unduplicated individuals age 60 and older that receive care coordination services based on data reported to the Commission by area agencies on aging.

BL 2020 Purpose

This measure indicates the number of unduplicated individuals age 60 or older receiving care coordination services during the fiscal year.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

Strategy-Related Measures Definitions
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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	9	Program Eligibility Determination & Enrollment
Objective No.	2	Community Access and Supports
Strategy No.	1	Intake, Access, and Eligibility to Services and Supports
Measure Type	OP	
Measure No.	3	Number of Persons Receiving Legal Assistance

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 09-02-01 OP 03
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

The measure is the total number of individuals age 60 and older receiving legal assistance services during the fiscal year. Legal assistance service is advice and representation by an attorney (including assistance by a paralegal or law student under the supervision of an attorney), or counseling or representation by a non-lawyer where permitted by law.

BL 2020 Data Limitations

Only State Unit on Aging(HHSC) funded individuals are considered for this measure. While some individuals funded by other sources may be reported to the State Unit on Aging (HHSC), they are not included in the measure calculation.

BL 2020 Data Source

Data for those individuals for whom an intake form is completed are reported to the Commission by area agencies on aging. The reported number of individuals is the sum of individuals reported from the area agencies on aging.

BL 2020 Methodology

The reported number of individuals is the sum of persons reported from the area agencies on aging.

BL 2020 Purpose

This measure indicates the amount of legal assistance services provided statewide by area agencies on aging.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	9	Program Eligibility Determination & Enrollment
Objective No.	2	Community Access and Supports
Strategy No.	1	Intake, Access, and Eligibility to Services and Supports
Measure Type	OP	
Measure No.	4	Avg Mthly # Individuals w/ ID Receiving Assessment & Serv Coordination

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 09-02-01 OP 04
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the unduplicated count of priority population, as defined by Local Authorities Performance Contract, eligible individuals whose services are funded with the Health and Human Services Commission (HHSC) funds and who receive ID community assessment and/or service coordination services. Assessment services are monthly services. Service coordination services may occur quarterly but are most frequently monthly services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period, regardless of how the services for the individuals were funded.

BL 2020 Data Limitations

Because it takes 365 days to close out 100% of the claims for a month of service, the number of individuals ultimately served must be estimated for months that have not yet closed out, by using "completion factors" specific to each service applied to the number of individuals approved-to-pay to-date and/or the number of individuals authorized to receive services. The concept of completion factors is that data, as of a given number of claims processing months after the month of service, can be considered a certain percent complete based upon historical patterns. Therefore, for a given month of service, the number of persons on approved-to-pay claims to-date divided by the appropriate completion factor equals the estimated number of persons ultimately served.

BL 2020 Data Source

Month-of-service to-date data that reports, by type-of-service, the number of individuals for whom claims have been approved-to-pay, the number of units of service approved-to-pay, and the amounts approved-to-pay are obtained from the commission's Claims Management System (CMS) by means of ad hoc query.

BL 2020 Methodology

To obtain the number of individuals served with HHSC appropriation authority funds, the numerator is the sum of the number of individuals receiving ID assessment and/or service coordination services each month of the reporting period; the denominator is the number of months in the period. The formula is numerator/denominator.

BL 2020 Purpose

Monthly number of individuals served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	9	Program Eligibility Determination & Enrollment
Objective No.	2	Community Access and Supports
Strategy No.	1	Intake, Access, and Eligibility to Services and Supports
Measure Type	OP	
Measure No.	5	Number of Veterans Served by the ADRCS

Calculation Method: C	Target Attainment:	Priority:	Cross Reference: Agy 529 085-R-S70-1 09-02-01 OP 11
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

The measure is the unduplicated number of individuals receiving aging and disability resource center services that are veterans age 60 or older or are veterans that have a disability.

BL 2020 Data Limitations

The aging and disability resource center intake process will require identification of veteran status and a record of all related activities. Veteran status is recorded based on the individual's self-reported status in most instances. Some individuals may choose not to indicate veteran's status. This is a contractor reported measure and may be subject to the limitations of the contractor's data systems.

BL 2020 Data Source

The number of veterans served is reported by the aging and disability resource center contractors quarterly by the 20th of the month following the end of each quarter. The Commission sums the reported totals from the aging and disability resource centers to create a state total.

BL 2020 Methodology

The calculation is based on the total unduplicated number of individuals that are veterans age 60 or older or are veterans that have a disability based on data reported to the Commission by the aging and disability resource centers monthly.

BL 2020 Purpose

This measure identifies the number of veterans receiving services through the aging and disability resource centers.

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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	10	Provide Disability Determination Services within SSA Guidelines
Objective No.	1	Increase Decisional Accuracy and Timeliness of Determinations
Strategy No.	1	Determine Federal SSI and SSDI Eligibility
Measure Type	EF	
Measure No.	1	Cost Per Disability Case Determination

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 10-01-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Total DDS expenditures per the financial information system divided by the total number of cases determined as reported by the National Disability Determination Services System.

BL 2020 Data Limitations

None

BL 2020 Data Source

The National Disability Determination Services System. The NDDSS is the Social Security Administration (SSA) management information system for all state DDS's. The DDS's on a weekly basis report workload and staffing information to SSA. This system is found on SSA's DALNET (Dallas SSA Regional Office intranet).

BL 2020 Methodology

Total DDS expenditures divided by the total number of cases determined. Figures are non-cumulative.

BL 2020 Purpose

This measure is intended to calculate the cost per case of determining whether an individual is eligible for benefits when they apply to the Social Security Administration for disability benefits.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

Strategy-Related Measures Definitions
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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	10	Provide Disability Determination Services within SSA Guidelines
Objective No.	1	Increase Decisional Accuracy and Timeliness of Determinations
Strategy No.	1	Determine Federal SSI and SSDI Eligibility
Measure Type	OP	
Measure No.	1	Number of Disability Cases Determined

Calculation Method: C **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 10-01-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Total number of cases determined as reported by the National Disability Determination Services System (NDDSS). A case is established on an individual and may include multiple claims.

BL 2020 Data Limitations

Data is collected through National Disability Determination Services System.

BL 2020 Data Source

The National Disability Determination Services System. The NDDSS is the Social Security Administration (SSA) management information system for all state DDS's. The DDS's on a weekly basis report workload and staffing information to SSA. This system is found on SSA's DALNET (Dallas SSA Regional Office intranet).

BL 2020 Methodology

Total number of cases determined and cleared as reported by the National Disability Determination Services System. Figures are cumulative.

BL 2020 Purpose

The purpose of this measure is to determine whether persons who apply to the Social Security Administration for disability benefits are eligible for benefits.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	11	Office of Inspector General
Objective No.	1	Client and Provider Accountability
Strategy No.	1	Office of Inspector General
Measure Type	OP	
Measure No.	1	Number of Completed Provider and Recipient Investigations

Calculation Method: C	Target Attainment: H	Priority: H	Cross Reference:
Key Measure: Y	New Measure: Y	Percentage Measure: N	

BL 2020 Definition

This is a measure of the Medicaid Program Integrity and the General Investigations sections of Office of Inspector General (OIG) that is responsible for investigating allegations, complaints, and referrals of Medicaid, Temporary Assistance for Needy Families, and Supplemental Nutrition Assistance Program fraud, abuse, or waste.

BL 2020 Data Limitations

No limitations.

BL 2020 Data Source

OIG case management systems.

BL 2020 Methodology

The total unduplicated number of full-scale investigations that are closed during the reporting period. It is based on allegations, complaints, and referrals of fraud, abuse, or waste that are reflected in the OIG case management systems.

BL 2020 Purpose

This measures the effectiveness of a major activity of OIG as required by Tex. Gov't Code 531.102, 531.103, 531.113(d-1) (House Bill 2292, 78th Legislature).

BL 2021 Definition

This is a measure of the Medicaid Program Integrity and the General Investigations sections of Office of Inspector General (OIG) that is responsible for investigating allegations, complaints, and referrals of Medicaid, Temporary Assistance for Needy Families, and Supplemental Nutrition Assistance Program fraud, abuse, or waste.

BL 2021 Data Limitations

No limitations.

BL 2021 Data Source

OIG case management systems.

BL 2021 Methodology

Strategy-Related Measures Definitions

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The total unduplicated number of full-scale investigations that are closed during the reporting period. It is based on allegations, complaints, and referrals of fraud, abuse, or waste that are reflected in the OIG case management systems.

BL 2021 Purpose

This measures the effectiveness of a major activity of OIG as required by Tex. Gov't Code 531.102, 531.103, 531.113(d-1) (House Bill 2292, 78th Legislature).

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	11	Office of Inspector General
Objective No.	1	Client and Provider Accountability
Strategy No.	1	Office of Inspector General
Measure Type	OP	
Measure No.	2	Number of Audits and Reviews Performed

Calculation Method: C	Target Attainment: H	Priority: L	Cross Reference: Agy 529 085-R-S70-1 11-01-01 OP 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This measures the total number of reports issued by or on behalf of the OIG audit division and by the CMS Audit Medicaid Integrity Contractor (MIC) for audits of HHS System and DFPS programs, providers, and contractors.

BL 2020 Data Limitations

None.

BL 2020 Data Source

OIG audit staff compile data on the reports issued on a monthly basis. The data is entered in the OIG Audit Division's internal tracking database. The final number reported for this measure is entered in the Performance Data Compiler (PDC) maintained by the OIG Budget Division.

BL 2020 Methodology

Total sum of audits and non-audit engagements conducted.

BL 2020 Purpose

This is a measure of work performed by the Office of the Inspector General pursuant to Texas Government Code §§531.102, 531.102(h)(4), 531.1025(a), and 531.113(d-1).

BL 2021 Definition

This measures the total number of reports issued by or on behalf of the OIG audit division and by the CMS Audit Medicaid Integrity Contractor (MIC) for audits of HHS System and DFPS programs, providers, and contractors.

BL 2021 Data Limitations

None.

BL 2021 Data Source

OIG audit staff compile data on the reports issued on a monthly basis. The data is entered in the OIG Audit Division's internal tracking database. The final number reported for this measure is entered in the Performance Data Compiler (PDC) maintained by the OIG Budget Division.

BL 2021 Methodology

Total sum of audits and non-audit engagements conducted.

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BL 2021 Purpose

This is a measure of work performed by the Office of the Inspector General pursuant to Texas Government Code §§531.102, 531.102(h)(4), 531.1025(a), and 531.113(d-1).

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	11	Office of Inspector General	
Objective No.	1	Client and Provider Accountability	
Strategy No.	1	Office of Inspector General	
Measure Type	OP		
Measure No.	3	Number of Nursing Facility Utilization Reviews	

Calculation Method: C **Target Attainment: H** **Priority: L** Cross Reference: Agy 529 085-R-S70-1 11-01-01 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This is a measure of the number of on-site or utilization reviews to assure nursing facilities submit accurate data which reflects actual resident conditions.

BL 2020 Data Limitations

No limitations.

BL 2020 Data Source

Nurse reviewers and/or administrative enter into the agency's database information collected during the on-site reviews into the Nursing Facility Utilization Review (NFUR) application then upload it to the MFADS/NFUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enter it into the Performance Data Compiler (PDC).

BL 2020 Methodology

Nurse reviewers enter data in the field indicating the number of reviews performed, and this data is summed up for the state for the reporting period.

BL 2020 Purpose

Nursing Facility Utilization reviews determine the level of care provided by nursing facilities to Medicaid residents and the relationship of such care to the charges (billing) to the state as required by Texas Government Code §531.1591 and §531.912, 1 TAC §§371.212-371.216, Social Security Act §1902(a)(30), and 42 CFR Section 456.3.

BL 2021 Definition

This is a measure of the number of case mix reviews which are either on-site or desk reviews to assure nursing facilities submit accurate data which reflects actual resident conditions.

BL 2021 Data Limitations

No limitations.

BL 2021 Data Source

Nurse reviewers and/or administrative enter into the agency's database information collected during the on-site reviews into the Nursing Facility Utilization Review (NFUR) application then upload it to the MFADS/NFUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enter it into the Performance Data Compiler (PDC).

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BL 2021 Methodology

Nurse reviewers enter data in the field indicating the number of reviews performed, and this data is summed up for the state for the reporting period.

BL 2021 Purpose

Nursing Facility Utilization reviews determine the level of care provided by nursing facilities to Medicaid residents and the relationship of such care to the charges (billing) to the state as required by Texas Government Code §531.1591 and §531.912, 1 TAC §§371.212-371.216, Social Security Act §1902(a)(30), and 42 CFR Section 456.3.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	11	Office of Inspector General
Objective No.	1	Client and Provider Accountability
Strategy No.	1	Office of Inspector General
Measure Type	OP	
Measure No.	4	Number of Hospital Utilization Reviews

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 11-01-01 OP 04
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measures the count of hospital inpatient admissions reviewed and closed during the reporting period.

BL 2020 Data Limitations

No limitations.

BL 2020 Data Source

Nurse reviewers and/or administrative assistants enter information collected into the Hospital Utilization Review (HUR) application, then upload it to the MFADS/HUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enters it in the Performance Data Compiler (PDC).

BL 2020 Methodology

The methodology includes utilization reviews which may be of a statistically valid random sample or a focused case selection of hospital medical records for admissions, readmission, outliers, transfers, appropriate Diagnoses Related Groups (DRG), and quality of care. Nurse reviewers enter the number of reviews performed into the HUR application, and this data is summed for the reporting period.

BL 2020 Purpose

This measure addresses the scope of worked performed by the OIG pursuant to Texas Government Code § 531.102(a-5), §531.1024, 1 TAC §§371.200-371.210, Social Security Act §1902(a)(30), and 42 CFR §456.3. Inpatient utilization reviews are required by Public Law 92-603 to be conducted in all Title XIX participating hospitals.

BL 2021 Definition

This measures the count of hospital inpatient admissions reviewed and closed during the reporting period.

BL 2021 Data Limitations

No limitations.

BL 2021 Data Source

Nurse reviewers and/or administrative assistants enter information collected into the Hospital Utilization Review (HUR) application, then upload it to the MFADS/HUR Repository from which various performance reports are run. State office staff collects and accumulates all regions' information and enters it in the Performance Data Compiler (PDC).

Strategy-Related Measures Definitions
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BL 2021 Methodology

The methodology includes utilization reviews which may be of a statistically valid random sample or a focused case selection of hospital medical records for admissions, readmission, outliers, transfers, appropriate Diagnoses Related Groups (DRG), and quality of care. Nurse reviewers enter the number of reviews performed into the HUR application, and this data is summed for the reporting period.

BL 2021 Purpose

This measure addresses the scope of work performed by the OIG pursuant to Texas Government Code § 531.102(a-5), § 531.1024, 1 TAC §§ 371.200-371.210, Social Security Act § 1902(a)(30), and 42 CFR § 456.3. Inpatient utilization reviews are required by Public Law 92-603 to be conducted in all Title XIX participating hospitals.

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	11	Office of Inspector General	
Objective No.	1	Client and Provider Accountability	
Strategy No.	1	Office of Inspector General	
Measure Type	OP		
Measure No.	5	Total Dollars Recovered (Millions)	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 529 085-R-S70-1 11-01-01 OP 05
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This is a measure of the total monetary recoveries resulting from activities of the Office of Inspector General (OIG) at the end of each quarter and fiscal year. These recoveries include cash collected as well as offsets. Offsets, or recoupments, are payments that are set up out of future benefit allotments. Refer to Accountability Rider Report dated February 1, 2018.

BL 2020 Data Limitations

OIG is dependent upon other agencies and vendors for the recovery of some of the funds involved in the measure.

BL 2020 Data Source

Below are the sources in which OIG staff collects data on recoveries monthly and enters the information in the Performance Data Compiler (PDC). Refer to Accountability Rider dated February 1, 2018.

The following sources are used to collect the data: Accounts Receivable Tracking System (ARTS); Automated System for Office of Inspector General (ASOIG); Hospital Utilization Review (HUR) System; Medicaid Fraud and Abuse Detection System PI Case Tracker (Case Tracker) ; Medicaid/CHIP Administrative Tracking System (MCATS); Nursing Facility Utilization Review (NFUR) System; Premium Payment System (PPS); Texas Integrated Eligibility Redesign System (TIERS); and Electronic Benefits Transfer WIC Information Network (EBTWIN). NOTE: Recovery data also used in OC-1 Net Dollars Recovered Per Dollar Expended from All Funds.

BL 2020 Methodology

The sum of dollars recovered (Dollars actually recovered through cash collections or offsets) by each section of OIG for the reporting period. These dollars do not include any dollars reported in OP-6 Total Dollars Saved. Refer to the Accountability Rider Report dated February 1, 2018.

BL 2020 Purpose

This measure addresses the efforts of OIG to maximize recoveries in all HHS programs as required by Tex. Gov't Code §§531.102(b), (p), (t)(5); 531.103(a); 531.1131; 531.1132; 531.117.

BL 2021 Definition

This is a measure of the total monetary recoveries resulting from activities of the Office of Inspector General (OIG) at the end of each quarter and fiscal year. These recoveries include cash collected as well as offsets. Offsets, or recoupments, are payments that are set up out of future benefit allotments. Refer to Accountability Rider Report dated February 1, 2018.

Strategy-Related Measures Definitions
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BL 2021 Data Limitations

OIG is dependent upon other agencies and vendors for the recovery of some of the funds involved in the measure.

BL 2021 Data Source

Below are the sources in which OIG staff collects data on recoveries monthly and enters the information in the Performance Data Compiler (PDC). Refer to Accountability Rider dated February 1, 2018.

The following sources are used to collect the data: Accounts Receivable Tracking System (ARTS); Automated System for Office of Inspector General (ASOIG); Hospital Utilization Review (HUR) System; Medicaid Fraud and Abuse Detection System PI Case Tracker (Case Tracker) ; Medicaid/CHIP Administrative Tracking System (MCATS); Nursing Facility Utilization Review (NFUR) System; Premium Payment System (PPS); Texas Integrated Eligibility Redesign System (TIERS); and Electronic Benefits Transfer WIC Information Network (EBTWIN). NOTE: Recovery data also used in OC-1 Net Dollars Recovered Per Dollar Expended from All Funds.

BL 2021 Methodology

The sum of dollars recovered (Dollars actually recovered through cash collections or offsets) by each section of OIG for the reporting period. These dollars do not include any dollars reported in OP-6 Total Dollars Saved. Refer to the Accountability Rider Report dated February 1, 2018.

BL 2021 Purpose

This measure addresses the efforts of OIG to maximize recoveries in all HHS programs as required by Tex. Gov't Code §§531.102(b), (p), (t)(5); 531.103(a); 531.1131; 531.1132; 531.117.

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	11	Office of Inspector General
Objective No.	1	Client and Provider Accountability
Strategy No.	1	Office of Inspector General
Measure Type	OP	
Measure No.	6	Referrals to OAG Fraud Control Unit

Calculation Method: C	Target Attainment: H	Priority: H	Cross Reference: Agy 529 085-R-S70-1 11-01-01 OP 07
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2020 Definition

This is a measure of the number of cases of involving a suspicion of fraud that are referred to the Office of the Attorney General (OAG) for investigation and potential presentation for prosecution.

BL 2020 Data Limitations

No limitations.

BL 2020 Data Source

OIG case management system. All referrals made to the Office of the Attorney General are entered into the case management system and monitored on a monthly basis. Upon acceptance of a referral for investigation, the Office of the Attorney General notifies OIG through a letter of acceptance. OIG staff enters and maintains the status of the referral into the case management system and enters the number of referrals in the Performance Data Compiler (PDC).

BL 2020 Methodology

Sum of cases involving a suspicion of fraud referred to the Office of the Attorney General during the reporting period.

BL 2020 Purpose

This measure identifies the effectiveness of the Office of Inspector General in promptly and accurately identifying and referring cases of Medicaid fraud suitable for criminal or civil prosecution as required by 42 CFR 455.21 and Texas Government Code §§531.102(b), 531.103, and 531.104.

BL 2021 Definition

This is a measure of the number of cases of involving a suspicion of fraud that are referred to the Office of the Attorney General (OAG) for investigation and potential presentation for prosecution.

BL 2021 Data Limitations

No limitations.

BL 2021 Data Source

OIG case management system. All referrals made to the Office of the Attorney General are entered into the case management system and monitored on a monthly basis. Upon acceptance of a referral for investigation, the Office of the Attorney General notifies OIG through a letter of acceptance. OIG staff enters and maintains the status of the referral into the case management system and enters the number of referrals in the Performance Data Compiler (PDC).

Strategy-Related Measures Definitions
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BL 2021 Methodology

Sum of cases involving a suspicion of fraud referred to the Office of the Attorney General during the reporting period.

BL 2021 Purpose

This measure identifies the effectiveness of the Office of Inspector General in promptly and accurately identifying and referring cases of Medicaid fraud suitable for criminal or civil prosecution as required by 42 CFR 455.21 and Texas Government Code §§531.102(b), 531.103, and 531.104.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	11	Office of Inspector General	
Objective No.	1	Client and Provider Accountability	
Strategy No.	1	Office of Inspector General	
Measure Type	OP		
Measure No.	7	Total Medicaid Overpayments Recovered with Special Investigation Units	

Calculation Method: C **Target Attainment: L** **Priority: L** Cross Reference:

Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This is a measure of the total monetary Medicaid recoveries collected by OIG resulting from a fraud and abuse referral from an MCO SIU. This is the OIG portion (50%) of recoveries collected pursuant to Government Code, Sec. 531.1131, as a result of either a MCO SIU or a collaboration between the OIG and MCO SIU. This measure does not include recoveries retained by the MCOs. These recoveries are also included in OP-5 Total Dollars Recovered (Millions).

BL 2020 Data Limitations

OIG Recoveries are dependent upon MCO SIU recovery collections and MCO SIU self-reporting to OIG on their collections.

BL 2020 Data Source

The data source for Medicaid recoveries collected by OIG based on MCO SIU referrals is the OIG Performance Data Compiler (PDC). The PDC records recoveries from fraud, waste, and abuse cases that have reached final disposition.

BL 2020 Methodology

Medicaid recoveries collected by OIG are based on MCO SIU referrals. The Chief Counsel Division used the Case Tracker system to track MCO SIU referrals and recoveries. Once cases are finalized, the recoveries are reported in the PDC. The PDC is the source for recoveries reported in this measure.

BL 2020 Purpose

This measure reflects recoveries collected by OIG related to fraud and abuse recovery efforts by MCO SIUs or by the OIG in collaboration with MCO SIUs. Amounts recovered by an MCO or by an MCO in collaboration with OIG are allocated between the MCO and the OIG pursuant to Government Code Sec. 531.1131. The OIG portion of these recoveries are also reported in OP 5 - Total Dollars Recovered (Millions).

Strategy-Related Measures Definitions
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Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	12	HHS Enterprise Oversight and Policy
Objective No.	1	Enterprise Oversight and Policy
Strategy No.	1	Enterprise Oversight and Policy
Measure Type	EF	
Measure No.	1	Percent of Informal Dispute Resolutions Completed within 30 Days

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 12-01-01 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This is a measure of the percentage of Informal Dispute Resolution reviews (IDRs) for nursing facilities and intermediate care facilities for individuals with an intellectual disability or related condition (ICF/IID) completed by HHSC that are completed within the required timeline of 30 calendar days from receipt of the IDR request to the date the final recommendation and rationale is submitted to the provider. The IDR process provides adjudication by an appropriate disinterested person of disputes relating to deficiencies and/or violations cited against a nursing facility, or ICF/IID by the state survey agency.

BL 2020 Data Limitations

Extenuating circumstances that result in delays in IDR completion may need to be identified and such circumstances excluded from the 30 calendar day timeline.

BL 2020 Data Source

The percentage of IDR reviews conducted within the required timeline is determined via an HHSC maintained database, in coordination with state survey agency long-term care regulatory automated system.

BL 2020 Methodology

To calculate the measure, divide the number of IDRs completed within the required timeline by the total number of IDRs completed during the reporting period of the fiscal year.

BL 2020 Purpose

This is a measure of the percentage of Informal Dispute Resolution reviews (IDRs) for nursing facilities and intermediate care facilities for individuals with an intellectual disability or related condition (ICF/IID) completed by HHSC that are completed within the required timeline of 30 calendar days from receipt of the IDR request to the date the final recommendation and rationale is submitted to the provider. The IDR process provides adjudication by an appropriate disinterested person of disputes relating to deficiencies and/or violations cited against a nursing facility, or ICF/IID by the state survey agency.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **529** Agency: **Health and Human Services Commission**

Goal No.	12	HHS Enterprise Oversight and Policy
Objective No.	1	Enterprise Oversight and Policy
Strategy No.	1	Enterprise Oversight and Policy
Measure Type	EF	
Measure No.	2	Percent of Dispute Resolutions Completed within 90 Day Timeframe

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 12-01-01 EF 02
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

This is a measure of the percentage of Informal Dispute Resolution reviews (IDRs) for assisted living facilities completed by HHSC that are completed within the required timeline of 90 calendar days from receipt of the IDR request to the date the final recommendation and rationale is submitted to the provider. The IDR process provides adjudication by an appropriate disinterested person of disputes relating to violations cited against an assisted living facility by the state survey agency.

BL 2020 Data Limitations

Extenuating circumstances that result in delays in IDR completion may need to be identified and such circumstances excluded from the 90 calendar day timeline.

BL 2020 Data Source

The percentage of IDR reviews conducted within the required timeline is determined via an HHSC maintained database, in coordination with state survey agency long-term care regulatory automated system.

BL 2020 Methodology

To calculate the measure, divide the number of IDRs completed within the required timeline by the total number of IDRs completed during the reporting period of the fiscal year.

BL 2020 Purpose

The IDR process for assisted living facilities, by legislation, should be completed within 90 calendar days of the IDR request. Texas Government Code, §531.058 establishes the 90 calendar day timeframe. Per the Texas Government Code, §311.014, if the due date falls on a Saturday, Sunday or legal holiday, the due date becomes the following business day. IDR due dates that meet this criteria will be recognized the next business day.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

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BL 2021 Methodology

BL 2021 Purpose

Strategy-Related Measures Definitions
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Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	13	Texas Civil Commitment Office	
Objective No.	1	Administer Texas Civil Commitment Program	
Strategy No.	1	Texas Civil Commitment Office	
Measure Type	EF		
Measure No.	1	Average Cost Per Sex Offender for Treatment and Supervision	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 13-01-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average cost per civilly committed sex offender for treatment and supervision per reporting period, annualized, for all current, civilly committed sex offenders.

BL 2020 Data Limitations

The database provides point-in-time data only; it does not provide the actual amount of time during a reporting period that a civilly committed sex offender received service. Data does not discern that a sex offender was served for only part of a reporting period, rather than the entire reporting period.

BL 2020 Data Source

Civilly Committed Sex Offender database, HHSC financial system. Data is non-cumulative.

BL 2020 Methodology

The average cost per civilly committed sex offender is calculated by taking the expenditures from the HHSC financial system related to the civilly committed sex offenders program for the reporting period and annualizing them, and then dividing them by the number of current, civilly committed sex offenders (excluding those who were in prison for the entire reporting period) as of the last date of the reporting period.

BL 2020 Purpose

Provide the average annual cost of treatment and supervision provided per current, civilly committed sex offender not residing in prison, per reporting period.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

Strategy-Related Measures Definitions
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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	13	Texas Civil Commitment Office	
Objective No.	1	Administer Texas Civil Commitment Program	
Strategy No.	1	Texas Civil Commitment Office	
Measure Type	EX		
Measure No.	1	Number of New Civil Commitments	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 13-01-01 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of sex offenders who were civilly committed during the reporting period.

BL 2020 Data Limitations

None

BL 2020 Data Source

Civilly Committed Sex Offender database

BL 2020 Methodology

Program will run a report on Corrections Software Solutions that identifies the number of sex offenders that were civilly committed during the reporting period.

BL 2020 Purpose

To determine the number of new civil commitment cases for the reporting period.

BL 2021 DefinitionBL 2021 Data LimitationsBL 2021 Data SourceBL 2021 MethodologyBL 2021 Purpose

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Agency Code:	529	Agency:	Health and Human Services Commission
Goal No.	13	Texas Civil Commitment Office	
Objective No.	1	Administer Texas Civil Commitment Program	
Strategy No.	1	Texas Civil Commitment Office	
Measure Type	OP		
Measure No.	1	Number of Sex Offenders Provided Treatment and Supervision	

Calculation Method: N **Target Attainment:** **Priority:** Cross Reference: Agy 529 085-R-S70-1 13-01-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of current sex offenders who have been civilly committed, receiving treatment and supervision, which have not been in prison for the entire reporting period.

BL 2020 Data Limitations

Available data is point-in-time data. Databases provide placement at the time of the query; they do not capture changes in civilly committed sex offender placement status across time (i.e., the databases do not track the movement of a civilly committed sex offender among community placements and locked facilities).

BL 2020 Data Source

Civilly Committed Sex Offender database

BL 2020 Methodology

A report will be run to capture the total number of civilly committed sex offenders as of the last day of the reporting period. From the number of all current, civilly committed sex offenders, those who resided in prison for the entire reporting period will be subtracted. This number will be the number of sex offenders provided treatment and supervision. Data is non-cumulative.

BL 2020 Purpose

To determine the number of current sex offenders who have been civilly committed and are receiving treatment and supervision.

BL 2021 Definition

BL 2021 Data Limitations

BL 2021 Data Source

BL 2021 Methodology

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BL 2021 Purpose

**Schedule B: List of Measure Definitions for the
Department of State Health Services**

HHS System Strategic Plans for 2019–2023
Schedule B: List of Measure Definitions for DSHS

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OBJECTIVE OUTCOME DEFINITIONS REPORT

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Agency Code: **537** Agency: **State Health Services, Department of**

Goal No. 1 Preparedness and Prevention Services
Objective No. 1 Improve Health Status through Preparedness and Information
Outcome No. 1 Percentage of Staff Reached During Public Hlth Disaster Resp Drills

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 085-R-S70-1 01-01 OC 01

Key Measure: Y New Measure: N Percent Measure: Y

BL 2020 Definition

The percent of pre-identified staff members assigned to key positions in the State Medical Operations Center (SMOC) and Public Health and Medical Deployable Teams, required to organize or mount a response, that are alerted and acknowledge their ability to activate within one hour for a No Notice Event at least twice annually.

BL 2020 Data Limitations

None

BL 2020 Data Source

Documentation on Public Health and Medical Deployable Teams and staff alerting documentation which indicates the names and total number of staff members involved.

BL 2020 Methodology

Calculate the percentage of staff acknowledging their ability to activate within one hour of notification. The percent is the number of staff that respond "yes" divided by the number of staff contacted.

BL 2020 Purpose

Measure responsiveness of pre-identified staff members during disaster response drills.

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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 1 Preparedness and Prevention Services
Objective No. 2 Infectious Disease Control, Prevention and Treatment
Outcome No. 1 Vaccination Coverage Levels among Children Aged 19 to 35 Months

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 085-R-S70-1 01-02 OC 01
Key Measure: Y New Measure: N Percent Measure: Y

BL 2020 Definition

This measure uses data collected from the National Immunization Survey (NIS) to estimate the percentage of 19 to 35 month old children who are vaccinated with the routine childhood vaccines (four doses of diphtheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccines, one dose of measles-mumps-rubella vaccine, three doses of Haemophilus influenzae type b, three doses of hepatitis B vaccine, one dose of varicella vaccine and four doses of Pneumococcal vaccine).

BL 2020 Data Limitations

Data are based on a telephone survey that is statistically weighted to adjust for nonresponse and households without telephones. NIS relies on provider-verified vaccination histories and incomplete records could result in underestimates of coverage. The estimate also assumes that coverage among children whose providers do respond is similar to that among children whose providers do not respond. The Texas coverage level estimates should be interpreted carefully due to the wide confidence interval range applied to the reported estimated vaccination coverage level (percentage).

BL 2020 Data Source

The NIS is coordinated by the CDC National Immunization Program (NIP) and data is collected by a company under contract with NIP. The NIS contractor calls randomly generated telephone numbers to find households that contain children 19 to 35 months of age and then interviews the child's parent or guardian. The NIS uses the 19-35 month age group based on sampling methodology and data analysis needs. Vaccination dates are verified by the child's medical provider.

BL 2020 Methodology

The percentage of 19 to 35 month old children who are vaccinated is estimated based on the data collected in the NIS. The NIS is conducted on a quarterly basis utilizing a random digit dial survey and results are reported annually to look at trends at the state level.

BL 2020 Purpose

Shows the percentage of Texas children aged 19 to 35 months who are up to date with critical childhood immunizations. High vaccination rates indicate that children are better protected against 14 different diseases, whereas low rates would indicate the potential for outbreaks or high disease burden.

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Agency Code: **537** Agency: **State Health Services, Department of**

Goal No. 1 Preparedness and Prevention Services
Objective No. 2 Infectious Disease Control, Prevention and Treatment
Outcome No. 2 Incidence Rate of TB Among Texas Residents

Calculation Method: N Target Attainment: L Priority: H Cross Reference: Agy 537 085-R-S70-1 01-02 OC 02

Key Measure: Y New Measure: N Percent Measure: N

BL 2020 Definition

This measure indicates the degree to which tuberculosis (TB) is occurring in the Texas population.

BL 2020 Data Limitations

Procedures for passive and sentinel surveillance activities between other disease registries, mortality and laboratory data are conducted infrequently. Procedures for active surveillance in hospitals, clinics, and pharmacies have not been established. This could result in the delay of the number of cases reported in the year the initial diagnosis was made.

BL 2020 Data Source

TB is a reportable disease in Texas. The number of TB cases is available through the case register maintained by DSHS. The population estimates are obtained from the Texas State Data.

BL 2020 Methodology

The number of TB cases in the fiscal year is divided by the mid-year population estimate of Texas times 100,000.

BL 2020 Purpose

This measure reflects how successful TB elimination efforts are in Texas.

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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 1 Preparedness and Prevention Services
Objective No. 2 Infectious Disease Control, Prevention and Treatment
Outcome No. 3 % of 1995 Epizootic Zone that is Free From Domestic Dog-Coyote Rabies

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 085-R-S70-1 01-02 OC 03

Key Measure: N New Measure: N Percent Measure: Y

BL 2020 Definition

The percentage of square miles in the original epizootic area free of cases of the specific rabies variant.

BL 2020 Data Limitations

The surveillance data are a combination of active and passive sample submissions.

BL 2020 Data Source

Texas Department of State Health Services Laboratory reports. The requisite data are communicated to the Zoonosis Control Branch as specimens are submitted and tested by DSHS and as test results from other laboratories are received by DSHS laboratory.

BL 2020 Methodology

The area of the epizootic zone that has been treated once or has never been treated will be combined with the home range area of any rabid animal found within the original zone during the year. The resultant sum (A) will serve as the numerator with the original epizootic area (B) as the denominator in the formula: $C = (1 - A/B) \times 100$. "C" will represent the percentage of the original epizootic zone considered free of the specified rabies variant.

BL 2020 Purpose

This is a measure of the effectiveness of the oral vaccination efforts for the targeted wildlife in the epizootic zones.

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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 1 Preparedness and Prevention Services
Objective No. 2 Infectious Disease Control, Prevention and Treatment
Outcome No. 4 % of 1996 Epizootic Zone that is Free From Texas Fox Rabies

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 085-R-S70-1 01-02 OC 04

Key Measure: N New Measure: N Percent Measure: Y

BL 2020 Definition

The percentage of square miles in the original epizootic area free of cases of the specific rabies variant.

BL 2020 Data Limitations

The surveillance data are a combination of active and passive sample submissions.

BL 2020 Data Source

Texas Department of State Health Services Laboratory reports. The requisite data are communicated to the Zoonosis Control Branch as specimens are submitted and tested by DSHS and as test results from other laboratories are received by DSHS laboratory.

BL 2020 Methodology

The area of the epizootic zone that has been treated once or has never been treated will be combined with the home range area of any rabid animal found within the original zone during the year. The resultant sum (A) will serve as the numerator with the original epizootic area (B) as the denominator in the formula: $C = (1 - A/B) \times 100$. "C" will represent the percentage of the original epizootic zone considered free of the specified rabies variant.

BL 2020 Purpose

This is a measure of the effectiveness of the oral vaccination efforts for the targeted wildlife in the epizootic zones.

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Agency Code: **537** Agency: **State Health Services, Department of**

Goal No. 1 Preparedness and Prevention Services
Objective No. 2 Infectious Disease Control, Prevention and Treatment
Outcome No. 5 Percentage of TCID Patients Treated to Cure

Calculation Method: N Target Attainment: L Priority: H Cross Reference: Agy 537 085-R-S70-1 01-02 OC 05

Key Measure: N New Measure: N Percent Measure: Y

BL 2020 Definition

This measure reports the percentage of Texas Center for Infectious Disease (TCID) patients who are treated to cure (TTC) while at TCID.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Discharge summary prepared to document physician authorization to discharge patient from hospitalization at TCID. Data is logged into an internal data base.

BL 2020 Methodology

Ratio of total TCID discharged patients who have completed treatment to cure to total number of patients admitted to TCID for the reporting period.

BL 2020 Purpose

This measure reflects the proportion of patients requiring inpatient hospitalization for the duration of their TB treatment.

OBJECTIVE OUTCOME DEFINITIONS REPORT

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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 1 Preparedness and Prevention Services
Objective No. 2 Infectious Disease Control, Prevention and Treatment
Outcome No. 6 Percentage of TCID Patients Discharged to Directly Observed Therapy

Calculation Method: N Target Attainment: H Priority: H Cross Reference:

Key Measure: N New Measure: Y Percent Measure: Y

BL 2020 Definition

This measure reports the percentage of Texas Center for Infectious Disease (TCID) patients discharged to complete treatment by outpatient directly observed therapy (DOT).

BL 2020 Data Limitations

None.

BL 2020 Data Source

Discharge summary prepared to document physician authorization to discharge patient from hospitalization at TCID. Date is logged into an internal database.

BL 2020 Methodology

Ratio of total TCID discharged patients who will complete treatment by DOT to the total number of patients admitted to TCID for the reporting period.

BL 2020 Purpose

This measure reflects the proportion of patients who are able to be discharged to complete treatment DOT in the community after being stabilized and placed on a successful treatment regimen at TCID.

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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 1 Preparedness and Prevention Services
Objective No. 3 Health Promotion and Chronic Disease Prevention
Outcome No. 1 Prevalence of Tobacco Use among Middle & HS Youth Target Areas

Calculation Method: N Target Attainment: L Priority: L Cross Reference: Agy 537 085-R-S70-1 01-03 OC 01

Key Measure: Y New Measure: N Percent Measure: Y

BL 2020 Definition

This is a measure of the prevalence of tobacco use among middle and high school (6th - 12th grade) students in targeted areas in Texas. Each of the targeted areas have populations served by DSHS-funded community coalitions.

BL 2020 Data Limitations

The number of grantees and target areas change over time based on competitive procurements and amount of funding available. Survey data is contingent upon the voluntary participation of schools located in the targeted areas in the Texas Youth Tobacco Survey.

BL 2020 Data Source

Texas Youth Tobacco Survey, which is a school-based survey relating to tobacco use behaviors.

BL 2020 Methodology

Percentage of middle and high school (6th - 12th grade) students who use tobacco in targeted areas. Texas Youth Tobacco Survey respondents in targeted areas who reported having used cigarettes, cigars, pipe or smokeless tobacco within thirty days preceding of taking the survey divided by the total number of valid middle and high school survey respondents in the targeted areas and multiplied by 100. Data are weighted to the student population composition in the targeted areas.

BL 2020 Purpose

Measures the prevalence of tobacco use among middle and high school (6th-12th grade) students in the targeted areas of Texas.

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Agency Code: **537** Agency: **State Health Services, Department of**

Goal No. 1 Preparedness and Prevention Services
Objective No. 3 Health Promotion and Chronic Disease Prevention
Outcome No. 2 Prevalence of Tobacco Use among Middle and High School Youth Statewide

Calculation Method: N Target Attainment: L Priority: L Cross Reference: Agy 537 085-R-S70-1 01-03 OC 02

Key Measure: N New Measure: N Percent Measure: Y

BL 2020 Definition

This is a measure of the prevalence of tobacco use among middle and high school (6th-12th grade) students in Texas.

BL 2020 Data Limitations

Survey data is contingent upon the voluntary participation of schools in the Texas Youth Tobacco Survey.

BL 2020 Data Source

Texas Youth Tobacco Survey, a school-based survey relating to tobacco use behaviors.

BL 2020 Methodology

Statewide percentage of current tobacco use among middle and high school (6th -12th grade) youth equals the number of statewide middle and high school (6th– 12th grade) Texas Youth Tobacco Survey respondents who reported having used cigarettes, cigars, pipes or smokeless tobacco within thirty days of taking the survey divided by the total number of valid middle and high school survey respondents in Texas and multiplied by 100. Data are weighted to the statewide student population composition.

BL 2020 Purpose

Measures the statewide prevalence of tobacco use among middle and high school (6th-12th grade) youth.

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Agency Code: **537** Agency: **State Health Services, Department of**

Goal No. 1 Preparedness and Prevention Services
Objective No. 3 Health Promotion and Chronic Disease Prevention
Outcome No. 3 Prevalence of Smoking among Adult Texans

Calculation Method: N Target Attainment: L Priority: H Cross Reference: Agy 537 085-R-S70-1 01-03 OC 03

Key Measure: Y New Measure: N Percent Measure: Y

BL 2020 Definition

This is a measure of the prevalence of smoking among adult Texans, based on the Behavioral Risk Factor Survey, which is a telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis.

BL 2020 Data Limitations

None

BL 2020 Data Source

Behavioral Risk Factor Surveillance Survey, a telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis and Texas population data received from the State Data Center, University of Texas at San Antonio.

BL 2020 Methodology

This is a measure of the prevalence of smoking among adult Texans based on the number of adults who smoke divided by population of adult Texans times 100, statistically adjusted. "Adults who smoke" is defined as someone who has smoked 100 cigarettes and now smokes every day or some days.

BL 2020 Purpose

This is a measure of the prevalence of smoking among adult Texans.

OBJECTIVE OUTCOME DEFINITIONS REPORT

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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 1 Preparedness and Prevention Services
Objective No. 4 State Laboratory
Outcome No. 1 % High Volume Tests Completed within Established Turnaround Times

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 085-R-S70-1 01-04 OC 01

Key Measure: N New Measure: N Percent Measure: Y

BL 2020 Definition

The outcome measure is completion of 95% of the high volume tests within established turnaround times. High volume tests are defined as tests conducted on more than 10,000 specimens per year. The turnaround time includes the pre-analytical, analytical, and post-analytical procedural steps that are taken from the time a sample arrives at the laboratory until the test result is validated and released for reporting.

BL 2020 Data Limitations

There is no widely accepted standard for sample turnaround time because of the diversity of test protocols from laboratory to laboratory. However, the Laboratory Services Section has established reasonable turnaround times for its testing procedures. These turnaround times are based on procedure complexity and the time required to complete the procedure using good laboratory practices. The performance measure will include the high volume procedures done in each of the three testing areas: Biochemistry and Genetics, Environmental Sciences, and Microbiological Sciences.

BL 2020 Data Source

The Laboratory Services Section information management systems include specimen tracking features which log the date and time a sample is received and the date and time the analysis is completed. These dates will be used to determine turnaround time.

BL 2020 Methodology

In most cases, these data are captured by the Laboratory Services Section information management systems and the calculations of turnaround times are completed during preparation of management reports. In the cases where computer data are not available, staff will manually determine the turnaround time. The turnaround time for each test will be calculated by subtracting the received date from the report date and will be compared with the established target turnaround time for the test procedure. The performance measure will be the percentage of test results that are completed within the target turnaround times.

BL 2020 Purpose

This performance measure demonstrates the efficiency and reliability of laboratory operations in prompt completion of testing procedures and is an important measure of customer service. Test results are used to determine client health status or to indicate environmental quality. Prompt completion of testing procedures allows the Laboratory Services Section customers to reach conclusions about client health status or environmental quality in a timely manner.

OBJECTIVE OUTCOME DEFINITIONS REPORT

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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 2 Community Health Services
Objective No. 1 Promote Maternal and Child Health
Outcome No. 1 # of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)

Calculation Method: N Target Attainment: L Priority: L Cross Reference: Agy 537 085-R-S70-1 02-01 OC 01
Key Measure: Y New Measure: N Percent Measure: N

BL 2020 Definition

This measure reports the infant mortality rate (per thousand live births) of Texas resident infants (under 1 year of age) in a given calendar year.

BL 2020 Data Limitations

Information to calculate the infant mortality rate is collected from birth and death certificates by DSHS' Vital Statistics department. The data has a one-year time lag (i.e., the number is calculated by using provisional data from one calendar year prior).

BL 2020 Data Source

The data source is the Texas Vital Statistics Annual Report, Texas Department of State Health Services (DSHS).

BL 2020 Methodology

The number of deaths of Texas resident infants (under 1 year of age) in a given calendar year divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 1000 to give the number of infant deaths per 1000 live births.

BL 2020 Purpose

The measure is used to gauge the state's success in improving infant health. The measure is a requirement of the annual application for the federal Title V Maternal and Child Health Block Grant.

OBJECTIVE OUTCOME DEFINITIONS REPORT

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Agency Code: **537** Agency: **State Health Services, Department of**

Goal No. 2 Community Health Services
Objective No. 1 Promote Maternal and Child Health
Outcome No. 2 Percentage of Low Birth Weight Births

Calculation Method: N Target Attainment: L Priority: L Cross Reference: Agy 537 085-R-S70-1 02-01 OC 02

Key Measure: Y New Measure: N Percent Measure: Y

BL 2020 Definition

This measure reports the number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz.

BL 2020 Data Limitations

The data has a one-year time lag (i.e., the percentage is calculated by using provisional data from one calendar year prior).

BL 2020 Data Source

The data source is the Texas Vital Statistics Annual Report, Texas Department of State Health Services. Information to calculate the percentage is collected from birth certificates by DSHS' department of Vital Statistics.

BL 2020 Methodology

The number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz., divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 100.

BL 2020 Purpose

The measure is used to gauge the state's success in improving infant health. The measure is a requirement of the annual application for the federal Title V Maternal and Child Health Block Grant.

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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 2 Community Health Services
Objective No. 1 Promote Maternal and Child Health
Outcome No. 3 # Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate)

Calculation Method: N Target Attainment: L Priority: L Cross Reference: Agy 537 085-R-S70-1 02-01 OC 03

Key Measure: Y New Measure: N Percent Measure: N

BL 2020 Definition

Number of pregnant females age 13-19 per thousand (adolescent pregnancy rate).

BL 2020 Data Limitations

The data has a two-year time lag (i.e., the number is calculated by using data from a calendar year two years prior).

BL 2020 Data Source

Information to calculate the number of pregnancies is collected and compiled from birth certificates, fetal death certificates, and reports of induced terminations of pregnancies by DSHS' department of Vital Statistics. The population data originates from the State Data Center, Department of Rural Sociology, Texas A&M University and are provided by DSHS' Office of Health Information and Analysis.

BL 2020 Methodology

The number of pregnancies (fetal deaths induced terminations of pregnancy, and live births) to Texas female residents aged 13-19 in a given calendar year divided by the total female population aged 13-19 during the same period. This figure is then multiplied by 1000 to give the number of pregnancies per 1000 women aged 13 to 19.

BL 2020 Purpose

The measure is used to gauge the state's success in reducing teen pregnancy and improving adolescent health. The measure is a requirement of the annual application for the federal Title V Maternal and Child Health Block Grant.

OBJECTIVE OUTCOME DEFINITIONS REPORT

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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 3 Consumer Protection Services
Objective No. 1 Provide Licensing and Regulatory Compliance
Outcome No. 1 Percentage of Inspected Entities in Compliance with Statutes/Rules

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 085-R-S70-1 03-01 OC 01

Key Measure: N New Measure: N Percent Measure: Y

BL 2020 Definition

Percentage of entities in compliance with statutes and/or rules is a measure identified during surveillance and enforcement activities. An inspected entity is a fixed or mobile site (usually a place of business) that the Department is directed to inspect by statute or rule. Includes routine and compliance inspections and investigations, and may be randomly selected or complaint initiated. An inspected entity is determined to be in compliance when serious conditions, as defined by programmatic area, are not identified upon inspection.

BL 2020 Data Limitations

None

BL 2020 Data Source

The total number of entities inspected and the number of entities who have received a sanction is obtained from Regulatory Automation System (RAS) and includes food (meat) and drug safety, environmental health and radiation control.

BL 2020 Methodology

The number of inspected entities in compliance and the total number of inspected entities are reported by each strategy. Each strategy's number in compliance is added together and divided by the total number of inspected entities for each strategy to arrive at this percentage.

BL 2020 Purpose

Measures the percentage of entities in compliance with statutes and/or rules identified during surveillance and enforcement activities.

OBJECTIVE OUTCOME DEFINITIONS REPORT

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Date: 8/6/2018
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Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 3 Consumer Protection Services
Objective No. 1 Provide Licensing and Regulatory Compliance
Outcome No. 2 Percentage of Licenses Issued within Regulatory Timeframe

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 085-R-S70-1 03-01 OC 02

Key Measure: Y New Measure: N Percent Measure: Y

BL 2020 Definition

Percentage of individuals credentialed and entities licensed within regulatory timeframes (mandated by statute and listed in specific program rules).

BL 2020 Data Limitations

The Regulatory Automation System (RAS) reports the total consecutive number days from the fiscal remittance date to the date an application is approved. However, the report does not take into account periods of time when time frames are suspended per regulations when an applicant fails to submit a complete application and/or payment.

BL 2020 Data Source

Application records and the Regulatory Automation System (RAS).

BL 2020 Methodology

This efficiency measure reflects the annual percentage of individuals credentialed and entities licensed within regulatory timeframes. Calculated using the total number of individuals and entities licensed/credentialed within the established timeframes divided by the total number of individuals and entities licensed/credentialed during the reporting period.

BL 2020 Purpose

Measures the efficiency of licensing activities to ensure compliance with regulatory timeframes.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	1	Public Health Preparedness and Coordinated Services
Measure Type	EX	
Measure No.	1	Percentage of Texas Hospitals Participating in HPP

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-01-01
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2020 Definition

A Texas Hospital Preparedness Program (HPP) participant is defined as a hospital, entity or agency that has signed a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) with a DSHS HPP Contractor in order to obtain preparedness equipment, supplies or funding. If a pre-existing HPP participant does not sign an MOU/MOA with the DSHS HPP contractor, they may retain the equipment and supplies purchased for preparedness as long as the hospital, entity or agency fulfills an active role in the local or regional emergency management system or response plan.

BL 2020 Data Limitations

None

BL 2020 Data Source

Annual DSHS HPP Contractor Reports

BL 2020 Methodology

The percentage of participating hospitals is calculated by dividing the number of HPP participating hospitals by the total number of licensed hospitals in Texas. This number fluctuates as new hospitals open, as older hospitals close, and as hospitals choose if they will participate in the HPP. Participation is not required.

BL 2020 Purpose

To measure the proportion of licensed Texas hospitals participating in the Hospital Preparedness Program (HPP) to enhance healthcare facility preparedness activities. Active participation assures a higher standard of preparedness and response capacities to better protect their communities against natural disasters, major industrial accidents, and terrorist attacks.

Strategy-Related Measures Definitions
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Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	1	Preparedness and Prevention Services	
Objective No.	1	Improve Health Status through Preparedness and Information	
Strategy No.	1	Public Health Preparedness and Coordinated Services	
Measure Type	EX		
Measure No.	2	# of Local Pub Hlth Svcs Providers Connected to Health Alert Network	

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-01-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The measure defines the availability and use of telecommunications infrastructure for rapid public health emergency response. A local public health service provider is defined as an entity involved in the monitoring of local public health events and/or the provision of local public health services (i. e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers).

BL 2020 Data Limitations

The Texas Department of State Health Services is working in conjunction with local public health departments to gather data to report the total number of local public health service providers in Texas.

BL 2020 Data Source

Annual reports on the number of local public health service providers (i.e.: city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers) connected to the Health Alert Network. This data is compiled in the Prevention and Preparedness Division in Austin.

BL 2020 Methodology

The total number of local public health service providers (i.e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers) connected to the Health Alert Network.

BL 2020 Purpose

This is a measure of the preparedness of Texas health officials to detect and rapidly respond to bioterrorism events. The Health Alert Network provides technology to rapidly notify public health and emergency management officials if such an event occurs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	1	Public Health Preparedness and Coordinated Services
Measure Type	OP	
Measure No.	1	Number of LHD Contractors Carrying Out Essential Public Health Plans

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-01-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the number of Local Health Department contractors carrying out plans to provide essential public health services within communities. Strategies utilized in these plans demonstrate cost-effective methods for providing the essential public health services at the local level.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Data on contracts awarded to Local Health Departments will be collected by DSHS.

BL 2020 Methodology

DSHS will manually count the number of contracts awarded to Local Health Departments on an annual basis.

BL 2020 Purpose

The purpose of this measure is to capture the number of contracts awarded to Local Health Departments for implementing plans for providing essential public health services. These plans will help the Local Health Departments develop and demonstrate cost-effective prevention and intervention strategies for improving public health outcomes, and address disparities in health in minority populations. DSHS intends to renew these contracts on an annual basis.

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	2	Vital Statistics
Measure Type	EF	
Measure No.	1	Average Number of Days to Certify or Verify Vital Statistics Records

Calculation Method: N Target Attainment: L Priority: H Cross Reference: Agy 537 085-R-S70-1 01-01-02 EF
Key Measure: Y New Measure: N Percentage Measure: N

BL 2020 Definition

The average number of days it takes the Vital Statistics Section (VSS) to complete all fee-related customer requests for VSS services and products as per TAC 181.22, including certified copies and verifications of vital records, corrections and amendments to vital records, and inquiries on our registries for Paternity, Acknowledgement of Paternity, Court of Continuing Jurisdiction, and Adoptions.

BL 2020 Data Limitations

None.

BL 2020 Data Source

A Structured Query Language (SQL) query from the TxEVER database.

BL 2020 Methodology

A SQL query is used to calculate the average number of days it takes VSS to complete a fee-based request. The total number of days it take to certify each request will be divided by the total number of requests for each reporting period.

BL 2020 Purpose

Identify the time it take to process fee-based request for VSS services and products provided during the reporting period. This information reflects VSS ability to meet customer needs and helps identify the resources needed to meet those needs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	2	Vital Statistics
Measure Type	OP	
Measure No.	1	Number of Requests for Records Services Completed

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-01-02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of fee based requests for certified copies and verifications of vital records fulfilled by the Vital Statistics Section. Vital records refer to birth, death, fetal death, marriage, and divorce/annulment records that are registered in the state of Texas.

BL 2020 Data Limitations

None.

BL 2020 Data Source

A Structured Query Language (SQL) query from the TxEVER database.

BL 2020 Methodology

A SQL query will be used to extract counts for the reporting time period from the TxEVER database of certified copies and verifications issues for vital records, and sum these counts together.

BL 2020 Purpose

Identify the volume of fee based requests for certified copies and verifications of vital records completed during the reporting month. This information reflects demand for these services and helps identify the resources needed to meet demand.

Strategy-Related Measures Definitions
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Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	3	Health Registries
Measure Type	OP	
Measure No.	1	Number of Abstracted Cases for Epidemiologic Study

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-01-03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

An abstracted case is information on a person’s disease or condition that is collected from a medical record and included for epidemiologic study. The number reported is determined from reports of cases run from each registry and data system.

BL 2020 Data Limitations

None.

BL 2020 Data Source

EMS/Trauma Registries; Birth Defects Registry System; Registry Plus database for cancer; Child Blood Lead Epidemiology Surveillance (SQL and CABLES); Asbestosis-Silicosis, Adult Lead, and Acute Pesticide databases (SQL and Access) for occupational conditions.

BL 2020 Methodology

The number is a case count of abstracted cases from routine surveillance activities, institutional case reporting, and case abstracts obtained as a result of special collection efforts for injuries, birth defects, cancer, childhood and adult lead levels, occupational conditions, such as asbestosis and silicosis and occupational pesticide exposures.

BL 2020 Purpose

Surveillance systems have been established to determine the scope and magnitude of selected public health problems. The abstracted cases from these systems are analyzed for trends and are included in epidemiologic studies and investigations, leading to possible strategies for prevention and control that contribute to reducing or eliminating the burden of disease.

Strategy-Related Measures Definitions
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Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	4	Border Health and Colonias
Measure Type	OP	
Measure No.	1	# of Border/Binational Public Health Svcs Provided to Border Residents

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-01-04
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure captures the number of essential border and binational public health services provided to border residents to optimize border binational communication and coordination, strengthen border data and information, increase community-based healthy border initiatives, and to strengthen border health best practices and evaluation.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the reports are due.

BL 2020 Data Source

Binational Health Council meeting reports, workgroup meeting reports, activity/intervention/project reports and summaries, and quarterly reports.

BL 2020 Methodology

The number of essential border/binational public health services will be manually counted and documented. Amounts are gathered through analysis of Binational Health Council meeting reports, workgroup meeting reports, activity/intervention/project reports and summaries, and quarterly reports provided by border offices (Austin, El Paso, Eagle Pass, Laredo and Harlingen) and contracting partners.

BL 2020 Purpose

The main purpose is to ensure the border/binational public health services provided to border communities contribute to the health and well-being of residents along the Texas/Mexico border.

Strategy-Related Measures Definitions
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Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	5	Health Data and Statistics
Measure Type	EF	
Measure No.	1	Ave # Working Days Required by Staff to Complete Customized Requests

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-01-05 EF
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure tracks the average time required by staff of Center for Health Statistics (CHS) to complete a customized data request, from receipt of the data request to completion and dissemination back to the customer.

BL 2020 Data Limitations

Dependent upon consistent use of tracking system by CHS employees in recording data requests. As standard reports and information become part of the website, more complex data requests will be handled by staff. This could increase the time required to complete requests.

BL 2020 Data Source

A record is kept for each request for data and information received. This includes requests for reports that may require special computer runs, standard reports, and technical assistance.

BL 2020 Methodology

The number of working days to complete a data request is defined as the number of working days between when a request is received (or clarified if needed) until when the data or information is delivered. The average number of working days is calculated as the total number of working days to respond to requests, divided by the total number of requests completed.

BL 2020 Purpose

This measure monitors productivity and responsiveness to customer requests requiring customization to attain the data.

Strategy-Related Measures Definitions
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 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	5	Health Data and Statistics
Measure Type	OP	
Measure No.	1	Average Successful Requests - Pages per Day

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-01-05
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure tracks the daily average of times that Center for Health Statistics (CHS) web pages on the DSHS Internet website are accessed for data or health-related information.

BL 2020 Data Limitations

We can count the number of pages retrieved from the server, but we do not know how, or if, CHS customers use the information being made available. Some variation can be expected because of seasonal effects and availability of new data.

BL 2020 Data Source

Web Server Log Files.

BL 2020 Methodology

The statistic used will be “Average successful requests for pages from the CHS website per day”. The total number of successful requests for pages, extracted from the web server logs, will be divided by the number of days in the quarter. This measures access to complete web pages and excludes graphics and other

BL 2020 Purpose

This measure monitors the use of Center for Health Statistics (CHS) web-based products by customers.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
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Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	1	Immunize Children and Adults in Texas
Measure Type	EX	
Measure No.	1	Dollar Value (in Millions) of Vaccine Provided by the Federal Govt

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The Centers for Disease Control and Prevention (CDC) provides funding for the purchase of childhood and adult vaccines/toxoids/biologicals. These direct assistance awards are in the form of actual vaccine products in lieu of cash awards.

BL 2020 Data Limitations

None

BL 2020 Data Source

At the beginning of each federal fiscal year the Centers for Disease Control and Prevention (CDC) estimates the amount of federal awards that the Texas Department of State Health Services will receive during that grant period.

BL 2020 Methodology

The annual performance measure data is based on reports from CDC on the number and dollar amount of vaccines shipped.

BL 2020 Purpose

This is an indicator of immunization activity, which is essential to prevent and reduce vaccine-preventable diseases.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	1	Preparedness and Prevention Services	
Objective No.	2	Infectious Disease Control, Prevention and Treatment	
Strategy No.	1	Immunize Children and Adults in Texas	
Measure Type	EX		
Measure No.	2	# of Sites Authorized to Access State Immunization Registry System	

Calculation Method: N **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 085-R-S70-1 01-02-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure will count the number of providers (public and private) insurance companies, schools, and day care centers authorized to access the statewide immunization registry.

BL 2020 Data Limitations

None.

BL 2020 Data Source

On a quarterly basis, the ImmTrac application database will be queried to document the number of sites authorized to access the registry.

BL 2020 Methodology

Sites are defined as the facility or office authorized to access the registry and not the individual workstation. This will be a frequency or simple count of the number of registered sites authorized to access to the immunization registry that have accessed the registry (logged in) during the previous two years.

BL 2020 Purpose

An increase in the number of sites participating in the registry is important for the growth of the number of children's records contained in the database and immunization histories stored in the registry.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
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Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	1	Preparedness and Prevention Services	
Objective No.	2	Infectious Disease Control, Prevention and Treatment	
Strategy No.	1	Immunize Children and Adults in Texas	
Measure Type	OP		
Measure No.	1	Number of Vaccine Doses Administered to Children	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of state-supplied vaccine doses administered to children. One dose is equal to one antigen. An antigen refers to an individual vaccine component. Combination vaccines contain several antigens, and therefore several doses.

BL 2020 Data Limitations

TVFC Providers are required to report at the time they go into the order system to order more vaccine. We recommend that they order vaccines by the 5th of the month, however some providers chose to order at a later date and do not report their doses administered by the 5th of the month, which results in delayed reporting of doses administered.

BL 2020 Data Source

Providers of state-supplied vaccines, including regional public health clinics, local health departments/districts, community and rural health centers, and private providers submit doses administered data through the Electronic Vaccine Inventory portal. The data are reported monthly by each provider, and maintained in a database designed to track and generate reports on doses administered.

BL 2020 Methodology

A report is produced based on aggregated data. Data are cumulative.

BL 2020 Purpose

This measure provides an indication of the overall usage of vaccines through the Texas Vaccines for Children (TVFC) program. It also guides policy and procedure changes impacting the Texas Vaccines for Children program.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **537** Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	1	Immunize Children and Adults in Texas
Measure Type	OP	
Measure No.	2	Number of Vaccine Doses Administered to Adults

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of state-supplied vaccine doses administered to adults. One dose is equal to one antigen. An antigen refers to an individual vaccine component. Combination vaccines contain several antigens, and therefore several doses.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Providers of state-supplied vaccines, including regional public health clinics, local health departments/districts, community and rural health centers, and private providers submit doses administered data through the Electronic Vaccine Inventory portal. The data are reported monthly by each provider, and maintained in a database designed to track and generate reports on doses administered.

BL 2020 Methodology

A report is produced based on aggregated data. Data are cumulative.

BL 2020 Purpose

This measure provides an indication of the overall usage of vaccines through the Adult Safety Net program. It also guides policy and procedure changes impacting the Adult Safety Net program.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	2	HIV/STD Prevention
Measure Type	EF	
Measure No.	1	Proportion of HIV Positive Persons who Receive their Test Results

Calculation Method: N **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 085-R-S70-1 01-02-02 EF
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The percentage of clients testing HIV positive who receive their HIV test results from a targeted HIV testing site.

BL 2020 Data Limitations

This does not reflect all HIV testing in the state, only testing completed by DSHS contractors funded for HIV prevention counseling and testing services and expanded HIV testing projects.

BL 2020 Data Source

Program data systems maintained by the HIV/STD program. This system contains data on HIV testing done by DSHS contractors funded for HIV Counseling and Testing Services and/or Expanded HIV Testing. Data are collected on the number of persons testing HIV positive and how many of those clients received their test results.

BL 2020 Methodology

The number of clients who received their HIV positive test result will be divided by the total number of clients who tested HIV positive.

BL 2020 Purpose

To assess the performance of HIV prevention counseling and testing contractors.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	1	Preparedness and Prevention Services	
Objective No.	2	Infectious Disease Control, Prevention and Treatment	
Strategy No.	2	HIV/STD Prevention	
Measure Type	OP		
Measure No.	1	Number of Persons Served by the HIV Medication Program	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of income eligible HIV infected persons enrolled in the Texas HIV Medication Program who have received medication or insurance assistance.

BL 2020 Data Limitations

None.

BL 2020 Data Source

This information is retrieved from the HIV medication Program databases maintained by the HIV/STD Medication Program staff.

BL 2020 Methodology

This is the number of unduplicated individuals who have presented a prescription and received medication within the designated time period (per quarter and fiscal year) or who have received support from the program for a health insurance plan that provides prescription coverage.

BL 2020 Purpose

To determine the number of eligible persons with HIV receiving life extending medications that suppresses viral load and decrease HIV transmission, or who have received assistance through the program.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	2	HIV/STD Prevention
Measure Type	OP	
Measure No.	2	# of Clients with HIV/AIDS Receiving Medical and Supportive Services

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The unduplicated number of clients receiving medical and supportive services from HIV service providers supported through Ryan White Program funds or DSHS State Services funds. Services include outpatient medical care, case management, dental care, substance abuse treatment, mental health services, drug reimbursement, home health, insurance assistance, hospice care, client advocacy, respite and child care, food bank, home delivered meals, nutritional supplements, housing related services, transportation, legal services, and other supportive services allowed by the Health Resources & Services

BL 2020 Data Limitations

These data reflect care delivered by providers who receive Ryan White Program funds (Parts A, B, C, and D) and DSHS State HIV Services funds. The measure does not reflect all medical and supportive services delivered to HIV infected persons in Texas, but only those delivered by providers who receive Ryan White Program funds (Parts A, B, C, and D) or State HIV Services funds. However, the data do not solely reflect those services contracted by DSHS. The reported clients may be served with a mixture of state, federal and local funds, and the assignment of funds is arbitrary at a client level, regardless of funding source supporting the service. Therefore, our client count reflects all eligible clients receiving at least one eligible service from a provider receiving Ryan White or State

BL 2020 Data Source

HIV service providers throughout the state report on medical and supportive services provided to eligible clients using the Uniform Reporting System (URS).

BL 2020 Methodology

The unduplicated number of clients receiving medical and psychosocial services is reported in the URS.

BL 2020 Purpose

To monitor the number of persons receiving medical and psychosocial services through funded providers and to measure progress on program objectives.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	3	Infectious Disease Prevention, Epidemiology and Surveillance
Measure Type	OP	
Measure No.	1	Number of Communicable Disease Investigations Conducted

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of communicable disease reports managed during the fiscal year.

BL 2020 Data Limitations

Data are limited to information entered into the National Electronic Disease Surveillance System (NEDSS) infectious disease reporting systems. Does not include HIV, STD, or TB records.

BL 2020 Data Source

Data in the National Electronic Disease Surveillance System (NEDSS).

BL 2020 Methodology

This measure is calculated quarterly by summing the number of reports entered into NEDSS. For the purpose of identifying which NEDSS records to count in this performance measure, a NEDSS record is defined as one instance per patient of an investigation, a lab report, or a morbidity report.

BL 2020 Purpose

Measures the number of disease reports.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	3	Infectious Disease Prevention, Epidemiology and Surveillance
Measure Type	OP	
Measure No.	2	Number Zoonotic Disease Surveillance Activities Conducted

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Epidemiologic surveillance activities and field investigations that include surveillance or case-related zoonotic disease consultations, zoonotic samples collected, sites sampled, and disease case investigations. These activities and investigations are designed to discover the cause, extent, and impact of the

BL 2020 Data Limitations

None.

BL 2020 Data Source

Zoonosis Control Branch Workplan/Monthly Report is the report generated from the accumulation of all Zoonosis Control Regional offices including Central

BL 2020 Methodology

The number includes the sum of the number of surveillance or case-related zoonotic disease consultations, zoonotic samples collected, sites sampled, and disease case investigations.

BL 2020 Purpose

Measure the number of surveillance activities and field investigations conducted.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	3	Infectious Disease Prevention, Epidemiology and Surveillance
Measure Type	OP	
Measure No.	3	# Healthcare Facilities Enrolled in Texas Health Care Safety Network

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-01-03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of healthcare facilities enrolled in the Texas Health Care Safety Network (TxHSN), a system used to report health care-associated infections and preventable adverse events.

BL 2020 Data Limitations

Data are limited to hospitals which are enrolled in TxHSN and in compliance with reporting requirements.

BL 2020 Data Source

The data are captured in TxHSN.

BL 2020 Methodology

This measure is calculated quarterly by running a report in TxHSN for the number of facilities enrolled and in compliance with reporting requirements.

BL 2020 Purpose

Measures healthcare facility compliance with legislatively mandated reporting of health care-associated infections and preventable adverse events.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	4	TB Surveillance and Prevention
Measure Type	OP	
Measure No.	1	Number of Tuberculosis Disease Investigations Conducted

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-04
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of TB reports managed during the fiscal year.

BL 2020 Data Limitations

Data are limited to information entered into the TB registry and case management data systems.

BL 2020 Data Source

The DSHS captures data in the National Electronic Disease Surveillance System (NEDSS), and the Tuberculosis (TB) Contacts Database.

BL 2020 Methodology

This measure is calculated quarterly by summing the number of TB records entered into NEDSS and the contacts database during the quarter. A TB record is defined as a case, contact, or suspected report; or a laboratory report.

BL 2020 Purpose

Measures the number of disease reports.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	5	Texas Center for Infectious Disease (TCID)
Measure Type	EF	
Measure No.	1	Average Cost Per Inpatient Day: Pan-susceptible TB

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference:
Key Measure: N **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure reflects the average cost of one inpatient day at the Texas Center for Infectious Disease (TCID) for a pan-susceptible patient. Pan-susceptible TB is the tuberculosis bacteria that are sensitive to any TB medication and thus able to be treated with any TB medication.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Quarterly accounting, pharmacy data, and the electronic medical records system.

BL 2020 Methodology

Calculated by dividing the total expenses for inpatient services for pan-susceptible TB patients for a given period by the total number of pan-susceptible TB patient days for the same period.

BL 2020 Purpose

Monitors the average cost per patient day of these patients with less costly treatment measures.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **537** Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	5	Texas Center for Infectious Disease (TCID)
Measure Type	EF	
Measure No.	2	Average Cost Per Inpatient Day: Drug Resistant TB

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference:
Key Measure: N **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure reflects the average cost of one inpatient day at the Texas Center for Infectious Disease (TCID) for a drug-resistant TB patient. Average cost will be reported for drug-resistant patients (inclusive of drug-resistant, multi-drug resistant, pre-extremely drug resistant, and extremely drug resistant).

BL 2020 Data Limitations

None.

BL 2020 Data Source

Quarterly accounting, pharmacy data, and the electronic medical records system.

BL 2020 Methodology

Calculated by dividing the total expenses for inpatient services for drug-resistant patients for a given period by the total number of drug-resistant patient days for the same period.

BL 2020 Purpose

Monitors the average cost per patient day of these higher cost patients.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	1	Preparedness and Prevention Services	
Objective No.	2	Infectious Disease Control, Prevention and Treatment	
Strategy No.	5	Texas Center for Infectious Disease (TCID)	
Measure Type	OP		
Measure No.	1	Number of Inpatient Days, Texas Center for Infectious Disease	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-05
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The total number of days of care charged for occupied inpatient beds.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Total daily census is aggregated in the Hospital Information System at midnight.

BL 2020 Methodology

Calculated by summing all inpatient days for the reporting period.

BL 2020 Purpose

Monitoring of total patient days at TCID is a public health indicator both of acuity of patient conditions and complications in communities. This reflects the utilization of total beds.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 537	Agency: State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	5	Texas Center for Infectious Disease (TCID)
Measure Type	OP	
Measure No.	2	Number of Admissions: Total Number Patients Admitted to Tcid

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-02-05
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Number of admissions for the reporting period.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Admission summary for each patient admitted to TCID is logged into the electronic medical record and internal data base, and data is compiled quarterly.

BL 2020 Methodology

Whole number cumulated for the reporting period.

BL 2020 Purpose

Measures activity and utilization of Tuberculosis inpatient treatment.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	3	Health Promotion and Chronic Disease Prevention
Strategy No.	1	Health Promotion & Chronic Disease Prevention
Measure Type	OP	
Measure No.	1	Number of Diabetes-related Prevention Activities

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-03-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of community and clinical outreach and education activities provided on diabetes and the number of persons receiving diabetes services.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Summary report derived from monthly activity reports from grant-funded projects including Community Diabetes Education Program and Community and Clinical Health Bridge, generated through Program Management and Tracking System database.

BL 2020 Methodology

The number of activities and services consists of the sum of: 1) outreach and educational presentations to persons with or at risk for diabetes and health care professionals, 2) one-on-one education, 3) support groups, 4) responses to requests for information and consultation, and 5) persons receiving education services.

BL 2020 Purpose

Measures the number of diabetes related prevention activities conducted by DSHS contracted providers.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 537	Agency: State Health Services, Department of
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Goal No.	1	Preparedness and Prevention Services
Objective No.	4	State Laboratory
Strategy No.	1	Laboratory Services
Measure Type	OP	
Measure No.	1	Number of Laboratory Tests Performed

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-04-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of laboratory tests performed represents the number of specimens submitted to the laboratory multiplied by the number of tests performed on each specimen. The number of tests is defined by the actual tests requested by the individual or organization submitting the specimen.

BL 2020 Data Limitations

This measure will report only the total volume of tests performed by the laboratory and will not account for differences in the amount of work needed for various

BL 2020 Data Source

Summary reports from the laboratory information management systems.

BL 2020 Methodology

Count of number of individual tests performed on specimens submitted to the laboratory.

BL 2020 Purpose

To provide an indicator of the volume of testing performed by the Laboratory Services Section of DSHS.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	2	Community Health Services	
Objective No.	1	Promote Maternal and Child Health	
Strategy No.	1	Maternal and Child Health	
Measure Type	OP		
Measure No.	1	Number of Newborns Receiving Hearing Screens (All Funding Sources)	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 02-01-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the number of newborns receiving a newborn hearing screen, as mandated under Section 1, Subtitle B, Title 2, Health and Safety Code, Chapter 47, at a licensed birthing facility.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data.

BL 2020 Data Source

The data source is the Texas Early Hearing Detection and Intervention Management Information System (TEDHI MIS).

BL 2020 Methodology

Newborns receiving a newborn hearing screen from a licensed birthing facility certified through the TEDHI program will be counted. Birthing facilities electronically data enter newborn hearing screen information using the TEDHI MIS.

BL 2020 Purpose

This measure is intended to show the population of newborns that receive a newborn hearing screening prior to discharge from a birthing facility. Early identification of newborns who are deaf or hard of hearing is critical in order to effect interventions allowing developmental language, vocabulary, and

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	2		Community Health Services
Objective No.	1		Promote Maternal and Child Health
Strategy No.	2		Children with Special Health Care Needs
Measure Type	EF		
Measure No.	1		Average Annual Cost Per CSHCN Client Receiving Case Management

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-03-03 EF
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the average annual cost per unduplicated client with special health care needs who receives case management. Case management provides a comprehensive service to assist clients and their families in gaining access to needed resources, including intake, assessment, coordination, advocacy and follow-up. Dually-eligible, Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program clients served are not reflected in this measure. For purposes of this performance measure, "CSHCN clients" are children (or adults with Cystic Fibrosis) with special health care needs who receive case management but are not necessarily enrolled in the CSHCN Services Program. A client is considered as receiving case management services when a case manager has been assigned to the client and his or her family, and services have been provided.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2020 Data Source

The number of clients receiving case management services is derived from the monthly regional reports provided to the Texas Department of State Health Services (DSHS) by CSHCN Services Program regional program directors. Expenditure data is obtained from the DSHS accounting system.

BL 2020 Methodology

The average cost per unduplicated client receiving case management is calculated by dividing the total expended for case management by the total number of clients who received case management services. Estimates may be used for quarters in which claims data is incomplete.

BL 2020 Purpose

This measure reports the number of non-Medicaid clients with special health care needs who receive case management services. Services ensure clients a) gain access to necessary medical, social, educational and other services to reduce morbidity and mortality; b) are encouraged to use cost effective health care; and c) receive appropriate referrals to medical providers and community resources to discourage over utilization and duplication of services.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	2		Community Health Services
Objective No.	1		Promote Maternal and Child Health
Strategy No.	2		Children with Special Health Care Needs
Measure Type	OP		
Measure No.	1		Number of CSHCN Clients Receiving Case Management

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 01-03-03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure reports the unduplicated number of clients with special health care needs who receive case management. Case management provides a comprehensive service to assist clients and their families in gaining access to needed resources, including intake, assessment, coordination, advocacy and follow-up. Dually-eligible, Medicaid and Children with Special Health Care Needs (CSHCN) Services Program clients served are not reflected in this measure. For purposes of this performance measure, "CSHCN clients" are children (or adults with Cystic Fibrosis) with special health care needs who receive case management but are not necessarily enrolled in the CSHCN Services Program. A client is considered as receiving case management services when a case manager has been assigned to the client and his or her family, and services have been provided.

BL 2020 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2020 Data Source

The number of clients receiving case management services is derived from the quarterly regional reports provided to the Texas Department of State Health Services (DSHS) central office.

BL 2020 Methodology

The number of clients with a case manager reported by the regional offices.

BL 2020 Purpose

This measure reports the number of non-Medicaid clients with special health care needs who receive case management services. Services ensure clients a) gain access to necessary medical, social, educational and other services to reduce morbidity and mortality; b) are encouraged to use cost-effective health care; and c) receive appropriate referrals to medical providers and community resources to discourage over utilization and duplication of services.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	EX	
Measure No.	1	Number of Trauma Facilities

Calculation Method: N **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 085-R-S70-1 02-02-01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is defined as the number of hospitals designated as trauma facilities. Each trauma facility designation is documented in applications filed and by survey reports filed by staff or the applicant hospital. Each designation survey is documented in files established by staff for each designated facility.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Regulatory Automation System (RAS) database of designated trauma facilities and trauma designation files is the data source.

BL 2020 Methodology

The number is determined by adding the number of designated trauma facilities at each level and then summing those.

BL 2020 Purpose

This measure provides a way to determine the level of department regulatory activities within this strategy. Significant staff resources are required to designate trauma facilities. This measure provides a way to track those resources.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	EX	
Measure No.	2	Number of Stroke Facilities

Calculation Method: N **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 085-R-S70-1 02-02-01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is defined as the number of hospitals designated as stroke facilities. Each stroke facility designation is documented in applications filed and by survey reports filed by staff or the applicant hospital. Each designation survey is documented in files established by staff for each designated facility.

BL 2020 Data Limitations

None

BL 2020 Data Source

The Office of EMS and Trauma Systems Coordination program’s database of stroke facilities designation files is the data source.

BL 2020 Methodology

The number is determined by adding the number of designated stroke facilities at each level and then summing those.

BL 2020 Purpose

This measure provides a way to determine the level of department regulatory activities within this strategy. Significant staff resources are required to designate stroke facilities. This measure provides a way to track those resources.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	EX	
Measure No.	3	Number of Hospitals with Maternal Care Designation

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure is defined as the total number of hospitals designated at any maternal level of care. To achieve the maternal level of care designation, facilities submit to DSHS an application including a report from an on-site review conducted by an independent organization which documents compliance with Texas Administrative Code 25, Chapter 133, Subchapter J, Hospital Level of Care Designations for Neonatal and Maternal Care, and a letter from the applicable Perinatal Care Region verifying participation in the region. Re-designation is required every three years. The measure definition does not include “licensed” in the description because the state owned hospitals (e.g. UTMB) are not licensed but may seek designation at some point.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Regulatory Automated System and Health and Human Services licensing database.

BL 2020 Methodology

The number reported is the total number of designated facilities, determined by adding the number of individually designated maternal facilities and reflecting all levels of designation, into a single total.

BL 2020 Purpose

To track fluctuations in the number of hospitals that are designated at a Maternal Level of Care. Maternal Level of Care Designation is an eligibility requirement for hospital Medicaid reimbursement for maternal care.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	2		Community Health Services
Objective No.	2		Strengthen Healthcare Infrastructure
Strategy No.	1		EMS and Trauma Care Systems
Measure Type	EX		
Measure No.	4		Number of Hospitals with Neonatal Care Designation

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2020 Definition

This measure is defined as the total number of hospitals designated at any neonatal level of care.

To achieve the neonatal level of care designation, facilities submit to DSHS an application including a report from an on-site review conducted by an independent organization which documents compliance with Texas Administrative Code 25, Chapter 133, Subchapter J, Hospital Level of Care Designations for Neonatal and Maternal Care, and a letter from the applicable Perinatal Care Region verifying participation in the region. Re-designation is required every three years. The measure definition does not include “licensed” in the description because the state owned hospitals (e.g. UTMB) are not licensed but may seek designation at some point.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Regulatory Automated System and Health and Human Services licensing data base.

BL 2020 Methodology

The number reported is the total number of designated facilities, determined by adding the number of individually designated facilities and reflecting all levels of neonatal designation, into a single total.

BL 2020 Purpose

To track fluctuations in the number of hospitals that are designated at a Neonatal Level of Care. Neonatal Level of Care Designation is an eligibility requirement for hospital Medicaid reimbursement for neonatal care.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	1	Number of Providers Funded: EMS/Trauma

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 02-02-01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure tracks emergency health care providers who are provided funding through one or more of the EMS/trauma systems development funding

BL 2020 Data Limitations

None.

BL 2020 Data Source

The Office of EMS and Trauma Systems Coordination database of contractors and files.

BL 2020 Methodology

The number is determined by counting the providers who are funded. Data is obtained from contract files.

BL 2020 Purpose

This measure is an indicator of how well the department handles the distribution of funds intended for emergency healthcare system's development.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	2	# EMS Providers Licensed, Permit, Cert, Registered

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 02-02-01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The cumulative total (both new and renewals) of EMS providers licensed, permitted, certified, registered, documented, or placed on a registry.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data is obtained manually and from automated databases.

BL 2020 Methodology

The total number of new and renewal licenses, permits, certifications, and registrations that are issued by the EMS licensing group. The information is collected from the Regulatory Automation System and is based on real-time data. The Consumer Protection licensing group collects data on licenses, permits, certifications, and registrations then works with EMS programs for verification of the data.

BL 2020 Purpose

The measure provides inventory of the total number of licensed, permitted, certified, or registered EMS providers in the state.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	3	Number of Professional EMS Complaint Investigations Conducted

Calculation Method: C **Target Attainment: H** **Priority: L** Cross Reference: Agy 537 085-R-S70-1 02-02-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of EMS complaint investigations conducted is defined as the total number of investigations performed by staff which are documented by an appropriate investigative report. The investigations are initiated upon notification of possible violations of state laws or rules.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data are extracted from an automated regulatory system which has an enforcement module for tracking complaint investigations

BL 2020 Methodology

The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

BL 2020 Purpose

Investigating complaints against EMS providers is an element of regulation and public health protection.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	4	Number of Licenses Issued for EMS Entities

Calculation Method: C **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 085-R-S70-1 02-02-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of licenses issued reflects the number of newly licensed entities, entities renewing licenses, changing ownership (i.e., entities bought and sold), changing address, name, and number of beds.

BL 2020 Data Limitations

This measure may be less than the actual workload due to applications received and reviewed where no license is issued (for various reasons). This measure does not reflect the number of licensed EMS entities at any given time (i.e., a count of licensed entities) due to the fact that while initial licenses are being issued to new entities, a number of entities are closing or undergoing a change of ownership.

BL 2020 Data Source

After the receipt of a complete application and licensing fee and upon completion of the application review, a license is issued to the entity. All license data is entered into the regulatory databases.

BL 2020 Methodology

The licenses issued are totaled each quarter and are cumulative for the fiscal year.

BL 2020 Purpose

These counts can be used for analyzing trends in the EMS industry and in forecasting future trends, growths, and/or declines in the EMS industry as well as showing the significant workload of the programs.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	5	Number of EMS Facility Complaint Investigations Conducted

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 02-02-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of complaint investigations conducted is defined as the total number of investigations under state and federal regulations performed by staff and the total number of self-investigated complaints. The emergency management program’s investigations are initiated upon notification of possible violations of state laws or rules.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data are computed manually & from computerized database information from survey & investigation documents submitted by staff. The emergency management program (EMP) activities are tracked by using a computerized trackg sys for complaints. They also collect complaint data on the entities regulated by

BL 2020 Methodology

The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

BL 2020 Purpose

A complaint investigation is based on allegations of potential violations of state regulations. The investigative report, completed by the surveyor who performs the investigation, shows the allegation(s) considered; the investigative process; the area(s) found to be deficient in meeting any relevant regulations; & the finding(s) relating to the validity of the allegation(s).

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	2		Community Health Services
Objective No.	2		Strengthen Healthcare Infrastructure
Strategy No.	1		EMS and Trauma Care Systems
Measure Type	OP		
Measure No.	6		Number of EMS Delivery Entity Surveys Conducted

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 02-02-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure is defined as the number of surveys pertaining to the quality of EMS delivery and EMS educational programs under state and federal regulations conducted by staff, excluding complaint investigations. EMS delivery entities include emergency medical services providers. EMS educational program entities include emergency management courses.

BL 2020 Data Limitations

None.

BL 2020 Data Source

Each survey is documented in a report provided by the surveyor(s) at the completion of the survey process. These reports are kept in files either in the central or regional offices depending on the surveyors' headquarters and some data is entered into databases. Documentation identifies the databases and data stored in each regional office.

BL 2020 Methodology

This measure is the total number of surveys pertaining to the quality of EMS delivery and EMS educational programs conducted by staff for each quarter, excluding complaint investigations, and is cumulative for the fiscal year.

BL 2020 Purpose

This measure is the total number of surveys pertaining to the quality of EMS delivery and EMS educational programs under state and federal regulations conducted by staff, excluding complaint investigations.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	3	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	1	Food (Meat) and Drug Safety	
Measure Type	EF		
Measure No.	1	Average Cost Per Surveillance Activity - Food/Meat and Drug Safety	

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 03-01-01 EF
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to food, drug and meat safety.

BL 2020 Data Limitations

Actual performance may have to be updated because complete surveillance and expenditure data is not always available until after the close of the reporting

BL 2020 Data Source

The expenditures from the manufactured food, retail foods, drugs and medical devices, meat safety, milk and dairy, and seafood safety programs is obtained from the accounting system used by the DSHS budget office. The number of surveillance activities is obtained from the Regulatory Automation System (RAS) and the Public Health Information System (PHIS). The surveillance activities are compiled by designated program staff in Environmental Consumer Safety Section and verified by program managers as accurate.

BL 2020 Methodology

The year-to-date cost is calculated for each program area: manufactured food, retail foods, drugs and medical devices, meat safety, milk and dairy, and seafood safety. The expenditures are obtained from the accounting system used by the DSHS budget office. These costs are divided by the program area's year-to-date number of surveillance activities conducted. The quotients are then averaged by the weighted-average method to arrive at the average cost.

BL 2020 Purpose

Measures the average cost per surveillance activity for food, drug and meat safety.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	3		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	1		Food (Meat) and Drug Safety
Measure Type	OP		
Measure No.	1		# of Surveillance Activities Conducted - Food/Meat and Drug Safety

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 03-01-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The total number of inspection activities and investigations performed by staff that are documented by appropriate reports. Includes: routine, special, complaint, compliance, inspections and investigations; seafood surveys; collection of samples; recall effectiveness checks and scheduling of drugs.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data are obtained from the Regulatory Automation System (RAS) and other systems maintained to document activities that are not documented in RAS. The programs collect routine, special, complaint, and compliance inspection and investigation data, as well as sample data and recall effectiveness data. The surveillance activities are compiled by designated program staff in Environmental Consumer Safety Section and verified by program managers as accurate.

BL 2020 Methodology

The data are totaled quarterly and are cumulative for the fiscal year. For this measure, the number of inspections, re-inspections, and investigations where there is a documented report are counted. The inspections and investigations include routine, special, complaint, and compliance inspections and investigations; seafood surveys; collection of samples; recall effectiveness checks and scheduling of drugs. Each group manager is responsible for pulling this number from Regulatory Automation System (RAS) or from other information (such as the seafood water quality surveys, or Public Health Information System (PHIS), or the scheduling of drugs on paper copies) for the specific program area. The numbers are sent to the Policy, Standards, Quality Assurance Manager who combines the numbers for the strategy. The numbers are compiled for every quarter, and the total is added to the previous quarter reported in the fiscal year.

BL 2020 Purpose

The measure illustrates the level of workload borne by each inspector as an average which aides in justifying staff resources. This data is necessary to calculate the cost of inspections. Without knowing how many activities are performed under this measure it would be impossible to determine the average cost of inspections/activities.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	1	Food (Meat) and Drug Safety
Measure Type	OP	
Measure No.	2	# of Enforcement Actions Initiated - Food/Meat and Drug Safety

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 03-01-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Enforcement actions initiated include notices of violation that propose revocation, suspension and denial of licenses; administrative penalties and orders; enforcement conferences; referrals to the Attorney General and District Attorney; repeated violation letters; detentions, letters of advisement, letters of concern, warning letters, incident evaluations, collection letters, and inspection warrants obtained and all other actions at law.

BL 2020 Data Limitations

Data are obtained from multiple sources and not one centralized system.

BL 2020 Data Source

The data are obtained from the Regulatory Automation System (RAS) and other systems maintained to document activities that are not documented in RAS. Data are collected by the seafood, manufactured foods, retail foods, milk & dairy, drugs & medical devices, and meat safety programs.

BL 2020 Methodology

The data are totaled quarterly and are cumulative for the fiscal year. For this measure, the total number of enforcement actions are counted.

BL 2020 Purpose

The information obtained through this measure ensures DSHS is in compliance with state laws and rules.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	3		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	1		Food (Meat) and Drug Safety
Measure Type	OP		
Measure No.	3		# of Licenses/Registrations Issued - Food/Meat and Drug Safety

Calculation Method: C **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 085-R-S70-1 03-01-01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The total number of new and renewed licenses, permits, registrations, certifications and accreditations issued to food, milk, meat, drug, and device establishments, studios, manufacturers, wholesalers, salvagers, brokers, educational programs, and individuals.

BL 2020 Data Limitations

Data are collected from multiple data sources and are manually counted in some instances which could potentially lead to miscalculation or exclusion of data in total count.

BL 2020 Data Source

The data are calculated manually and by automated databases. The programs (seafood safety, milk & dairy, food, drug, and meat safety) collect data on licenses, permits, and registrations. Licensing and certification data are collected by the manufactured foods, milk & dairy, retail, and seafood safety programs, and the Professional Licensing & Certification Unit. Granting data are collected by the Meat Safety Assurance Unit. Accreditation data are collected by the retail foods and manufactured foods programs. Source documentation identifies the manual and automated databases.

BL 2020 Methodology

The number of licenses, permits, registrations, certifications, and accreditations issued are totaled quarterly and are cumulative for the FY. The total number of new & renewal licenses, permits, registrations, certifications, and accreditations are issued by the food and drug regulatory licensing groups to: food, milk, drug & device establishments, studios, manufacturers, wholesalers, brokers, educational programs, and individuals, and the total number of grants issued by the MSA. The data are calculated by the RAS and PHIS databases. The two Regulatory Licensing Programs collect data on licenses, permits and registrations then work with manufactured foods, milk and dairy, and Policy, Standards & Quality Assurance programs for verification of the data.

BL 2020 Purpose

This measure provides an inventory of the total number of licenses in the state. It provides information about the businesses that are operating food, milk & drug & device, studios, manufacturer, wholesale, and brokers in the state. The potential impact of the data is being able to trace-back food borne illnesses and determine the number of employees that are needed to regulate these businesses.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	3	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	2	Environmental Health	
Measure Type	EF		
Measure No.	1	Average Cost Per Surveillance Activity - Environmental Health	

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 03-01-02 EF
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average cost per surveillance activity is defined as the average of all costs for the inspections and investigation programs (except "Tier Two" reports) relative to environmental health.

BL 2020 Data Limitations

Actual performance may have to be updated because complete surveillance and expenditure data is not always available until after the close of the reporting

BL 2020 Data Source

The cost numbers are calculated from dollars expended by the toxic substances control, general sanitation, and product safety programs for surveillance activities. The number of surveillance activities is obtained from monthly activity reports. The numbers are verified by program managers and certified as accurate. Data are derived from electronic databases and monthly activity reports for each program.

BL 2020 Methodology

The year to date cost is calculated for toxic substances control, general sanitation, and product safety programs for surveillance activities. These costs are divided by the program area's year to date number of surveillance activities conducted. The quotients are then averaged by the weighted-average method to arrive at the average cost.

BL 2020 Purpose

Measures the average cost per surveillance activity for environmental health.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	3		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	2		Environmental Health
Measure Type	OP		
Measure No.	1		Number of Surveillance Activities Conducted - Environmental Health

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 03-01-02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The total number of surveillance activities, inspections and investigations performed by staff that are documented by appropriate reports. Includes routine, complaint, and compliance inspections, collection of samples, which are performed at a place of business, school, clinic, public building, temporary work place, or other facility.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data are obtained from the Regulatory Automation System (RAS) or other documented sources for a specific program area. The programs collect routine, special, complaint, compliance, and investigation data, as well as sample data including recall effectiveness and detention data. The surveillance activities are compiled by designated program staff in the Policy, Standards, and Quality Assurance Unit and verified by program managers as accurate.

BL 2020 Methodology

The data are totaled quarterly and are cumulative for the fiscal year. For this measure, the total number of inspections, re-inspections and investigations that are documented by inspection reports are counted. Included are routine, special, complaint, and compliance inspections, collection of samples, and any other type of investigation performed at a place of business, school, clinic, public building, temporary work place, or other facility. Each environmental group manager is responsible for pulling this number from the Regulatory Automation System (RAS) or from other information (such as the sampling results from contracted laboratories for asbestos) for the specific program area. The numbers are sent to the Policy, Standards, Quality Assurance Manager who combines the numbers for the strategy. The numbers are compiled for every quarter, and the total is added to the previous quarter reported in the fiscal year.

BL 2020 Purpose

It illustrates the level of workload borne by each inspector as an average which aides in justifying staff resources. This data are necessary to calculate the cost of inspections. Without knowing how many activities are performed under this measure it would be impossible to determine the average cost of

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	2	Environmental Health
Measure Type	OP	
Measure No.	2	Number of Enforcement Actions Initiated - Environmental Health

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 03-01-02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

Enforcement actions initiated include notices of violation with proposed revocation, suspensions and denials of licenses, administrative penalties and orders, enforcement conferences, referral to the Attorney General and District Attorney, repeated violation letters, detentions, letters of advisements, warning letters, incident evaluations, collection letters and inspection warrants obtained and all other actions at law.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data are obtained from the Regulatory Automation System (RAS). The data are collected by the general sanitation, product safety and environmental hazard programs.

BL 2020 Methodology

The data are totaled quarterly and are cumulative for the fiscal year. For this measure, the total number enforcement actions are counted. Included are notices of violation with proposed revocation, suspension and denial of licenses, administrative penalties and orders, enforcement conferences, referrals to the Attorney General (AG) and District Attorney (DA) from Enforcement staff, repeated violation letters, detentions, letters of advisements, warning letters, incident evaluations, collection letters, and inspection warrants obtained from Inspections staff.

BL 2020 Purpose

The information obtained through this measure ensures DSHS is in compliance with state laws and rules.

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	3	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	2	Environmental Health	
Measure Type	OP		
Measure No.	3	Number of Licenses Issued - Environmental Health	

Calculation Method: C **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 085-R-S70-1 03-01-02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This measure includes the number of licenses, permits, registrations, certifications, and accreditations issued. For purposes of this output measure, "license" includes new and renewal licenses, permits, registrations, certifications, accreditations issued or initially denied. The types of "licenses" are: youth camp, volatile chemical, hazardous products, asbestos, and lead.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data are obtained from the Regulatory Automation System (RAS). The general sanitation program and product safety and toxic substances control programs collect data for this measure.

BL 2020 Methodology

The number of licenses issued is totaled quarterly and is cumulative for the fiscal year. The total number of new and renewal licenses, permits, registrations, certifications and accreditations issued by the environmental regulatory licensing groups to youth camps, and abusable volatile chemical manufacturers and distributors, hazardous products manufacturers and distributors, asbestos, lead abatement companies and related licensees. The regulatory licensing programs collect data on licenses, permits, and registrations and work with the environmental Policy, Standards and Quality Assurance (PSQA) programs for verification. The Regulatory Licensing Unit submits this data to the Div. office.

BL 2020 Purpose

This measure is important because it provides an inventory of the total number of licenses that we have in the state. It implies that we have knowledge of the businesses that are operating youth camps, abusable volatile chemical manufacturers and distributors, and lead abatement in the state. The data is indicative of the number of businesses that are in compliance with state laws and rules. It also indicates the number of employees that are needed to regulate these businesses.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 537	Agency: State Health Services, Department of
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Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	3	Radiation Control
Measure Type	EF	
Measure No.	1	Average Cost Per Surveillance Activity - Radiation Control

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 03-01-03 EF
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to radiation control.

BL 2020 Data Limitations

Actual performance may have to be updated because complete surveillance and expenditure data is not always available until after the close of the reporting

BL 2020 Data Source

The expenditures from the radioactive materials, x-ray, lasers, industrial radiography, and mammography programs are obtained from the accounting system used by the DSHS budget office. The number of surveillance activities is obtained from the Regulatory Automation System (RAS). The surveillance activities are compiled by designated program staff in Environmental Consumer Safety Section and verified by program managers as accurate.

BL 2020 Methodology

The year-to-date cost is calculated for the radioactive materials, x-ray, lasers, industrial radiography, and mammography programs. The expenditures are obtained from the accounting system used by the DSHS budget office. The surveillance activities are obtained from the Regulatory Automation System (RAS). The quotients are then averaged by the weighted-average method to arrive at the average cost.

BL 2020 Purpose

Measures the average cost per surveillance activity for radiation control.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	3	Radiation Control
Measure Type	OP	
Measure No.	1	Number of Surveillance Activities Conducted - Radiation Control

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 03-01-03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of surveillance activities, inspections and investigations performed by staff documented by an appropriate investigation report. Includes routine, special, complaint, and compliance inspections.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data are obtained from the Regulatory Automation System (RAS). The programs collect routine, special complaint, and compliance inspections and investigation data, including data and recall effectiveness data. The surveillance activities are compiled by designated program staff in the Policy, Standards, and Quality Assurant Unit and verified by program managers as accurate.

BL 2020 Methodology

The data are totaled quarterly and are cumulative for the fiscal year. For this measure, the total number of inspections and investigations where there is a documented report are counted. Included are routine, special, complaint, and compliance inspections, and collection of samples. The group manager is responsible for pulling this number from the Regulatory Automation System (RAS) or from other information (such as sampling results) for the specific program area. The numbers are sent to the Policy, Standards, Quality Assurance Manager who combines the numbers for the strategy. The numbers are compiled for every quarter, and the total is added to the previous quarter reported in the fiscal year.

BL 2020 Purpose

It illustrates the level of workload borne by each inspector as an average which aides in justifying staff resources. This data are necessary to calculate the cost of inspections. Without knowing how many activities are performed under this measure it would be impossible to determine the average cost of

Strategy-Related Measures Definitions
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
Goal No.	3		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	3		Radiation Control
Measure Type	OP		
Measure No.	2		Number of Enforcement Actions Initiated - Radiation Control

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 085-R-S70-1 03-01-03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated. Enforcement actions include a radioactive material license, x-ray or laser registration, industrial radiography certification, general license acknowledgment, mammography certification, or identification card revocation, enforcement conference, proposal of administrative penalties, administrative hearings, forwarding a case to the Attorney General or other appropriate authority for civil or criminal penalties or seeking an injunction for appropriate reason, and any other actions in courts of law.

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data is obtained from the Regulatory Automation System (RAS). The data is collected by the radioactive materials, x-ray, and mammography programs for this measure.

BL 2020 Methodology

The data are totaled quarterly and is cumulative for the fiscal year. For this measure, we count the total number enforcement actions. Included are include preliminary reports of administrative penalties, revocation, suspension and denial of licenses, orders, enforcement conferences, and referrals to the Attorney General (AG) and District Attorney (DA) from Enforcement staff; and detentions, incident evaluations and warnings (notices of violations) from Policy, Standards, Quality Assurance (PSQA) and Inspection staff.

BL 2020 Purpose

Measures the number of enforcement actions initiated.

Strategy-Related Measures Definitions
 86th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	3	Radiation Control
Measure Type	OP	
Measure No.	3	Number of Licenses/Registrations Issued - Radiation Control

Calculation Method: C **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 085-R-S70-1 03-01-03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2020 Definition

This is the measure of the total number of actions issued on radioactive material licenses, x-ray or laser registrations, industrial radiography certifications, general license acknowledgments, and mammography certifications and mammography accreditations (includes new permits, amendments, renewals, and

BL 2020 Data Limitations

None.

BL 2020 Data Source

The data is obtained from the Regulatory Automation System (RAS). The radioactive materials, x-ray, and mammography programs collect the data for this


BL 2020 Methodology

The number of licenses and registrations issued is totaled quarterly and is cumulative for the fiscal year. The total number of new, renewal, amendment, and termination actions issued on radioactive material licenses, x-ray or laser registrations, industrial radiography certifications, general license acknowledgments, and mammography certifications and accreditations. The data is calculated by the Regulatory Automation System (RAS). The radiation regulatory licensing program collects the data on the licenses, registrations, certifications, accreditations and acknowledgements and submits this data to the Division office.

BL 2020 Purpose

Measures the number of licenses/registrations issues.

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**Health and Human
Services System Strategic
Plans 2019–2023
Schedule C:
Historically Underutilized
Businesses Plan**

As Required by

Tex. Gov't Code Sec. 2161.123

Health and Human Services Commission

Department of State Health Services

May 2018



TEXAS
Health and Human
Services

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1. Introduction

The Health and Human Services (HHS) System administers programs to encourage participation by historically underutilized businesses (HUBs) in all contracting and subcontracting by HHS agencies. The HHS System's HUB Programs are designed to enhance the ability of HUBs to compete for HHS System contracts, increase agencies' awareness of such businesses, ensure meaningful HUB participation in the procurement process and assist HHS System agencies in achieving their HUB goals.

Each state agency is required to include in its strategic plan a HUB plan. The section below describes, in its entirety, a coordinated HUB plan that covers the HHS System's HUB programs as a whole.

2. Goal

The goal of the HHS System HUB Plan is to promote fair and competitive business opportunities that maximize the inclusion of minority, woman and service disabled veteran-owned businesses that are certified HUBs in the procurement and contracting activities of HHS System agencies.

3. Objective

The HHS System strives to meet or exceed the Statewide Annual HUB Utilization Goals and/or agency-specific goals that are identified each fiscal year (FY) in the procurement categories related to the HHS System's current strategies and programs.

4. Outcome Measures

In accordance with Texas Government Code Section 2161(d)(5) and the State’s Disparity Study, state agencies are required to establish their own HUB goals based on scheduled fiscal year expenditures and the availability of HUBs in each procurement category.

In procuring goods and services through contracts, the HHS System, as well as each of its individual agencies, will make a good-faith effort to meet or exceed the statewide goals, as described in Table 1, and/or agency-specific goals for HUB participation for the contracts that the agency expects to award in a fiscal year.

Table 1: Statewide HUB Goals by Procurement Categories, Fiscal Year 2018

PROCUREMENT CATEGORIES	UTILIZATION GOALS
Heavy Construction	11.20%
Building Construction	21.10%
Special Trade Construction	32.90%
Professional Services Contracts	23.70%
Other Services Contracts	26.00%
Commodity Contracts	21.10%

Source: Data from FY 2018 Statewide HUB Report, Texas Comptroller of Public Accounts.

The HHS System will collectively use the following outcome measure to gauge progress:

- Total expenditures and the percentage of purchases awarded directly and indirectly through subcontracts to HUBs under the procurement categories.

Each HHS System agency may track additional outcome measures.

5. HHS System Strategies

When feasible, the HHS System will consider setting modified goals for its contract opportunities. Factors to determine feasibility will include:

- HUB availability
- Current HUB usage
- Geographical location of the project
- Contractual scope of work
- Size of the contract
- Other relevant factors as identified

The HHS System agencies will also maintain and implement policies and procedures, in accordance with the HUB rules, to guide the agencies in increasing the use of HUBs by contracting directly and/or indirectly through subcontracting.

The HHS agencies employ several additional strategies, such as:

- Tracking the number of contracts awarded to certified HUBs as a result of outreach efforts by the Health and Human Services Commission (HHSC)
- Obtaining assurances that contractors will make a good-faith effort to subcontract with HUBs identified in its subcontracting plan and maintain the commitment throughout the contract
- Using available HUB directories, the internet, trade organizations or development centers to solicit bids
- Maintaining a HUB Office of HUB Coordinators at HHSC headquarters for effective coordination for all HHS agencies
- Developing and implementing reporting practices to provide updates to the Executive Commissioner, Chief Operating Officer, Deputy Executive Commissioners and Associate Commissioners on HHS HUB Program activities, related initiatives and projects

6. Output Measures

The HHS System will collectively use and individually track the following output measures to gauge progress:

HHS System Strategic Plans for 2019–2023
Schedule C: Historically Underutilized Businesses Plan

- The total number of bids received from HUBs
- The total number of contracts awarded to HUBs
- The total amount of HUB subcontracting expenditures
- The total amount of HUB Procurement Card expenditures
- The total number of mentor-protégé agreements
- The total number of HUBs awarded a contract as a direct result of the HHSC outreach efforts
- The total number of HUBs provided assistance in becoming HUB certified.

Additional output measures which may be used by specific System agencies:

- The total number of outreach initiatives such as HUB forums attended and sponsored
- The total number of HUB training provided to the vendor community as well as internally to agency staff.

7. HUB External Assessment

According to the Comptroller of Public Accounts FY 2017 Statewide Annual HUB Report, the HHS System collectively awarded 17.19 percent of all contract funds to HUBs. Table 2 specifies details of the total FY 2017 expenditures for each HHS agency and total spending with HUBs directly and indirectly through subcontracting.

Table 2: HHS System Expenditures with Historically Underutilized Businesses, by Agency, Fiscal Year 2017

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	\$1,014,268,116	\$198,363,362	19.56%
Department of Aging and Disability Services	\$149,630,388	\$12,582,282	8.41%
Department of Family and Protective Services	\$71,565,069	\$23,135,377	32.33%
Department of State Health Services	\$384,026,122	\$44,405,133	11.56%
Total	\$1,619,489,695	\$278,486,154	17.19%

Source: Data from FY 2017 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.

The HHS System agencies continuously strive to make internal improvements to help meet or exceed statewide and/or agency-specific HUB goals. HHS System agencies continued outreach efforts to educate HUBs and minority businesses about the procurement process.

Other areas of progress include:

- Maintaining the signed Memorandum of Cooperation between HHSC and two entities: the Texas Association of African-American Chambers of Commerce and the Texas Association of Mexican-American Chambers of Commerce
- Conducting post-award meetings with contractors to discuss the requirements related to the HUB Subcontracting Plan and monthly reporting
- Advertising HHS contract opportunities on the Electronic State Business Daily and while attending external outreach events

HHS System Strategic Plans for 2019–2023
Schedule C: Historically Underutilized Businesses Plan

Additional goals include:

- Enhancing outreach efforts internally and externally by promoting access, awareness, and accountability through education and training
- Enhancing minority/woman/services disabled veteran owned businesses' participation in HHS System-sponsored HUB Forums where exhibitors may participate in trade-related conferences
- Enhancing HHS System HUB reporting capabilities
- Expanding HHS System mentor-protégé program vision to maximize the state's resources through cooperation and assistance from other public entities and corporate businesses
- Promoting and increasing awareness of subcontracting opportunities in HHS System contracts, which are identified in contractors' HUB Subcontracting Plans

Schedule D: Health and Human Services System Statewide Capital Plan

This material is the information that the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) submitted to the Bond Review Board per requirement of the 2018–2019 General Appropriations Act, House Bill 1, 85th Legislature, Regular Session, 2017 (Article IX, Section 11.03).

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[DSHS Totals by Project Type](#)

[DSHS Summary of Planned Expenditures by Year](#)

[DSHS Totals by Funding Sources](#)

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HHSC Capital Expenditure Plan Summary Report (Fiscal Years 2019–2023) as Reported in Fiscal Year 2018

Project Name	Building Number	Building Name	Condition	Pri	GSF	E&G	Acres	Deferred		Total Cost	Start Date	End Date
								Maintenance to be Addressed				
Seat Management	NA			1	-	-	-	\$ -	\$ -	192,414,715	9/2018	8/2024
Integrated Eligibility Technologies (TIERS)	NA			2	-	-	-	\$ -	\$ -	330,796,541	9/2019	8/2024
Network Performance and Capacity	NA			3	-	-	-	\$ -	\$ -	8,858,554	9/2018	8/2024
Cybersecurity Advancement for HHS Enterprise	NA			4	-	-	-	\$ -	\$ -	11,295,485	9/2018	8/2024
HHSAS to CAPPs Upgrade	NA			5	-	-	-	\$ -	\$ -	18,811,764	9/2018	8/2024
Enterprise Resource Planning	NA			6	-	-	-	\$ -	\$ -	36,876,710	9/2018	8/2024
CAPPs PeopleSoft Licenses	NA			7	-	-	-	\$ -	\$ -	8,480,640	9/2018	8/2024
MMIS - Medicaid Management Information System	NA			8	-	-	-	\$ -	\$ -	221,671,715	9/2018	8/2024
HHS Local Office Network Infrastructure Replacement	NA			9	-	-	-	\$ -	\$ -	40,000,000	9/2018	8/2024
Enterprise Data Governance	NA			10	-	-	-	\$ -	\$ -	18,079,250	9/2018	8/2022
HHS Local Office Storage Infrastructure Replacement	NA			11	-	-	-	\$ -	\$ -	46,300,000	9/2018	8/2024
Facilities Repair and Renovation - SSLC's and SH's	NA			12	10,310,667	-	-	\$ 482,113,116	\$ -	482,113,116	9/2018	8/2024
New Construction of SHs & Other Inpatient MH Facs	New			13	-	-	-	\$ -	\$ -	1,002,300,000	9/2018	8/2024
CMBHS-Modifications	NA			14	-	-	-	\$ -	\$ -	1,948,252	9/2018	8/2019
Avatar (EMR) Support for State Hospital System	NA			15	-	-	-	\$ -	\$ -	16,646,937	9/2018	8/2024
Business Process Redesign	NA			16	-	-	-	\$ -	\$ -	6,355,854	9/2018	8/2024
Regulatory Services System Automation Modernization	NA			17	-	-	-	\$ -	\$ -	11,392,512	9/2018	8/2024
Info Systems - WIC Evolution	NA			18	-	-	-	\$ -	\$ -	5,081,184	9/2018	8/2019
Information Technology - Mental Health (Hosp. IT)	NA			19	-	-	-	\$ -	\$ -	5,516,169	9/2018	8/2024
System Info & Asset Mgmt.	NA			20	-	-	-	\$ -	\$ -	106,310,600	9/2018	8/2024
Office Civil Rights Corr. Action Plan Response (EI)	NA			21	-	-	-	\$ -	\$ -	22,598,169	9/2019	8/2022
CAPPs HCM & Financials Upgrades (EI)	NA			22	-	-	-	\$ -	\$ -	13,712,676	9/2019	8/2024
HHS Information Technology Transformation (EI)	NA			23	-	-	-	\$ -	\$ -	43,054,832	9/2019	8/2024
HHS Telecom Technology Upgrade (EI)	NA			24	-	-	-	\$ -	\$ -	6,331,593	9/2019	8/2024
Facility Capacity, Quality, and Efficiency (EI)	NA			25	-	-	-	\$ -	\$ -	46,744,515	9/2019	8/2021
LTC Portal Modifications (EI)	NA			26	-	-	-	\$ -	\$ -	16,545,000	9/2019	8/2021
Security-Privileged Identity and Access Mgmt. (EI)	NA			27	-	-	-	\$ -	\$ -	2,980,000	9/2019	8/2024
MFADS - Medicaid Fraud Detection System (EI)	NA			28	-	-	-	\$ -	\$ -	76,062,632	9/2019	8/2024
Critical Incident Monitoring (EI)	NA			29	-	-	-	\$ -	\$ -	6,655,420	9/2019	8/2024
TIERS Cloud Migration (EI)	NA			30	-	-	-	\$ -	\$ -	27,740,000	9/2019	8/2021
Migrate Identity and Access Mgmt. to Cloud (EI)	NA			31	-	-	-	\$ -	\$ -	18,000,000	9/2019	8/2024
MH Client Information Consolidation (EI)	NA			32	-	-	-	\$ -	\$ -	8,506,524	9/2019	8/2024
MMIS Modernization - Claims Processing System (EI)	NA			33	-	-	-	\$ -	\$ -	60,020,120	9/2020	8/2024
Consolid'n Regulatory Licensing and Rprtng System (EI)	NA			34	-	-	-	\$ -	\$ -	26,389,910	9/2019	8/2024
Substance Use Disorder Provider Interface (EI)	NA			35	-	-	-	\$ -	\$ -	4,172,414	9/2019	8/2024
Systems Changes to Support IDD Carve-in (EI)	NA			36	-	-	-	\$ -	\$ -	14,038,542	9/2019	8/2021
Automated System for the Office of IG (ASOIG) (EI)	NA			37	-	-	-	\$ -	\$ -	1,607,256	9/2019	8/2021
Totals: NA				NA	10,310,667	-	-	\$ 482,113,116	\$ -	2,966,409,601	NA	NA

HHSC Totals by Project Type

Project Type	Number of Projects	GSF	E&G	Acres	Total Cost
Addition	-	-	-	-	\$ -
New Construction	1	-	-	-	\$ 1,002,300,000
Repair and Renovation	1	10,310,667	-	-	\$ 482,113,116
Land Acquisition	-	-	-	-	\$ -
Infrastructure	-	-	-	-	\$ -
Information Resources	35	-	-	-	\$ 1,481,996,485
Leased Space	-	-	-	-	\$ -
Unspecified	-	-	-	-	\$ -
Totals:	37	10,310,667	-	-	\$ 2,966,409,601

HHSC Summary of Planned Expenditures by Year

Project Type	2019	2020	2021	2022	2023	Balance	Total Cost
Addition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
New Construction	\$ 252,300,000	\$ 150,000,000	\$ 150,000,000	\$ 150,000,000	\$ 150,000,000	\$ 150,000,000	\$ 1,002,300,000
Repair and Renovation	\$ 80,352,186	\$ 80,352,186	\$ 80,352,186	\$ 80,352,186	\$ 80,352,186	\$ 80,352,186	\$ 482,113,116
Land Acquisition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Information Resources	\$ 190,516,544	\$ 339,429,830	\$ 348,650,961	\$ 205,355,965	\$ 198,904,067	\$ 199,139,118	\$ 1,481,996,485
Leased Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unspecified	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals:	\$ 523,168,730	\$ 569,782,016	\$ 579,003,147	\$ 435,708,151	\$ 429,256,253	\$ 429,491,304	\$ 2,966,409,601

HHSC Totals by Funding Sources

Funding Source	Number of Projects	Total Cost
Auxiliary Enterprise Fund	-	
Auxiliary Enterprise Revenues	-	
Available University Fund	-	
Designated Tuition	-	
Energy Savings	-	
Federal Funds	32	\$ 850,282,264
Federal Grants	-	
General Revenue	35	\$ 594,348,564
Gifts/Donations	-	
Higher Education Assistance Fund Proceeds	-	
Housing Revenue	-	
Lease Purchase other than MLPP	-	
Legislative Appropriations	-	
Master Lease Purchase Program	-	
Other	19	\$ 371,778,773
Other Local Funds	-	
Other Revenue Bonds	-	
Performance Contracting Energy Conservation	-	
Permanent University Fund	-	
Private Development	-	
Private Development Funds	-	
Revenue Financing System Bonds	-	
Student Fees	-	
Tuition Revenue Bond Proceeds	-	
Unexpended Plant Funds	-	
Unknown Funding Source	-	
Unspecified	2	\$ 1,150,000,000
Totals:	88	\$ 2,966,409,601

DSHS Capital Expenditure Plan Summary Report (Fiscal Years 2019–2023) as Reported in Fiscal Year 2018

Project Name	Building Number	Building Name	Condition	Pri	GSF	E&G	Acres	Deferred Maintenance to be		Total Cost	Start Date	End Date	
								Addressed					
Enhance Registries - THISIS	Tower			1	-	-	-	\$	-	\$	5,007,146	9/2018	8/2021
HIV2000 RECN ARIES Replacement (HRAR) Implementati	Tower			2	-	-	-	\$	-	\$	9,406,700	9/2018	8/2021
IT Accessibility	Tower			3	-	-	-	\$	-	\$	15,127,089	9/2018	8/2023
IT Security	Tower			4	-	-	-	\$	-	\$	14,400,000	9/2018	8/2023
Seat Management	Tower			5	-	-	-	\$	-	\$	74,489,126	9/2018	8/2023
Misc. Laboratory Equipment	Lab			6	-	-	-	\$	-	\$	4,523,742	9/2019	8/2023
Data Center Consolidation	Tower			7	-	-	-	\$	-	\$	187,970,247	9/2018	8/2023
Texas Vaccines for Children (TVFC)	Tower			8	-	-	-	\$	-	\$	8,860,797	9/2019	8/2023
Inventory Tracking Electronic Asset Management Sys	Tower			9	-	-	-	\$	-	\$	8,006,280	9/2019	8/2023
Totals:	NA			NA	-	-	-	\$	-	\$	327,791,127	NA	NA

DSHS Totals by Project Type

Project Type	Number of Projects	GSF	E&G	Acres	Total Cost
Addition	-	-	-	-	\$ -
New Construction	-	-	-	-	\$ -
Repair and Renovation	-	-	-	-	\$ -
Land Acquisition	-	-	-	-	\$ -
Infrastructure	1	-	-	-	\$ 4,523,742
Information Resources	8	-	-	-	\$ 323,267,385
Leased Space	-	-	-	-	\$ -
Unspecified	-	-	-	-	\$ -
Totals:	9	-	-	-	\$ 327,791,127

DSHS Summary of Planned Expenditures by Year

Project Type	2019	2020	2021	2022	2023	Balance	Total Cost
Addition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
New Construction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Renovation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Land Acquisition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ 928,657	\$ 1,795,385	\$ 1,799,700	\$ -	\$ -	\$ -	\$ 4,523,742
Information Resources	\$ 22,990,361	\$ 28,588,340	\$ 23,667,474	\$ 22,813,000	\$ 17,737,567	\$ 207,470,643	\$ 323,267,385
Leased Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unspecified	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals:	\$ 23,919,018	\$ 30,383,725	\$ 25,467,174	\$ 22,813,000	\$ 17,737,567	\$ 207,470,643	\$ 327,791,127

DSHS Totals by Funding Sources

Funding Source	Number of Projects	Total Cost
Auxiliary Enterprise Fund	-	
Auxiliary Enterprise Revenues	-	
Available University Fund	-	
Designated Tuition	-	
Energy Savings	-	
Federal Funds	2	\$ 10,010,361
Federal Grants	-	
General Revenue	7	\$ 240,797,738
Gifts/Donations	-	
Higher Education Assistance Fund Proceeds	-	
Housing Revenue	-	
Lease Purchase other than MLPP	-	
Legislative Appropriations	-	
Master Lease Purchase Program	-	
Other	13	\$ 76,983,028
Other Local Funds	-	
Other Revenue Bonds	-	
Performance Contracting Energy Conservation	-	
Permanent University Fund	-	
Private Development	-	
Private Development Funds	-	
Revenue Financing System Bonds	-	
Student Fees	-	
Tuition Revenue Bond Proceeds	-	
Unexpended Plant Funds	-	
Unknown Funding Source	-	
Unspecified	-	
Totals:	22	\$ 327,791,127

Legend

Abbreviation/Acronym	Full Name
----------------------	-----------

E&G	Education & General
-----	---------------------

GSF	Gross Square Feet
-----	-------------------

NA	Not Applicable
----	----------------

Pri	Priority
-----	----------

Schedule E: Health and Human Services Strategic Plan

The Coordinated Strategic Plan for Health and Human Services, required by Texas Government Code Section 531.022, is submitted as Chapter 1 in Volume I of this document. Volume I may be found online at: <https://hhs.texas.gov/hhs-strategic-plans-2019-2023>.

HHS System Strategic Plans for 2019–2023
Schedule E: Health and Human Services Strategic Plan

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Strategic Staffing Analysis and Workforce Plan

For the Planning Period 2019-2023

As Required by

Texas Government Code

Section 2056.0021

Health and Human Services

System

May 2018



TEXAS
Health and Human
Services

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*Prepared by: System Support Services
Human Resources*

Executive Summary

The Health and Human Services (HHS) System Strategic Staffing Analysis and Workforce Plan is an integral part of HHS' staffing plan. Workforce planning is a business necessity due to a number of factors, including:

- constraints on funding;
- increasing demand for HHS services;
- increasing number of current employees reaching retirement age resulting in fewer, less experienced workers available as replacements; and
- increasing competition for highly skilled employees.

HHS agencies are proactively addressing this challenge by preparing for the future and reducing risks. Designed for flexibility, the HHS System Strategic Staffing Analysis and Workforce Plan allows HHS executive management to make staffing adjustments according to the changing needs of HHS agencies.

State leaders in Texas recognize the importance of workforce planning. As part of their strategic plans, state agencies are required under the Texas Government Code, Section 2056.0021, to develop a workforce plan in accordance with the guidelines developed by the State Auditor's Office (SAO). To meet these requirements, this Schedule attachment to the HHS System Strategic Plan for the Fiscal Years 2017–2021 analyzes the following key elements for the entire HHS System:

- **Current Workforce Demographics** – Describes how many employees work for the HHS System and HHS agencies, where they work, what they are paid, how many of them are return-to-work retirees, how many have left HHS, how many may retire, and whether or not minority groups are underutilized when compared to the state Civilian Labor Force (CLF) for Equal Employment Opportunity (EEO) job categories. The workforce is examined by gender, race, age and length of state service.
- **Expected Workforce Challenges** – Describes anticipated staffing needs based on population trends, projected job growth and other demographic trends. A detailed examination of each identified shortage occupation was conducted to identify and understand retention and recruitment problems.
- **Strategies to Meet Workforce Needs** – Describes recruitment and retention strategies that address expected workforce challenges for shortage occupation jobs.

The following is the detailed HHS System Strategic Staffing Analysis and Workforce Plan.

1. Health and Human Services

The 84th Legislature Transformation

In 2013, the Health and Human Services System, as reflected in Article II of the General Appropriations Act, consisted of the following five agencies:

- **Health and Human Services Commission (HHSC)**. Includes providing leadership to all HHS agencies, administering programs previously administered by the Texas Department of Human Services and oversight of HHS agencies. Began services in 1991.
- **Department of Family and Protective Services (DFPS)**. Includes all programs previously administered by the Department of Protective and Regulatory Services. Began services on February 1, 2004.
- **Department of Assistive and Rehabilitative Services (DARS)**. Includes programs previously administered by the Texas Rehabilitation Commission, Commission for the Blind, Commission for the Deaf and Hard of Hearing and Interagency Council on Early Childhood Intervention. Began services on March 1, 2004.
- **Department of Aging and Disability Services (DADS)**. Includes intellectual and developmental disability and state supported living center programs previously administered by the Department of Mental Health and Mental Retardation, community care and nursing home services and long-term care regulatory programs of the Department of Human Services and aging services programs of the Texas Department of Aging. Began services on September 1, 2004.
- **Department of State Health Services (DSHS)**. Includes programs previously administered by the Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, the Health Care Information Council and mental-health community services and state hospital programs from the Department of Mental Health and Mental Retardation. Began services on September 1, 2004.

That same year, the Sunset Commission began its almost two-year analysis, the first formal review of the previous consolidation. The findings and recommendations of the Sunset review formed the basis for the 84th Texas Legislature (Regular Session, 2015) directive to transform the HHS system. With the passage of that legislation, HHS was given an opportunity to develop a more fully streamlined, efficient system that more effectively provides services and benefits. Senate Bill 200 outlined a phased approach to this restructuring.

The first phase transferred the following programs and functions to HHSC on September 1, 2016:

- select functions at DARS,
- client services at DADS and DSHS, and
- administrative services that support those respective HHS core services.

As a result of this transfer and the transfer of other programs to the Texas Workforce Commission (TWC), DARS was abolished on September 1, 2016. Additionally, the Nurse Family Partnership and Texas Home Visiting programs transferred from HHSC to the DFPS, which continued its focus on protective services.

In the second phase, regulatory programs, as well as state supported living centers and state hospitals, transferred to HHSC on September 1, 2017, and DADS was abolished. After these transfers, DSHS' streamlined structure focused on its core public health functions.

The 85th Legislature Transformation

The 85th Legislature (Regular Session, 2017) passed House Bill 5, which made DFPS a stand-alone agency, removing it from the HHS System.

HHS Mission

Improving the health, safety and well-being of Texans through good stewardship of public resources.

HHS Vision

Making a difference in the lives of the people we serve.

HHS Values

- **Accountability.** We operate in a manner that reflects honesty, integrity and reliability.
- **Collaboration.** We work with clients, stakeholders, public and private partners, elected officials and our employees to make informed decisions and achieve excellence in service design and delivery.
- **Client-focused.** We exist because people have needs, and we respect each and every person.
- **Independence.** Our services and supports allow clients to reach their full potential.
- **Stewardship.** We are focused on the appropriate use of resources entrusted to our care and use them efficiently, effectively and in a manner that builds public trust.
- **Transparency.** We build confidence in our operations by being open, inclusive and holding ourselves accountable.
- **Diversity.** We offer programs and services that value and respect the diversity of the State of Texas.

2. Workforce Demographics

With a total of 37,856 full-time and part-time employees, the HHS workforce has decreased by about 30 percent (16,160 employees) in the period from August 31, 2015 to August 31, 2017. This decrease in the HHS System workforce reflects the September 1, 2017 legislative removal of DFPS from the HHS System, a loss of over 13,000 full-time and part-time DFPS employees.¹

Figure 1: HHS System Workforce for FY 15 - FY 17

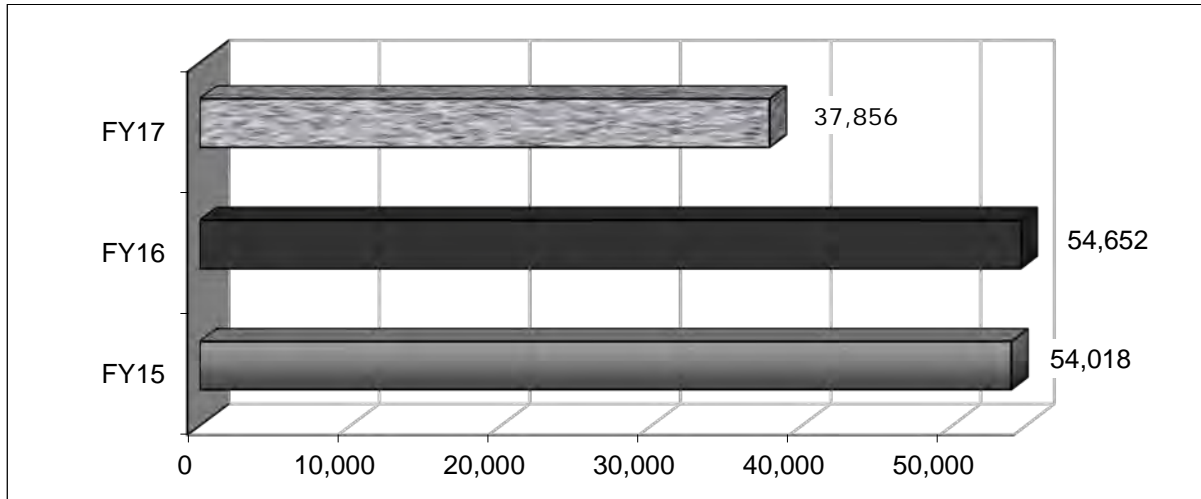
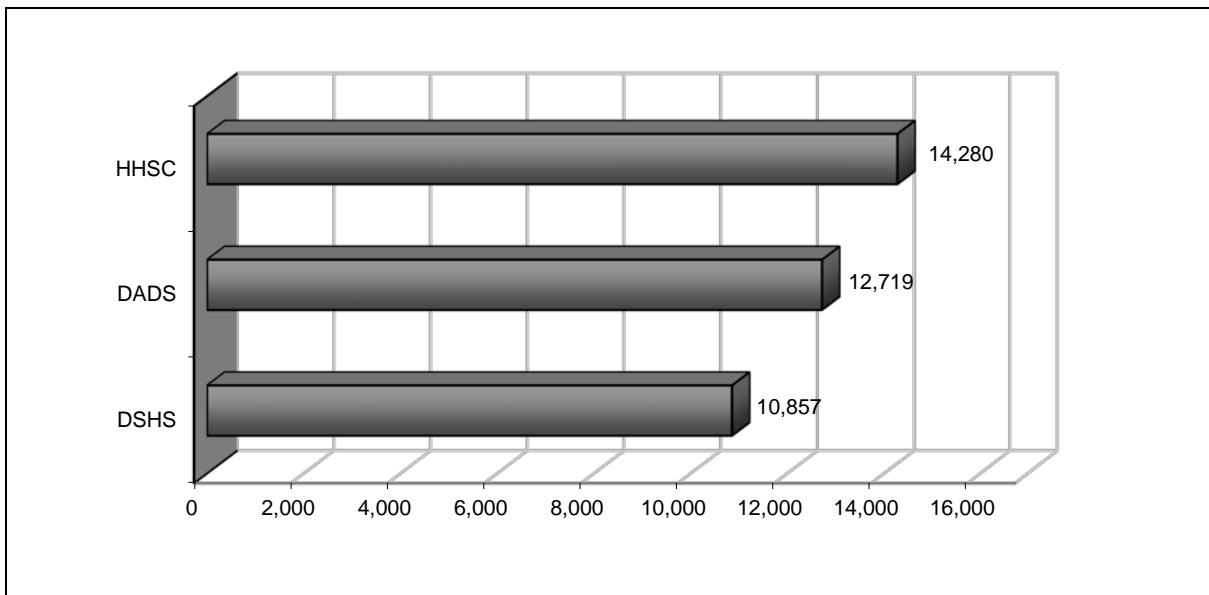


Figure 2: HHS System Workforce for FY 17



Job Families

Approximately 83 percent of HHS employees (31,282 employees) work in 22 job families.²

Table 1: Largest Program Job Families

Job Family	Number of Employees
Direct Care Workers ³	8,523
Eligibility Workers ⁴	5,276
Clerical Workers	3,735
Registered Nurses (RNs) ⁵	2,059
Program Specialists	1,965
Managers	1,062
Licensed Vocational Nurses (LVNs)	982
Rehabilitation Technicians	982
Food Service Workers ⁶	927
Program Supervisors	781
System Analysts	745
Custodians	686
Maintenance Workers	577
Security Workers	391
Claims Examiners	387
Directors	371
Investigators	335
Public Health and Prevention Specialists	335
Accountants	312
Training Specialists	289
Inspectors	282
Contract Specialists	280

Gender

Most HHS employees are female, making up about 72 percent of the HHS workforce.⁷ This breakdown is consistent across all HHS agencies.⁸

Table 2: HHS System Workforce Gender for FY 15 – FY 17

Gender	FY 15	FY 16	FY 17
Male	24.9%	25.2%	28.5%
Female	75.1%	74.8%	71.5%

Figure 3: HHS System Workforce by Gender for FY 17

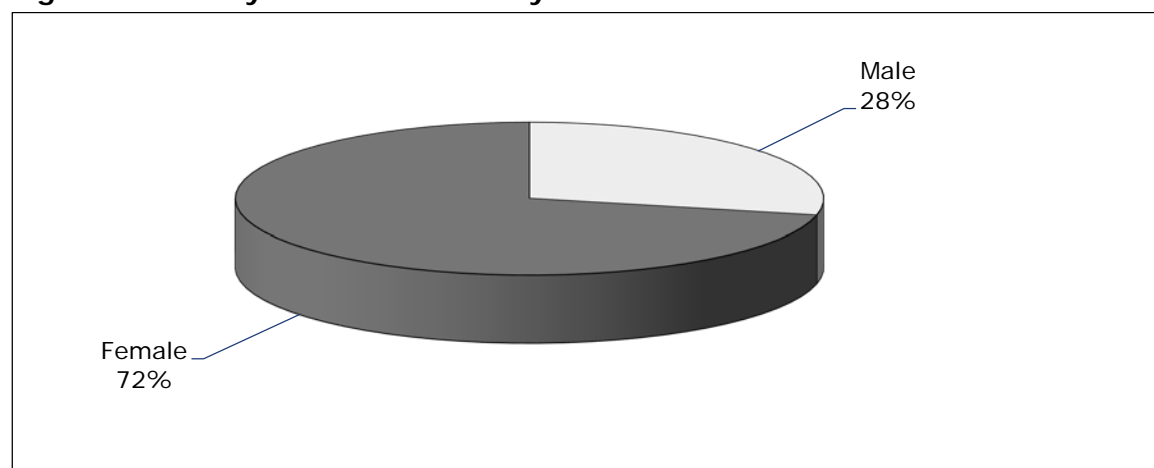


Table 3: HHS Agencies by Gender

Agency	Percentage Male	Percentage Female
HHSC	23.5%	76.5%
DSHS	36.1%	63.9%
DADS	27.5%	72.5%

Ethnicity

The workforce is diverse, with approximately 39 percent White, 30 percent Hispanic, 28 percent Black, and three percent Asian and Native American. This breakdown is consistent across all HHS agencies.⁹

Table 4: HHS System Workforce Ethnicity for FY 15 – FY 17¹⁰

Race	FY 15	FY 16	FY 17
White	39.4%	38.7%	38.5%
Black	28.1%	28.5%	28.2%
Hispanic	29.6%	29.8%	29.8%
Native American	.5%	.5%	.5%
Asian	2.3%	2.5%	3.0%

Figure 4: HHS System Workforce by Ethnicity for FY 17

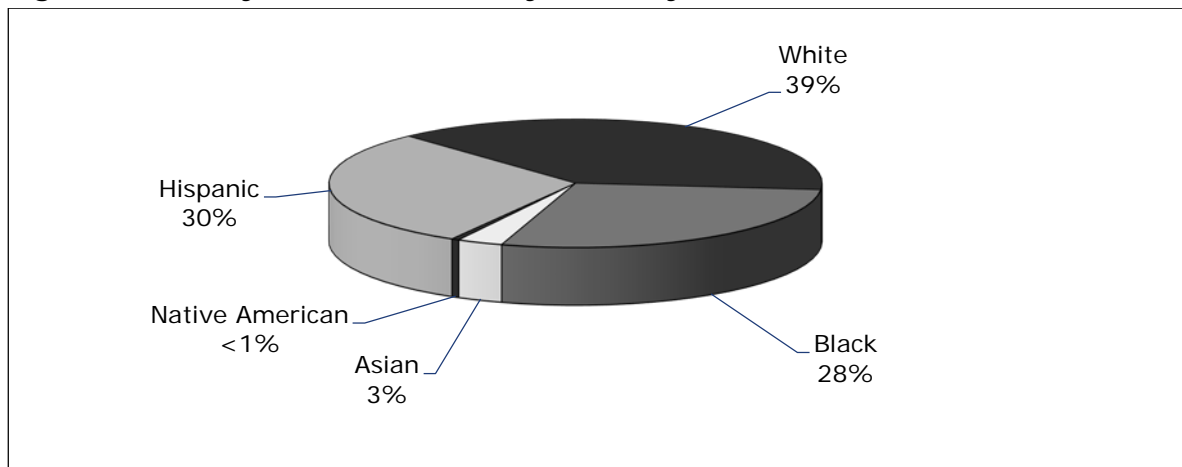


Table 5: HHS Agencies by Ethnicity¹¹

Agency	Percentage White	Percentage Black	Percentage Hispanic	Percentage Native American	Percentage Asian
HHSC	34.5%	25.7%	36.7%	.5%	2.6%
DSHS	47.6%	19.5%	29.0%	.6%	3.4%
DADS	35.4%	38.5%	22.7%	.4%	3.1%

Age

The average age of an HHS worker is 45 years. This breakdown is consistent across all HHS agencies.¹²

Table 6: HHS System Workforce Age for FY 15 – FY 17

Age	FY 15	FY 16	FY 17
Under 30	16.4%	16.6%	14.1%
30-39	23.9%	24.6%	22.6%
40-49	25.1%	23.0%	25.0%
50-59	24.1%	23.5%	25.7%
Over 60	10.4%	10.4%	12.5%

Figure 5: HHS System Workforce by Age for FY 17

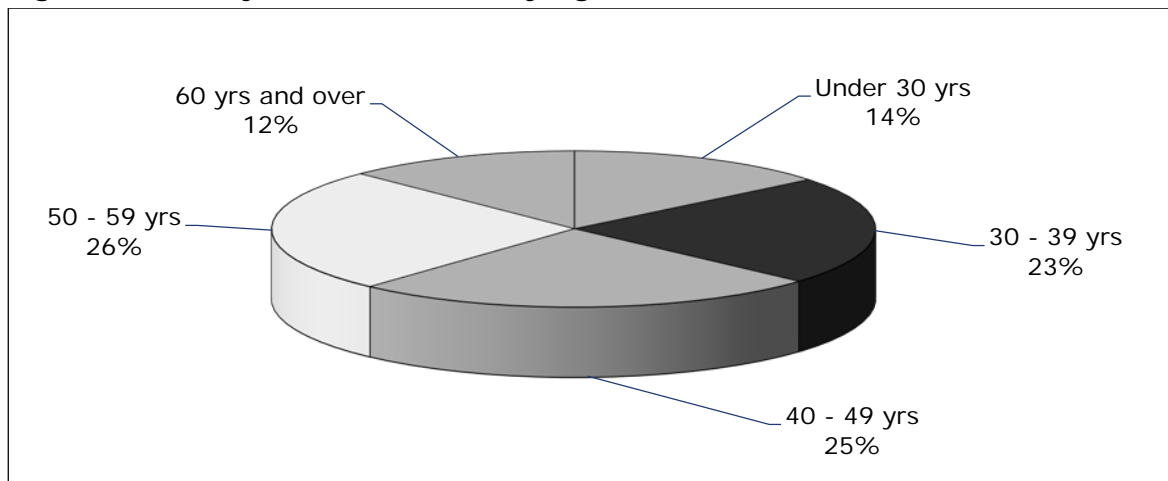


Table 7: HHS Agencies by Age¹³

Agency	Percentage Under 30	Percentage 30-39	Percentage 40-49	Percentage 50-59	Percentage 60 and over
HHSC	7.6%	23.6%	30.0%	27.4%	11.4%
DSHS	15.5%	21.6%	22.6%	26.1%	14.3%
DADS	20.2%	22.5%	21.5%	23.5%	12.3%

Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis was conducted for each HHS agency using the 80 percent rule. This rule compares the actual number of employees to the expected number

of employees based on the available state CLF for Black, Hispanic and female employees. For purposes of this analysis, a group is considered potentially underutilized when the actual representation in the workforce is less than 80 percent of what the expected number would be based on the CLF.

The HHSC Civil Rights Office (CRO) reviewed and conducted analyses for each individual agency’s workforce to identify potential underutilization.

The utilization analysis of the HHS agencies for fiscal year 2017 indicated potential underutilization in the HHSC, DADS and DSHS workforce. The following table summarizes the results of the utilization analysis for the HHS System.

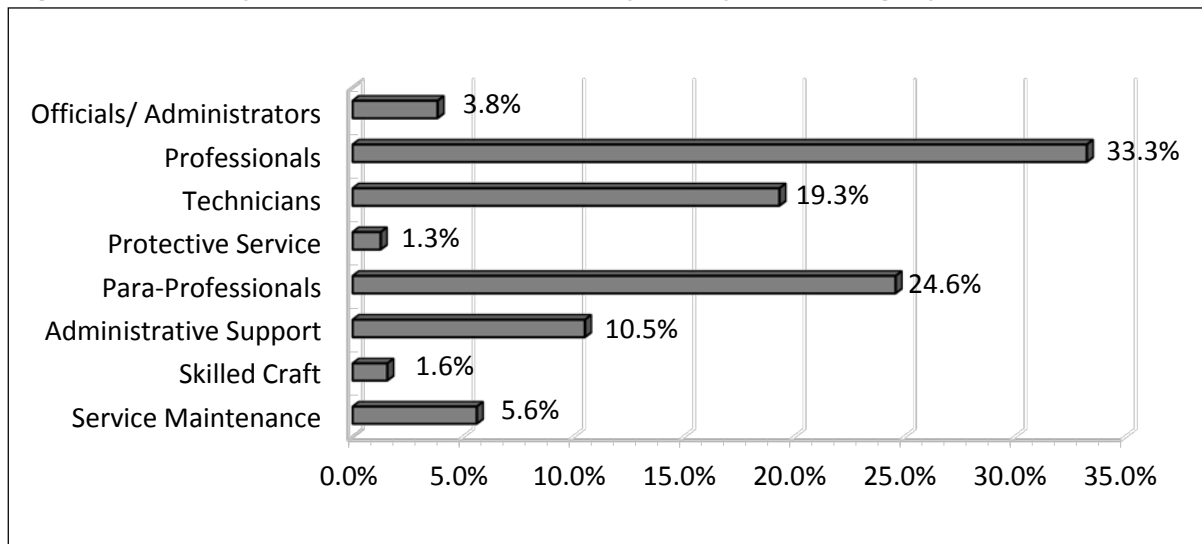
Table 8: HHS System Utilization Analysis Results^{14 15 16}

Job Category	HHS System		Agency	
	HHSC	DSHS	DADS	DSHS
Officials/Administrators	No	No	Hispanic	No
Professionals	No	No	No	No
Technicians	No	No	N/A	No
Protective Service	Hispanic	Hispanic	No	Hispanic
Administrative Support	No	No	Hispanic	No
Skilled Craft	Black Hispanic Female	Female	Black Hispanic Female	Black Hispanic Female
Service Maintenance	Hispanic	Hispanic Female	Hispanic	Hispanic

Although potential underutilization was identified in the Protective Service and Skilled Craft job categories, it should be noted that these job categories comprise only 1.3 and 1.6 percent respectively, of the HHS workforce.

The other job categories showing potential underutilization are Officials/Administrators, Administrative Support, and Service Maintenance.

Figure 6: HHS System – Percent of Employees by Job Category



Veterans

About six percent of the workforce (2,248 employees) are veterans. HHSC has the lowest percentage of veterans at 4.9 percent (624 employees) and DSHS has the highest at 6.9 percent (754 employees). For fiscal years 2015 through 2017, the percentage of veterans in the HHS workforce remained constant at 5.9 percent.¹⁷

Table 9: HHS System Workforce by Veterans Status¹⁸

Agency	Number of Veterans	FY 17 Percentage
HHSC	624	4.9%
DSHS	754	6.9%
DADS	870	6.1%
HHS System	2,248	5.9%

State Service

Approximately 39 percent of the workforce has 10 or more years of state service. Less than a quarter of the workforce have been with the state for less than two years. This breakdown is consistent across all HHS agencies.¹⁹

Table 10: HHS System Workforce Length of State Service for FY 15 – FY 17²⁰

State Service	FY 15	FY 16	FY 17
less than 2 years	21.1%	22.3%	19.1%
2-4 years	17.9%	19.4%	19.8%
5-9 years	22.5%	26.8%	22.5%
10 years or more	37.5%	36.6%	38.6%

Figure 7: HHS System Workforce by Length of State Service²¹

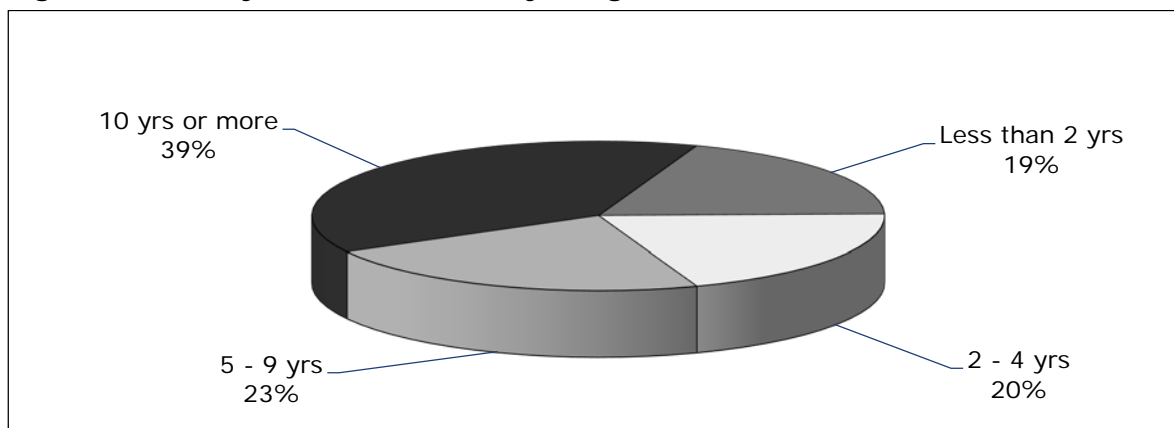


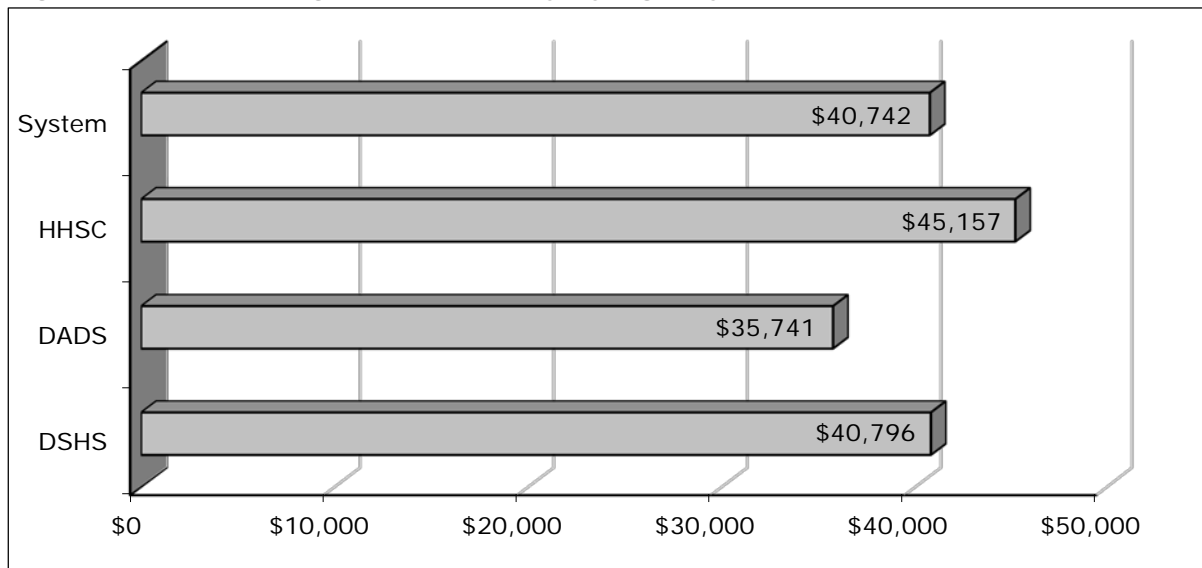
Table 11: HHS Agencies by Length of State Service²²

Agency	Percentage Less than 2 yrs	Percentage 2-4 yrs	Percentage 5-9 yrs	Percentage 10 yrs or more
HHSC	13.4%	17.5%	23.8%	45.4%
DSHS	20.0%	21.3%	19.7%	38.9%
DADS	24.9%	21.1%	23.3%	30.7%

Average Annual Employee Salary

On average, the annual salary for an HHS System employee is \$40,742. HHSC has the highest average annual salary at \$45,157 and DADS has the lowest at \$35,741.²³

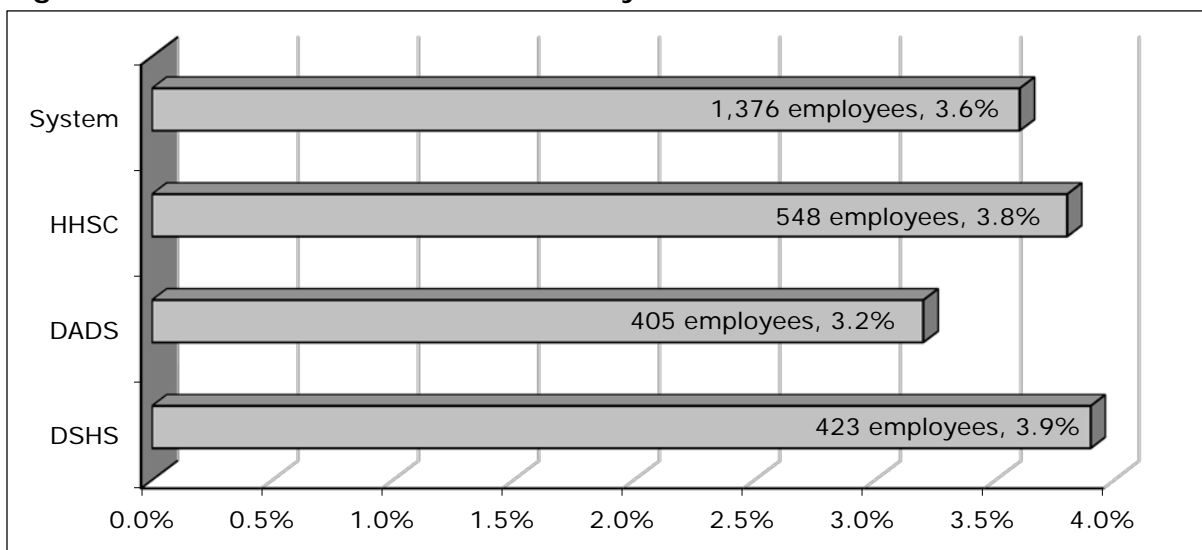
Figure 8: HHS Average Annual Salary by Agency



Return-to-Work Retirees

HHS agencies routinely hire retirees to support both ongoing operational needs and to assist in implementing new initiatives. When recruiting for shortage occupations, special skill required positions or for special projects, retirees provide a good source of relevant program-specific knowledge. Rehired retirees constitute about four percent of the total HHS workforce.²⁴

Figure 9: HHS Return-to-Work Retirees by Percent of Workforce



HHS management understands that demographic trends over the next decade will increasingly impact recruitment from typical sources. Retired workers who have institutional knowledge will be needed to pass their expertise to others.

Dealing with this aging workforce will require HHS agencies to attract more people to apply for work, encourage them to work longer and help make them more productive. Creative strategies will need to be devised to keep older workers on the job, such as hiring retirees as temps; letting employees phase into retirement by working part time; having experienced workers mentor younger employees; promoting telecommuting, flexible hours and job-sharing; and/or urging retirement-ready workers to take sabbaticals instead of stepping down.

Legislative changes have posed additional challenges for recruiting these retired workers. Beginning September 1, 2009, the amount of time a retired employee must wait before returning to state employment increased from 30 to 90 days. In addition, state agencies that hire return-to-work retirees must pay the Employees Retirement System of Texas (ERS) a surcharge that is equal to the amount of the State's retirement contribution for an active employee.

Of special concern to HHS is the possibility that the current practice of rehiring retirees may inhibit talented staff from moving into management or other senior positions. To address this problem and ensure that HHS considers and documents the selection of retirees, the System has adopted a requirement that before offering a supervisory position to a retiree, the hiring authority must consult with HHS Human Resources before extending an offer of employment.

3. Turnover

The HHS System turnover rate for fiscal year 2017 was 24.9 percent, about six percent higher than the statewide turnover rate of 18.6 percent.^{25 26}

Table 12: HHS System Workforce - Turnover for FY 15 – FY 17 (excludes inter-HHS agency transfers)

Agency	FY 15	FY 16	FY 17
HHS System	23.3%	23.7%	24.9%

DADS experienced the highest turnover rate (33.9 percent), with the lowest turnover rate at HHSC (18.1 percent).²⁷

Table 13: Turnover by HHS Agency for FY 17 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	15,810	2,860	18.1%
DSHS	11,781	2,716	23.1%
DADS	14,405	4,879	33.9%
Grand Total	41,996	10,455	24.9%

Turnover at HHS agencies was consistent across gender, while turnover across ethnic groups ranged from a high of 38.7 percent for Native American employees to a low of 23.4 percent for White employees.²⁸

Table 14: HHS Agency Turnover by Gender for FY 17 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	Gender	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	Female	12,154	2,246	18.5%
	Male	3,645	614	16.8%
DSHS	Female	7,512	1,690	22.5%
	Male	4,251	1,026	24.1%
DADS	Female	10,421	3,490	33.5%
	Male	3,975	1,389	34.9%
HHS System	Female	30,087	7,426	24.7%
	Male	11,871	3,029	25.5%

Table 15: HHS Agency Turnover by Ethnicity for FY 17 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	White Turnover Rate	Black Turnover Rate	Hispanic Turnover Rate	Native American Turnover Rate	Asian Turnover Rate
HHSC	17.4%	21.2%	16.8%	34.0%	12.3%
DSHS	23.0%	24.4%	23.3%	31.7%	14.4%
DADS	30.4%	36.8%	35.4%	53.8%	23.9%
HHS System	23.4%	29.0%	23.5%	38.7%	17.1%

Of the total losses during fiscal year 2017, approximately 76 percent were voluntary separations and 24 percent were involuntary separations.^{29 30} Voluntary includes resignation, transfer to another agency and retirement. Involuntary includes dismissal for cause, resignation in lieu of separation, reduction in force and separation at will.³¹

Table 16: Reason for Separation

Type of Separation	Reason	Separations	Percentage ³²
Voluntary	Personal reasons	6,099	56.5%
	Transfer to another agency	930	8.6%
	Retirement	1,153	10.7%
Involuntary	Termination at Will	30	.3%
	Resignation in Lieu	206	1.9%
	Dismissal for Cause	2,321	21.5%
	Reduction in Force	6	.1%

Certain job families have significantly higher turnover than other occupational series, including medical technicians at 46.2 percent, direct care workers³³ at 43.6 percent, licensed vocational nurses (LVNs) at 29.0 percent, food service workers³⁴ at 28.6 percent, and social workers at 27.2 percent.³⁵

Table 17: FY 17 Turnover for Significant Job Families³⁶

Job Title	Average Annual Headcount	Separations	Turnover Rate
Medical Technicians	26	12	46.2%
Direct Care Workers ³⁷	9,968	4,343	43.6%
Licensed Vocational Nurses (LVNs)	1,086	315	29.0%
Food Service Workers ³⁸	1,007	288	28.6%
Social Workers	209	57	27.2%
Epidemiologists	95	24	25.3%
Social Services Surveyors	60	15	25.0%
Psychologists	242	60	24.8%
Registered Nurses (RNs) ³⁹	2,232	537	24.1%
Eligibility Workers ⁴⁰	6,070	1,384	22.8%
Medical Technologists	71	15	21.3%
Facility Investigator Specialists ⁴¹	163	34	20.9%
Nurse Practitioners ⁴²	46	9	19.6%
CCL and RCCL Specialists ⁴³	422	82	19.4%
Eligibility Clerks ⁴⁴	1,360	258	19.0%
Physicians	89	16	18.0%
Registered Therapists ⁴⁵	231	36	15.6%
Inspectors ⁴⁶	148	23	15.5%
Public Health and Prevention Specialists	357	52	14.6%
Eligibility Supervisors ⁴⁷	537	73	13.6%
Microbiologists ⁴⁸	137	15	11.0%
Laboratory Technicians	53	5	9.4%
Psychiatrists	130	11	8.5%
Chemists	59	5	8.5%
Sanitarians	127	10	7.9%
Health Physicists	66	4	6.1%
Dentists	18	1	5.6%

4. Retirement Projections

Currently, about 13 percent of the HHS workforce is eligible to retire and leave state employment. About 2.5 percent of the eligible employees retire each fiscal year. If this trend continues, approximately 12.5 percent of the current workforce is expected to retire in the next five years.⁴⁹

Table 18: HHS System Retirements - Percent of Workforce (FY 13 – FY 17)

Fiscal Year	Retirement Losses	Retirement Turnover Rate
2013	1,444	2.6%
2014	1,390	2.4%
2015	1,396	2.4%
2016	1,469	2.6%
2017	989	2.4%

Table 19: HHS System First-Time Retirement Eligible Projection (FY 17 – FY 22)

Agency	FY 17		FY 18		FY 19		FY 20		FY 21		FY 22	
HHSC	354	2.5%	464	3.2%	514	3.6%	561	3.9%	546	3.8%	592	4.1%
DADS	237	1.9%	289	2.3%	285	2.2%	355	2.8%	372	2.9%	404	3.2%
DSHS	258	2.4%	364	3.4%	331	3.0%	380	3.5%	369	3.4%	380	3.5%
Grand Total	849	2.2%	1,117	3.0%	1,130	3.0%	1,296	3.4%	1,287	3.4%	1,376	3.6%

The loss of this significant portion of the workforce means the HHS agencies will lose some of their most knowledgeable workers, including many employees in key positions. Effective succession planning and employee development will be critical in ensuring there are qualified individuals who can replace those leaving state service.

5. Critical Workforce Skills

The current climate of the information age, advances in technology, increasing population for the state, consolidation of services, right-sizing and outsourcing will continue to place increased emphasis on the demand for well-trained and skilled staff.

The outsourcing and self-service automation of major HR functions, such as employee selection, have made it critical for HHS managers and employees to improve and commit to a continual learning of human resource policy, employee development, conflict resolution, time management, project management and automation skills.

It is important for HHS to employ professionals who have the skills necessary for the development, implementation and evaluation of the health and human services programs. These skills include:

- Analytic/assessment skills;
- Policy development/program planning skills;
- Communication skills;
- Cultural competency skills;
- Basic public health sciences skills;
- Financial planning and management skills;
- Contract management skills; and
- Leadership and systems-thinking skills.

As the Spanish speaking population in Texas increases, there will be an increased need for employees with bilingual skills, especially Spanish-English proficiency.

In addition, most management positions require program knowledge. As HHS continues to lose tenured staff, effective training will be needed to ensure that current employees develop the skills necessary to transfer into management positions.

To promote this staff development, HHS must continue to grow the skills and talents of managers as part of a plan for succession. HHS has demonstrated this belief by establishing a HHS Leadership Academy, a formalized interagency training and mentoring program that provides opportunities to enhance the growth of high-potential managers as they take on greater responsibility in positions of leadership. The primary goals of the academy are to:

- prepare managers to take on higher and broader roles and responsibilities;
- provide opportunities for managers to better understand critical management issues;
- provide opportunities for managers to participate and contribute while learning; and
- create a culture of collaborative leaders across the HHS system.

Through this planned development of management skills and the careful selection of qualified staff, HHS will continue to meet the challenges posed by increased retirements.

6. Environmental Assessment

The Texas Economy

In 2011, the Texas economy emerged from the worldwide recession. Pre-recession Texas employment peaked at 10,639,900 jobs in 2008, a level that was surpassed by November of 2011. By January 2016, Texas added an additional 1,322,600 jobs.⁵⁰

Texas added jobs at a 2.4 percent rate in 2017, ranking number four in the nation after falling below the national average in 2015 and 2016. The Federal Reserve Bank of Dallas forecasts 2018 Texas job growth of 2.8 percent. This continued economic recovery could have a profound impact on the recruitment and retention challenges facing HHS.⁵¹

Poverty in Texas

As the number of families living in poverty increases for the state, the demand for services provided by the HHS System will also increase.

The U.S. Department of Health and Human Services defined the poverty level for 2017 according to household/family size as follows:

- \$24,600 or less for a family of four;
- \$20,420 or less for a family of three;
- \$16,240 or less for a family of two; and
- \$12,060 or less for individuals.⁵²

It is estimated that 15.6 percent of Texas residents live in families with annual incomes below the poverty level. This rate is slightly higher than the national poverty rate of 12.7 percent.⁵³

Unemployment

Another factor that directly impacts the demand for HHS System services is unemployment. In Texas, the August 2017 statewide unemployment rate was 4.0 percent, below the national rate of 4.4 percent.⁵⁴

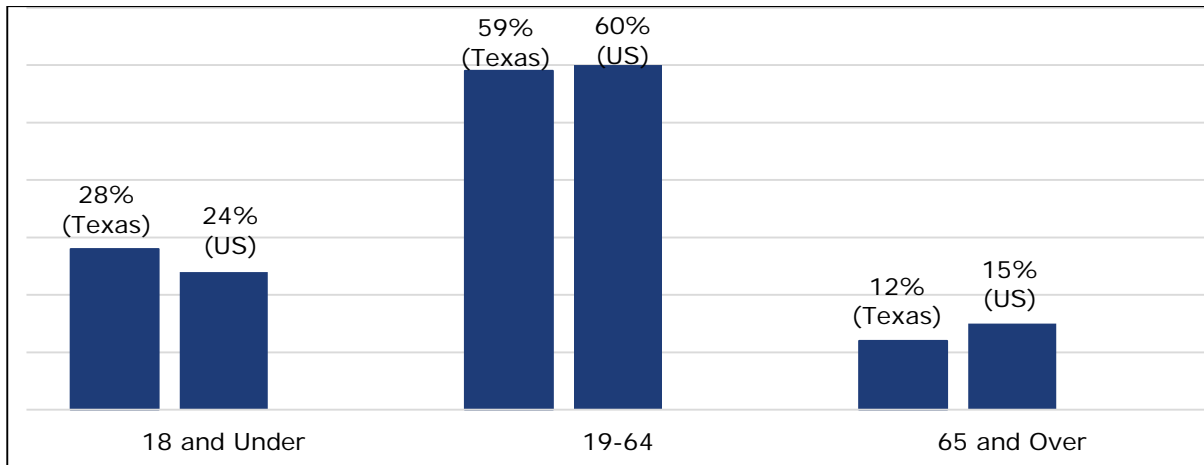
Other Significant Factors

With over 28 million residents, Texas is one of the faster growing states in the nation. In just one period, April 1, 2010 to July 1, 2017, the population of Texas

increased by more than three million, a 12.6 percent increase.⁵⁵ The Texas population is expected to continue to increase. By 2020, the Texas population is expected to reach over 30 million residents.⁵⁶

The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (59 percent) being between ages 19 to 64, followed by those 18 and under (28 percent) and those 65 and over (12 percent).⁵⁷

Figure 10: Population Distribution by Age



Long term population projections by the Texas State Data Center estimate that by 2050, the number of persons older than age 65 will triple in size (from 2010-2050), approaching 7.9 million.⁵⁸ This projected aging of the Texas labor force may have a major impact on growth of the labor force by dramatically lowering the overall labor force participation rate.

7. Expected Workforce Challenges

HHS will need to continue to recruit and retain health and human services professionals, such as psychiatrists, physicians, psychologists, nurse practitioners, registered nurses, licensed vocational nurses, registered therapists, dentists, epidemiologists, sanitarians, health physicists, public health and prevention specialists, medical technicians and laboratory staff. Additionally, certain jobs will continue to be essential to the delivery of services throughout the HHS System. Many of the jobs are low paying, highly stressful and experience higher than normal turnover, such as Eligibility Services staff, child care licensing and residential licensing specialists, facility investigator specialists, inspectors, social services surveyors, direct care workers (direct support professionals and psychiatric nursing assistants) and food service workers.

Direct Care Workers (Direct Support Professionals and Psychiatric Nursing Assistants)

There are about 8,523 direct care workers employed in HHS state hospitals and state supported living centers. These positions require no formal education to perform the work, but employees are required to develop people skills to effectively interact with patients and residents. The physical requirements of the position are difficult and challenging due to the nature of the work. The pay is low, with an average hourly rate of \$12.55.⁵⁹

The overall turnover rate for employees in this group is very high, at about 44 percent annually.⁶⁰ Taking into account these factors, state hospitals and state supported living centers have historically experienced difficulty in both recruiting and retaining these workers. Little change is expected.

Direct Support Professionals

There are 5,697 direct support professionals in state supported living centers across Texas, representing approximately 15 percent of the System's total workforce.⁶¹ These employees provide 24-hour direct care to over 4,000 people who reside in state supported living centers. They directly support these individuals by providing services including basic hygiene needs, dressing and bathing, general health care, and dining assistance. They support life-sustaining medical care such as external feeding and lifting individuals with physical challenges. A trained and experienced direct care staff is essential to ensure resident safety, health and well-being.

There are no formal education requirements to apply for a job in this series; however, extensive on-the-job training is required. It takes six to nine months for a

new direct support professional to become proficient in the basic skills necessary to carry out routine job duties.

Employees who perform this work must interact with residents on a daily basis. The work is performed in shifts throughout the day and night. The pay is low and the work is difficult and physically demanding.

A typical HHS direct support professional is 38 years old and has about six years of state service.⁶²

Turnover for direct support professionals is very high, at about 48 percent. This is one of the highest turnover rates of any job category in the System, reflecting the loss of about 3,296 workers during fiscal year 2017. Within this job family, entry-level Direct Support Professional Is experienced the highest turnover at approximately 60 percent. Turnover rates by location ranged from 30 percent at Richmond State Supported Living Center to 63 percent at the San Angelo State Supported Living Center.⁶³

The average hourly salary rate for these employees is \$12.56 per hour.⁶⁴ The State Auditor's Office 2016 market index analysis found the average state salary for Direct Support Professional I and IIs to range from two to seven percent behind the market rate.⁶⁵

Psychiatric Nursing Assistants

There are approximately 2,826 psychiatric nursing assistants employed in HHS state hospitals.⁶⁶ These positions require high school education or equivalency to perform the work; however, there is extensive on-the-job training.

Workers are assigned many routine basic care tasks in the state hospitals that do not require a license to perform, such as taking vital signs, and assisting with bathing, hygiene and transportation. These employees are required to interact with patients on a daily basis. They are likely to be the first to intervene during crisis situations, and are the frontline staff most likely to de-escalate situations to avoid the need for behavioral interventions. They also have a higher potential for on-the-job injuries, both from lifting requirements and intervention during crisis situations. Further complicating this situation, many of the applicants for these entry-level positions lack the experience needed to work with patients and often lack the physical ability necessary to carry out their job duties.

The work is performed in shifts throughout the day and night. The work is difficult and the pay is low. Psychiatric nursing assistants earn an average hourly wage of \$12.54 per hour. The State Auditor's Office 2016 market index analysis found the average state salary for a Psychiatric Nursing Assistant I was seven percent behind the market rate.^{67 68}

The average psychiatric nursing assistant is about 38 years old and has an average of seven years of state service.⁶⁹

Turnover for psychiatric nursing assistants is very high at about 33 percent, reflecting the loss of 1,047 workers during fiscal year 2017. Within this job family, entry-level Psychiatric Nursing Assistant Is experienced the highest turnover at 44 percent. Turnover rates by location ranged from 20 percent at Terrell State Hospital to nearly 50 percent at the Big Spring State Hospital.⁷⁰

HHS is currently experiencing difficulty filling vacant psychiatric nursing assistant positions. Vacant positions are going unfilled for many months. Positions at the Terrell State Hospital and Austin State Hospital are remaining vacant, on average, for about five months.⁷¹

HHS is developing an as needed staffing pool to reduce the need for overtime as well as an Intensive Observation Unit to reduce the need for 1:1 staffing for high risk individuals.

Recruitment and retention of these employees remains a major challenge for the System.

Food Service Workers

HHS employs approximately 927 food service workers.⁷²

The physical requirements are very demanding and there are no formal education requirements. Since meals are prepared seven days a week, some of these employees are required to work on night and weekend shifts.

The average hourly rate paid to food service workers is \$11.10. Turnover in food service worker positions is high, at 29 percent during fiscal year 2017.⁷³ The State Auditor's Office 2016 market index analysis found the average state salary for Cook IIs to be three percent behind the market rate, and food service managers ranged from zero to nine percent behind the market rate.⁷⁴

Retention and recruitment of these workers remains a major challenge for the System.

Food Service Workers at State Supported Living Center

There are 595 food service workers employed in HHS state supported living centers throughout Texas.⁷⁵

The typical food service worker is about 45 years of age and has an average of approximately 10 years of state service.⁷⁶

Turnover in these food service worker positions is very high, at 31 percent. Turnover is at nearly 50 percent at the El Paso State Supported Living Center.⁷⁷

Food Service Workers at State Hospitals

There are 332 food service workers employed at HHS state hospitals and centers throughout Texas.⁷⁸

The typical food service worker is about 44 years of age and has an average of about eight years of state service.⁷⁹

Turnover in these food service worker positions is high, at 24 percent. Turnover was nearly 45 percent at the Kerrville State Hospital.

Eligibility Services Staff

Across the state, there are about 7,487 employees supporting eligibility determinations within the System, accounting for about 20 percent of the HHS System workforce.⁸⁰

The majority of these individuals (6,996 employees or 93 percent) are employed as Texas works advisors, medical eligibility specialists, hospital based workers, eligibility clerks and eligibility supervisors.⁸¹

Overall turnover for Eligibility Services Staff is higher than the state average rate (at about 21 percent), with medical eligibility specialists experiencing the highest turnover at 25 percent, followed by Texas works advisors at 23 percent and eligibility clerks at 19 percent.^{82 83}

Texas Works Advisors

There are over 4,300 Texas works advisors within HHS that make eligibility determinations for SNAP, TANF, CHIP and Medicaid for children, families and pregnant women. The typical Texas works advisor is 43 years of age and has an average of about eight years of service.⁸⁴

Turnover for these employees is high at about 23 percent, representing a loss of 1,155 workers in fiscal year 2017. Certain regions of Texas experienced higher turnover than others, including the Metroplex at 31 percent and Upper South Texas at 31 percent. Entry-level Texas Works Advisor Is experienced the highest turnover at 49 percent.⁸⁵

In addition, HHS has experienced difficulty finding qualified candidates for new worker positions. Due to this shortage of qualified applicants, vacant positions go

unfilled for an average of almost three months, with vacant positions in Southeast Texas remaining unfilled for an average of a little more than four months.⁸⁶

Salary is one factor that may be contributing to the System's difficulty recruiting and retaining eligibility workers.

Recruitment and retention of these employees remain a continuing challenge for HHS.

Medical Eligibility Specialists

Within HHS, there are 649 medical eligibility specialists determining financial eligibility for Medicaid for Elderly and People with Disabilities (MEPD). Medical eligibility specialists have, on average, about nine years of state service, with an average age of 43.⁸⁷

Turnover for these employees is high at about 25 percent, representing the loss of 184 employees in fiscal year 2017. Entry-level Medical Eligibility Specialist Is experienced the highest turnover, at 48 percent.⁸⁸

Retention of these specialists is an ongoing challenge.

Hospital Based Workers

HHS has about 270 hospital based workers stationed in nursing facilities, hospitals, and clinics rather than in eligibility offices to determine eligibility for the SNAP, TANF, CHIP and Medicaid programs. These highly-tenured workers have an average of about 14 years of state service (about 59 percent of these employees have 10 or more years of state service), with an average age of 46.⁸⁹

Turnover for these employees is currently below the state average (of 18.6 percent) at about 15 percent.^{90 91}

Eligibility Clerks

HHS employs about 1,223 eligibility clerks in various clerical, administrative assistant and customer service representative positions. The typical eligibility clerk is 47 years of age and has an average of 11 years of state service.⁹²

The turnover rate for eligibility clerks is high at about 19 percent, representing the loss of about 258 employees (a one percent higher rate than reported for fiscal year 2015).^{93 94} Eligibility Specialist Clerk IIIs made up the majority of these losses at about 73 percent, with these positions often remaining unfilled for an average of five months.^{95 96}

Recruitment and retention for these jobs are ongoing challenges.

Eligibility Supervisors

Approximately 500 eligibility supervisors are employed within HHS. These highly-tenured supervisors have an average of 18 years of state service (75 percent of these employees have 10 or more years of state service), with an average age of 48.⁹⁷

Though turnover for these employees is well managed at about 14 percent, this represents a four percent higher turnover rate than reported for fiscal year 2015).⁹⁸ Within the next five years, nearly half of these employees will be eligible to retire.⁹⁹

HHS will need to develop effective succession plans and creative recruitment strategies to replace these highly skilled and tenured employees.

Child Care Licensing (CCL) and Residential Child Care Licensing (RCCL) Specialists

There are 396 CCL and RCCL specialists employed within the System who monitor, investigate and inspect child day-care facilities and homes, residential child care facilities, child-placing agencies and foster homes.¹⁰⁰ In addition, they conduct child abuse/neglect investigations of children placed in 24-hour childcare facilities and child placing agencies licensed or certified by Residential Child Care Licensing.

The typical specialist is 38 years of age and has an average of eight years of state service. Nearly half of these employees have less than five years of state service.^{101 102}

CCL and RCCL specialist turnover is high at 19 percent.¹⁰³

Retention of these employees is an ongoing challenge.

Facility Investigator Specialists

There are 147 facility investigator specialists employed within the System who investigate reports of abuse, neglect, and exploitation of adults and children with mental illness or intellectual, developmental, and physical disabilities. Investigations occur in a variety of settings such as facilities, group homes, and private residences. Provider investigations are completed in accordance with Texas Administrative Code and Provider Investigations policy.

The typical specialist is 38 years of age and has an average of seven years of state service. Over half of these employees have less than five years of state service.^{104 105}

Turnover for facility investigator specialists is high at about 21 percent, reflecting the loss of 34 specialists during fiscal year 2017.¹⁰⁶

Retention of these employees is an ongoing challenge.

Social Services Surveyors

There are 56 social services surveyors employed with HHS.¹⁰⁷ HHS social services surveyors conduct surveys and complaint/incident investigations on state licensure and, when applicable, federal certification requirements for nursing facilities, assisted living facilities, Day Activity and Health Services facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities and in-patient Hospice facilities.

On average, HHS social services surveyors are 45 years old and have about nine years of state service. About 32 percent of these employees have 10 or more years of state service.¹⁰⁸

The turnover rate for HHS social services surveyors is currently high at 25 percent.¹⁰⁹

In addition, HHS has experienced difficulty filling vacant positions, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.^{110 111}

In addition, HHS may face significant recruitment challenges in the next few years to replace these skilled tenured employees who are eligible for retirement. Though only 13 percent of these employees are currently eligible to retire, this rate will increase in the next five years to nearly 30 percent.¹¹²

HHS will need to develop creative recruitment and strategies to replace these skilled and tenured employees.

Social Workers

There are 187 social workers employed by HHS, with the majority (99 percent) housed in state supported living centers and state hospitals across the state.¹¹³

Turnover for these social workers is high at 27 percent.¹¹⁴

One reason for this high turnover is the large disparity between private sector and HHS salaries. System social workers earn an average annual salary of \$44,024.¹¹⁵ This salary falls significantly below the market rate. The average annual salary for social workers nationally is \$55,510 and \$57,950 in Texas.¹¹⁶ The State Auditor's

Office 2016 market index analysis found the average state salary for Social Worker Is, IIs, and IIIs ranged from two to eight percent behind the market rate.¹¹⁷

These problems are expected to worsen as employees approach retirement. While 13 percent of these employees are currently eligible to retire, this number increases to nearly 23 percent in the next five years.¹¹⁸

Social Workers at State Supported Living Centers

About 18 percent of HHS social workers (33 employees) work at state supported living centers across the state.¹¹⁹ These employees serve as a liaison between the resident, legally authorized representative and others to assure ongoing care, treatment and support through the use of person-centered practices. They gather information to assess a resident's support systems and service needs, support the assessment of the resident's rights and capacity to make decisions, and assist with the coordination of admissions, transfers, transitions and discharges.

The typical social worker at these facilities is about 48 years old and has an average of 10 years of state service.¹²⁰

The average turnover rate for these social workers is higher than the state average of 18 percent (at 35 percent), and positions often remaining unfilled for an average of eight months before being filled.^{121 122}

Social Workers at State Hospitals

There are 153 social workers at HHS state hospitals.¹²³ These employees are critical to managing patient flow in state hospitals and taking the lead role in communicating with patient families and community resources. Social workers provide essential functions within state hospitals that include conducting psychosocial assessments, therapeutic treatment and case coordination for individuals receiving services from HHS in-patient psychiatric hospitals and the Waco Center for Youth.

State hospital social workers are about 42 years old and have an average of 9 years of state service.¹²⁴

The overall turnover rate for these social workers is high at around 25 percent, with the Austin State Hospital and the Waco Center for Youth experiencing turnover of more than 35 percent.¹²⁵

Registered Therapists at State Supported Living Centers

HHS employs 213 registered therapists in state supported living centers across Texas.¹²⁶ These therapists are employed in a variety of specializations, including speech-language pathologists, audiologists, occupational therapists and physical therapists. Full staffing of these positions is critical to direct-care services.

These highly skilled employees have, on average, about eight years of state service, with an average age of 46.¹²⁷

Though turnover for these registered therapists is below the state average at 16 percent, HHS is experiencing difficulty filling vacant positions. Positions at the Denton and San Antonio State Supported Living Centers remain unfilled for nearly one year.^{128 129 130}

HHS may face significant recruitment challenges in the next few years to replace these highly skilled employees who will be eligible for retirement. About 11 percent of these employees are currently eligible to retire, and approximately 20 percent of them will be eligible in the next five years.¹³¹ HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.

Registered Nurses (RNs)

RNs constitute one of the largest healthcare occupations. With 2.9 million jobs in the U.S., job opportunities for RNs are expected to grow faster than the average for all occupations. It is projected that there will be a need for 438,100 new RN jobs by 2026.^{132 133 134}

The supply of nurses in Texas is still low in comparison to national numbers. The numbers of RNs per 100,000 population in Texas are below the U.S. average; LVNs are the exception in Texas, with a larger ratio of providers to population than the national ratio. It is projected that, in coming years, increased demand for health care services due to the full implementation of the Patient Protection and Affordable Care Act (PPACA) in 2014 (Holahan, Buettgens, Carroll, & Dorn, 2012), an aging population, and an increase in the prevalence of chronic disease will all contribute to the need to grow the nursing workforce.¹³⁵ The Texas nurse-to-population ratio is below the national average of 921 nurses per 100,000 people, with the state ratio being only 796 nurses per 100,000 people.^{136 137}

Although there are 118 nursing school programs across the state, most of them have more applicants than room for new students.¹³⁸

The lack of budgeted faculty positions, the lack of qualified applicants for budgeted faculty positions, and limited classroom space impact both the number of accepted students and the number of available classes offered.

HHS employs approximately 2,059 RNs across the state, in state supported living centers, state hospitals, and in the DSHS Regional and Local Health Operations.^{139 140} As the demand for nursing services increases and the supply decreases, the recruitment and retention of nurses becomes more difficult and the need for competitive salaries will become more critical.

Currently, the average annual salary for HHS System RNs is \$59,940.¹⁴¹ This salary falls below both national and state averages for these occupations. Nationally, the average annual earnings for RNs in 2016 was \$72,180.¹⁴² In Texas, the average annual earnings for RNs in 2016 was \$70,390.¹⁴³ In addition, the State Auditor's Office 2016 market index analysis found the average state salary for Nurse I-IVs ranged from two to 16 percent behind the market rate and one percent behind the market rate for Public Health Nurse Is.¹⁴⁴ Posted vacant positions are currently taking about five months to fill.

Although, targeted pay increases (as approved by the 84th Legislature) were awarded to selected RN classifications in localities with the highest turnover rates, keeping pace with the salaries offered by the private sector remains a challenge. It is expected that recruitment and retention of nurses will continue to be a problem for the System, as the nursing workforce shortage continues and as a significant portion of System nurses approach retirement.

RNs at State Supported Living Centers

About 31 percent of System RNs (632 RNs) work at HHS state supported living centers across Texas.¹⁴⁵

The typical state supported living center RN is about 47 years old and has an average of approximately eight years of state service.¹⁴⁶

The turnover rate for these RNs is considered high at about 25 percent. Turnover is especially high at the Abilene State Supported Living Center (at 36 percent) and the El Paso State Supported Living Center (at 87 percent).¹⁴⁷

In addition, HHS finds it difficult to fill these vacant nurse positions. At these facilities, there are always vacant nursing positions that need to be filled. With a high vacancy rate for these positions (at approximately 21 percent), RN positions often remain open for more than six months before being filled. Some facilities are experiencing even longer vacancy durations. At the Austin State Supported Living Center it takes about eight months to fill a position, while at the Corpus Christi State Supported Living Center, it takes nearly 10 months.¹⁴⁸ In order to provide

quality nursing care for residents, it is essential that HHS maintain the lowest vacancy rate.

RNs at State Hospitals

About 39 percent of System RNs (805 RNs) work at state hospitals across the Texas, providing frontline medical care of patients. They provide medications, primary health care and oversee psychiatric treatment.¹⁴⁹

System nurses at state hospitals are generally required to work shifts and weekends. The work is demanding, requires special skills and staff often work long hours with minimal staffing. The work is also physically demanding, making it increasingly more difficult for the aging nursing workforce to keep up with these work demands. All of these job factors contribute to higher than average turnover rates.

The typical RN at a System state hospital is about 48 years old and has an average of approximately 10 years of state service.¹⁵⁰

The turnover rate for these RNs is considered high at about 26 percent. Turnover is especially high within the Texas Center for Infectious Disease (at 54 percent) and at El Paso Psychiatric Center (34 percent).¹⁵¹

At these state hospitals, there are always vacant nursing positions that need to be filled. These RN positions often remain open for about four months before being filled. Some hospitals are experiencing even longer vacancy durations. At the North Texas State Hospital and the El Paso Psychiatric Center, it takes nearly six months to fill a position.¹⁵²

Public Health RNs

About six percent of System RNs (119 RNs) provide direct care and population-based services in the many counties in Texas that have no local health department, or where state support is needed.¹⁵³ These RNs are often the individuals who are on the frontline in the delivery of public health services to rural communities throughout the state, serving as consultants and advisors to county, local and stakeholder groups, and educating community partners. They assist in communicable disease investigation, control and prevention, and are critical to successful public health preparedness and response throughout the state.

Public Health RNs have, on average, about eight years of state service, with an average age of about 50 years.¹⁵⁴

Overall turnover for these RNs is about 21 percent. Certain areas of Texas experienced higher turnover than others, including those in Public Health Region 9/10 (El Paso area) at about 33 percent and Public Health Region 2/3 (Arlington area) at 32 percent.¹⁵⁵

Nurse Surveyors

There are 228 RNs employed as nurse surveyors (approximately 11 percent of System RNs). These RNs utilize their expertise to conduct surveys and complaint/incident investigations on state licensure and when applicable, federal certification requirements for nursing facilities, assisted living facilities, Day Activity and Health Services facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities and in-patient Hospice facilities.¹⁵⁶

In addition to being licensed to practice as an RN by the Texas Board of Nurse Examiners, these nurses must also obtain the Surveyor Minimum Qualification (SMQT) with the first year of employment. The typical nurse surveyor is about 53 years old with approximately seven years of state service.¹⁵⁷

The turnover rate is considered high at about 23 percent, and it typically takes about four months to fill a vacant position. Recruitment and retention of these RNs remains difficult due to salary constraints. This situation is expected become more problematic over time, since nearly 30 percent of these highly skilled employees will be eligible to retire from state employment in the next five years.¹⁵⁸

Licensed Vocational Nurses (LVNs)

There are about 976 LVNs employed by HHS. The majority of these employees (about 99 percent) work at state hospitals and state supported living centers across Texas.¹⁵⁹

About one percent work in Public Health Regions and central office program support, assisting in communicable disease prevention and control and the delivery of population-based services to individuals, families, and communities.

On average, a System LVN is 45 years old and has eight years of state service.¹⁶⁰

As with RNs, the nursing shortage is also impacting the HHS' ability to attract and retain LVNs. Turnover for LVNs is currently very high at about 29 percent.¹⁶¹

Currently, the average annual salary for System LVNs during fiscal year 2017 was \$39,189.60.¹⁶² This salary falls below both national and state averages for this occupation. Nationally, the average annual earnings for licensed practical nurses and LVNs is \$44,840, and \$46,110 in Texas.¹⁶³ The State Auditor's Office 2016 market index analysis found the average state salary for LVN IIs and IIIs ranged from six to 11 percent behind the market rate.¹⁶⁴

Although, targeted pay increases (as approved by the 84th Legislature) were awarded to selected LVN classifications in localities with the highest turnover rates, recruitment and retention remains a significant challenge.

LVNs at State Supported Living Centers

There are 514 LVNs employed at HHS state supported living centers across Texas. These LVNs are, on average, 45 years old and have an average of approximately eight years of state service.¹⁶⁵

Turnover for LVNs at state supported living centers is at about 30 percent. The state supported living centers experienced the loss of 166 LVNs in fiscal year 2017. Turnover is extremely high at the El Paso State Supported Living Center (at 84 percent) and the Corpus Christi State Supported Living Center (at 45 percent).¹⁶⁶

With a very high vacancy rate of about 29 percent, vacant positions often go unfilled for over six months. Some centers are experiencing even longer vacancy durations. At the Denton, Mexia, and San Angelo state supported living centers it takes about eight months to fill a position.¹⁶⁷

LVNs at State Hospitals

There are approximately 454 LVNs employed at HHS state hospitals and centers across Texas.¹⁶⁸

On average, a state hospital LVN is about 44 years old and has eight years of state service.¹⁶⁹

Turnover for these LVNs is high at about 28 percent. Turnover is especially high at Rusk State Hospital (at 39 percent) and the San Antonio State Hospital (at 46 percent).¹⁷⁰

State hospitals continue to experience difficulty in recruiting and retaining qualified staff which can be attributed to a shortage in the qualified labor pool. Market competition and budget limitations significantly constrain the ability of state hospitals to compete for available talent.

LVNs in Public Health Roles

About one percent of System LVNs (eight LVNs) work in the Public Health Regions across Texas. They have, on average, about 10 years of state service, with an average age of about 49 years.¹⁷¹ The overall turnover for these LVNs is high at 31 percent.¹⁷² Retention is expected to remain an issue as employment of LVNs is projected to grow 12 percent by the year 2026, faster than the average for all occupations and budgetary limitations will continue to make it difficult for the System to offer competitive salaries.¹⁷³

Nurse Practitioners

HHS employs 44 nurse practitioners throughout the System. Under the supervision of a physician, 43 of these nurse practitioners are responsible for providing advanced medical services and clinical care to individuals at state hospitals and those who reside in state supported living centers across Texas.¹⁷⁴

These highly skilled employees have, on average, about 10 years of state service, with an average age of 51. Over 40 percent of these employees have 10 years or more of state service.¹⁷⁵

System nurse practitioners earn an average annual salary of \$111,471.60.¹⁷⁶ This salary falls slightly below the market rate. The State Auditor's Office 2016 market index analysis found the average state salary for nurse practitioners ranged from three to seven percent behind the market rate.¹⁷⁷

The turnover rate for nurse practitioners is about 19 percent, and the vacancy rate is high at 24 percent, with positions remaining vacant for an average of about nine months.^{178 179}

About 18 percent of nurse practitioners are currently eligible to retire, with this number increasing to 30 percent in the next five years. HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.¹⁸⁰

Nurse Practitioners at State Supported Living Centers

HHS employs 14 nurse practitioners at state supported living centers across Texas.¹⁸¹ These highly skilled employees have, on average, about six years of state service, with an average age of 53.¹⁸²

The overall turnover rate for these nurse practitioners is high at about 34 percent.¹⁸³

With a high vacancy rate of 22 percent, vacant positions at state supported living centers go unfilled for over four months before being filled.¹⁸⁴

Due to the continuing short supply and high demand for these professionals, HHS will need to develop creative recruitment strategies to replace these employees.

Nurse Practitioners at State Hospitals

HHS employs 29 nurse practitioners at state hospitals across Texas. These highly skilled employees have, on average, about 12 years of state service, with an average age of 51.¹⁸⁵

Though turnover for these state hospital employees is currently low at about 13 percent, positions are often remaining unfilled for months.^{186 187}

About 21 percent of these highly skilled employees are currently eligible to retire. This number will increase to nearly 30 percent retirement eligibility in the next five years, making recruitment and retention for these jobs an ongoing challenge for the System.¹⁸⁸

Dentists at State Supported Living Centers

The demand for dentists nationwide is expected to increase as the overall population ages. Employment of dentists is projected to grow by 19 percent through 2026.¹⁸⁹

The System employs a total of 29 dentists across the state.¹⁹⁰ Of the 29 dentists employed by the System, over half (59 percent) provide advanced dental care and treatment for residents living at the HHS supported living centers across Texas. The typical dentist at these facilities is about 53 years old and has an average of 11 years of state service.¹⁹¹

Although turnover for these dentists is only about six percent, the state supported living centers still face challenges competing with private sector salaries to fill current vacancies.

It is anticipated that HHS will face significant recruitment challenges in the next few years to replace these highly skilled employees who will be eligible for retirement. About 29 percent of these employees are currently eligible to retire, and this number will increase to about 47 percent in the next five years.¹⁹²

Physicians

There are currently about 372,400 active physicians and surgeons across the country. Due to the increased demand for healthcare services by the growing and aging population, employment of physicians is projected to grow about 13 percent by 2026, faster than the average for all occupations.^{193 194}

HHS employs 87 physicians, with majority (90 percent) employed in HHS state supported living centers, state hospitals and in Public Health Regions.¹⁹⁵

These highly skilled employees have, on average, about 10 years of state service, with an average age of 57. Over 30 percent of these employees have more than 10 years or more of state service.¹⁹⁶

System physicians are currently earning an average annual salary of \$186,817.20.¹⁹⁷ This salary is below the average wage paid nationally (\$205,560) and also lower than the Texas average of \$207,750.¹⁹⁸ The State Auditor's Office 2016 market index analysis found the average state salary for Physician IIs to be 14 percent behind the market rate.¹⁹⁹

Turnover for these physicians is at 18 percent. In addition, the vacancy rate is at 18 percent, with positions remaining vacant for an average of about nine months.^{200 201}

About 28 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 40 percent in the next five years.²⁰²

Physicians at State Supported Living Centers

There are 38 physicians working at state supported living centers across Texas.²⁰³ Full staffing of these positions is critical to direct-care services.

These physicians have, on average, about nine years of state service, with an average age of 57. Local physicians who have established long term private practices often apply as a staff physician at state supported living centers late in their working career to secure retirement and insurance benefits, thus explaining the reason for the high average age.

Turnover for these physicians is at 18 percent.²⁰⁴

To deal with recruitment and retention difficulties, HHS has often used contract physicians to provide required coverage. These contracted physicians are paid at rates that are well above the amount it would cost to hire physicians at state salaries. Aside from being more costly, the System has experienced other problems with contracted physicians, including a lengthy learning curve, difficulty in obtaining long-term commitments, difficulty in obtaining coverage, dependability and consistent services levels due to their short-term commitment.

To meet the health needs of individuals residing in state supported living centers, it is critical that HHS recruit and retain qualified physicians. However, due to the short supply and large demand, state supported living centers are experiencing difficulty hiring physicians. With a high vacancy rate of 22 percent, positions are remaining unfilled for an average of eight months.²⁰⁵

Physicians at State Hospitals

There are currently 30 physicians at HHS who are providing essential medical care in state hospitals.²⁰⁶ They take the lead role in diagnosing, determining a course of treatment, making referrals to outside medical hospitals, prescribing medications

and monitoring the patients' progress toward discharge. Physician services in state hospitals are essential to the ongoing monitoring and management of an increasing number of complex chronic medical conditions, such as diabetes, seizure disorders, hypertension and chronic obstructive pulmonary disease (COPD). These employees are critical to the System's preparedness and response to medical services provided by the state and to major public health initiatives, such as obesity prevention, diabetes, disease outbreak control and others.

These physicians have, on average, about 13 years of state service, with an average age of about 57. Local physicians who have established long term private practices often apply as physicians at state hospitals late in their working career to secure retirement and insurance benefits, contributing to the high overall age. Only 11 full-time physicians are under 50 years of age.²⁰⁷

Turnover for these physicians is about 16 percent.²⁰⁸

With a vacancy rate of about 19 percent, it takes about 10 months to fill a state hospital physician position with someone who has appropriate skills and expertise.²⁰⁹

In addition, HHS may face significant challenges in the next few years to replace those employees who are eligible for retirement. About 37 percent of these highly skilled and tenured employees are currently eligible to retire. Within five years, about 47 percent will be eligible to retire. If these employees choose to retire, the HHS would lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to match and even harder to recruit.²¹⁰

Recruitment of qualified candidates, as well as retention of these highly skilled and knowledgeable employees, continues to be a challenge for the System.

Compensation levels will need to be increased to effectively compete in a market where qualified applicants are in short supply and healthcare competitors offer a higher starting salary. The cost of obtaining clinical staff through a placement service or contract far exceeds the cost of hiring and retaining an agency physician. Attracting and keeping clinical staff that are trained in the use of HHS electronic equipment and clinical practices, as well as familiarity with the patient population, is more productive and cost-effective.

Physicians in Public Health Roles

There are 10 HHS physicians performing public health services.²¹¹ Physicians serving in public health roles in Public Health Regions and Central Office act as state and regional consultants and advisors to county, local, hospital, and stakeholder groups, and provide subject matter expertise on programs and services. These physicians provide public health services that are essential to the provision of direct

clinical services in areas of the state where local jurisdictions do not provide services in communicable disease control and prevention and population-based services.

Physicians serving in Public Health Regions initiate treatment of communicable diseases; refer, prescribe medication, and monitor treatment. They oversee infectious disease investigation, control, and prevention efforts regionally, and provide direction for public health preparedness and response centrally and in the Public Health Regions. Some of the physicians who serve as Regional Directors are required by statute to also serve as the Local Health Authority (LHA) in counties that do not have a designated LHA. As such, they enforce laws relating to public health; establish, maintain and enforce quarantines; and report the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction. As Regional Medical Directors, physicians in Public Health Regions serve as community leaders and conveyors of health-related organizations and individuals for the purpose of improving the health of all Texans.

These physicians are, on average, about 52 years old, with an average of about 10 years of state service.²¹²

Turnover for these positions is very high at about 40 percent.²¹³

Currently, 30 percent of these physicians are eligible to retire, with the number employees eligible to retire increasing to 40 percent in the next five years. HHS will need to develop creative recruitment strategies to replace these highly skilled employees.²¹⁴

Psychiatrists

There are currently about 28,000 psychiatrists nationwide. Increased demand for healthcare services by the growing and aging population is expected to result in a 12 percent rate of growth by 2026.²¹⁵

HHS employs 128 psychiatrists throughout the System, with the majority of these psychiatrists (about 84 percent) employed in state hospitals across Texas.²¹⁶ These highly skilled and tenured employees have, on average, about 12 years of state service, with an average age of 53.²¹⁷

System psychiatrists currently earn an average annual salary of \$225,415.²¹⁸ The State Auditor's Office 2016 market index analysis found the average state salary for Psychiatrist IIs to be 10 percent behind the market rate.²¹⁹

Turnover for System psychiatrists is currently at about nine percent. The vacancy rate is very high at about 19 percent, with positions remaining vacant for an average of about nine months.^{220 221}

About 27 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 43 percent in the next five years.²²²

To address these difficulties, HHS may consider increasing entry-level salaries for psychiatrists and for currently employed psychiatrists in the upcoming fiscal years.

Psychiatrists at State Supported Living Centers

There are 19 psychiatrists assigned to state supported living centers and 16 are in senior-level Psychiatrist III positions. Full staffing of these positions is critical to providing psychiatric services needed by residents.²²³

These Psychiatrists IIIs have, on average, about eight years of state service, with an average age of 51.²²⁴

With a high vacancy rate of 20 percent, vacant positions in state supported living centers go unfilled for about one year (Mexico State Supported Living Center has a very high vacancy rate of 80 percent and positions go unfilled for about a year).²²⁵ Many of the postings and advertisements for these vacant positions result in no responses from qualified applicants.

To deal with these recruitment and retention difficulties, HHS has often used contract psychiatrists to provide required coverage. These contracted psychiatrists are paid at rates that are well above the amount it would cost to hire psychiatrists at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$108 paid to System psychiatrists at state supported living centers).²²⁶ Aside from being more costly, HHS has experienced other problems with contracted psychiatrists, including a lengthy learning curve, difficulty in obtaining long-term commitments, difficulty in obtaining coverage, dependability and inconsistency of services due to their short-term commitment.

To meet the health needs of individuals residing in state supported living centers, it is critical that HHS fill all budgeted psychiatrist positions and effectively recruit and retain qualified psychiatrists.

Psychiatrists at State Hospitals

There are currently 107 System psychiatrists providing essential medical and psychiatric care in state hospitals.²²⁷ Of these 107 psychiatrists, the Psychiatrist IIs and Psychiatrist IIIs have been identified as especially difficult to recruit and retain at the state hospitals. These highly skilled employees take the lead role in diagnosing, determining a course of treatment, prescribing medications and monitoring patient progress.

These psychiatrists have, on average, about 12 years of state service, with an average age of 53. About 51 percent of these employees have 10 or more years of service.²²⁸

Annual turnover for these psychiatrists is about 10 percent. Big Spring State Hospital reported the highest state hospital turnover rate of about 27 percent.²²⁹ With an overall high vacancy rate of about 19 percent, most vacant psychiatrist positions go unfilled for months.²³⁰ At some state hospitals, these positions remain vacant for over nine months (at the Terrell, Rio Grande, and North Texas state hospitals). These challenges are expected to continue, as about 27 percent of these highly skilled and tenured employees are currently eligible to retire, and may leave at any time. Within five years, this number will increase to 44 percent.²³¹

State hospitals face increasing difficulty in recruiting qualified psychiatrists. This has resulted in excessively high workloads for the psychiatrists on staff, reducing the ability of state hospitals to function at full capacity, placing hospital accreditation at risk and increasing the average length of patients' stay.

To deal with these recruitment difficulties, the System has often used contract psychiatrists to provide required coverage. These contracted psychiatrists are paid at rates that are well above the amount it would cost to hire psychiatrists at state salaries (costing in excess of \$200 per hour, compared to the hourly rate of about \$107 paid to psychiatrists at state hospitals).²³² These contracted psychiatrists may not be immediately available in an emergency (increasing the risk to patients) and are unable to provide the individualized treatment that arises from daily contact with staff and patients. Consequently, the patient's length of stay increases and annual number of patients served decreases. Since medical records of patients are almost completely electronic, psychiatrists are required to be proficient at computer entry and documentation. It often takes many weeks to train a contract psychiatrist on the nuances of the electronic medical record system.

Due to the complex medical and mental challenges that individuals residing in state hospitals exhibit, it is critical that HHS is able to effectively recruit and retain qualified psychiatrists. Continued targeted recruitment strategies and retention initiatives for these highly skilled professionals must be ongoing.

Psychologists

There are 219 psychologists in HHS, with the majority (98 percent) employed in state supported living centers and state hospitals across the state.²³³

System psychologists earn an average annual salary of \$59,341.²³⁴ This salary falls below the market rate. The State Auditor's Office 2016 market index analysis found the average state salary for Psychologist Is to be four percent behind the market rate and Psychologist IIs to be eight percent behind the market rate.²³⁵

Turnover for these psychologists is high at 25 percent, with psychologist positions often remaining unfilled for several months before being filled.^{236 237}

Psychologists at State Supported Living Centers

About 76 percent of HHS psychologists (167 employees) work at state supported living centers across Texas. These employees participate in quality assurance and quality enhancement activities related to the provision of psychological and behavioral services to state supported living center residents; provide consultation and technical assistance to individuals with cognitive, developmental, physical and health related needs; implement and evaluate behavioral support plans; review the use of psychotropic medication in treating behavior problems; perform chart reviews; and perform observations and assessments relevant to the design of positive interventions and supports for residents.²³⁸

The typical psychologist at these facilities is about 42 years old and has an average of eight years of state service.²³⁹

Turnover for these psychologists is high at about 28 percent, reflecting the loss of about 52 workers during fiscal year 2017. Turnover rates by location ranged from 11 percent at the Lufkin State Supported Living Center to 58 percent at the Austin State Supported Living Center.²⁴⁰

With a high vacancy rate for these positions (at approximately 19 percent), psychologist positions often remain open for months before being filled. At the Denton State Supported Living Center, positions have remained vacant for an average of six months.²⁴¹

Psychologists at State Hospitals

There are 47 psychologists working at HHS state hospitals, with about 62 percent employed in Psychologist II positions.²⁴² Full staffing of these positions is critical to providing needed psychological services to patients.

State hospital psychologists play a key role in the development of treatment programs for both individual patients and groups of patients. Their evaluations are critical to the ongoing management and discharge of patients receiving competency restoration services, an ever growing patient population in the state hospitals. They also provide testing and evaluation services important to ongoing treatment, such as the administration of IQ, mood, and neurological testing instruments.

These highly skilled and tenured employees have, on average, about 10 years of state service, with an average age of 46.²⁴³

Turnover for these psychologists is high about 15 percent. Rusk State Hospital experienced the highest turnover at 44 percent.²⁴⁴

The vacancy rate for these positions is very high, at about 19 percent, with positions often remaining unfilled for over 10 months.²⁴⁵

HHS may face significant recruitment challenges in the next few years, as 17 percent of these highly skilled and tenured employees are currently eligible for retirement, and may leave HHS at any time.²⁴⁶

It is critical that HHS fills all budgeted state hospital psychologist positions and is able to effectively recruit and retain qualified psychologists.

Epidemiologists

HHS employs 84 full-time epidemiologists who provide services in the areas of infectious disease and injury control, chronic disease control, emergency and disaster preparedness, disease surveillance and other public health areas.²⁴⁷ They provide critical functions during disasters and pandemics and other preparedness and response planning.

Nationally, there is a shortage of epidemiologists.^{248 249} Although epidemiology is known as the core science of public health, epidemiologists comprise less than one percent of all public health professionals.²⁵⁰ As of May 2016, there were approximately 6,100 epidemiologist jobs in the U.S., with a projected job growth rate of 8.8 percent by 2026.²⁵¹

On average, System epidemiologists have about eight years of state service, with an average age of approximately 38 years.²⁵²

Turnover for System epidemiologists is currently high, at about 25 percent, well above the state average turnover rate of 18.6 percent.^{253 254} This rate is much higher for entry-level Epidemiologist Is, at 39 percent. When the level of on-the-job experience needed to adequately perform the job is considered, this high turnover rate is of special concern. It takes, on average, a year for a new epidemiologist to learn his or her job. Several years are required to develop the specialized expertise required of senior epidemiologists to support the state and protect public health. With an extremely high vacancy rate of 24 percent, HHS is currently experiencing difficulty filling vacant epidemiologist positions. Vacant positions are going unfilled for many months due to a shortage of qualified applicants available for work.²⁵⁵ Low pay is a contributing factor in the inability to attract qualified epidemiologist applicants. System epidemiologists are currently earning an average annual salary of \$59,321.²⁵⁶ This salary is significantly below the average wage paid nationally (\$77,720), and also lower than the Texas average of \$88,600.²⁵⁷

In addition, HHS may face significant recruitment challenges in the next few years to replace these highly skilled employees who are eligible for retirement. Though only eight percent of these employees are currently eligible to retire, this rate will increase in the next five years to 18 percent.²⁵⁸

HHS will need to closely monitor this occupation due to the nationally non-competitive salaries and a general shortage of professionals performing this work.

Sanitarians

Another public health profession currently experiencing shortages is environmental health workers (i.e., sanitarians).²⁵⁹

There are 122 sanitarians employed with HHS.²⁶⁰ HHS registered sanitarians inspect all food manufacturers, wholesale food distributors, food salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions and conduct a multitude of environmental inspections such as children's camps, asbestos abatement, hazardous chemicals/products and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer products. The U.S. Food and Drug Administration (FDA) and the Consumer Products Safety Commission (CPSC) have little manpower and therefore depend on the state programs to protect citizens. System sanitarians also respond to a variety of emergencies, including truck wrecks, fires, tornados, floods and hurricanes. They are the first line of defense against a bioterrorist attack on the food supply.

On average, HHS sanitarians are 46 years old and have about 10 years of state service. About 40 percent of these employees have 10 or more years of state service.²⁶¹

Though the turnover rate for HHS sanitarians is currently low at about eight percent, HHS has experienced difficulty filling vacant positions, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.^{262 263}

Historically, HHS has faced special challenges filling vacancies in both rural and urban areas of the state. In addition, the state requirement for sanitarians to be registered and have at least 30 semester hours of science (in addition to 18 hours of continuing education units annually) has made it increasingly difficult to find qualified individuals.

With 20 percent of sanitarians currently eligible to retire, and 30 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these skilled and highly tenured employees.²⁶⁴

Inspectors

There are 141 inspectors employed with the HHS Division of Consumer Protection in the Meat Safety Assurance (MSA).²⁶⁵ Throughout the state of Texas, these inspectors perform complex inspections, investigations and quality assurance reviews at establishments with a State permit/license to perform livestock slaughter and/or meat/poultry processing operations.

The average inspector of these inspectors is about 46 years old and has about 10 years of state service. About 38 percent of these employees have 10 or more years of state service.²⁶⁶

Though the turnover rate for HHS Division of Consumer Protection inspectors is currently below the state turnover rate of 18.6 percent (at 16 percent), HHS has experienced difficulty filling vacant positions, with vacant positions often going unfilled for months due to a shortage of qualified applicants available for work.^{267 268}

Historically, HHS has faced special challenges retaining trained inspectors due to salaries that are not competitive with comparable positions at the US Department of Agriculture. Currently, the average annual salary for HHS Division of Consumer Protection inspectors during fiscal year 2017 was \$38,830, though the majority of these inspectors (70 percent) were Inspector IVs making \$35,010. Nationally, the average annual earnings for agricultural inspectors was \$44,260, and \$48,030 in Texas. The State Auditor's Office 2016 market index analysis found the average state salary for Inspector IVs was six percent behind the market rate.²⁶⁹

With 17 percent of these inspectors currently eligible to retire, and 30 percent eligible to retire in the next five years, HHS will need to develop creative recruitment and retention strategies to retain and replace these highly skilled employees.²⁷⁰

Health Physicists

Another profession currently experiencing national shortages is the health physicist profession.

Within HHS, there are 64 health physicists, all employed within the Division for Consumer Protection.²⁷¹ These employees plan and conduct complex and highly advanced technical inspections of industrial x-ray units, general medical diagnostic x-ray units, fluoroscopic units, mammographic units, C-Arm units, radiation therapy equipment, and laser equipment to assure user's compliance with applicable State and Federal regulations.

HHS health physicists have, on average, 13 years of state service, with an average age of 51 years. Over 50 percent of these employees have 10 or more years of state service.²⁷²

HHS health physicists earn an average annual salary of \$59,437, which is below the average wage paid nationally (\$72,480), and also lower than the Texas average of \$73,900.^{273 274}

Though the turnover for health physicists is currently well managed at six percent, vacant positions often go unfilled for many months due to a shortage of qualified applicants available for work.^{275 276}

With 27 percent of health physicists at HHS currently eligible to retire, and about 44 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees.²⁷⁷

Public Health and Prevention Specialists

Within HHS, there are 335 public health and prevention specialists, with the majority of these employees (91 percent) employed at DSHS.²⁷⁸

These employees provide technical consultation to local health departments, human and animal health care professionals, government officials, community action groups, and others on a number of public health areas, including the treatment, prevention and control of zoonotic diseases, rabies risk assessment, and animal control; providing population-based services toward improving access to care for children and pregnant women, promoting breastfeeding, increasing parent-completed developmental screenings, reducing feto-infant mortality and preventing child fatalities; and providing technical assistance and instruction in cancer reporting methods.

HHS public health and prevention specialists have, on average, 11 years of state service, with an average age of 46 years. Forty-five percent of these employees have 10 or more years of state service.²⁷⁹

While overall turnover for public health and prevention specialists at 15 percent is slightly below the state average rate of 18.6 percent,²⁸⁰ certain areas within HHS are experiencing significantly higher turnover rates, including Public Health Region 9/10 in the El Paso area (at 23 percent), the Division for Consumer Protection (at 19 percent), and Public Health Region 2/3 in the Arlington area (at 19 percent).²⁸¹

In addition, HHS finds it difficult to fill these vacant public health and prevention specialist positions. With a high vacancy rate for these positions (at approximately

13 percent), these positions often remain open for more than six months before being filled.²⁸²

Retention is expected to remain an issue as these employees approach retirement. Fifteen percent of public health and prevention specialists currently eligible to retire, and over 30 percent eligible to retire in the next five years.²⁸³

Medical Technicians

Within HHS, there are 21 medical technicians.²⁸⁴ These workers assist nursing staff with age appropriate patient care, which includes providing patients personal hygiene; making beds and assisting with preparation of units and patients rooms for receiving new patients; taking vital signs; obtaining specimens; cleaning patient care equipment; and transporting patients to and from various departments.

Over half of these works are employed at the Texas Center of Infectious Disease (TCID), with the remaining employees employed at HHS state hospitals and state supported living centers across Texas.

System medical technicians have, on average, about 10 years of state service, with an average age of 48 years. About 29 percent of these employees have 10 or more years of state service.²⁸⁵

The turnover rate for all System medical technicians is currently very high at 46 percent. This rate is much higher for entry-level Medical Technician Is at TCID (at 73 percent).^{286 287}

The vacancy rate for System medical technicians is currently high at about 13 percent, with TCID experiencing a 21 percent vacancy rate.²⁸⁸

HHS medical technicians earn an average annual salary of \$27,526. The State Auditor's Office 2016 market index analysis found the average state salary for medical technicians ranged from two to four percent behind the market rate.²⁸⁹ This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

Though only 10 percent of these employees are currently eligible to retire, about 20 percent of these employees will be eligible in the next five years. HHS will need to develop creative recruitment strategies to replace these employees, and to ensure a qualified applicant pool is available to select from as vacancies occur.²⁹⁰

Laboratory Staff

HHS operates a state-of-the-art state laboratory in Austin and two regional laboratories, one in San Antonio and the other in Harlingen. The Austin State Hospital provides laboratory services for the other HHS state hospitals and state supported living centers.

While laboratory staff is made up of a number of highly skilled employees, there are four job groups that are essential to laboratory operations: chemists, microbiologists, laboratory technicians and medical technologists.

Targeted recruitment and retention strategies are used to ensure that HHS laboratories have enough staff to meet HHS goals. One strategy has been to contract with private laboratories. This has not been a particularly desirable alternative to hiring laboratory staff. Barriers to using contracts with private labs include securing a cost-effective contract arrangement and the difficulty in obtaining a long term commitment. In most cases, contracting with private lab services is more costly than hiring staff to perform these services. To further address these difficulties, HHS may consider increasing entry-level salaries for new laboratory staff to better compete with private sector salaries.

Chemists

There are 55 chemists employed in the HHS Division for Laboratory and Infectious Disease Services, all located in Austin.²⁹¹

The typical System chemist is about 47 years old and has an average of about 13 years of state service. Nearly half of the employees have 10 years or more of state service.²⁹²

While the overall turnover rate for System chemists is well managed at about nine percent annually, Chemist Is experienced a 37 percent turnover rate, well above the state average turnover rate of 18.6 percent.^{293 294}

The vacancy rate for System chemists is currently high at about 13 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.²⁹⁵ These vacancy problems are expected to worsen as employees approach retirement. Nearly 20 percent of these tenured and highly skilled employees are currently eligible to retire.²⁹⁶

Low pay is a factor in the inability to attract qualified chemist applicants. System chemists earn an average annual salary of about \$47,837.²⁹⁷ The State Auditor's Office 2016 market index analysis found the average state salary for chemists ranged from one to four percent behind the market rate.²⁹⁸ The average annual salary for chemists nationally is \$80,820 and \$76,280 in Texas.²⁹⁹

Microbiologists

There are 132 microbiologists working for HHS, with the majority at the Austin laboratory.^{300 301}

System microbiologists have, on average, about 11 years of state service, with an average age of about 41 years.³⁰²

The turnover rate for all System microbiologists is below the state average rate of 18.6 percent at about 11 percent. This rate is much higher for entry-level Microbiologist Is (at 26 percent).^{303 304}

System microbiologists earn an average annual salary of about \$44,496.³⁰⁵ The State Auditor's Office 2016 market index analysis found the average state salary for Microbiologist IIs was 10 percent behind the market rate and one percent behind the market rate for Molecular Biologist IIs.³⁰⁶ This average annual salary also falls below the national and statewide market rates for this occupation. The average annual salary for microbiologists nationally is \$76,850 and \$56,650 in Texas.³⁰⁷ This disparity in earnings is affecting the System's ability to recruit qualified applicants for open positions. Microbiologist positions often remain unfilled for several months.³⁰⁸

In addition, HHS may face significant recruitment challenges in the next few years to replace these highly skilled and tenured employees who are eligible for retirement. Though only 13 percent of these employees are currently eligible to retire, this rate will increase in the next five years to 24 percent.³⁰⁹

Laboratory Technicians

The laboratory technician profession is currently experiencing national shortages.³¹⁰

There are 50 laboratory technicians employed at HHS.³¹¹

The typical laboratory technician is about 44 years old and has an average of 12 years of state service.³¹²

The turnover rate for System laboratory technicians is low at only nine, though turnover for entry-level laboratory technicians is much higher at 18 percent.³¹³

The vacancy rate for System laboratory technicians is currently high at about 12 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.³¹⁴

Low pay is a factor in the inability to attract qualified laboratory technician applicants. HHS laboratory technicians earn an average annual salary of about \$31,390.³¹⁵ The average annual salary for medical and clinical laboratory

technicians nationally is \$41,700 and \$40,060 in Texas.³¹⁶ The State Auditor's Office 2016 market index analysis found the average state salary for Laboratory Technician IIs and IIIs ranged from 10 to 18 percent behind the market rate.³¹⁷ These problems are expected to worsen as employees approach retirement. Over a quarter of these tenured and highly skilled employees will be eligible to retire in the next five years.³¹⁸

Medical Technologists

Within HHS, there are 66 medical technologists.³¹⁹ These workers perform complex clinical laboratory work and are critical to providing efficient and quality healthcare.

System medical technologists have, on average, about 10 years of state service, with an average age of 43 years. About 49 percent of these employees have 10 or more years of state service.³²⁰

The turnover rate for all System medical technologists is currently high at 21 percent. This rate is much higher for entry-level Medical Technologist IIs (at 35 percent).^{321 322}

The vacancy rate for System medical technologists is currently high at about 14 percent, with vacant positions often going unfilled for many months due to a shortage of qualified applicants available for work.³²³

HHS medical technologists earn an average annual salary of \$43,120, which is below the average wage paid nationally (\$62,440), and also lower than the Texas average of \$59,390.^{324 325} In addition, the State Auditor's Office 2016 market index analysis found the average state salary for medical technologists ranged from zero to 16 percent behind the market rate.³²⁶ This disparity is affecting HHS' ability to recruit qualified applicants for open positions.

Though only 12 percent of these employees are currently eligible to retire, over a quarter of these employees will be eligible in the next five years. HHS will need to develop creative recruitment strategies to replace these highly skilled and tenured employees, and to ensure a qualified applicant pool is available to select from as vacancies occur.³²⁷

8. Development Strategies To Meet Workforce Needs

Recruitment Strategies

General Facility Strategies

- Use updated web content, social media strategies, and community outreach to re-brand the public image of the facilities through various means to dispel preconceived notions of our systems.
- Conduct new market rate analysis of PNA, DSP, LVN and RN salaries in order to track private industry standards and competition.
- Expand internships and residency programs offered at the facilities.
- Development of Academic Assignment and Dual Employment agreements with universities to attract licensed professional staff.
- Expand telemedicine for primary care and psychiatry to allow for greater access to physicians, particularly for rural facilities.
- Survey new staff in orientation to refine best recruitment tactics for specific areas.
- Improve coordination of employment-related advertising, job postings and recruitment events across the facilities.

State Supported Living Center Strategies

- Continue to advertise employment opportunities using a variety of media sources, including social media, print advertising in local and regional newspapers, billboards, and local radio and television commercials.
- Continue to post jobs on various employment and professional websites.
- Continue to participate in major job fairs, and in some cases host on-campus job fairs.
- Continue to submit salary exception requests for approval of salary offers greater than the HHS allowable amount.
- Continue to inform applicants of available incentives such as payment of licensure fees, required training, and continued education costs for eligible positions.
- Explore contracting with universities for telemedicine to reduce dependency on contract clinicians.
- Continue recruitment efforts through established nursing programs to focus on graduating classes.
- Consider hiring J-1 Visa Waiver applicants. The J-1 Visa Waiver allows a foreign student who is subject to the two-year foreign residence requirement to remain in the U.S. upon completion of degree requirements/residency program, if they find an employer to sponsor them. The J-1 Visa Waiver applies to specialty occupations in which there is a shortage. The J-1 Waiver

could be used to recruit physicians, psychiatrists, dentists, psychologists, nurse practitioners, registered therapists, and others for a minimum of three years.

- Review results of pilot project regarding increased LVN salaries at the San Angelo State Supported Living Center resulting in reduced need for highly paid LVN contractor staff.

State Hospital Strategies

- Continue using internet-based job postings, billboards, job fairs, professional newsletters, list serves and recruitment firms.
- Work with nurse practitioner educational programs to develop, fund and promote specialty psychiatric nurse tracks with rotations in state hospitals.
- Explore targeted recruiting and advertising efforts in states in the United States and Canada that are members of the reciprocity agreement for psychologists, which provides immediate licensure if requirements are met.
- Continue negotiations with academic social work programs to broaden hospital exposure among social work students.
- Develop partnership with Midwestern State University to allow nursing staff at North Texas State Hospital to also be faculty of the university nursing program, and develop forensic concentration for nurses who wish to specialize in this area of nursing.
- Continue with expansion of telemedicine at North Texas State Hospital – Vernon and Wichita Falls campuses, in partnership with University of Texas Health – Houston, which may reduce dependency on contracted providers and enhance the quality of the service delivery.
- Fund stipends for residency positions and promote the educational loan repayment program for eligible psychiatrists and physicians.
- Continue nursing compensation plans for eligible nurses to award merits at a regular and predictable interval.
- Request exception to HHS rules governing the hiring of licensed psychological personnel to include license-eligible applicants, with agreement that full licensing will be obtained within a certain time frame.

Public Health Strategies

- Continue advertising job postings on public health schools and professional listings, and various employment and professional websites.
- Increase networking with professional and other associations to target recruitment efforts.
- Increase the number of interns performing programmatic work to help introduce public health work as a career choice to college students.
- Establish a base salary entry point that encourages qualified applicants to apply, along with a protocol to increase compensation that is tied to ongoing training and subject matter expertise.

- Promote the benefits of state employment, including job stability, insurance, career advancement ladder and opportunities, and the retirement pension plan.
- Continue to inform appropriate applicants of available incentives (e.g., teleworking, compressed/flex schedules).
- Explore the feasibility of creating defined career paths.
- Explore improvement of starting salary structures to more closely align with federal and private employers.
- Ensure job candidates have a realistic understanding of the applied for positions.
- Encourage staff to apply for internal promotion opportunities.
- Continue to submit salary exception requests for approval of salary offers when warranted.

Other Targeted Strategies

- Inspectors:
 - Recommend creation of the Meat Science Officer classification to more closely match the skill requirements of the job and provide competitive entry-level salaries.
- Social Service Surveyors and Facility Investigator Specialists:
 - Explore a classification parity study to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.
- Nurse Surveyors:
 - Explore a classification parity study among nurse surveyor positions to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.

Retention Strategies

General Facility Strategies

- Explore opportunities for flexible work schedules, telework, mobile work and alternative officing.
- Develop a management forum and other tools to assist individuals with the technical skills transition and be successful in positions that require both technical and management skills.
- Conduct new market rate analysis of psychiatric nursing assistant (PNA), direct support professional, licensed vocational nurse, and registered nurse salaries in order to track private industry standards and competition.

- Continue promotion of the physician loan repayment program.

State Supported Living Center Strategies

- Continue paying licensure fees and required training and continuing education costs for employees whose position require them to maintain professional licensure.

State Hospital Strategies

- Continue involvement in HHS System-wide efforts to address health and human services workforce issues, including retention of staff filling essential positions and participation in leadership development opportunities.
- Continue to provide adequate training to assist employees in preparedness of their jobs and expand opportunities for cross-training.
- Continue to provide formally approved continuing education for various licensed healthcare professionals that meet requirements for credentialing and evaluate options for paying for these continuing education programs.
- Continue adjusting and approving Nursing Compensation plans every two years.
- Continue nursing compensation plans at the state hospitals to provide merits for nurses at a regular and predictable intervals.
- Continue to explore retention strategies to pilot for the food service workers.
- Develop an as needed staffing pool to reduce the need for overtime, and the Intensive Observation Units are also being developed to reduce the need for 1:1 staffing for high risk individuals.

Public Health Strategies

- Continue to offer professional development and training opportunities.
- Explore opportunities to mentor professional staff.
- Explore engaging staff in the full spectrum of cross-program activities.
- Continue to provide required training and expand opportunities for cross-training.
- Encourage the use of HHS System tuition reimbursement program.
- Establish and advertise “career paths” and other opportunities for individual advancement.
- Ensure staff have opportunities to design and conduct public health data analyses.
- Ensure staff have development plans that encourage the enhancement of data skills.
- Ensure staff have opportunities to design and conduct public health data analyses.
- Explore opportunities for flexible work schedules, telework, mobile work, and alternative offices.

- Continue to recognize and reward employees who make significant contributions.
- Encourage the use of team building and staff recognition activities.
- Continue to have programmatic and division-level all staff meetings on a regular basis to provide an opportunity for staff at all levels to have their concerns addressed and to share appropriate levels of information.
- Explore feasibility of increased funding for positions and opportunities for advancement and/or regular increases in salary.
- Consider feasibility of providing shift pay for laboratory staff who are required to work Saturdays.
- Consider feasibility of increasing the pay for technical staff positions to better compete with private sector salaries.
- Continue to ensure the workplace reflects continuous upgrades and improvements, especially in the areas of Information Technology and communication technologies.
- Continue to use educational leave for advance education programs that are supportive of the Department of State Health Services mission.
- Continue support for conference and educational symposium travel opportunities of employees.

Other Targeted Strategies

- Eligibility Staff:
 - ▶ Continue use of the QUEST Access and Eligibility Services (AES) Leadership Academy (with a developmental focus on regional staff) and the LEADS program (with a developmental focus on state office staff). Through these programs, AES provides staff with next-level leadership abilities with skills necessary to be successful within the organization. Participants in both programs receive training to develop practical skillsets they are able to use immediately in their daily job, often preparing them for promotion. Over 80 percent of the individuals graduating from one of the AES Leadership and Professional Development programs promote within a year of graduation.
 - ▶ Continue use of Hands-On Skills Training (HOST) for newly hired eligibility determination staff to bridge the conceptual gap between learning the policies and systems within the classroom, and applying that knowledge after the classroom training. HOST provides the educational framework to improve initial performance and increase retention of newly hired eligibility determination staff. HOST employs standardized schedules and materials, supplemental trainings, real-time mentoring, case reading feedback, and utilization of job-related systems and tools. HOST allows for a gradual increase in job tasks to ensure new hires leave training with the ability to confidently and successfully manage their future workload.
 - ▶ Continue use of Supervisor Basic Skills Training (SBST). The program utilizes facilitated classroom practice and structured interactive activities to build skillsets. SBST supplies new supervisors with technical skills,

- critical soft-skills, and awareness of job tools and resources. Supervisors are provided a clear understanding of expectations while developing the necessary skills and knowledge to succeed.
- Microbiologists:
 - ▶ Consider reviewing current Microbiologist positions to determine if higher level Molecular Biologist positions more accurately reflect the work performed.
 - Epidemiologists:
 - ▶ Consider feasibility of offering an increased number of recurring merit awards to eligible employees.
 - Social Services Surveyors and Facility Investigator Specialists:
 - ▶ Explore a classification parity study to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.
 - Child Care Licensing (CCL) and Residential Child Care Licensing Services (RCCL) Specialists:
 - ▶ Explore the development of an additional career track level to bring positions in line with similar System positions.
 - Nurse Surveyors:
 - ▶ Explore a classification parity study among nurse surveyor positions to determine whether changes are needed to maintain a current and competitive structure which accurately reflects responsibilities and salary ranges that are equitable and competitive with the market.

¹ HHSAS Database, as of 8/31/17.

² HHSAS Database, as of 8/31/17. Note: DFPS was not included in the HHS System data analyzed.

³ Direct care workers include direct support professionals and psychiatric nursing assistants.

⁴ Eligibility workers includes Texas works advisors, hospital based workers and medical eligibility specialists within Access and Eligibility Services (AES).

⁵ RNs include public health nurses, nurse surveyors, and direct care nurses.

⁶ Food service workers include food service workers, managers and cooks.

⁷ HHSAS Database, as of 8/31/17.

⁸ Ibid.

⁹ Ibid.

¹⁰ Totals may not equal 100% due to rounding.

¹¹ Ibid.

¹² Ibid.

¹³ Totals may not equal 100% due to rounding.

¹⁴ CAPPS-HCM Database, as of 8/31/17.

¹⁵ CLF data for underutilization percentages comes from the "Equal Employment Opportunity and Minority Hiring Practices Report Fiscal Years 2015-2016" published by the Texas Workforce Commission (TWC), October 2016. Note: CLF data from TWC did not include Para-Professionals as a job category and did not indicate if members of that category were counted as part of any other categories - as a result, it is not included in the above chart.

¹⁶ "N/A" indicates the number of employees in these categories was too small (less than 30) to test any differences for statistical significance.

¹⁷ HHSAS Database, as of 8/31/17.

¹⁸ Ibid.

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- ¹⁹ HHSAS Database, as of 8/31/17.
- ²⁰ Totals may not equal 100% due to rounding.
- ²¹ Ibid.
- ²² Ibid.
- ²³ HHSAS Database, as of 8/31/17.
- ²⁴ Ibid.
- ²⁵ HHS turnover calculations do not consider interagency transfers due to legislatively mandated transfers as separations. All other interagency transfers were counted as separations, since these separations significantly impact HHS agencies.
- ²⁶ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page <http://www.sao.texas.gov/reports/main/17-701.pdf>, last accessed 4/19/18. Note: The State Auditor's Office does not consider transfers between state agencies as a loss to the state and therefore does not include this turnover in their calculations.
- ²⁷ HHSAS Database for FY 2017. Note: Legislative transfers are not considered separations.
- ²⁸ Ibid.
- ²⁹ Death accounted for .5% of separations.
- ³⁰ HHSAS Database for FY 2017.
- ³¹ Ibid.
- ³² Death accounted for .5% of separations (50 separations).
- ³³ Direct care workers include direct support professionals and psychiatric nursing assistants.
- ³⁴ Food service workers include food service workers, managers and cooks.
- ³⁵ HHSAS Database for FY 2017.
- ³⁶ HHSAS Database for FY 2017. Note: Legislative transfers are not considered separations.
- ³⁷ Direct care workers include direct support professionals and psychiatric nursing assistants.
- ³⁸ Food service workers include food service workers, managers and cooks.
- ³⁹ RNs include public health nurses, nurse surveyors, and direct care nurses.
- ⁴⁰ Eligibility workers includes Texas works advisors, hospital based workers and medical eligibility specialists within Access and Eligibility Services (AES).
- ⁴¹ Job family transferred to HHS from DFPS on September 1, 2017.
- ⁴² Nurse practitioners include nurse practitioners at state supported living centers and state hospitals.
- ⁴³ Child care licensing (CCL) and residential child care licensing (RCCL) job families transferred to HHS from DFPS on September 1, 2017.
- ⁴⁴ Eligibility clerks includes clerical, administrative assistant and customer service representative positions within AES.
- ⁴⁵ Registered therapists includes registered therapists at state supported living centers.
- ⁴⁶ Inspectors includes inspectors at the HHS Division of Consumer Protection.
- ⁴⁷ Eligibility supervisors includes supervisors within AES.
- ⁴⁸ Microbiologists include molecular biologists.
- ⁴⁹ HHSAS Database, as of 8/31/17.
- ⁵⁰ "Comptroller's Weekly Economic Outlook," web page: <http://thetexasconomy.org/economic-outlook/>, last accessed on 5/9/16.
- ⁵¹ Federal Reserve Bank of Dallas, "Thriving Texas Economy Expands Broadly," webpage: <https://www.dallasfed.org/research/update/reg/2018/1801>, last accessed on 4/25/18.
- ⁵² "Annual Update of the HHS Poverty Guidelines," Federal Register (80 FR 3236), webpage: <https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines>, last accessed on 4/10/18. Note: Guidelines apply to the 48 Contiguous States and D.C.
- ⁵³ U.S. Census Bureau: State and County Quickfacts, webpage <https://www.census.gov/quickfacts/fact/table/TX,US/PST045216>, last accessed on 4/25/18.
- ⁵⁴ Bureau of Labor Statistics, seasonally adjusted unemployment rate, web page <https://www.bls.gov/eag/eag.tx.htm>, last accessed on 4/25/18.
- ⁵⁵ American Fact Finder, U.S. Census Bureau, web page: <http://www.census.gov/quickfacts/table/PST045215/48>, last accessed on 5/9/16.
- ⁵⁶ Lloyd B. Potter and Nazrul Hoque, "Texas Population Projections, 2010 to 2050," Office of the State Demographer, November 2014, web page http://osd.texas.gov/Resources/Publications/2014/2014-11_ProjectionBrief.pdf, last accessed on 4/25/18.

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- ⁵⁷ The Kaiser Family Foundation, State Health Facts: Population by Age, based on U.S. Census Bureau's March 2017 Current Population Surveys, web page <http://kff.org/other/state-indicator/distribution-by-age/>, last accessed on 4/25/18. Note: Percentage totals may not equal 100 percent due to rounding.
- ⁵⁸ Lloyd B. Potter and Nazrul Hoque, "Texas Population Projections, 2010 to 2050," Office of the State Demographer, November 2014, web page http://osd.texas.gov/Resources/Publications/2014/2014-11_ProjectionBrief.pdf, last accessed on 4/25/18.
- ⁵⁹ HHSAS Database, as of 8/31/17.
- ⁶⁰ HHSAS Database, FY 2017 data.
- ⁶¹ HHSAS Database, as of 8/31/17.
- ⁶² Ibid.
- ⁶³ HHSAS Database, FY 2017 data.
- ⁶⁴ HHSAS Database, as of 8/31/17.
- ⁶⁵ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page <http://www.sao.texas.gov/reports/main/17-701.pdf>, last accessed 4/19/18.
- ⁶⁶ HHSAS Database, as of 8/31/17.
- ⁶⁷ Ibid.
- ⁶⁸ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page <http://www.sao.texas.gov/reports/main/17-701.pdf>, last accessed 4/19/18.
- ⁶⁹ HHSAS Database, as of 8/31/17.
- ⁷⁰ HHSAS Database, FY 2017 data.
- ⁷¹ HHSAS Database, as of 8/31/17.
- ⁷² HHSAS Database, as of 8/31/17. Note: Food service workers include food service workers, managers and cooks.
- ⁷³ Ibid.
- ⁷⁴ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page <http://www.sao.texas.gov/reports/main/17-701.pdf>, last accessed 4/19/18.
- ⁷⁵ HHSAS Database, as of 8/31/17.
- ⁷⁶ Ibid.
- ⁷⁷ HHSAS Database, FY 2017 data.
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- ⁷⁹ Ibid.
- ⁸⁰ Ibid.
- ⁸¹ Ibid.
- ⁸² HHSAS Database, FY 2017 data.
- ⁸³ State Auditor's Office (SAO) FY 2017 Turnover Statistics.
- ⁸⁴ HHSAS Database, as of 8/31/17.
- ⁸⁵ HHSAS Database, FY 2017 data.
- ⁸⁶ HHSAS Database, as of 8/31/17.
- ⁸⁷ Ibid.
- ⁸⁸ HHSAS Database, FY 2017 data.
- ⁸⁹ HHSAS Database, as of 8/31/17.
- ⁹⁰ State Auditor's Office (SAO) FY 2017 Turnover Statistics.
- ⁹¹ HHSAS Database, FY 2017 data.
- ⁹² HHSAS Database, as of 8/31/17.
- ⁹³ HHSAS Database, FY 2015 data.
- ⁹⁴ HHSAS Database, FY 2017 data.
- ⁹⁵ HHSAS Database, FY 2017 data.
- ⁹⁶ HHSAS Database, as of 8/31/17.
- ⁹⁷ Ibid.
- ⁹⁸ HHSAS Database, FY 2015 data.
- ⁹⁹ Includes return-to-work retirees. HHSAS Database, as of 8/31/17.

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- ¹⁰⁰ CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators. Note: These positions were not included in the System section of this report, since they were moved from DFPS to HHSC on September 1, 2017.
- ¹⁰¹ HHSAS Database, as of 8/31/17.
- ¹⁰² Ibid.
- ¹⁰³ HHSAS Database, FY 2017 data.
- ¹⁰⁴ HHSAS Database, as of 8/31/17.
- ¹⁰⁵ Ibid.
- ¹⁰⁶ HHSAS Database, FY 2017 data.
- ¹⁰⁷ HHSAS Database, as of 8/31/17.
- ¹⁰⁸ Ibid.
- ¹⁰⁹ HHSAS Database, FY 2017 data.
- ¹¹⁰ Ibid.
- ¹¹¹ HHSAS Database, as of 8/31/17.
- ¹¹² Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
- ¹¹³ HHSAS Database, as of 8/31/17.
- ¹¹⁴ HHSAS Database, FY 2017 data.
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- ¹¹⁶ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
- ¹¹⁷ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page <http://www.sao.texas.gov/reports/main/17-701.pdf>, last accessed 4/26/18.
- ¹¹⁸ Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
- ¹¹⁹ HHSAS Database, as of 8/31/17.
- ¹²⁰ Ibid.
- ¹²¹ State Auditor's Office (SAO) FY 2017 Turnover Statistics.
- ¹²² HHSAS Database, FY 2017 data.
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- ¹²⁴ Ibid.
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- ¹²⁸ State Auditor's Office (SAO) FY 2017 Turnover Statistics.
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- ¹³⁰ HHSAS Database, as of 8/31/17.
- ¹³¹ Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
- ¹³² U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page <http://www.bls.gov/ooh/healthcare/registered-nurses.htm>, last accessed on 4/23/18.
- ¹³³ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data. Period: May 2016; web page http://www.bls.gov/emp/ep_table_110.htm, last accessed on 4/23/18.
- ¹³⁴ Ibid.
- ¹³⁵ "Nursing Workforce in Texas: Demographics and Trends Report, web page <http://www.dshs.texas.gov/chs/cnws/WorkforceReports/2015/2015-Demographics-and-Trends.pdf>, last accessed on 4/23/18.
- ¹³⁶ Ibid.
- ¹³⁷ Texas Department of State Health Services: County Supply and Distribution Tables - Registered Nurses Web page <http://www.dshs.texas.gov/chs/hprc/tables/2016/16RN.aspx>, last accessed 4/23/18.
- ¹³⁸ Texas Board of Nursing, web page http://www.bne.state.tx.us/pdfs/education_pdfs/education_programs/ApprovedRNschoools.pdf, last accessed on 4/23/18.
- ¹³⁹ HHSAS Database, as of 8/31/17.
- ¹⁴⁰ RNs include public health nurses.
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- ¹⁴² U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
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- ¹⁴⁵ HHSAS Database, as of 8/31/17.
- ¹⁴⁶ Ibid.
- ¹⁴⁷ HHSAS Database, FY 2017 data.
- ¹⁴⁸ HHSAS Database, as of 8/31/17.
- ¹⁴⁹ Ibid.
- ¹⁵⁰ Ibid.
- ¹⁵¹ HHSAS Database, FY 2017 data.
- ¹⁵² HHSAS Database, as of 8/31/17.
- ¹⁵³ Includes RN II - Vs in public health roles and public health nurses. Note: Public health nurses are also registered nurses.
- ¹⁵⁴ HHSAS Database, as of 8/31/17.
- ¹⁵⁵ HHSAS Database, FY 2017 data.
- ¹⁵⁶ Ibid.
- ¹⁵⁷ HHSAS Database, as of 8/31/17.
- ¹⁵⁸ HHSAS Database, FY 2017 data.
- ¹⁵⁹ Includes Licensed Vocational Nurse II and III.
- ¹⁶⁰ HHSAS Database, as of 8/31/17.
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- ¹⁶³ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18.
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- ¹⁶⁶ HHSAS Database, FY 2017 data.
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- ¹⁶⁸ Ibid.
- ¹⁶⁹ Ibid.
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- ¹⁷³ U.S. Bureau of Labor Statistics, Occupational Outlook Handbook, website <https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm#tab-6>.
- ¹⁷⁴ HHSAS Database, FY 2017 data.
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- ¹⁷⁹ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page <http://www.sao.texas.gov/reports/main/17-701.pdf>, last accessed 4/26/18. Note: For Advanced Practice Registered Nurses.
- ¹⁸⁰ HHSAS Database, FY 2017 data.
- ¹⁸¹ HHSAS Database, as of 8/31/17.
- ¹⁸² Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
- ¹⁸³ HHSAS Database, as of 8/31/17.
- ¹⁸⁴ Ibid.
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- 184 HHSAS Database, as of 8/31/17.
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219 State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page <http://www.sao.texas.gov/Reports/Main/17-701.pdf>, last accessed 4/27/18.
220 HHSAS Database, FY 2017 data.
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222 Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
223 HHSAS Database, as of 8/31/17.
224 Ibid.
225 Ibid.
226 Ibid.
227 Ibid.
228 Ibid.
229 HHSAS Database, FY 2017 data.
230 HHSAS Database, as of 8/31/17.

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- 231 Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
- 232 HHSAS Database, as of 8/31/17.
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- ²⁷⁴ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, web page http://data.bls.gov/oes/search.jsp?data_tool=OES, Period: May 2017; last accessed on 4/23/18. Note: The Employees are listed under the Occupational title of Occupational Health and Safety Specialists.
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- ²⁹⁰ Includes return-to-work retirees. HHSAS Database, as of 8/31/17.
- ²⁹¹ HHSAS Database, as of 8/31/17.
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- ³⁰¹ HHSAS Database, as of 8/31/17.
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- ³⁰³ State Auditor's Office (SAO) FY 2017 Turnover Statistics.
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- ³¹⁰ Bill Malone, "May 2011 Clinical Laboratory News: Trends in Recruitment and Retention" Clinical Laboratory News, 37(5) (May 2011).
- ³¹¹ HHSAS Database, as of 8/31/17.
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- ³²⁶ State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2016, Report No. 17-701, web page <http://www.sao.texas.gov/reports/main/17-701.pdf>, last accessed 4/19/18.
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Schedule F.2: Texas Workforce System Strategic Plan

In the planning period of 2019–2023, none of the agencies in the Health and Human Services System will have a direct role in the Texas Workforce System Strategic Plan prepared by the Texas Workforce Investment Council. The Department of Assistive and Rehabilitative Services participated in the past, and these functions were transferred, in accordance with Senate Bill 208, 84th Legislature, Regular Session, 2015, to the Texas Workforce Commission on September 1, 2016:

- Vocational Rehabilitation
- Independent Living Services for Older Individuals Who Are Blind
- The Criss Cole Rehabilitation Center
- Business Enterprises of Texas

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2018 Report on Customer Service

**As Required by
Texas Government Code,
§2114.002**

**Texas Health and Human
Services System**

May 18, 2018



TEXAS
Health and Human
Services

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Executive Summary

This "2018 Report on Customer Service" is prepared in response to [§2114.002](#) of the Government Code, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board.

This report reflects the cooperative efforts of five Texas agencies belonging to the Texas Health and Human Services (HHS) system during the State Fiscal Year (SFY) 2016 and SFY 2017 reporting period. Specifically, this report includes information from the Health and Human Services Commission (HHSC), the Department of State Health Services (DSHS), the Department of Family and Protective Services (DFPS)—and two legacy agencies—the Department of Aging and Disability Services (DADS), and the Department of Assistive and Rehabilitative Services (DARS). In 2020, this report will include information from HHSC and DSHS, reflecting the reorganized HHS system directed by Senate Bill 200, 84th Legislature, Regular Session, 2015. The DFPS, which became a standalone agency at the direction of House Bill 5, 85th Legislature, Regular Session, 2017, will submit its own Report on Customer Service beginning in 2020.

The HHS system mission is "Improving the health, safety, and well-being of Texans through good stewardship of public resources." In pursuit of this mission, HHS agencies administer a series of surveys to assess the quality of HHS services. This report includes the results of nearly 140,000 individual survey responses from 35 surveys conducted by HHS agencies. Many of the surveys reported here are recurring efforts; for the most part, responses are from surveys conducted during SFY 2016 and SFY 2017. HHS agencies are using this feedback to help improve customer service.

Individual Agency Surveys

HHS agencies independently conduct surveys that include questions about customer satisfaction with specific agency programs and services. This report presents descriptions and major findings from the following surveys.

Department of Family and Protective Services

- I. Child Protective Services
 - a. National Youth in Transition Database Survey
- II. Adult Protective Services
 - a. Adult Protective Services 2017 Community Satisfaction Survey
- III. Consumer Relations
 - a. Office of Consumer Relations 2017 Community Satisfaction Survey

Department of State Health Services

- I. Community Health Improvement
 - a. Children with Special Health Care Needs Systems Development Group
Case Management and Family Supports and Community Resources
Family Satisfaction Surveys
- II. Consumer Protection Division
 - a. Regulatory Licensing Unit (Business Filing and Verification Section –
Effective September 1, 2017) Customer Service Satisfaction Survey
 - b. Surveillance Section Customer Service Satisfaction Survey
- III. Laboratory and Infectious Disease
 - a. Texas Vaccines for Children Program – Clinic Site Visits
 - b. Laboratory Services Testing Customer Satisfaction Survey
 - c. Laboratory Courier Program Satisfaction Survey
 - d. South Texas Laboratory – Water Sample Testing
 - e. South Texas Laboratory - Clinical Testing
 - f. Texas HIV Medication Program
- IV. Regional and Local Health Operations
 - a. Public Health Regions 2/3 Safe Riders Survey
 - b. Public Health Regions 2/3 Immunizations Clinic Survey
 - c. Public Health Regions 2/3 Specialized Health and Social Services
 - d. Public Health Regions 4/5N - Retail Foods/General Sanitation Program

Health and Human Services Commission

- I. Child Healthcare Coverage
 - a. STAR Child Caregiver Member Survey
 - b. CHIP Caregiver Member Survey
 - c. Medicaid and CHIP Dental Caregiver Survey
 - d. STAR Health Caregiver Member Survey

- II. Adult Healthcare Coverage
 - a. STAR Adult Member Survey
 - b. STAR+PLUS Adult Member Survey

- III. Access and Eligibility Services
 - a. Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys
 - b. YourTexasBenefits.Com Survey

- IV. Legacy Department of Aging and Disability Services (DADS) Surveys
 - a. Nursing Facility Quality Review (NFQR)
 - b. Long Term Services and Supports Quality Review (LTSSQR)
 - c. Consumer Rights and Services (CRS) Survey

- V. Legacy Department of Assistive and Rehabilitative Services (DARS) Surveys
 - a. Early Childhood Intervention Family Survey
 - b. Independent Living Services Customer Satisfaction Survey
 - c. Blind Children’s Vocational Discovery and Development Program Customer Satisfaction Survey
 - d. Autism Program Satisfaction Survey

- VI. Legacy Department of State Health Services (DSHS) Surveys
 - a. Mental Health Statistics Improvement Program Youth Services Survey for Families
 - b. Mental Health Statistics Improvement Program Adult Services Survey

- c. Mental Health Statistics Improvement Program Inpatient Consumer Survey
- d. Women, Infants, and Children (WIC) Nutrition Education Survey

Overall, the HHS system of agencies obtained feedback from a diverse group of customers. Most respondents provided positive feedback regarding the services and supports they received through HHS programs. These results support the HHS system mission of improving the health, safety, and well-being of Texans.

1. Introduction

This "2018 Report on Customer Service" is prepared in response to [§2114.002](#) of the Government Code, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board.

This report reflects the cooperative efforts of five Texas agencies belonging to the Texas Health and Human Services (HHS) system during the State Fiscal Year (SFY) 2016 and SFY 2017 reporting period, including the Health and Human Services Commission (HHSC), the Department of State Health Services (DSHS), the Department of Family and Protective Services (DFPS)—and two legacy agencies—the Department of Aging and Disability Services (DADS), and the Department of Assistive and Rehabilitative Services (DARS). In 2020, this report will include information from HHSC and DSHS, reflecting the reorganized HHS system directed by Senate Bill 200, 84th Legislature, Regular Session, 2015. The DFPS, which became a standalone agency at the direction of House Bill 5, 85th Legislature, Regular Session, 2017, will submit its own Report on Customer Service beginning in 2020.

HHS System Mission and Budget Strategies

The HHS system mission is "Improving the health, safety, and well-being of Texans through good stewardship of public resources." The HHS System Strategic Plan 2017–2021 articulates specific goals and action plans for achieving the system mission, and includes a list of related budget strategies consistent with the HHS budget structure.¹ Three appendices to this report present a description of services provided to customers from each agency by strategic plan budget strategy.² In pursuit of the system mission and accompanying budget strategies, HHS agencies administer a range of surveys to assess the quality of HHS services and promote continuous improvement. This report presents the results of those surveys.

Previous Reports on Customer Service

¹ See HHS System Strategic Plan 2017–2021, Volume II, Schedule A.

² See Appendix A through Appendix C of this document for Customer Inventories by Agency. This information is presented in accordance with Chapter 2114.002(a) of the Government Code.

In 2006 and 2008, HHS agencies worked collaboratively to develop a system-wide survey to assess the satisfaction of customers of each HHS agency. In 2006 and 2008, the surveys were comparable and included a unique group of enrollees identified by each agency. The survey questionnaire included questions about service access and choice, staff knowledge, staff courtesy, complaint handling, quality of information and communications, and internet use.

For the 2010 HHS system customer satisfaction survey, a different approach was taken. HHS agencies collaborated on a system-wide survey of children with special health care needs (CSHCN) enrolled in each HHS agency. At the time, all five HHS agencies served CSHCN customers through a variety of programs.

From 2012 to 2016, no system-wide survey was conducted. Each HHS agency provided the results of independent customer surveys for specific agency programs. HHS agencies independently conducted surveys that included questions about customer satisfaction with specific agency programs and services. Some surveys focused entirely on customer satisfaction while others included customer satisfaction as one of several service categories being assessed.

The 2018 report takes a similar approach to the reports produced from 2012 to 2016, with each HHS agency providing the results of customer surveys for their particular programs. Because many of the surveys included here were conducted prior to HHS system reorganization, this report is structured to reflect both the current and legacy location of each survey. The overall format of the report reflects the three agencies currently in operation—DFPS, DSHS, and HHSC. Surveys conducted by legacy agencies are reported under their current agency location. For example, surveys originating from DADS are now included under HHSC with the label “Legacy DADS Surveys.”

Surveys Included in 2018 Report on Customer Service

The surveys included in the 2018 Report on Customer Service are briefly described in the pages that follow (Tables 1, 2, and 3). For the most part, surveys were administered during SFY 2016 and SFY 2017 (Sept 2015-Aug 2017), though data collection for some surveys fell slightly outside of this period. There were 139,948 individual responses to the surveys reported here.

Table 1: Department of Family and Protective Services Surveys

Program Area	Name	Data Collection	N	Survey Population
Child Protective Services	National Youth in Transition Database Survey	10/1/2015—9/30/2016	248	Young adults who have been involved in the foster care system
Adult Protective Services	Adult Protective Services 2017 Community Satisfaction Survey	5/16/2017—6/15/2017	522	Stakeholders of Adult Protective Services (members of the judiciary, law enforcement agencies, community organizations and resource groups, and community boards)
Consumer Relations	Office of Consumer Relations (OCR) 2017 Community Satisfaction Survey	9/1/2016—8/31/2017	155	Current or previous DFPS clients, their families, and members of the general public who complete the optional survey about OCR customer service
Total			925	

Table 2: Department of State Health Services Surveys

Program Area	Name	Data Collection	N	Survey Population
Community Health Improvement	Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys	9/1/2016—8/31/2017	2,263	Families of children and youth with special health care needs who received services from contracted providers
Consumer Protection Division	Regulatory Licensing Unit (Business Filing and Verification Section – Effective September 1, 2017) Customer Service Satisfaction Survey	9/1/2015—8/31/2016 9/1/2016—8/31/2017	275 220	Customers of the Regulatory Licensing Unit (businesses and facilities regulated by the state)
Consumer Protection Division	Surveillance Section Customer Service Satisfaction Survey	3/1/2014—1/20/2018	446	Regulated entities that interact with Surveillance Section staff
Laboratory and Infectious Disease	Texas Vaccines for Children (TVFC) Program – Clinic Site Visits	5/25/2016—1/29/2018	1,347	Healthcare providers who order and administer vaccines to TVFC-eligible children and received a site visit during the contract year
Laboratory and Infectious Disease	Laboratory Services Testing Customer Satisfaction Survey	9/1/2014—8/31/2015 9/1/2015—8/31/2016 9/1/2016—8/31/2017	608 608 686	Facilities that receive services from the Laboratory Services Section
Laboratory and Infectious Disease	Laboratory Courier Program Satisfaction Survey	9/1/2015—8/31/2016 9/1/2016—8/31/2017	147 147	Healthcare facility customers of the Laboratory Services Courier Program
Laboratory and Infectious Disease	South Texas Laboratory – Water Sample Testing	1/2015—2/6/2015	25	Submitters of water samples to the South Texas Laboratory
Laboratory and Infectious Disease	South Texas Laboratory - Clinical Testing	8/2016	29	Regional Clinics and TB Elimination Submitters to the South Texas Laboratory

Program Area	Name	Data Collection	N	Survey Population
Laboratory and Infectious Disease	Texas HIV Medication Program	9/2016	88	Participating pharmacies, agency staff who work directly with the program, and persons who have applied for or are recipients of the Texas HIV Medication Program
		3/2017	39	
		4/2017	46	
Regional and Local Health Operations	Public Health Regions 2/3 Safe Riders Survey	9/1/2015—8/31/2017	17	Child caregivers in Tarrant County who completed the Safe Riders educational classes and were provided a child car seat
Regional and Local Health Operations	Public Health Regions 2/3 Immunizations Clinic Survey	9/1/2015—8/31/2016	893	Clients in Public Health Regions 2/3 attending immunization clinics
		9/1/2016—8/31/2017	1,386	
Regional and Local Health Operations	Public Health Regions 2/3 Specialized Health and Social Services	06/2017—08/2017	28	Clients of Personal Care Services (PCS)/Community First Choice (CFC), Children with Special Health Care Needs (CSHCN) Services Program, and Medicaid Case Management for Children and Pregnant Women (CPW)
Regional and Local Health Operations	Public Health Regions 4/5N - Retail Foods/General Sanitation Program	01/2016—12/2016	246	Facilities that are inspected by the Retail Foods/General Sanitation Program in Region 4/5 N
Total			9,544	

*The Surveillance Section Customer Service Satisfaction Survey is included in this recurring report for the first time, and covers all results since the survey's inception in 2014.

Table 3: Health and Human Services Commission Surveys

Program Area	Name	Data Collection	N	Survey Population
Children's Healthcare Coverage	STAR Child Caregiver Member Survey	5/2017—8/2017	9,584	Caregivers of children who received services funded through the Medicaid STAR program
Children's Healthcare Coverage	Children's Health Insurance Program (CHIP) Caregiver Member Survey	5/2017—8/2017	6,025	Caregivers of children who received services through CHIP
Children's Healthcare Coverage	Medicaid and CHIP Dental Caregiver Survey	8/2017—10/2017	1,200	Caregivers of children receiving dental services through Medicaid and CHIP
Children's Healthcare Coverage	STAR Health Caregiver Member Survey	6/2016—7/2016	301	Caregivers of children who received services funded through the STAR Health program
Adult Healthcare Coverage	STAR Adult Member Survey	5/2016—8/2016	4,579	Adults who received services funded through the Medicaid STAR program
Adult Healthcare Coverage	STAR+PLUS Adult Member Survey	5/2016—8/2016	2,283	Adults with disabilities who received services through the Medicaid STAR+PLUS program
Access and Eligibility Services	Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys	6/2016 6/2017	678 762	Individuals who apply for SNAP benefits at each of five Texas food banks
Access and Eligibility Services	YourTexasBenefits.Com Survey	1/2017—12/2017	69,329	Customers who used YourTexasBenefits.com to manage or enroll in benefits
Legacy Department of Aging and Disability Services (DADS) Surveys	Nursing Facility Quality Review*	3/2015—4/2016	1,556	Individuals living in Medicaid-certified nursing facilities in Texas

Program Area	Name	Data Collection	N	Survey Population
Legacy DADS Surveys	Long-Term Services and Supports Quality Review**	01/2015— 08/2015	4,971 adults 1,913 families	People receiving services and supports through home, community-based, and institutional programs offered by DADS. As described on pages 73–80, two populations were surveyed: adults and families of children.
Legacy DADS Surveys	Consumer Rights and Services Survey	9/1/2015— 8/31/2016 9/1/2016— 8/31/2017	4,865 5,756	Callers who contacted the Consumer Rights and Services Complaint Intake Call Center
Legacy Department of Assistive and Rehabilitative Services (DARS) Surveys	Early Childhood Intervention Family Survey	4/2016— 7/2016 4/2017— 7/2017	1,398 1,475	Parents or guardians of children enrolled in the DARS Early Childhood Intervention (ECI) program, which serves children from birth to 36 months of age who have developmental delays or disabilities
Legacy DARS Surveys	Independent Living Services Customer Satisfaction Survey	9/1/2015— 8/31/2016	194	Customers who had received Independent Living Services (support to help people with disabilities live independently) and whose cases had been closed
Legacy DARS Surveys	Blind Children’s Vocational Discovery and Development Program (BCVDDP) Customer Satisfaction Survey	9/1/2015— 8/31/2016	452	Parents of children in BCVDDP who had open cases with DARS in SFY 2016

Program Area	Name	Data Collection	N	Survey Population
Legacy DARS Surveys	Autism Program Satisfaction Survey	8/1/2016— 8/31/2017	90	Families whose children have completed Autism Program services and exited the program, and families whose children have aged out of the Autism Program.
Legacy Department of State Health Services (DSHS) Surveys	Mental Health Statistics Improvement Program Youth Services Survey for Families	3/2016— 9/2016	157	Parents of children/ adolescents age 17 or younger who receive community-based mental health services from HHSC, Behavioral Health Services
		3/2017— 9/2017	392	
Legacy DSHS Surveys	Mental Health Statistics Improvement Program Adult Mental Health Survey	3/2016— 9/2016	248	Adults age 18 or older who receive community-based mental health services from HHSC, Behavioral Health Services
		3/2017— 9/2017	354	
Legacy DSHS Surveys	Mental Health Statistics Improvement Program Inpatient Consumer Survey	9/1/2015— 8/31/2016	3,224	Adolescents (ages 13—18) and adults who received services in state-run psychiatric hospitals
		9/1/2016— 8/31/2017	2,644	
Legacy DSHS Surveys	Women, Infants, and Children (WIC) Nutrition Education Survey	2/2017	5,049	Adults who received nutrition education through the WIC program
Total			129,479	

* The large, recurring Nursing Facility Quality Review (NFQR) involves data collection and analysis that span multiple years. The most recent NFQR was published in 2017 and uses survey data collected in 2015-2016.

**The large, recurring Long-Term Services and Supports Quality Review (LTSSQR) involves data collection and analysis that span multiple years. The most recent LTSSQR was published in 2017 and uses data collected in 2015.

Report Format

This 2018 Customer Satisfaction Report presents summaries of the results of customer surveys conducted by DFPS, DSHS, and HHSC. Each summary includes the sample and survey methods, the main findings and, if available, a link to the

full report. These results present important information about customer satisfaction with services provided by HHS agencies.

Since §2114.002 of the Government Code requires that HHS agencies gather information from their customers about the quality of services, the term "customers" is used where appropriate throughout this report to indicate individuals who receive services from HHS agencies. Of note, many of the HHS agencies more commonly use the term "consumer" or "individual" to refer to service recipients.

Appendix D presents a glossary of acronyms used in this report.

2. Department of Family and Protective Services

This report presents three surveys from the Texas Department of Family and Protective Services (DFPS). Child Protective Services (CPS) submitted the results of one survey that solicited the feedback of young adults who are currently, or were formerly, in foster care. Adult Protective Services (APS) submitted the results of one survey that collected data from stakeholders. The Office of Consumer Relations (OCR) submitted results from an optional survey of current or former DFPS clients, their families, and the general public about the customer service provided by OCR.

There were 925 survey responses received by DFPS. Of those, 248 were from CPS, 522 were from APS, and 155 were from OCR.

I. Child Protective Services

National Youth in Transition Database Survey

Purpose

Youth and young adults who have been involved in the foster care system are at increased risk for difficult outcomes during the transition to adulthood. These outcomes may include homelessness, not finishing high school, early parenthood, unemployment, dependence on public benefits, and involvement in the criminal justice system. To gather data about and address these concerns, the U.S. Department of Health and Human Services' Administration for Children and Families (ACF) created the John H. Chafee Foster Care Independence Program (CFCIP). CFCIP established data quality standards and administers grants to states that collect data about persons involved in the foster care system.

DFPS contributes to this national data collection effort called the National Youth in Transition Database (NYTD) by conducting surveys of current and former foster care youth and young adults. The data from Texas and other states are collected and provided to the federal government for NYTD which in turn are stored in the National Data Archive on Child Abuse and Neglect at Cornell University and are ultimately made available to researchers.

NYTD is a longitudinal study that tracks outcomes of youth and young adults who have been involved in the foster care system. Every three years, states collect data on a new cohort of 17-year-old youth in foster care, which comprises data for the study. Two years later at age 19, a random sample of the youth with baseline data

is surveyed again. Finally, this random sample is surveyed again two years later, when the youth are age 21. The data allow researchers to access the outcomes these youth experience when they leave foster care and transition to adult living.

In federal fiscal year 2016 (October 1, 2015—September 30, 2016), DFPS staff surveyed a random sample of 19-year-olds who were surveyed previously at age 17. Topics addressed in the survey included:

- Employment
- Educational attainment
- Parenting
- Healthcare coverage
- Use of public benefits or other types of aid, such as scholarships
- Homelessness
- Drug or alcohol use
- Involvement with the criminal justice system
- Connection to adults as a source of emotional support
- Demographic information

Sample and Methods

DFPS surveyed a random sample of youth age 19 who were surveyed when they were in foster care at some point within 45 days after their 17th birthday as defined in 45 CFR 1355.20. This survey population is considered to be the last of Cohort 1, as every third year a new baseline of youth is surveyed. DFPS collected surveys between October 1, 2015, and September 30, 2016. There were 282 youth identified in the follow-up survey population and DFPS Preparation for Adult Living (PAL) staff contacted them through multiple modes to complete the survey. The survey was distributed in several ways:

- Paper survey, in person and by mail
- Online survey, through email
- Phone
- Text

The survey was offered in English and Spanish. DFPS staff were available to read questions and provide an explanation of the survey questions if needed. Since the survey asked about sensitive topics, the youth who were contacted for the survey were assured of their confidentiality.

DFPS completed 248 surveys, for a response rate of 88 percent. Reasons for non-participation in the survey are as follows:

- Unable to locate: 10 percent
- Runaway/missing: 1 percent
- Youth declined: 1 percent
- Incapacitated: <1 percent
- Parent declined: <1 percent
- Incarcerated: 1 percent

Major Findings

Outcomes reported by survey participants are grouped into the following topics: financial self-sufficiency, educational attainment, connection to adults, Medicaid coverage, high-risk behaviors, and homelessness. Results have been organized into protective factors and or desired outcomes, risk factors and/or concerning outcomes, and public assistance.

The results of the survey show that 54 percent of the youth are enrolled in high school, GED classes, post-high school vocational training or college; 48 percent finished high school or their GED; 93 percent have a connection to a positive adult; and 39 percent are currently employed.

Table 4: NYTD Survey: Protective Factors and/or Desired Outcomes

Topic	Survey Response	Proportion of Respondents (N=248)
Financial self-sufficiency	Current part-time or full-time employment	39%
Educational attainment	Enrolled in and attending school	54%
	Finished high school or GED	48%
Connection to adults	Having a current positive connection to an adult	93%
Health insurance	Having Medicaid coverage	80%

An examination of the results related to risk factors and concerning outcomes reveals that in the past two years, 21 percent have been incarcerated, 25 percent have been homeless, and 13 percent have children. Table 6 shows that 21 percent of respondents were receiving public assistance.

Table 5: NYTD Survey: Risk Factors and Concerning Outcomes

Topic	Survey Response	Proportion of Respondents (N=248)
High-risk behaviors (in past two years)	Substance abuse referral	5%
	Having been incarcerated	21%
	Having children	13%
Homelessness (in past two years)	Having been homeless	25%

Table 6: NYTD: Public Assistance

Topic	Survey Response	Proportion of Respondents (N=248)
Financial self-sufficiency	Receiving public assistance	21%

II. Adult Protective Services

Adult Protective Services 2017 Community Satisfaction Survey

Purpose

The Adult Protective Services (APS) Program investigates allegations of abuse, neglect, and financial exploitation of adults who are elderly or have disabilities and live in their own homes or in the community. APS may also provide or arrange for emergency services to alleviate or prevent further abuse, neglect, or financial exploitation.

The purpose of the survey was to meet the legislative requirements of Human Resources Code §48.006, which requires the agency to gather information on APS performance in providing investigative and adult protective services. APS uses results of the survey to benefit APS clients by developing strategies to sustain community support, augment local community networks, strengthen volunteer programs, and develop resources in Texas communities.

The 2017 survey was conducted by APS, and is the ninth community satisfaction survey on APS investigations and services. The survey is sent every other year and builds on the initial study conducted by the Health and Human Services Commission (HHSC) in November 2004.

The study population was members of the judiciary, law enforcement agencies, community organizations and resource groups, and APS community boards.

Sample and Methods

The study sought responses from stakeholder groups in the APS system, including local law enforcement agencies and prosecutors' offices, courts with jurisdiction over probate matters, members of the judiciary, community organizations and resource groups, and APS community board members. The 2017 web-based survey sought responses from the entire census or population list for each stakeholder group.

The survey was conducted by online questionnaires via SurveyMonkey or by mail between May 16, 2017, and June 15, 2017. The surveys were offered in English only.

Individuals provided their responses by completing the survey without assistance. An electronic message was sent to potential respondents with instructions for accessing and completing the online survey. APS mailed paper surveys to individuals upon request or to those individuals who may not have Internet access based on the district staff's knowledge of stakeholders and their experience with them.

In preparation for the 2017 survey, APS management, community engagement, and research staff reviewed the 2015 survey for quality and usefulness of information and minor revisions were made to the 2017 questionnaire. As in previous years, there were changes to clarify or build on information, such as further wording changes to better convey applicability of certain questions to a broad range of organizations. In tandem with this, the Community Organizations survey was renamed the Community Partners survey. Also, 5 new scaled items were added to the existing group of 31 scaled items, in order to support comparisons of certain key indicators across additional stakeholder groups. In 2017, 1,867 surveys were distributed and 522 surveys were received (28 percent of those distributed). Over the years, the number of surveys distributed has ranged from 1,867 to 2,768, while the number of respondents has ranged from 381 to 781. The ratio of surveys received to those distributed has varied from 17 percent (2013) to 28 percent (2017).

Major Findings

The findings of the study were APS community engagement efforts are effective. The results reinforce the continued need for outreach efforts and continued

collaborations with local communities, law enforcement, and the judiciary. These survey results also provide valuable insight for making improvements and strengthening partnerships with civic and professional organizations at the local and state level. APS will continue to assess, strengthen, and improve relationships with the judiciary and law enforcement.

Category 1 of Findings (Safety and Dignity)

- Most stakeholder groups either "agreed" or "strongly agreed" with the statement, "APS ensures the safety and dignity of vulnerable adults in this community."
- All four stakeholder groups indicated their level of agreement with the statement, "APS ensures the safety and dignity of vulnerable adults in this community." Again, APS community board respondents had the highest level of overall agreement with the statement (95 percent). Community partners had the next highest level of agreement, at 83 percent. Judicial and law enforcement respondents had the lowest levels of agreement, at 77 percent and 73 percent, respectively. Overall, 85 percent of respondents agreed that APS ensures the safety and dignity of vulnerable adults.

Category 2 of Findings (e.g. Quality of Working Relationships)

- Most stakeholder groups either "agreed" or "strongly agreed" that "There is a good working relationship between [community organizations, law enforcement, and the judiciary] and APS in this community."
- On these statements, community board members had the highest level of agreement (96 percent) and were most likely to strongly agree. There were similar levels of agreement among community partners (79 percent) and law enforcement (79 percent). The judiciary had the lowest level of agreement (69 percent). Overall, 83 percent of respondents reported a good working relationship with APS.

Category 3 of Findings (Understanding of APS Mission)

- Respondents in all four surveys indicated their level of agreement with the following statement: "I understand APS's mission, scope, and purpose." Community boards reported the highest level of agreement overall: 97 percent either "agreed" or "strongly agreed" with the statement. Community partners and judiciary respondents had similar levels of agreement (88 percent and 85 percent, respectively). Law enforcement respondents had the lowest level of agreement, at 73 percent. Overall, 89 percent of respondents reported that they understand the mission, scope, and purpose of APS.

Category 4 of Findings (Judiciary Results)

- Forty individuals responded to the Judicial Partners survey in 2017, of whom 60 percent (24 individuals) were judges. Other roles included attorneys, court investigators, and probate staff. Of the 24 judges, nearly 60 percent (14 judges) reported having had an APS case appear before their court in the past 2 years.
- In 2017, overall levels of agreement with the feedback statements ranged from 69 percent to 92 percent.

Category 5 of Findings (Law Enforcement Results)

- There were 72 respondents to the Law Enforcement survey in 2017, of whom 69 percent (50 individuals) were law enforcement officers. Most other respondents were with victim or community services. Of the 50 law enforcement officers, 70 percent (35 officers) reported having worked on a case with APS in the past 2 years. Of these officers, 94 percent indicated that they had been in contact with APS staff in the past 2 years. In 2017, overall levels of agreement with the feedback statements ranged from 38 percent to 85 percent.
- The great majority of officers (80 percent) reported that they use the law enforcement hotline, with a few of these officers reporting the use of supplementary methods.

Category 6 of Findings (Community Organizations Results)

- There were 315 respondents to the Community Partners survey in 2017, of whom 93 percent were staff and 6 percent were volunteers with an agency, organization or service in their community. Of those respondents who identified with an agency or organization (281 individuals), most (69 percent) indicated that they had been with their organization for 5 years or more. A majority of respondents (87 percent) reported that they had been in contact with APS staff in the past 2 years. Of these, most (51 percent) indicated that they had been in contact with APS staff once or twice a year. Others reported more frequent contact, either once a month (37 percent) or at least once a week (12 percent).
- The agreement for each statement declined from 2007 to 2017 and overall average agreement has declined about 7 percentage points overall from 88 percent at the beginning of the decade to 81 percent in the most recent survey.

Category 7 of Findings (Community Boards Results)

- Overall, 85 percent to 97 percent of respondents reported that they “agreed” or “strongly agreed” with the statement, “APS is an important component of my community’s resource network.”
- In the past 10 years, levels of percent agreement with the feedback statements in the APS Community Boards survey have been consistently high, with most statements attaining at least 90 percent agreement.

The APS 2017 Community Satisfaction Survey results show that APS community engagement efforts are effective. The results reinforce the continued need for outreach efforts and continued collaborations with the local communities and other service agencies. These survey results also provide valuable insight for making improvements, enhancing community satisfaction, and strengthening partnerships with civic and professional organizations at the local and state level. APS will continue to use activities identified in the district business plans to continue to assess, strengthen, and improve relationships with its community partners.

III. Consumer Relations

Office of Consumer Relations 2017 Community Satisfaction Survey

Purpose

The Office of Consumer Relations (OCR) resolves complaints and responds to inquiries about DFPS programs in a fair and unbiased way. These concerns may come from DFPS clients, their families, stakeholders and the public.

The purpose of the survey/series of interviews was to assess the level of information individuals who contact the OCR have, how they find out about the office, the level of ease with which individuals contact OCR, and the preferred method of communication with OCR.

The survey/series of interviews was conducted by OCR using the online tool SurveyMonkey. The link is accessible via the DFPS public website where information regarding the OCR is provided. The link is available year-round.

The study population includes any current or previous DFPS clients, their families and the general public who wished to complete the optional survey in regards to the customer service provided by OCR. The survey allows for these individuals to respond anonymously and does not ask for personal or demographic information.

The report of the study can be generated by request by contacting the Director of OCR.

Sample and Methods

The study is administered via an online link that can be accessed by anyone through the internet. The responses received are from individuals who chose to complete the survey via the SurveyMonkey website; completion of the survey is optional for individuals who contacted OCR electronically to submit an online complaint. The data collected is for the SFY, which runs from September 1st through August 31st of the following year. A total of 155 respondents completed the survey.

Survey questions are offered in English only. Users may answer the questions by selecting the radio button that best fits or describes their answer; respondents also have the ability to provide written text for suggested areas of improvement.

Major Findings

Table 7 shows the results of the OCR survey. The majority of respondents learned about OCR through an internet search and found the office easy to contact.

Table 7: Office of Consumer Relations Survey Results

Question	Survey Response	Proportion of Respondents (N=155)
How did you find out about OCR?	DFPS Public Website	37.6%
	Internet Search	56.0%
	Referred by DFPS staff	5.0%
	Referred by another agency	1.4%
	Marketing materials	0.0%
Was it easy to contact OCR?	Yes	65.5%
	No	35.5%
How do you prefer to contact OCR?	Phone	41.9%
	Email	49.7%
	Letter via regular mail	4.5%
	Letter via fax	3.9%
Awareness of outside hours contact?	Yes	38.7%
	No	61.3%

3. Department of State Health Services

This chapter reports the results of 13 surveys that collected customer satisfaction data regarding Texas Department of State Health Services (DSHS) services. More than 9,500 responses were received through these surveys. Surveys included families of children with special health care needs, and customers of regulatory, immunization, specialized health, community health, and laboratory services. For readability, this chapter is organized into four sections:

- I. Community Health Improvement
 - a. Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys
- II. Consumer Protection Division
 - a. Regulatory Licensing Unit (Business Filing and Verification Section – Effective September 1, 2017) Customer Service Satisfaction Survey
 - b. Surveillance Section Customer Service Satisfaction Survey
- III. Laboratory and Infectious Disease
 - a. Texas Vaccines for Children Program – Clinic Site Visits
 - b. Laboratory Services Testing Customer Satisfaction Survey
 - c. Laboratory Courier Program Satisfaction Survey
 - d. South Texas Laboratory – Water Sample Testing
 - e. South Texas Laboratory - Clinical Testing
 - f. Texas HIV Medication Program
- IV. Regional and Local Health Operations
 - a. Public Health Regions 2/3 Safe Riders Survey
 - b. Public Health Regions 2/3 Immunizations Clinic Survey
 - c. Public Health Regions 2/3 Specialized Health and Social Services
 - d. Public Health Regions 4/5N - Retail Foods/General Sanitation Program

I. Community Health Improvement

Children with Special Health Care Needs Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys

Purpose

The Children with Special Health Care Needs (CSHCN) Systems Development Group serves children ages 0-21 with special health care needs, or any age with cystic fibrosis. The program works to strengthen community-based services to improve systems of care for children and youth with special health care needs. Families are provided with case management and family support and community resource services related to gaining access to necessary medical, social, education, and other service needs.

The purpose of the survey was to obtain information about whether the services provided were 1) accessible, 2) family-centered, 3) continuous, 4) comprehensive, 5) coordinated, 6) compassionate, and 7) culturally effective. The survey also asked the families to rate their overall satisfaction with services.

The survey was conducted by the organizations contracted by the CSHCN Systems Development Group.

The study population was families of children and youth with special health care needs who received services from contracted providers between September 1, 2016, and August 31, 2017.

Sample and Methods

CSHCN contractors sought responses from all families served by their organization with CSHCN Systems Development Group funding. All families were sent a survey regardless of their status (active or closed). The study was conducted by paper from September 1, 2016, to August 31, 2017. Surveys were offered in English and in Spanish. Individuals provided their responses by completing the survey themselves and returning them by mail to the contractor. The total number of completed responses was 2,263 out of 4,972 for a response rate of 45 percent.

Major Findings

The findings of the survey were as follows:

- Most respondents (74 percent) reported having access to services and supports when they had questions or concerns about their child.

- Most respondents (70 percent) reported that they were included in the planning and decisions for their child’s care.
- Most respondents (95 percent) reported that they had regular visits and phone calls with staff.
- Most respondents (97 percent) reported that all of the needs of their child were discussed and addressed.
- Most respondents (97 percent) reported that they received the help needed to coordinate their child’s care.
- Most respondents (97 percent) reported that the staff in the office cared about their child and family.
- Most respondents (97 percent) reported that the staff honored their culture and traditions when working with their child and family.
- Most respondents (96 percent) reported that they were satisfied with the services their child and family received.

II. Consumer Protection Division

Regulatory Licensing Unit (Business Filing and Verification Section – Effective September 1, 2017) Customer Service Satisfaction Survey

Purpose

The Regulatory Licensing Unit (Business Filing and Verification Section – effective September 1, 2017) serves businesses and facilities to maintain the health and safety of Texans. The types of businesses that are served include: retail stores that sell abusable volatile chemicals and bedding, asbestos, bottled water operators, drugs and medical devices, foods, emergency medical services/trauma systems, hazardous products, lead abatement, meat and poultry, milk and dairy, mold assessors and remediators, radiation, retail food and school food establishments, tanning, tattoo, body piercing, and youth camps.

The types of facilities that were served through September 1, 2017 included: abortion, ambulatory surgical, birthing, and community mental health centers; emergency medical services and trauma systems, including stroke and trauma facilities; end-stage renal disease facilities; freestanding emergency medical care facilities; hospitals, including general and special hospitals; psychiatric and crisis stabilization units; narcotic treatment clinics; seafood and aquatic life, which includes crabmeat and shellfish processing facilities; special care facilities; and substance abuse facilities.

The types of facilities that are served after September 1, 2017, include emergency medical services and trauma systems, including stroke and trauma facilities, and seafood and aquatic life, which includes crabmeat and shellfish processing facilities.

The unit provides customer service to the businesses and facilities to assist in the completion of their initial and renewal licensing applications. The purpose of the survey was to measure customer satisfaction with the Regulatory Licensing Unit (Business Filing and Verification Section – effective September 1, 2017).

Sample and Methods

In SFY 2016, there were 275 surveys completed. In SFY 2017, there were 220 surveys completed. The survey was available online on the DSHS website and was offered in English.

Major Findings

Overall, the majority of individuals completing the Regulatory Licensing Unit customer service satisfaction survey were satisfied with the level of customer service received. The findings of the survey were as follows:

- Most respondents (85 percent) found DSHS staff helpful, courteous, and knowledgeable.
- Most respondents (77 percent) found communicating with DSHS (via telephone, mail, or electronically) an efficient process.
- Most respondents (68 percent) found the DSHS website user-friendly and that it contains adequate information.
- Most respondents (71 percent) reported that their application was easy to file and was processed in a timely manner.
- Most respondents (75 percent) found the forms, instructions, and other information provided by DSHS helpful and easy to understand.

Surveillance Section Customer Service Satisfaction Survey

Purpose

The Surveillance Section protects consumer health and safety by ensuring compliance with state and federal law and rules regulated under DSHS. Activities performed by staff in the Surveillance Section include inspections, product and environmental sampling, complaint investigations, and technical assistance. The entities inspected include: retail stores that sell abusable volatile chemicals and hazardous products; asbestos, environmental lead, abatements; tattoo and body piercing; drugs and medical device manufacturers/distributors; food manufacturers;

food and drug salvagers; milk and dairy; radioactive materials; x-ray and mammography.

The purpose of the survey is to determine customer satisfaction of the regulated entities that interact with Surveillance Section staff and provide the regulated entities a mechanism for input into the inspections process. Additionally, the survey data and comments are used as a quality assurance tool by managers. The information is reviewed on a quarterly basis to identify trends that may lead to training opportunities for staff and/or regulated entities.

Sample and Methods

The survey is made available to all regulated entities that come in contact with an inspector. The survey is conducted online through SurveyMonkey. The survey was made available on March 1, 2014, and has been perpetually listed for entities to complete. The link to the survey is printed on the back of inspectors' business cards. Inspectors are required to present their business card and credentials upon entering a firm. On average, the Surveillance Section conducts approximately 40,000 inspections annually. The survey is offered in English only. From March 1, 2014, through January 20, 2018, 446 surveys were completed.

Major Findings

Overall, the majority of individuals completing the Surveillance Section customer service satisfaction survey were satisfied with the level of customer service received. The survey results from March 1, 2014, through January 20, 2018, included the following:

- Most respondents (99 percent) reported the inspector introduced himself/herself and presented his/her credentials/ID before the inspection.
- Most respondents (98 percent) reported the purpose of the inspection was adequately described at the beginning of the inspection.
- Most respondents (98 percent) reported that the DSHS inspector was prepared and well organized.
- Most respondents (98 percent) reported that the inspection was handled in a courteous and professional manner.
- Most respondents (97 percent) reported that the on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.
- Most respondents (97 percent) reported the inspector clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information.

- Most respondents (98 percent) reported that the inspector clearly explained their findings.
- Most respondents (87 percent) reported that if deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.
- Most respondents (92 percent) reported that they now have a better understanding or knowledge of state and/or federal requirements affecting their business.

III. Laboratory and Infectious Disease

Texas Vaccines for Children Program – Clinic Site Visits

Purpose

The Texas Vaccines for Children (TVFC) Program serves eligible children who meet specific criteria regarding their current medical coverage. The program provides low-cost immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) to protect TVFC-eligible children from vaccine-preventable diseases. Annually, providers that carry TVFC vaccines are evaluated over a variety of programmatic items through a site visit conducted by the DSHS Health Service Regions (HSRs) or contracted vendor.

The purpose of the survey was to gather feedback regarding site visits conducted at TVFC provider clinics. The survey itself covers the entire site visit process, including scheduling a site visit, education given on-site, and follow-up from a visit's results. Feedback from this survey is used to conduct process improvement/training to HSRs and vendors as the agency strives to provide the best service and support to the TVFC clinics.

The survey was developed by the Immunization Unit's Vaccine Operations Group using SurveyGizmo. The survey was sent by email to providers that received a site visit during the contract year.

The study population represents the views of active TVFC clinics that are ordering and administering vaccines to TVFC-eligible children between the ages of 0-18. Surveys included in the report were submitted between the dates of May 25, 2016, through January 29, 2018.

Sample and Methods

The study sought responses from TVFC clinics across Texas. The study report contained 1,479 responses (complete and partial), which represents approximately half of the current number of active TVFC providers. Providers received a link to complete the survey if they received a site visit. (Note: TVFC providers receive a site visit every other year).

The study was conducted by an online survey implemented between 2016 and 2018. Surveys included in the report were submitted between the dates of May 25, 2016, through January 29, 2018. The survey was offered in English only.

Individuals provided their responses by completing and submitting the survey online. The total number of completed survey responses was 1,347 out of 1,479 submitted surveys for a completion rate of 91 percent.

Major Findings

Overall, the respondents stated the education/information that was provided to them during site review visits will help them improve vaccine storage practices, reduce vaccine loss, and institute a reminder/recall system for their patients. The findings of the survey were as follows:

- Most respondents (95 percent) were satisfied with the site review visit.
- Most respondents (94 percent) were satisfied with the reviewer.
- Most respondents (91 percent) were satisfied with the amount of time needed for the site review visit.
- Most respondents (88 percent) were satisfied with the instructions received for the site visit.
- Some respondents reported that the reviewer did not arrive on time (52 percent) and that they were not notified of the late arrival (46 percent).
- Most clinics (98 percent) reported that the reviewer presented valid credentials during the site review visit.
- Most facilities reported that they were educated regarding total vaccine doses shipped to their site during 2016 (90 percent), total cost of vaccines ordered (89 percent), and total number of doses lost and the cost of the lost doses (90 percent).
- It is important for the enrolled clinic staff to be aware of what documentation is required for a site review visit to take place. According to the results, some respondents (20 percent) were not notified of what to have prepared.

Laboratory Services Testing Customer Satisfaction Survey

Purpose

The DSHS Laboratory Services Section (LSS) provides unique testing services for a myriad of sample types and facilities across the state from testing water quality from local sources to testing milk and meat for biologic contaminants to testing newborn blood samples for inherited, potentially deadly disorders. The goal of the LSS is to improve the public health for all Texans and serves thousands of facilities across the state that submit samples to the laboratory.

The purpose of the survey was to allow laboratory management to gauge client satisfaction with the type of services provided, ease of use of electronic reporting systems and experience with customer support services with the goal of improving client satisfaction. Surveys were conducted annually by the LSS Quality Assurance Unit and included all facilities that received services from the LSS in SFY 2015 through SFY 2017.

Sample and Methods

The study sought responses from all sample submitting facilities at the beginning of each fiscal year from SFY 2015 to SFY 2017. The surveys were offered in English, and were available online only. Facilities were made aware of the survey opportunities through notices placed on results web portals and the DSHS website and responses could be completed electronically by facility representatives.

Table 8: Laboratory Services Testing - Completed Responses

	SFY 2015	SFY 2016	SFY 2017
Completed Responses	608	608	686
Surveys Initiated	977	892	959
Completed Response Rate	62%	68%	72%

Major Findings

The findings of the survey were as follows:

- Respondents reported improvements in access to clear, understandable information as evidenced by satisfaction gains in the ability to receive information by telephone (7 percent gain from SFY 2016 to SFY 2017) and in

the ease of report interpretation (3 percent gain from SFY 2015 to SFY 2017).

- Most respondents (over 70 percent) rated their experience with the LSS as “very satisfied” or “satisfied” for all performance metrics that were evaluated, except for use of electronic-based information and services.

LSS upper management has clearly identified that improvements are necessary to web-based applications and the LSS website. These improvements will provide a more user-friendly format and provide the LSS client base with a more streamlined experience allowing for more efficient retrieval of needed information. All negative responses were followed up on if contact information was provided. All comments, positive and negative, were referred to DSHS Laboratory Management for self-evaluation.

Laboratory Courier Program Satisfaction Survey

Purpose

The DSHS Laboratory Courier Program provides overnight transport of critical specimens to the laboratory. This program serves 681 healthcare facilities across the state that submit a variety of specimens to the laboratory for testing. The Lone Star Delivery and Process (LSDP) courier provides service for 434 of the 681 participating facilities that ship specimens that require special handling (cold and frozen). The other 247 facilities use FedEx courier for specimens that do not require special handling.

The purpose of the survey was to provide information regarding the satisfaction level the various facilities had with the different courier services. The survey was conducted by DSHS staff. The study population was healthcare facilities that received services from the courier program in SFY 2016 and SFY 2017.

Sample and Methods

The study sought responses from all participants in the courier program. One survey was sent to LSDP customers and a slightly different survey was sent to FedEx customers.

The study was conducted by paper and online sources November through December 2015 with 572 facilities. Another survey was conducted November through December 2016 with 646 facilities. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves.

The total number of completed responses for LSDP customers in SFY 2016 was 105 out of 428 (number of facilities) for a response rate of 24 percent. The total number of completed responses for FedEx customers in SFY 2016 was 42 out of 144 (number of actual facilities) for a response rate of 29 percent.

The total number of completed responses for LSDP customers in SFY 2017 was 105 out of 438 (number of facilities) for a response rate of 24 percent. The total number of completed responses for FedEx customers in SFY 2017 was 42 out of 208 (number of facilities) for a response rate of 24 percent.

Major Findings

Respondents indicated overall good satisfaction with courier services provided. The findings of the study in fiscal 2016 were as follows:

LSDP Findings

- Most respondents (94 percent) reported they were somewhat to highly satisfied with overall satisfaction of services.
- In the four categories of customer service experience, professionalism, quality of service, and understanding customer needs, most respondents (87 percent, on average) said service was above to well above average.

FedEx Findings

- Most respondents (88 percent) reported they were somewhat to highly satisfied with overall satisfaction of services.
- Most respondents (88 percent) reported they had an improvement in the transit time of specimens.

**Table 9: LSDP - Overall Satisfaction Findings:
Indicated Highly Satisfied, Somewhat Satisfied**

Satisfaction Measure	SFY 2016 Proportion of Respondents* (N=105)
Expressed that they are highly satisfied with overall courier services	84%
Expressed that they are somewhat satisfied with overall courier services	10%

*Proportions indicate respondents who chose responses "highly satisfied," "somewhat satisfied," rather than "somewhat dissatisfied," "very dissatisfied," or "neutral." Those who did not answer the survey question are not counted in these proportions.

**Table 10: FedEx - Overall Satisfaction Findings:
Indicated Highly Satisfied, Somewhat Satisfied**

Satisfaction Measure	SFY 2016 Proportion of Respondents* (N=42)
Expressed that they are highly satisfied with overall courier services	74%
Expressed that they are somewhat satisfied with overall courier services	14%

*Proportions indicate respondents who chose responses "highly satisfied," somewhat satisfied," rather than "somewhat dissatisfied," "very dissatisfied," or "neutral." Those who did not answer the survey question are not counted in these proportions.

The findings of the study in SFY 2017 were as follows:

LSDP Findings

- All respondents (100 percent) reported they were somewhat to highly satisfied with overall satisfaction of services.
- In the four categories of customer service experience, professionalism, quality of service, and understanding customer needs, most respondents (85 percent, on average) said service was above to well above average.

FedEx Findings

- Most respondents (90 percent) reported they were somewhat to highly satisfied with overall satisfaction of services.
- Most respondents (86 percent) reported they had an improvement in the transit time of specimens.

**Table 11: LSDP - Overall Satisfaction Findings:
Indicated Highly Satisfied, Somewhat Satisfied**

Satisfaction Measure	SFY 2017 Proportion of Respondents* (N=105)
Expressed that they are highly satisfied with overall courier services	87%
Expressed that they are somewhat satisfied with overall courier services	13%

*Proportions indicate respondents who chose responses "highly satisfied," somewhat satisfied," rather than "somewhat dissatisfied," "very dissatisfied," or "neutral." Those who did not answer the survey question are not counted in these proportions.

**Table 12: FedEx - Overall Satisfaction Findings:
Indicated Highly Satisfied, Somewhat Satisfied**

Satisfaction Measure	SFY 2017 Proportion of Respondents* (N=42)
Expressed that they are highly satisfied with overall courier services	78%
Expressed that they are somewhat satisfied with overall courier services	12%

*Proportions indicate respondents who chose responses "highly satisfied," somewhat satisfied," rather than "somewhat dissatisfied," "very dissatisfied," or "neutral." Those who did not answer the survey question are not counted in these proportions.

South Texas Laboratory – Water Sample Testing

Purpose

The South Texas Laboratory (STL) is a branch of the Laboratory Services Section and is located in Harlingen, Texas. One service of the STL is bacterial water testing for drinking water. Submitters of water samples to the STL serve public water systems, bottlers, vendors, and private individuals (i.e. self-owned businesses or properties). The program provides bacterial water testing for drinking water submitters.

The purpose of the survey was to receive feedback on how to improve services or correct any complaints the submitter may have encountered. The survey was

conducted by the South Texas Laboratory Water Department. The study population was all water submitters.

Sample and Methods

The study sought responses from all water submitters that are current customers of STL. The study was conducted by paper in January 2015 and returned by February 6, 2015. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves. The total number of completed responses was approximately 25 out of 75 for a response rate of 33 percent.

Major Findings

The findings of the survey were as follows:

- Most submitters (98 percent) reported that customer service experience, on-time delivery of service, professionalism, quality of service, and understanding of customers' needs were well above average.
- Most submitters (98 percent) rated staff as "very well" for the following characteristics: patience, enthusiastic, listens carefully, friendly, responsive, and courteous to the water submitters.
- One customer complained about receiving late billing statements.

South Texas Laboratory - Clinical Testing

Purpose

The South Texas Laboratory (STL) is a branch the Laboratory Services Section and is located in Harlingen, Texas. STL is dedicated to providing high-quality, accurate test results to residents of the Rio Grande Valley. It acts as a public health laboratory serving 10 Texas regions with more than 70 clinics. It also supports local hospitals and local health departments.

STL serves tuberculosis (TB) elimination programs throughout Texas. The program provides clinical laboratory testing such as comprehensive metabolic panels, liver function panels, TB panels and complete blood counts for toxicity testing related to latent TB infection cases.

The purpose of the survey was to meet accreditation requirements and to gather information about satisfaction with services. The survey was conducted by STL. The study population was TB regional clinics.

Sample and Methods

The study sought responses from Regional Clinics and TB Elimination Submitters. Participants were identified based on submitter enrollment testing needs. The study was conducted by paper in October 2016. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves. The total number of completed responses was 29 out of 76 for a response rate of 38 percent.

Major Findings

The findings of the study were as follows:

- Most respondents (97 percent) expressed satisfaction with the STL.
- All respondents (100 percent) reported receiving their lab reports in a timely manner (fax, mailed, or other).
- Most respondents (86 percent) reported high satisfaction with the supply ordering process.
- Most respondents (83 percent) reported that their cold boxes arrived at the scheduled time. Some respondents (17 percent) did not use cold boxes.
- Most respondents (76 percent) reported as above and well above average their customer service experience. Some respondents (17 percent) reported average customer service experience.
- Most respondents (86 percent) reported as above and well above average on-time delivery of service. Some respondents (7 percent) reported average on-time delivery of service.
- Most respondents (76 percent) reported above and well above average professionalism. Some respondents (20 percent) reported average professionalism.
- Most respondents (79 percent) reported above and well above average quality of service. Some respondents (17 percent) reported average quality of service.
- Most respondents (72 percent) reported above and well above average understanding of customers' needs. Some respondents (21 percent) reported average understanding of customers' needs.
- Most respondents (66 percent) reported a same or higher STL service rate in comparison to previous modes of submitting specimens (i.e. postal service, other courier service). Some responses (34 percent) were not applicable.
- Most respondents (62 percent) saw a decrease in the number of specimens rejected for stability time or proper temperature in which the specimens were received by STL.

- Most respondents (93 percent) reported satisfaction and high satisfaction with STL staff responsiveness when called with service issues.
- Most respondents (93 percent) reported adequate supplies for sending specimens.
- Two respondents reported that they would like to be able to get their results online or on the Public Health Laboratory Information Management System.
- Two respondents reported that they least liked having to call a courier or drop off boxes for lab specimen pickup.

Texas HIV Medication Program

Purpose

The Texas HIV Medication Program (THMP) serves Texans living with HIV infection who meet specific financial criteria. The program provides medications for the treatment of HIV and its related complications to help Texans living with HIV live longer, healthier lives and to prevent the further spread of HIV infection in Texas.

The purpose of the survey was to receive input from external stakeholders, including THMP participating pharmacies, agency workers throughout Texas who work directly with the program, and persons who have applied for or are recipients of the program on customer service and the responsiveness of the program. This survey, created by the DSHS TB/HIV/STD Section, is available online on the THMP website and is tabulated quarterly. Results of this survey have not been published or shared with the community due to the low volume of responses.

Sample and Methods

The study sought responses from a convenience sample of respondents. The survey is available on the THMP webpage and can be assessed by any interested stakeholder. The survey asks what type of stakeholder is responding to allow THMP to improve services.

The study was conducted by emailing potential respondents and inviting them to complete a hyperlinked survey on SurveyMonkey on September 6, 2016; March 14, 2017; and April 5, 2017. The survey was offered in English only. Individuals provided their responses by completing the survey themselves via SurveyMonkey.

The total number of completed responses for the September 2016 survey was 88 out of approximately 150 for a response rate of 59 percent. The total number of completed responses for the March 2017 survey was 39 out of 122 for a response rate of 32 percent. The total number of completed responses for the April 2017

survey was 46 out of 201 for a response rate of 23 percent. This survey is ongoing and may be accessed by a link from the [THMP website](#).

Major Findings

September 2016 survey findings were as follows:

- Most respondents (75 percent) reported their most common contact with THMP was the program toll-free number.
- Most respondents (68 percent) indicated that they were either not transferred or transferred once before reaching the correct staff person.
- Most respondents (90 percent) indicated that they were kept on hold for five minutes or less.
- Most respondents (93 percent) indicated that THMP staff accurately and effectively address their concerns or questions.

March 2017 survey findings were as follows:

- Most respondents (72 percent) reported their most common contact with THMP was the program toll-free number.
- Most respondents (88 percent) indicated that they were either not transferred or transferred once before reaching the correct staff person.
- Most respondents (97 percent) indicated that they were kept on hold for five minutes or less.
- Most respondents (94 percent) indicated that THMP staff accurately and effectively address their concerns or questions.

April 2017 survey findings were as follows:

- Most respondents (90 percent) reported THMP staff were helpful, courteous, and knowledgeable.
- Phone communication was reported as the most efficient (86 percent) while mail (64 percent) and fax (55 percent) were still considered efficient by the majority of respondents.
- Respondents reported that the THMP website was user-friendly and contains adequate information (86 percent) and that the forms, instructions, and any other information provided by THMP was helpful and easy to understand (94 percent).
- Most respondents (90 percent) reported pharmacy orders or the pharmacy orders submitted on behalf of clients were easy to submit and processed in a timely manner.

- Most respondents (58 percent) reported that the application or the applications submitted on behalf of clients were easy to submit and processed in a timely manner.

IV. Regional and Local Health Operations

Public Health Regions 2/3 Safe Riders Survey

Purpose

The Community Health Services, Safe Riders Distribution Program serves child caregivers who meet the Safe Rider's specific criteria. The program provides free Child Passenger Safety educational classes and a free child car seat to reduce the number of motor vehicle crash injuries and fatalities to children in Texas.

The purpose of the survey was to provide input on the satisfaction of Safe Riders class participants. The surveys were conducted by the Community Health Services program staff. The study population was caregivers in Tarrant County who completed the educational classes and were provided a child car seat.

Sample and Methods

The study sought responses from all child caregivers attending the Safe Riders Class. The study was conducted by paper September 1, 2015, through August 31, 2017. The surveys were offered in English and Spanish. Individuals provided their responses by completing the survey themselves or were helped by the staff if needed. The total number of completed responses was 17 surveys completed out of 17 people invited to survey for a response rate of 100 percent.

Major Findings

The findings of the study were as follows for SFY 2016:

- Most child caregivers (82 percent) were satisfied with the class time of the day.
- Most child caregivers (79 percent) were satisfied with the class day of the week.
- Most child caregivers (88 percent) felt their knowledge of child safety seats increased.
- Most child caregivers (82 percent) were comfortable installing their child's car seat after the class.
- Some child caregivers (47 percent) were satisfied with the car seat installation.

- Most child caregivers (76 percent) heard about the program through other sources besides school, church, child care centers, and pediatrician offices.

Public Health Regions 2/3 Immunizations Clinic Survey

Purpose

The Community Health Services/Nursing Program serves uninsured clients in counties for Region 2/3. The program provides free immunization clinics to clients who meet the vaccination criteria. Immunizations are provided to eliminate the spread of vaccine-preventable diseases by increasing coverage for Texans.

The purpose of the survey was to determine satisfaction of clients served through immunization clinics. The survey was conducted by the nursing program staff. The study population was clients in Public Health Regions 2/3 attending immunization clinics.

Sample and Methods

The study sought responses from all clients who attended an immunization clinic throughout SFY 2016 and SFY 2017. The study was conducted by paper September 1, 2015, through August 31, 2017. The surveys were offered in English and Spanish. Individuals provided their responses by completing the survey themselves or were helped by the staff if needed. The total number of completed responses in SFY 2016 was 893, and 1386 in SFY 2017.

Major Findings

The findings of the study were as follows for SFY 2016:

- Most clients (94 percent) strongly agreed they felt the staff were very helpful in assisting to complete required forms to receive vaccines.
- Most clients (95 percent) were given information about the immunizations that were recommended for their child or themselves in their primary language.
- Most clients (95 percent) strongly agreed they were given the opportunity to ask questions about the vaccines for their child or themselves.
- Most clients (94 percent) strongly agreed they were given instructions on what to do if they had problems with the immunization that was provided to their child or themselves.
- Most clients (95 percent) strongly agreed they were provided a copy of their child's or their immunizations at the visit.

The findings of the study were as follows for SFY 2017:

- Most clients (96 percent) strongly agreed they felt the staff were very helpful in assisting to complete required forms to receive vaccines.
- Most clients (98 percent) were given information about the immunizations that were recommended for their child or themselves in their primary language.
- Most clients (97 percent) strongly agreed they were given the opportunity to ask questions about the vaccines for their child or themselves.
- Most clients (97 percent) strongly agreed they were given instructions on what to do if they had problems with the immunization that was provided to their child or themselves.
- Most clients (98 percent) strongly agreed they were provided a copy of their child's or their immunizations at the visit.

Public Health Regions 2/3 Specialized Health and Social Services

Purpose

The Specialized Health and Social Services program serves children with special health-care needs and people of any age with cystic fibrosis. The program assists clients with their medical, dental, and mental healthcare, special therapies, case management, family support services, travel to healthcare visits, insurance premiums, and transportation of deceased clients.

Staff conducted home visits to complete detailed assessments to determine clients' needs and available resources. The purpose of the series of interviews was to provide input about the quality of case management services. The series of interviews was conducted by Specialized Health and Social Services employees.

The study population was Personal Care Services (PCS)/Community First Choice (CFC), Children with Special Health Care Needs (CSHCN) Services Program, and Medicaid Case Management for Children and Pregnant Women (CPW) clients. The surveys were conducted between June and August 2017.

Sample and Methods

The study sought responses from a sample of the population. The responses were from every client requesting service during this time period. The study was conducted by telephone interviews in the months of June, July, and August. The interviews were offered in English and Spanish. Individuals provided their responses by being interviewed. The total number of completed responses was 28 out of 28, for a response rate of 100 percent.

Major Findings

Approximately 93 percent of those surveyed receive PCS, while the remaining 7 percent receive CSHCN. Most respondents were satisfied with the services they received and indicated that their case managers followed policy. The findings of the study were as follows:

- All respondents (100 percent) reported that the case manager helped them with the needs they felt were important.
- All respondents (100 percent) reported that the case manager gave them referrals that helped them and their family.
- All respondents (100 percent) reported that the case manager helped them to get needed medical services for their child.
- All respondents (100 percent) reported that the case manager taught them how to obtain care for their child.
- Most respondents (96 percent) reported that the case manager was easy to talk with, showed respect and courtesy, and understood my concerns.

Public Health Regions 4/5N - Retail Foods/General Sanitation Program

Purpose

The Retail Foods/General Sanitation Program regulates food service facilities that serve foods directly to the public, youth camps and schools. The Retail Foods/General Sanitation Program provides services where there are no local/county regulators.

The purpose of the survey was to provide a way for inspected facilities to anonymously evaluate the inspection process/inspector to determine areas of proficiency and areas needing improvement. The survey was conducted by regional staff. The study population was facilities that are inspected by the Retail Foods/General Sanitation Program in Region 4/5 N.

Sample and Methods

The study sought responses from all inspected facilities. Inspected facilities are inspected based on the risk factors, complaint basis, and compliance schedules. Schools are inspected twice a year; youth camps are inspected once a year.

The study was conducted by paper and online from January to December of 2016. The surveys were offered in English only. Individuals provided their responses by completing the survey themselves or being helped by staff if needed. The total

number of completed responses was 246 out of 1,895 for a response rate of 13 percent.

Major Findings

The study showed that regulated facilities felt inspectors were very knowledgeable and extremely helpful during inspections. The verbal communication during inspections was extremely clear or very clear. The findings were as follows:

- All respondents (100 percent) reported that the inspector seemed very knowledgeable.
- Most respondents (72 percent) reported that verbal information provided by the inspector was clear.
- Most respondents (79 percent) reported that the inspector was extremely helpful.
- Most respondents (95 percent) reported that the introduction by the inspector did not need improvement.
- Most respondents (97 percent) reported that the appearance of the inspector did not need improvement.
- Most respondents (97 percent) reported that the inspector's presentation did not need improvement.
- Most respondents (97 percent) reported that the inspector's preparation did not need improvement.
- Most respondents (86 percent) reported that the inspector's report was readable, clear, and helpful.

4. Health and Human Services Commission

During 2016 and 2017, the Health and Human Services Commission (HHSC) absorbed many of the services and functions previously administered by the Department of Assistive and Rehabilitative Services (DARS), the Department of Aging and Disability Services (DADS), and the Department of State Health Services (DSHS). This section includes 19 surveys capturing customer satisfaction since the last Report on Customer Service. The surveys summarized in this chapter were administered in state fiscal years 2016-2018. For readability, this chapter is organized into six sections:

- I. Child Healthcare Coverage
 - a. STAR Child Caregiver Member Survey
 - b. CHIP Caregiver Member Survey
 - c. Medicaid and CHIP Dental Caregiver Survey
 - d. STAR Health Caregiver Member Survey
- II. Adult Healthcare Coverage
 - a. STAR Adult Member Survey
 - b. STAR+PLUS Adult Member Survey
- III. Access and Eligibility Services
 - a. Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Surveys
 - b. YourTexasBenefits.Com Survey
- IV. Legacy DADS Surveys
 - a. Nursing Facility Quality Review (NFQR)
 - b. Long Term Services and Supports Quality Review (LTSSQR)
 - c. Consumer Rights and Services (CRS) Survey
- V. Legacy DARS Surveys
 - a. Early Childhood Intervention (ECI) Family Survey
 - b. Independent Living Services Customer Satisfaction Survey

- c. Blind Children’s Vocational Discovery and Development Program Customer Satisfaction Survey
- d. Autism Program Satisfaction Survey

VI. Legacy DSHS Surveys

- a. Mental Health Statistics Improvement Program Youth Services Survey for Families
- b. Mental Health Statistics Improvement Program Adult Services Survey
- c. Mental Health Statistics Improvement Program Inpatient Consumer Survey
- d. Women, Infants, and Children (WIC) Nutrition Education Survey

I. Child Healthcare Coverage

The child healthcare surveys discussed here relate to Texas Medicaid or Children's Health Insurance Program (CHIP) services and were conducted by the Institute for Child Health Policy (IHP) at the University of Florida. Federal law requires state Medicaid programs to contract with an external quality review organization to help evaluate services. HHSC contracts with IHP for this purpose. The surveys assess caregivers’ satisfaction with health, dental, or behavioral health services. The questions on the surveys are primarily taken from nationally used survey instruments.

The surveys about services for children include:

- STAR Child Caregiver Member Survey
- CHIP Caregiver Member Survey
- Medicaid and CHIP Dental Caregiver Survey
- STAR Health Caregiver Member Survey

IHP used a similar survey protocol for all surveys. Evaluators sent advance notification letters written in English and Spanish to caregivers of member children in Medicaid and CHIP requesting their participation in the surveys. Then the evaluators telephoned caregivers seven days a week in both day and evening hours (generally between 9:00 a.m. and 9:00 p.m. Central Time) to complete the survey. Multiple attempts (up to 20 for most programs) were made to reach a family before a member's phone number was removed from the calling circuit. If a respondent was unable to complete the interview in English, evaluators referred the respondent to a Spanish-speaking interviewer for a later time.

The child healthcare surveys were conducted by the University of Florida Survey Research Center (UFSRC) and included questions from the following sources:

- The Agency for Healthcare Research and Quality's (AHRQ) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, a widely used instrument for measuring and reporting consumer experiences with their health plan and providers.
- Items developed by ICHP pertaining to caregiver and member demographic and household characteristics.

STAR Child Caregiver Member Survey

Purpose

ICHP conducted the 2017 STAR Child Caregiver Member Survey from May to August 2017 with caregivers of children who received services funded through the Medicaid STAR program. STAR serves children in low-income families as well as adults who meet certain income and eligibility criteria. The program provides physical and behavioral health services and dental services for children. This survey reviewed physical and behavioral health, and a separate survey examined satisfaction with dental services. Surveys for adults and children in the STAR program were conducted separately.

The purpose of the STAR Child Caregiver Member Survey is to determine the sociodemographic characteristics and health status of children enrolled in the STAR program and assess parental experiences and satisfaction with healthcare received by STAR enrollees. Additionally, the survey included questions to address the need for and availability of specialized services for enrollees and healthcare needs as children with chronic conditions transition into adulthood.

Sample and Methods

Participants for the STAR Child Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in STAR for six continuous months between September 2016 and February 2017. Members having no more than one 30-day break in enrollment in the same managed care organization (MCO) during this period were included in the sample. The sample was stratified to include representation from the 45 plan codes (MCO/service areas), with a target number of 200 completed surveys per plan code and 300 completes for MCOs operating in only one service area. While the sample was drawn from the beneficiaries (children), the survey was conducted with their parents/caregivers.

There were 9,584 completed surveys with a response rate of 28 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer services, and getting care quickly). The scores in Table 13 to

Table 15 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

Table 13: STAR Child Caregiver Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences³

Satisfaction Measure	Proportion of Respondents (N=9,584)
Getting Needed Care	60.0%
Getting Care Quickly	75.5%
How Well Doctors Communicate	81.9%
Customer Service	82.2%
Coordination of Care	60.7%
Access to Specialized Services	56.7%
Getting Needed Information	76.6%
Getting Prescriptions	78.3%

³ CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

**Table 14: STAR Child Caregiver Member Survey CAHPS Composites:
Percent Responding "Yes"**

Satisfaction Measure	Proportion of Respondents (N=9,584)
Health Promotion and Education	72.4%
Shared Decision Making	79.3%
Personal Doctor Who Knows Child	89.9%
Coordination of Care for Children with Chronic Conditions	74.9%

**Table 15: STAR Child Caregiver Member Survey CAHPS Ratings:
Percent Rating at "9" or "10"**

Satisfaction Measure	Proportion of Respondents (N=4,148)
Health Care Rating	77.2%
Personal Doctor Rating	76.4%
Specialist Rating	78.2%
Health Plan Rating	82.0%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains, and the relevant results of the STAR Child Caregiver Member Survey are reported relative to these performance indicator benchmarks in Table 16.

Table 16: Statewide STAR Child CAHPS Member Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Total (N=9,584)	STAR Dashboard Standard (2017)
Good access to urgent care	80.3%	82%
Good access to specialist referral	52.6%	59%
Good access to routine care	70.7%	80%
Good access to behavioral health treatment or counseling	50.4%	60%
Members rating child's personal doctor "9" or "10"	76.4%	80%
Members rating child's health plan a "9" or "10"	82.0%	81%
Good experiences with doctor's communication	81.9%	80%

CHIP Caregiver Member Survey

Purpose

ICHP conducted the 2017 CHIP Caregiver Member Survey from May to August 2017 with caregivers of children who received services funded through CHIP. CHIP is a partially subsidized health insurance program for children from families whose income falls below a specific threshold but exceeds the eligibility level to qualify for Medicaid.

The purpose of the CHIP Caregiver Member Survey is to determine the sociodemographic characteristics and health status of children enrolled in CHIP and to assess parental experiences and satisfaction with healthcare received by CHIP enrollees. Additionally, the survey included questions to address the need for and availability of specialized services for members and healthcare needs as children with chronic conditions transition into adulthood.

Sample and Methods

Survey participants for the CHIP Child Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in CHIP for six continuous months between September 2016 and February

2017. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sample. The sample was stratified to include representation from the 33 plan codes (MCO/service areas), with a target number of 200 completed surveys per plan code and 300 completes for MCOs operating in only one service area.

There were 6,025 completed surveys with a response rate of 24 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer service, and getting care quickly). The scores in Table 17 to Table 19 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

Table 17: CHIP Caregiver Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences⁴

Satisfaction Measure	Proportion of Respondents (N=6,025)
Getting Needed Care	58.9%
Getting Care Quickly	75.4%
How Well Doctors Communicate	82.0%
Customer Service	75.0%
Coordination of Care	62.8%
Access to Specialized Services	49.8%
Getting Needed Information	73.3%
Getting Prescriptions	73.9%

⁴ CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

**Table 18: CHIP Caregiver Member Survey CAHPS Composites:
Percent Responding "Yes"**

Satisfaction Measure	Proportion of Respondents (N=6,025)
Health Promotion and Education	66.5%
Shared Decision Making	76.9%
Personal Doctor Who Knows Child	89.3%
Coordination of Care for Children with Chronic Conditions	73.3%

**Table 19: CHIP Caregiver Member Survey CAHPS Ratings:
Percent Rating at "9" or "10"**

Satisfaction Measure	Proportion of Respondents (N=6,025)
Health Care Rating	73.1%
Personal Doctor Rating	74.1%
Specialist Rating	77.1%
Health Plan Rating	74.7%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains, and the relevant results of the CHIP Caregiver Member Survey are reported relative to these performance indicator benchmarks in Table 20.

Table 20: Statewide CHIP Established Enrollee Survey Results Relative to HHS Performance Dashboard Indicators

Performance Dashboard Indicator	CHIP Survey Results (N=6,025)	CHIP Dashboard Standard (2017)
Good access to urgent care	78.5%	80%
Good access to specialist appointments	54.4%	58%
Good access to routine care	72.3%	80%
Good access to behavioral health treatment or counseling	51.1%	41%
Members rating child's personal doctor "9" or "10"	74.1%	75%
Members rating child's health plan a "9" or "10"	74.7%	81%
Good experience with doctor's communication	82.0%	80%

Medicaid and CHIP Dental Caregiver Survey

Purpose

ICHIP conducted the 2017 Medicaid and CHIP Dental Caregiver Survey from August to October 2017 with caregivers of children who received dental services funded through Texas Medicaid and CHIP.

The purpose of the Medicaid and CHIP Dental Caregiver Survey is to assess caregivers' experiences and satisfaction with the dental health services their children received in the Medicaid and CHIP programs. Specifically, the survey included questions to address:

- The sociodemographic characteristics and health status of child enrollees receiving dental health services.
- Caregiver experiences and satisfaction with their child's dentist and dental services overall, including:
 - ▶ The timeliness of getting treatment
 - ▶ The quality of dentist's communication and care
 - ▶ Getting treatment and information from the health plan
 - ▶ Receiving information about treatment options

Sample and Methods

Participants for the Dental Caregiver Member Survey were selected from a stratified random sample of beneficiaries ages 17 and younger who were enrolled in CHIP or Medicaid for six continuous months between December 2016 and May 2017. Members having no more than one 30-day break in enrollment in the same CHIP or Medicaid dental plan during this period were included in the sample. The sample was stratified to include representation from CHIP and Medicaid with a target number of 300 completed surveys per dental plan.

There were 1,200 surveys completed with a response rate of 30 percent.

Major Findings

ICHP presented findings from the surveys to HHSC. Selected findings that relate to the four domains of care (timeliness, quality, treatment, and information) described in the methodology section are presented in Table 21. Selected findings related to access and overall satisfaction are presented in

Table 22.

Table 21: Medicaid and CHIP Dental Caregiver Survey: Proportion of Respondents who answered "Always"⁵

Satisfaction Measure	CHIP Dental (N=600)	Medicaid Dental (N=600)
In the last six months, how often were your child's dental appointments as soon as you wanted?	77.8%	79.8%
In the last six months, how often did the customer service staff at your child's dental plan treat you with courtesy and respect?	84.5%	79.6%
In the last six months, how often did your child's regular dentist explain things in a way that was easy to understand?	87.4%	86.1%
In the last six months, how often did your child's dental plan cover all of the services you thought were covered?	62.2%	85.6%
[Of those who sought information] In the last six months, how often did the 800 number, written materials or website provide the information you wanted?	53.4%	54.8%

⁵ CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring

**Table 22: Medicaid and CHIP Dental Caregiver Survey:
Proportion of Respondents who answered "9" or "10"**

Satisfaction Measure	CHIP Dental (N=600)	Medicaid Dental (N=600)
Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?	73.0%	74.5%
Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your child's dental plan?	68.5%	81.6%

STAR Health Caregiver Survey

Purpose

ICHP conducted the 2016 STAR Health Caregiver Survey from June to July 2016 with caregivers of children who received services funded through the STAR Health program. The Texas STAR Health program began in April 2008 and is operated through Superior HealthPlan to provide services and care coordination to children in foster care.

The purpose of the STAR Health Caregiver Survey is to assess the sociodemographic characteristics and health status of members and the experiences and satisfaction of caregivers with the healthcare services received by their children in STAR Health. Additionally, the survey included questions to address:

- The need for and availability of specialized services for members
- Caregivers' experiences with their child's care coordination
- Healthcare needs as children with chronic conditions transition into adulthood

Sample and Methods

Participants for the STAR Health Caregiver Survey were selected from a simple random sample of beneficiaries age 17 years or younger who were enrolled in the

method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

STAR Health program for six continuous months from November 2015 to April 2016. The target number of completed surveys was 300.

There were 301 surveys completed with a response rate of 22 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer service, and getting care quickly). The scores are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly). Table 23 presents the composite scores, and

Table 24 presents the ratings for several questions.

Table 23: STAR Health Caregiver Survey CAHPS Composites: Percent "Always" Having Positive Experiences⁶

Satisfaction Measure	STAR Health Proportion of Respondents (N=301)	AHRQ National Medicaid Standards (2015) ⁷
Getting Needed Care	63.9%	60%
Getting Care Quickly	76.3%	72%
How Well Doctors Communicate	86.0%	77%
Customer Service	74.0%	66%
Shared Decision Making	80.6%	80%
Access to Specialized Services	58.6%	54%
Personal Doctor	92.2%	89%
Coordination of Care	72.9%	77%
Getting Needed Information	78.2%	72%
Getting Prescriptions	73.3%	70%

⁶ CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

⁷ <https://www.cahpsdatabase.ahrq.gov/cahpsidb/>

**Table 24: STAR Health Caregiver Survey CAHPS Ratings:
Percent rating at "9" or "10"**

Satisfaction Measure	STAR Health Proportion of Respondents (N=301)	AHRQ National Medicaid Standards (2015)⁸
Health Care Rating	67.4%	65%
Personal Doctor Rating	75.4%	73%
Specialist Rating	76.0%	70%
Health Plan Rating	62.0%	67%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR Health Caregiver Survey are reported relative to these performance indicator benchmarks in Table 25.

⁸ <https://www.cahpsdatabase.ahrq.gov/cahpsidb/>

Table 25: Statewide STAR Health Caregiver Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Health Total (2016) (N=301)	STAR Health Dashboard Standard (2016)
Good access to urgent care	78.1%	82%
Good access to specialist referral	57.9%	58%
Good access to routine care	74.4%	80%
Good access to behavioral health treatment or counseling	63.5%	63%
Parent/Caregiver rating child's personal doctor "9" or "10"	75.4%	72%
Parent/Caregiver rating child's health plan a "9" or "10"	62.0%	67%
Parent/Caregiver good experiences with doctors' communication	86.0%	83%

II. Adult Healthcare Coverage

The adult healthcare surveys discussed here relate to Texas Medicaid services and were conducted by the Institute for Child Health Policy (ICHP) at the University of Florida. Federal law requires state Medicaid programs to contract with an external quality review organization to help evaluate services. HHSC contracts with ICHP for this purpose. The surveys assess members' satisfaction with health or behavioral health services. The questions on the surveys are primarily taken from nationally used survey instruments.

The surveys about adult services included:

- STAR Adult Member Survey
- STAR+PLUS Adult Member Survey

ICHP used the same protocol for the two telephone-based surveys discussed here as was used with the similar surveys regarding services for children (advanced notification followed by telephone surveys). As with the surveys about children's services, the ICHP surveys about adult services used CAHPS and items developed by ICHP. The adult healthcare surveys were conducted by the National Opinion Research Center (NORC).

STAR Adult Member Survey

Purpose

ICHP conducted the 2016 STAR Adult Member Survey from May to August 2016 with adults who received services funded through the Medicaid STAR program. STAR serves children in low-income families and adults who meet certain income and eligibility criteria. For adults, the program provides physical and behavioral health services.

The purpose of the STAR Adult Member Survey is to determine the sociodemographic characteristics and health status of members and members' experiences and level of satisfaction in the STAR program. The survey was conducted with established adult members who had been enrolled in the STAR program for at least six months. Specifically, the survey included questions to address:

- Access to and timeliness of care, including having a usual source of care
- Preventive care, including check-ups, flu shots, and smoking cessation
- The need for and availability of specialized services
- Members' experiences with their health plan and customer service

Sample and Methods

Participants for the STAR Adult Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in the same MCO for six continuous months between October 2015 and March 2016. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sample. The sample was stratified to include representation from the 45 plan codes (MCO/service areas). The target number of completed surveys was 250 per MCO and Medicaid Rural Service Area (MRSA).

There were 4,579 surveys completed with a response rate of 53 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer service, and getting care quickly). The scores in Table 26 to

Table 28 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

Table 26: STAR Adult Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences⁹

Satisfaction Measure	Proportion of Respondents (N=4,579)
Getting Needed Care	53.5%
Getting Care Quickly	57.2%
How Well Doctors Communicate	79.1%
Customer Service	72.4%
Coordination of Care	53.6%

Table 27: STAR Adult Member Survey CAHPS Ratings: Percent Responding "Yes"

Satisfaction Measure	Proportion of Respondents (N=4,579)
Shared Decision Making	80.5%
Health Promotion and Education	67.8%

Table 28: STAR Adult Member Survey CAHPS Ratings: Percent Rating a "9" or "10"

Satisfaction Measure	Proportion of Respondents (N=4,579)
Health Care Rating	57.3%
Personal Doctor Rating	67.6%
Specialist Rating	66.9%
Health Plan Rating	61.1%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains. The relevant results of the STAR

⁹ CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

Adult Member Survey are reported relative to these performance indicator benchmarks in Table 29.

Table 29: Statewide STAR Adult Member Survey Results Relative to HHSC Performance Dashboard Indicators

Performance Dashboard Indicator	STAR Survey Results (N=4,579)	STAR Dashboard Standard (2016)
Good access to urgent care	62.6%	68%
Good access to specialist referral	51.0%	52%
Good access to routine care	51.9%	59%
Advising smokers to quit	32.6%	43%
Good access to behavioral health treatment or counseling	37.1%	53%
Members rating their personal doctor a "9" or "10"	67.6%	67%
Members rating their health plan "9" or "10"	61.1%	64%
Good experience with doctor's communication	79.1%	77%

STAR+PLUS Adult Member Survey

Purpose

ICHP conducted the 2016 STAR+PLUS Member Survey from May to August 2016 with adults who received services funded through the Medicaid STAR+PLUS program. The STAR+PLUS program integrates acute and long-term services and supports for clients who are older and/or have disabilities.

The purpose of the STAR+PLUS Member Survey is to determine members' level of satisfaction in the STAR+PLUS program. Specifically, the survey included questions to address:

- The sociodemographic characteristics and health status of members
- Members' satisfaction with their healthcare
- Access to and timeliness of care, including having a usual source of care
- Preventative care, including check-ups, flu shots, and smoking cessation

- The need for and availability of specialized services
- Members' experiences with their health plan and customer service
- Members' knowledge of and experiences with Service Coordination provided by their health plan

Sample and Methods

Participants for the STAR+PLUS Survey were selected from a stratified random sample of beneficiaries ages 18 to 64 who were enrolled in the same MCO for six continuous months between October 2015 and March 2016. Members having no more than one 30-day break in enrollment in the same MCO during this period were included in the sample. The sample was stratified to include representation from the 30 plan codes (MCO/service areas) and statewide dual-eligible members in STAR+PLUS. The target number of completed surveys was 250 per MCO, MRSA, and dual-eligible members.

There were 2,283 surveys completed with a response rate of 68 percent.

Major Findings

ICHP presented the findings to HHSC for a number of domains (e.g., how well doctors communicate, customer service, and getting care quickly). The scores in Table 30 to Table 32 are presented as composites, which are scores that combine results for closely related survey items (e.g., five questions related to getting care quickly).

Table 30: STAR+PLUS Adult Member Survey CAHPS Composites: Percent "Always" Having Positive Experiences¹⁰ (N=2,283)

Satisfaction Measure	STAR+PLUS Medicaid-only Proportion of Respondents	Dual Eligible Proportion of Respondents
Getting Needed Care	54.7%	65.7%
Getting Care Quickly	62.0%	69.9%
How Well Doctors Communicate	79.0%	81.8%
Customer Service	73.4%	79.9%
Coordination of Care	60.9%	72.6%

¹⁰ CAHPS composite rates and CAHPS-based HHSC Dashboard indicators in this report are calculated following the "top box" (percent always) method. This differs from the scoring

**Table 31: STAR+PLUS Adult Member Survey CAHPS Composites:
Percent Responding "Yes" (N=2,283)**

Satisfaction Measure	STAR+PLUS Medicaid-only Proportion of Respondents	Dual Eligible Proportion of Respondents
Shared Decision Making	74.9%	72.8%
Health Promotion and Education	71.5%	72.7%

**Table 32: STAR+PLUS Adult Member Survey CAHPS Ratings:
Percent Rating a "9" or "10" (N=2,283)**

Satisfaction Measure	STAR+PLUS Medicaid Only Proportion of Respondents	Dual Eligible Proportion of Respondents
Health Care Rating	53.4%	58.8%
Personal Doctor Rating	68.7%	73.6%
Specialist Rating	71.3%	78.8%
Health Plan Rating	57.6%	64.1%

HHSC also set benchmarks (HHSC Performance Dashboard Indicators) for the agency's performance in several key domains, and the relevant results of the STAR+PLUS Adult Member Survey are reported relative to these performance indicator benchmarks in Table 33.

method used in prior years (percent usually + always); therefore, results in this file should not be compared to those in the prior-year report due to changes in the scoring methodology.

Table 33: Statewide STAR Adult Member Survey Results Relative to HHSC Performance Dashboard Indicators* (N=2,283)

Performance Dashboard Indicator	STAR+PLUS Medicaid-only Proportion of Respondents	Dual Eligible Proportion of Respondents	STAR+PLUS Dashboard Standard (2016)
Good access to urgent care	63.7%	70.2%	66%
Good access to specialist referral	53.5%	62.7%	48%
Good access to routine care	60.3%	69.7%	61%
Good access to special therapies	32.5%	66.1%	33%
Good access to service coordination	53.6%	51.5%	41%
Advising smokers to quit	47.9%	54.6%	43%
Good access to behavioral health treatment or counseling	50.9%	51.1%	44%
Members rating their personal doctor a "9" or "10"	68.7%	73.6%	70%
Members rating their health plan "9" or "10"	57.6%	64.1%	61%
Good experience with doctor's communication	79.0%	81.8%	77%

III. Access and Eligibility Services

Supplemental Nutrition Assistance Program Community Partner Interview Surveys

Purpose

Texas participates in the Food and Nutrition Service's (FNS) Supplemental Nutrition Assistance Program (SNAP) Community Partner Interview (CPI) Demonstration Project. With this, HHSC received approval from FNS to allow specific food bank outreach staff to conduct SNAP interviews, gather verifications and submit applications to HHSC for approval. (HHSC is still required to make the final determination of eligibility.)

Each year, FNS requires HHSC to conduct a customer satisfaction survey with at least 200 individuals who apply for SNAP benefits at each of five local food banks: Houston, North Texas, San Antonio, South Plains, and Tarrant. The FNS-created

survey is facilitated by HHSC's Center for Analytics and Decision Support (CADS) who distributes copies of the survey to participating food banks where the surveys are administered.

Sample and Methods

In early June 2016 and 2017, surveys were sent to the five participating food banks along with scripts for the workers to use, instructions on how to distribute the surveys, return envelopes, and a collection box for use at the food bank. The number of surveys sent to each food bank was calculated based on the estimated number of interviews they would conduct in June 2016 and June 2017, respectively, and how many surveys would need to be collected from each food bank so their customers would be proportionately represented. Extra surveys were sent to each site so even if only 25 percent of interviewees responded, 200 surveys would be collected.

A convenience sample was utilized to complete the requisite number of surveys at each location. Food bank staff conducted SNAP interviews at several sites within their service area, including but not limited to food banks, affiliated food pantries, shelters, customers' homes, and community events and fairs. Upon the conclusion of every SNAP interview during the survey period, one applicant per household was provided a survey and return envelope and asked to complete the survey, seal it in the return envelope, and return it to the interviewer or return it by mail. In sites where interviewers expected to interview more than one household, SNAP interviewers could also designate an area away from where they conducted interviews for the customer to complete the survey and deposit it in a survey drop box. Food bank staff then mailed the completed surveys to HHSC CADS. Food bank staff followed this procedure until all surveys were distributed. The survey was available in English and Spanish.

In 2016, response rates from the five food banks ranged from 43 percent to 96 percent, but overall 678 of 830 surveys were completed for a response rate of 82 percent. In 2017, the individual response rates ranged from 66 percent to 100 percent, and overall 762 of 830 surveys were completed for a response rate of 92 percent.

Major Findings

The findings of the study indicate a high level of customer satisfaction with their SNAP application process at local food banks in 2016 and 2017. In 2016, 66 percent

of respondents completed surveys in English and 34 percent in Spanish. In 2017, 70 percent of surveys were completed in English and 30 percent in Spanish.

Location

Customers were asked why they selected this location to apply for SNAP benefits. They were given many options and could select all that applied [Table 34].

Table 34: Reason for Selection of Location

Option	2016 Proportion of Respondents* (n=678)	2017 Proportion of Respondents* (n=762)
You didn't know there was another way to apply	6%	5%
You go here for other services	15%	15%
You feel comfortable going here	46%	44%
It is conveniently located	23%	24%
It has convenient hours of operation	10%	11%
You don't have to wait a long time here	18%	17%
The people who work here are friendly	40%	32%
The people who work here speak your language	20%	15%
Someone referred you here	21%	19%
Don't know	0%	1%

*Percentages do not add to 100 since respondents could choose multiple options.

Experience

Respondents were asked four questions related to their experience in applying for SNAP benefits at a community site.

In 2016:

- Most respondents waited for less than 30 minutes (69 percent), while 17 percent waited 30 to 60 minutes, and 12 percent waited over an hour.
- Most respondents thought the application process was easier than before (65 percent), while 22 percent thought it was about the same, only 2 percent thought it was harder, and for 10 percent of respondents it was their first time to apply.
- Almost all respondents (96 percent) thought the location offered enough privacy.

- Ninety-nine percent of respondents strongly agreed (82 percent) or agreed (17 percent) that the staff were knowledgeable about the SNAP application procedures.

Similarly, in 2017:

- Most respondents waited for less than 30 minutes (64 percent), while 20 percent waited 30 to 60 minutes, and 15 percent waited over an hour.
- Most respondents thought the application process was easier than before (64 percent), while 24 percent thought it was about the same, only 1 percent thought it was harder, and for 9 percent of respondents it was their first time to apply.
- Almost all respondents (97 percent) thought the location offered enough privacy.
- Ninety-nine percent of respondents strongly agreed (81 percent) or agreed (18 percent) that the staff were knowledgeable about the SNAP application procedures.

Satisfaction

Overall, respondents were satisfied with the SNAP interview process.

- In 2016, the majority of respondents were very satisfied (83 percent) or satisfied (16 percent) with their experience.
- In 2017, high levels of satisfaction continued as 84 percent of respondents reported they were very satisfied (84 percent) or satisfied (15 percent) with their experience.

YourTexasBenefits.Com Survey

Purpose

Historically, Texans who have wanted to apply for public benefits such as Medicaid, TANF, CHIP, or SNAP have done so by visiting eligibility offices and working with clerks and other HHSC staff. Many years ago, HHSC created the YourTexasBenefits.com website which gives customers the opportunity to manage their benefits online rather than going into an eligibility office. Customers use the website to apply for and/or renew benefits, view their case statuses, report changes to their cases, view their SNAP and TANF benefit balances, and upload verifications needed for determining eligibility. Since 2012, HHSC increasingly promoted the website, and customers who came into offices in person may have been asked to use the website to perform tasks they could complete themselves. Most eligibility offices have computers that clients can use to access the website. In 2016, the

website was redesigned so it could also be accessed from mobile devices and tablets.

After customers use the YourTexasBenefits.com website and log out, all users are prompted to complete a brief online survey. The purpose of this ongoing survey is to assess customers' satisfaction and experiences with the website.

The current survey collects data about:

- Device type
- Reasons and frequency for using YourTexasBenefits.com
- How customer heard about YourTexasBenefit.com
- Expected future use of YourTexasBenefits.com
- Perception of use on a mobile device or tablet
- Perception of ease of use for account creation

Sample and Methods

The YourTexasBenefits.com survey went live in August 2012 and was updated in September 2016 when HHSC launched the redesigned website. It is available in both English and Spanish and includes 10 questions. The number of questions customers may be prompted to answer varies depending on their reasons for using the website.

In 2017, there were 66,999 completed surveys – an average of 5,583 responses per month. In addition, 2,330 surveys were initiated but were not completed. The number of people who chose not to initiate the survey is not known with precision, so a response rate cannot be calculated.

Major Findings

Most respondents were satisfied with their experience using the YourTexasBenefits.com website in 2017.

Positive Findings

Positive findings of the YourTexasBenefits.com survey include:

- The majority of respondents indicated it was easy or very easy to set up an account (84 percent), apply for benefits, renew benefits, or report a change (58 percent).
- Seventy percent of respondents indicated their experience using a tablet or mobile phone to access YourTexasBenefits.com was good or very good.

- Ninety-eight percent of respondents said they were visiting the site to apply for or renew benefits.

Opportunities for Improvement

Of those who applied and/or renewed their benefits online, about 42 percent found the questions confusing or hard to answer. Customers reported the more confusing or hard to answer questions were:

- Uploading files about people on my case, things I own, money I get, etc.: 12 percent
- People on their case or people living in their home: 11 percent
- Money that people in their home make or get: 9 percent
- Other: 11 percent

IV. Legacy Department of Aging and Disability Services Surveys

This report includes three customer service surveys from the legacy Department of Aging and Disability Services (DADS) agency. The DADS administered multiple long-term services and support programs for older individuals, people with intellectual or developmental disabilities (IDD), and people with physical disabilities until September 1, 2016. At that time, many of DADS services and supports were transferred to HHSC.

The two largest surveys included in this section are the Nursing Facility Quality Review (NFQR) and Long-Term Services and Supports Quality Review (LTSSQR). Prior to 2015, both quality reviews were required by the 2012-13 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session, 2011 (Article II, Department of Aging and Disability Services, Rider 13). The 84th Legislature, Regular Session, 2015, repealed Rider 13; however, surveys and reports associated with both quality reviews have continued on a biennial basis with general appropriation funds. The surveys assess satisfaction, quality of care, and quality of life for individuals who reside in nursing facilities and individuals who receive other long-term services and supports. These large, recurring quality reviews involve data collection and analysis that span a period of multiple years. The most recent NFQR and LTSSQR, both published in 2017, use survey data collected in 2015 and 2016. Together, they represent the views of 8,440 individuals.

In addition to these two quality review surveys, the Consumer Rights and Services (CRS) survey is also included in this section. Through surveys reported here, DADS

collected over 19,000 survey responses regarding customers' experiences and satisfaction with services.

Nursing Facility Quality Review

Purpose

The Quality Monitoring Program helps detect conditions in Texas nursing facilities that could be detrimental to the health, safety, and welfare of residents. It is not a regulatory program and quality monitors do not cite deficient practices. Quality monitors focus on nursing facilities that have a history of resident care deficiencies, or that have been identified as having a higher-than-average risk of being cited for significant deficiencies in future surveys conducted by the HHSC Regulatory Services surveyors.

The Nursing Facility Quality Review (NFQR) is a statewide survey of Texas nursing facility residents to evaluate the quality of care residents received and how satisfied they were with the quality of life in the nursing facility. The NFQR has been conducted since 2002; annually between 2002 and 2010, and biennially since 2010. DADS contracted with The University of Texas at Austin for data collection for the 2015 NFQR. The NFQR 2015 Report is available [online](#).

Sample and Methods

Data collection for NFQR 2015 began in March 2015 and continued through April 2016. Nurses hired by The University of Texas at Austin visited 815 Medicaid-certified nursing facilities across the state, using a structured survey instrument to evaluate the quality of care provided to a random sample of residents; the total sample size was 1,556 residents. While on-site, the nurses also interviewed residents to determine satisfaction with services received and their overall quality of life in the facility. Interpreters were used as necessary for the interviews.

Census information from a nursing facility's most recent regulatory survey visit was used to establish that facility's sample size; usually one to three residents in each facility. A list of randomly generated numbers was then prepared for each facility. This list, along with a roster provided by the nursing facility, were used by the nurse reviewers to select residents for the sample. For example, if the random number was five, then the fifth resident on the facility's roster was selected for the sample.

Staff at DADS analyzed the data using statistical software to test for linear trends across time, either from the first year data was collected on a particular measure,

or from when there was a change in the wording of a question that prevented comparison to the data from previous years.

The findings documented in the report came directly from the resident assessments and interviews completed by the nurse reviewers. Additional information was obtained from:

- Evaluations of residents' Medication Administration Records (MARs) and supporting documentation; and
- Data provided by the Centers for Medicare and Medicaid Services.

Major Findings

The NFQR evaluates many clinical measures related to quality of care, as well as residents' satisfaction with the quality of care they received in the facility and with their quality of life. The findings summarized below focus on the quality of life measures and residents' satisfaction with the services they received in the nursing facility.

Overall Satisfaction

In general, residents interviewed during the on-site visits expressed satisfaction with their overall experience in the nursing facility and the care they received. This finding was not significantly different from previous surveys.

**Table 35: NFQR Overall Satisfaction Findings:
Indicated Somewhat Satisfied, Satisfied, or Very Satisfied**

Satisfaction Measure	Proportion of Respondents*			
	2009 (N=2,164)	2012 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)
Expressed satisfaction with their experience in the nursing facility	89%	90%	88%	89%
Expressed satisfaction with the healthcare services they received	90%	90%	90%	88%

*Proportions indicate respondents who chose responses "somewhat satisfied," "satisfied," or "very satisfied," rather than "somewhat dissatisfied," "dissatisfied," or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions.

Specific Quality of Life/Consumer Satisfaction Measures

Several of the specific satisfaction measures demonstrated statistically significant improvement over time, while others showed statistically significant declines. A number of new Quality of Life/Consumer Satisfaction measures were introduced for the first time in 2015.

**Table 36: NFQR Specific Satisfaction Measures:
Indicated Sometimes, Most of the Time, or Always**

Satisfaction Measure	Proportion of Respondents*			
	2009 (N=2,164)	2012 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)
Enjoyed organized activities at the nursing facility	62%	62%	63%	75%
Stated weekend activities (other than religious activities) were available	44%	49%	52%	70%
Liked the food served at the facility	85%	85%	83%	81%
Stated that their favorite foods were available at the facility	67%	71%	66%	70%
Felt that their possessions were safe at the facility	89%	92%	88%	88%
Felt safe and secure at the nursing facility	98%	98%	97%	97%
Stated they were called by their preferred name**	-	-	-	96%
Stated staff members treated them with respect**	-	-	-	98%
Stated they were able to choose their daily schedule**	-	-	-	71%
Stated they participated in their care plan meeting**	-	-	-	31%

*Proportions indicate respondents who chose responses "sometimes," "most of the time," or "always," rather than "rarely," or "never." Those who did not answer the survey question are not counted in these proportions.

**New measures introduced for NFQR 2015.

**Table 37: NFQR Specific Satisfaction Measures:
Indicated "Yes" when answering these questions**

Satisfaction Measure	Proportion of Respondents*			
	2009 (N=2,164)	2012 (N=2,172)	2013 (N=2,166)	2015 (N=1,556)
Satisfied with their level of pain control	95%	92%	92%	84%
Had concerns the facility did not address**	-	13%	15%	20%
Stated they had concerns they did not express due to fear of retaliation**	-	4%	7%	8%

*Proportions indicate respondents who chose responses "yes" when answering these questions. Those who did not answer the survey question are not counted in these proportions.

**Measure introduced for NFQR 2012.

Long Term Services and Supports Quality Review

Purpose

The purpose of the Long-term Services and Supports Quality Review (LTSSQR) survey is to:

- Describe customers' perceptions of and satisfaction with the quality and adequacy of long-term services and supports administered by DADS, their quality of life; and
- Trend satisfaction results for long-term services and supports over time.

The LTSSQR is a statewide representative survey of people receiving in-home, community-based, or institutional services and supports, excluding nursing facility care, offered by DADS. Prior to the 2017 LTSSQR Summary and Detailed reports, the LTSSQR reports were required by the 2012-13 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session, 2011 (Article II, Department of Aging and Disability Services, Rider 13). The 84th Legislature, Regular Session, 2015, repealed Rider 13; however the LTSSQR has continued. The LTSSQR reports provide information on consumers' experiences receiving services in DADS programs to the Texas Legislature, HHSC, and stakeholders. The reports also include data about quality of life, which encompasses aspects of a person's life that are not necessarily related to the direct delivery of services or supports (e.g., whether a person has relationships or friends), but help demonstrate how satisfied DADS consumers feel about the quality of their lives.

The surveys enable DADS staff to assess success and deficiencies over time, identify areas for improvement, and measure the effectiveness of implemented improvement strategies. The report is not regulatory in nature, but rather a method to identify areas for improvement.

Sample and Methods

The quality review process has been conducted since 2005. People receiving services, or their family members and guardians, provide feedback about the services received through face-to-face, telephone, web, and mail surveys.

The reports include results from three nationally validated surveys used for data collection across DADS programs and consumer types. Using nationally recognized surveys allows DADS to share data nationally and to conduct additional analyses by benchmarking Texas’ performance in the national arena. The three surveys are organized across five general topics or domains: health and welfare, individual choice and respect, community inclusion, systems performance, and services satisfaction – each of which is divided into sub-domains (e.g., “employment” is a sub-domain of community inclusion). The sub-domains are measured by one or more performance indicators, which were developed based on criteria such as the measure’s usefulness as a benchmark and feasibility of collecting the data.

Table 38: Overview of Target Population by Data Collection Instrument, 2015 Sample

Survey	Target Population	Method of Administration	Total # Served	Total # Surveyed
NCI Survey	Adults 18 and older with IDD receiving at least one service besides case management	In-person interview	32,901	2,302
PES Survey	Adults, primarily older adults, with physical disabilities	In-person, phone, web	56,595	2,669
Child Family Survey	Families of children with disabilities, under 18 (or under 22 if still in the school system) living at home	Mail, phone, web	10,356	1,913

DADS interviews a randomly selected, proportional probability for size (PPS) sample of 4,000 to 7,000 individuals biennially. All of the survey data is collected by an outside contractor. In 2015, DADS contracted with the Public Policy Research

Institute (PPRI) at Texas A&M University to administer the surveys. The data were collected between January and August 2015 for the January 2017 LTSSQR reports.

The survey population encompasses 17 programs, including 5 waiver programs. All of the surveys, whether disseminated by mail, web, telephone, or face-to-face interviews, were available in English or Spanish. The sample size for each program was calculated to obtain a confidence level of 95 percent and a confidence interval of 5. In 2015, DADS collected 4,971 adult surveys (2,302 adults with IDD and 2,669 adults with physical disabilities) and 1,913 Child Family (CF) surveys (Table 38 above).

Major Findings

Population Characteristics

Children

Most Texas children with intellectual disabilities reported multiple conditions in addition to intellectual disabilities. One in four children (25 percent) had a mental health or behavioral disorder diagnosis. Texas children with disabilities required significantly more medical care by a trained medical provider at least once a week (27 percent), compared to 11 percent nationally.

Adults with IDD

The percentage of adults with severe or profound intellectual disability was significantly higher in Texas (33 percent) than the national average (24 percent). While lower than the national average of 52 percent, 44 percent of Texas adults with IDD had psychiatric diagnoses. One in eight adults with IDD were non-ambulatory. Among adults with IDD, levels of impairment, and the need for medical care varied widely by program, highlighting the need to look at program-specific data when creating policy.

Adults with Physical Disabilities

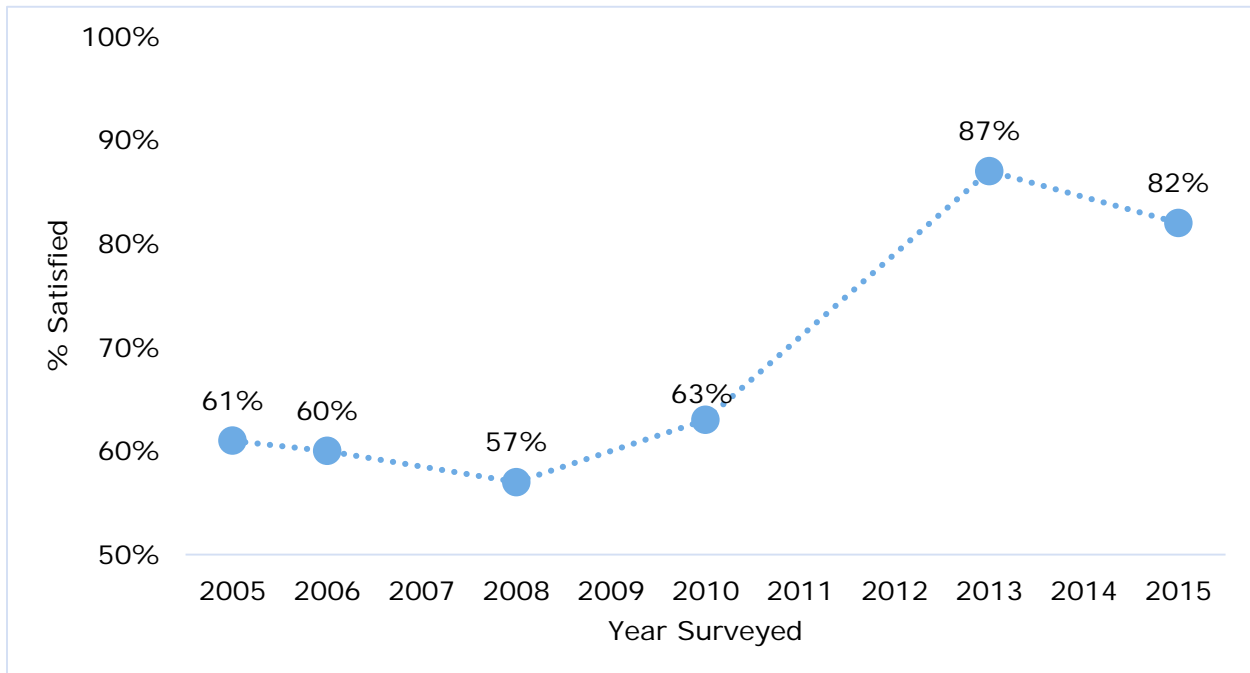
One in ten adults with physical disabilities was non-ambulatory. More than one-third (37 percent) of adults with physical disabilities reported their health was poor; 14 percent required weekly or more frequent treatment by a medical provider. Among adults with physical disabilities, the survey underscored the importance of non-technical help with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)—for people with disabilities, to remain living in the community, help with bathing, laundry, or taking medicines, for example, is essential.

Positive Outcomes

Children

- Two out of four healthcare satisfaction measures were better than the national average; all 4 measures exceeded 94 percent satisfied.
- Eighty-five percent of Texas families knew how to report abuse and neglect, significantly more than the national rate of 73 percent.
- Choosing staff is a personal decision; 78 percent of families of children with disabilities had control in hiring and managing their staff, compared to 63 percent nationally. Seventy-eight percent chose their provider agency, compared to 60 percent nationally; both measures were significantly higher in Texas.
- Texas respondents reported higher rates of community participation (85 percent) compared to national respondents (81 percent).
- In 2005, only 89 percent of families reported access to dental care for their child. By 2015, the majority of respondents (96 percent) reported having access to dental care, a significant improvement.
- Eighty-four percent of the families of children with disabilities reported that services were available when they needed them.
- Seventy-two percent of the families of children with disabilities reported that their services and supports were always or usually reasonably close to home. Thirty-nine percent said the services were always close to home, compared to 37 percent nationally.
- Ninety-five percent of respondents reported that family services/supports have made a positive difference in the life of their family.
- The majority of respondents (94 percent) reported that their family services/supports improved their ability to care for their child.
- Overall, 82 percent of families served reported that they were always or usually satisfied with their services and supports, up from 61 percent in 2005 and higher than the national average of 77 percent (Figure 1).

Figure 1: Child and Family Consumer Satisfaction with Services and Supports over Time, 2005 – 2015



Adults with IDD

- Texas adults with IDD met or exceeded 8 out of 10 routine and preventive healthcare quality measures, receiving significantly more routine and preventive healthcare than reported nationally on 5 out of 10 healthcare indicators.
- Most adults with IDD made everyday choices, such as how they spend their free time (85 percent) and what to buy with their spending money (79 percent).
- The majority of adults with IDD participated in the community (80 percent).
- Eighty-nine percent of adults with IDD reported receiving the services they need.
- Individuals reported overwhelming satisfaction with their residence (91 percent), jobs (92 percent), and day programs (88 percent).
- Most people reported that their case manager returned calls promptly (77 percent), and that they were treated respectfully by their support staff (92 percent).
- Services and supports made a positive difference in adults with IDD's health and wellbeing (92 percent). Eighty-five percent of the adults with IDD

reported that they were happy. Eighty-seven percent of adults with IDD reported that services and supports help them reach their personal goals.

Adults with Physical Disabilities

- The majority of individuals reported that they are satisfied with their privacy (87 percent), and that they feel safe in their neighborhoods and day programs (86 percent and 95 percent respectively).
- Eighty-four percent of people with physical disabilities reported that their services and supports were always or usually reasonably close to home. Sixty-five percent said the services were always close to home.
- Almost all of the respondents reported that they were treated respectfully by their support staff (97 percent) and by their day program staff (98 percent).
- Most people reported that their case manager returned calls promptly (78 percent), and staff worked allotted time (94 percent). The vast majority of individuals across programs said their service coordinators help them get what they want and need (86 percent).
- Services and supports made a positive difference in adults with physical disabilities' health and wellbeing (93 percent).
- The majority of respondents (87 percent) reported that their long-term services and supports helped them in reaching their personal goals.
- Overall, 92 percent of adults with physical disabilities reported that they were satisfied with the services and supports they receive.

Opportunities for Improvement

Children

- Commonly cited reasons for lack of community participation for children with disabilities were lack of transportation (17 percent) and lack of support staff (20 percent).
- Texas has room for improvement in the accessibility of case managers and support staff; 16 percent reported that they were sometimes or never able to contact their case manager, and 15 percent reported that they were sometimes or never able to contact support staff.
- Forty-two percent of families reported that their child needs other services that are not currently offered or available. Most frequently requested services were for various therapies (e.g., speech, physical, occupational, aqua, and equine) and for trained respite care providers.
- Mental healthcare access was lower in Texas (86 percent) than in the US (89 percent).

- One in eight children (13 percent) failed to access needed equipment such as wheelchairs, ramps, or communication devices. While 13 percent is lower than the national benchmark of 15 percent, this is a negative finding.
- More than a quarter (26 percent) had services/supports reduced, suspended or terminated during this survey cycle, compared to 23 percent nationally; 80 percent of those with reduced services said service reductions had negatively affected their child.
- One of the primary negative results of these service reductions was an increase in out-of-pocket expenses for families to secure needed services. Seventy-nine percent had out-of-pocket expenses for their child's medical services, equipment/supplies, therapies, and other supports/ services.
 - ▶ Thirty-five percent of the families of children with disabilities in Texas reported annual incomes of \$25,000 or less.
 - ▶ Annual out-of-pocket expenses for more than one-third (38 percent) of the Texas CF survey households exceeded \$1,000; 6 percent paid over \$10,000.
- Approximately one in seven children did not participate in community activities. The two most common reasons were lack of transportation and lack of support staff.
- Issues that impeded overall satisfaction included a lack of requested trained respite care providers, decreased access to therapy services (speech, occupational, etc.), long waiting lists for waiver programs like Community Living Assistance and Support Services (CLASS), and assistance with creating transition plans as their children age out of services.

Adults with IDD

- Individuals living independently or with their families received less routine and preventive healthcare than those living in community-based homes or institutional settings on every health measure.
- Texas performed worse on “choice” benchmark measures than the US in all categories. Keep in mind that the percentage of people with severe and profound ID was significantly higher in Texas, which may have impacted results.
- While most adults with IDD were unemployed (78 percent), 44 percent wanted to work. Only one in ten adults with IDD had a community-based job. Barriers to employment included a lack of training or education, a lack of job opportunities, lack of transportation, and a lack of job supports.
- One in ten people reported they did not receive all the services they needed. Education and training, assistance with transportation, and assistance with

finding a job are highly correlated services and were among the top four services requested.

- Overall, only 69 percent were usually or always satisfied with their services and supports.

Adults with Physical Disabilities

- Although 93 percent received Medicare, almost 1 in 5 adults with physical disabilities (19 percent) had not had an annual physical examination. Annual physicals are highly correlated with receiving other preventive healthcare, which in turn helps avoid debility, hospitalization, and institutionalization.
 - ▶ Approximately half had not received cancer screening for breast, cervical, prostate, and colorectal cancer. People age 50 and older are at increased risk of cancer.
 - ▶ Large percentages had not had recent dental (62 percent), hearing (62 percent), or vision (43 percent) examinations. Poor dental care can compromise overall health, and vision and hearing impairment become increasingly common with age. These individuals are at risk of further debility and disability as a result not receiving routine healthcare screening.
- More than one-third (35 percent) did not have control over their transportation, a critical issue for accessing medical care and community inclusion, which are key factors in keeping people out of nursing facilities.
- One in nine (12 percent) adults with physical disabilities had unmet needs. Approximately 34 percent of adults with physical disabilities had requested additional services, equipment, or household modifications, and 36 percent of this group (or 12 percent of the population) had been denied or were unsure if they would be receiving their requests.
 - ▶ The most commonly tendered requests were for equipment/ adaptations such as grab bars, roll-in showers, door widening, ramps, and ambulatory aids such as walkers, and wheelchairs.
 - ▶ Sixteen percent of the requests were for help with healthcare equipment, therapies, or supplies; 6 percent of requests were for additional provider assistance with ADLs, IADLs, and going to and from the doctors.
- Almost 1 in 6 adults with physical disabilities (16 percent) had services reduced, suspended or terminated during this survey cycle, and 71 percent said service reductions had negatively affected their lives.
- Adults with physical disabilities said that they were unable to accomplish ADL and instrumental ADL because no one was there to help them.

- ▶ People reported they missed meals because there was no one there to help them cook their meals (11 percent) or eat (11 percent); 23 percent did not get groceries.
- ▶ One in six people (16 percent) reported there were times they did not get out of or into bed or take a bath because they had no help.
- ▶ Eleven percent of respondents skipped taking medications because they did not have the help they needed. One of the primary service requests was for additional provider assistance, especially on weekends.

Of Note

- For all populations, DADS services and supports made a positive difference in respondents' lives.
- Children: In the comments section of the CF survey, the reduction of access to therapy services and years-long wait for enrollment in programs like CLASS and Home and Community Based Services (HCS) were a matter of anxiety and hardship for many families.
- Adults with IDD: Overall satisfaction rates for adults with IDD were much lower (69 percent) than satisfaction rates of the families of children (82 percent) and of adults with physical disabilities (92 percent).
- Adults with Physical Disabilities: A primary goal of HHSC services and supports for the physically disabled is to keep them out of nursing facilities. Ninety-three percent of adults with physical disabilities are enrolled in Medicare, and a significant percentage had not obtained the recommended routine and preventive healthcare. Associated debility from failure to receive routine and preventive healthcare could derail HHSC's goal of avoiding institutionalization.

Consumer Rights and Services Survey

Purpose

Consumer Rights and Services (CRS) receives complaints about the treatment of older adults and people with disabilities in Texas, as well as complaints about nursing homes, assisted living facilities, day activity and health service providers, and other long-term providers licensed/certified by HHSC. HHSC staff investigates these complaints and notifies the person who made the complaint about the findings. Additionally, the CRS staff provides information about HHSC services and supports through their website and hotline.

Offering call center surveys allows CRS to look at call center performance and overall customer satisfaction rates. Customer comments and suggestions provide

highly actionable information and insight for increasing and sustaining customer satisfaction. The survey results are used as a resource to identify areas of efficiencies and areas of opportunity for improvement.

The study population is comprised of callers who contacted the Complaint Intake Call Center September 1, 2015, through August 31, 2017.

Sample and Methods

This ongoing survey has been collected or distributed since May 2006. Prior to November 2012, the survey was conducted by sending survey requests by U.S. mail to individuals who filed complaints through the CRS hotline for the following facility types: nursing facilities, assisted living facilities, privately owned intermediate care facilities for people with intellectual and developmental disabilities, State Supported Living Centers, day activity and health service providers, and home and community support service agencies. Surveys were not sent to anonymous complainants or complainants who did not provide a mailing address.

To achieve business efficiencies, a survey link was added to the CRS website in November 2012, and CRS discontinued mailing the surveys via U.S. mail. Complainants were offered the option of providing an email address to receive the online survey link at the time of intake. If the client did not provide an email address, the intake specialist verbally provided the survey link. The survey was available in both English and Spanish. The email option was discontinued after SFY 2014.

In April 2015, CRS transitioned to an automated survey which replaced the previous survey option. Upon completion of intake, the caller is transferred to an automated phone survey system immediately after the call has concluded. Both versions of the survey instrument include six customer satisfaction questions with responses on a 5-point Likert scale of "strongly agree," "agree," "neutral," "disagree," and "strongly disagree."

The study sought responses from customers who contacted CRS or who requested contact from CRS as a result of the inquiry, voicemail or entry through the provider self-reported web-portal.

The study was conducted using the results from emailed surveys implemented in SFY 2014 and through the Avaya Phone automated survey system module, which

was implemented on April 15, 2015. The surveys/interviews were offered in English and Spanish.

During the period of September 1, 2013 – August 31, 2014, responses were completed via email. Effective April 2015, individuals provided their responses by independently completing the survey using phone options via touch tone.

Major Findings

The CRS received 4,865 completed surveys in SFY 2016 and 5,756 completed surveys in SFY 2017. The response rate is calculated by the number of callers transferred into the automated survey system. It is at the staff’s discretion on which callers are transferred into survey module; the survey offer may be contingent upon the type of call and complainant.¹

Customer satisfaction findings from the CRS Survey are presented in Table 39. Overall, 98 percent customers were satisfied with the services they received from CRS.

Table 39: SFY 2016 & 2017 Consumer Rights and Services Survey Selected Findings: Indicated Strongly Agreed or Agreed

Satisfaction Measure	SFY 2016 Proportion of Respondents* (N=4,865)	SFY 2017 Proportion of Respondents* (N=5,756)
Consumer Rights and Services hotline was easy to use	44%	51%
Person I spoke with explained the process for handling my complaint	13%	14%
Overall, satisfied with Consumer Rights and Services	97%	98%

* Proportions indicate respondents who chose responses "strongly agreed," or "agreed" rather than "neutral," "disagreed," or "strongly disagreed." Those who did not answer the survey question are not counted in these proportions.

Note: Staff members are instructed to use their discretion about whether to provide the customer satisfaction survey information. For example, in instances where the caller is emotional, distressed, or rushed, the survey may not be offered.

V. Legacy Department of Assistive and Rehabilitative Services Surveys

This report includes four customer service surveys from the legacy Department of Assistive and Rehabilitative Services (DARS) agency. The DARS administered numerous programs and services until September 1, 2016. At that time, DARS services and supports were transferred to HHSC and the Texas Workforce Commission.

This section describes the results of four DARS surveys: The Early Childhood Intervention Family Survey, the Independent Living Services Customer Satisfaction Survey, Blind Children's Vocational Discovery and Development Program (BCVDDP) Customer Satisfaction Survey, and Autism Program Satisfaction Survey. Together, they represent the views of 3,609 respondents.

Early Childhood Intervention Family Survey

Purpose

Early Childhood Intervention (ECI) serves children from birth to 36 months of age who have developmental delays or disabilities as well as their families. The program provides early intervention services to help families and caregivers strengthen their ability to improve the child's development through everyday activities in the home and community. Services are provided through a statewide system of community-based programs. The family survey is administered to a sample of parents or caregivers every year.

The purpose of the annual survey is to assess:

- Family perceptions of ECI services, including customer satisfaction
- Families' experiences with ECI services and service providers
- Families' recorded competencies in helping their children develop and learn

The survey is administered in compliance with the regulations for early intervention programs from the Office of Special Education Programs (OSEP) at the U.S. Department of Education. Statewide data are reported as part of ECI's Annual Performance Report to OSEP.

In SFY 2016, the survey was conducted by ECI through the 49 contracted agencies who deliver ECI services. Surveys were mailed and emailed to families by ECI. Contracted agencies delivered survey materials to families directly. In SFY 2017,

the survey was conducted by ECI through the 46 contracted agencies who deliver ECI services.

In both years, the study population was parents or guardians of children who had been enrolled in the ECI program for at least six months as of April 1 of that year. This criterion was established to ensure the family had sufficient experience with the program to respond to the questions.

Sample and Methods

ECI used multiple methods to deliver surveys and select samples. Families were not included in more than one sample. Table 40 describes the sampling procedures and survey methods for each year.

Table 40: ECI Sampling and Survey Methods

Collection Period	Survey Distribution	Survey Administration	Sample Size/ Response Rate
<p>April 2016 - July 2016</p>	<p>Email - families received an email from the ECI state office with a link to the survey. Mail - the state office sent letters with a survey link to the families in the sample who did not have an email address on file. Hand-Delivery - the local ECI contractors distributed a scantron survey and a letter that included a link to the survey to families who did not respond via options 1 or 2. Service coordinators handed the survey to families at the time of a home visit or IFSP meeting. Families returned the surveys directly to the ECI state office in a postage-paid envelope.</p>	<p>Surveys were offered online and by paper in English and Spanish. All versions contained the same questions and response options. If families requested assistance in completing the survey, ECI service coordinators were instructed to find another community resource for this assistance so ECI staff would not be involved in completing the survey.</p>	<p>A total of 5,144 families were randomly selected to respond to the survey; 3,790 families received it; 1,398 families returned the survey, resulting in a response rate of 37%.</p>

Collection Period	Survey Distribution	Survey Administration	Sample Size/ Response Rate
April 2017 - July 2017	<p>Online - the state office sent letters to families in the sample that included a link to the SurveyMonkey website with the FOS-R survey.</p> <p>Hand-Delivery - the local ECI contractors distributed a scantron survey. Program staff handed the survey to families at the time of a home visit or IFSP meeting. Families returned the surveys directly to the ECI State Office in a postage-paid envelope.</p>	<p>Surveys were offered online and by paper in English and Spanish. All versions contained the same questions and response options. If families requested assistance in completing the survey, ECI service coordinators were instructed to find another community resource for this assistance so ECI staff would not be involved in completing the survey.</p>	<p>A total of 6,140 families were randomly selected to respond to the survey; 3,540 families received it; 1,475 families returned the survey, resulting in a response rate of 42%.</p>

Survey Results

Responses to survey questions were combined into composite scores for the three domains measured by the survey instrument, following federally recommended procedures. The percentage of respondents who agreed that early intervention services helped with each of the three domains, based on their composite scores, is shown below.

Family Experiences with Services - 2016

- Eighty-six percent responded that early intervention services helped the family members know their rights.
- Eighty-seven percent responded that early intervention services helped the family members effectively communicate their children's needs.
- Eighty-seven percent responded that early intervention services helped the family members help their children develop and learn.

Family Experiences with Services - 2017

- Eighty-nine percent responded that early intervention services helped the family members know their rights.

- Ninety percent responded that early intervention services helped the family members effectively communicate their children's needs.
- Eighty-nine percent responded that early intervention services helped the family members help their children develop and learn.

Independent Living Services Customer Satisfaction Survey

Purpose

The DARS administered two Independent Living programs in SFY 2016, one in the Division for Rehabilitation Services (DRS) for individuals with general disabilities (DRS ILS) and one in the Division for Blind Services (DBS) for individuals who are blind or visually impaired (DBS IL).

The Independent Living program was designed to help individuals with disabilities who face barriers that limit their choices for quality of life. The program promotes self-sufficiency for people with disabilities and offers supports related to mobility, communication, personal adjustment, and self-direction.

The program promotes individuals to live independently, engage in a self-directed lifestyle, decrease their dependence on family members, and improve their communication, mobility, and/or personal or social adjustment.

Services provided include:

- Counseling and guidance
- Training and tutorial services
- Orientation and mobility training
- Adult basic education
- Rehabilitation facility training
- Vehicle modifications
- Assistive devices such as low vision aids, artificial limbs, braces, wheelchairs and hearing aids to stabilize or improve function

DARS entered into a contract for a 2016 satisfaction survey for DRS ILS, the results of which are provided below. Due to issues with contract negotiation for a DBS IL satisfaction survey, no 2016 survey was conducted for the Independent Living program serving individuals who are blind or visually impaired. In SFY 2017, the DRS ILS and DBS IL programs merged, transitioned to HHSC and outsourced service delivery. Consequently, no satisfaction survey was conducted in SFY 2017. The 2016 DRS ILS survey was conducted by contractors.

This report provides feedback from customers in the DRS ILS program who received services from DARS and whose cases were closed within SFY 2016.

The purpose of the ongoing DRS ILS customer satisfaction survey was to:

- Identify strengths and weaknesses
- Develop strategies for providing excellent services to customers
- Determine areas of needed improvement

The DRS ILS customer satisfaction survey was conducted in compliance with the federal program requirements that DRS ILS program must have a survey mechanism in place to obtain satisfaction feedback from its customers. Additionally, this survey provides the State Independent Living Council data necessary to fulfill its obligation to review and analyze customer satisfaction with the DRS ILS program.

Sample and Methods

A contractor attempted to contact each customer in the sample by telephone to conduct an interview. The interviews were offered in English and in Spanish. Additionally, customers who spoke languages besides English or Spanish were offered the opportunity to complete the survey using a language translation hotline. The survey was offered to deaf customers using Relay Texas¹¹ or a written survey, depending on the preferences of the customer or, when applicable, the customer's guardian. The survey was conducted each month for customers served in the previous month.

An attempt was made to contact every DRS ILS customer who had reached the stage of developing and signing a plan and whose case was closed during the fiscal year. The contractor did not provide a response rate, but indicated that 194 individuals responded to all or part of the survey. The survey instrument consisted of thirteen close-ended questions and two open-ended questions.

Major Findings

Ninety-five percent of respondents said they were satisfied with their overall experience with DRS. Ninety-eight percent of respondents said they were treated with courtesy by the DRS staff.

¹¹ Relay Texas is a service that provides telephone access for people with speech or hearing loss who find it challenging or impossible to use a traditional telephone. Additional information about Relay Texas can be found at: <http://www.relaytexas.com/english.html>.

Table 41: Independent Living Services Customer Satisfaction Survey

Survey Question	SFY 2016 Proportion of Respondents* (N = 194)
I was treated with courtesy by the DRS staff.	98%
The DRS Independent Living counselor took time to listen to my needs.	97%
I took part in planning the services I received.	97%
If I were ever treated unfairly, I believe my DRS Independent Living counselor would be a help to me.	96%
How would you rate your experience with the DRS Independent Living counselor?	96%
I was satisfied with the services I received from the providers.	95%
My DRS Independent Living counselor encouraged me to be more independent.	94%
As a result of the services I received, I can do more for myself.	94%
My DRS Independent Living counselor gave me choices.	90%
I took part in choosing who would provide services.	89%
As a result of the services I received, I can do more in the community, if I want to.	83%
I was satisfied with how long it took to provide the services.	78%
How would you rate your overall experience with DRS?	95%

*Refers to the proportion of "Yes," or "Satisfied" and "Very Satisfied" responses.

The survey also included an open-ended question: "What did you like most about your experience with DRS?" In SFY 2016, the most common responses to this question were that DRS treated customers courteously, the services were liked, DRS staff was helpful, DRS was responsive, and equipment was liked.

A second open-ended question on the survey was: "What did you dislike most about your experience with DRS?" In SFY 2016, the most common responses to this question concerned timeliness of services.

Blind Children’s Vocational Discovery and Development Program Customer Satisfaction Survey

Purpose

The DARS administered the Blind Children’s Vocational Discovery and Development Program (BCVDDP) in SFY 2016. The program works together with children who are blind or visually impaired and their families to offer resources so the children can achieve their full potential.

Blindness and severe visual impairments in childhood create unique learning and developmental barriers to employment and independence later in life. The BCVDDP helps children who are blind or permanently and severely visually impaired from birth to age 22 work toward achieving financial self-sufficiency and independent lives in their community.

Specialized case management services help eligible children and their families access the medical, social, educational, developmental and other appropriate services necessary to meet these goals. Direct habilitation services help children to develop the basic skills and confidence for independence in travel, communication, social skills, life skills, career awareness and community involvement that are needed to create a foundation for success as adults.

BCVDDP offers a wide range of services that can:

- Assist a child in developing the confidence needed to be an active part of the community.
- Provide support and training to help parents understand their rights and responsibilities throughout the educational process.
- Assist a child and his or her parents in the vocational discovery and development process.
- Provide training in areas such as food preparation, money management, recreational activities, and grooming.
- Provide valuable information to families for additional resources.

As BCVDDP staff members work with families, they help children develop the concepts and skills needed to reach their goals in life.

The DARS entered into a contract for a 2016 satisfaction survey for BCVDDP, the results of which are provided below. In SFY 2017, BCVDDP transitioned to HHSC and no satisfaction survey was conducted in SFY 2017. The 2016 BCVDDP survey was conducted by contractors.

This report provides feedback from parents of children in BCVDDP who had open cases with DARS in SFY 2016. Any families for whom BCVDDP received notification of a child's death were excluded from the survey.

The purpose of the BCVDDP parent satisfaction survey was to:

- Identify strengths and weaknesses
- Develop strategies for providing excellent services to customers
- Determine areas of needed improvement

Sample and Methods

Surveys were mailed to all families with children served by BCVDDP in the prior year. Parents were given the choice of responding to the survey online or by mail. Surveys were made available in English and in Spanish. Online surveys met accessibility standards so that they could be completed by individuals with visual impairments.

The contractor reported that of the 4295 mailed, 452 responses were received resulting in an 11 percent response rate. (195 surveys were returned as undeliverable.) The survey instrument consisted of 10 close-ended questions.

Major Findings

Eighty-six percent of respondents indicated that they would encourage other parents to apply for services from the DBS. Over 80 percent of respondents indicated that the Blind Children's Specialist was available and responsive when needed and had the skills and abilities to meet their child's needs.

The first survey question asked respondents to indicate the areas in which the Blind Children's Specialist is a valuable resource. The majority (76 percent) of respondents reported that the specialists are valuable to them in the area of assistive technology and adaptive equipment.

Table 42: Blind Children’s Vocational Discovery and Development Program Parent Satisfaction Survey

Survey Question	SFY 2016 Proportion of Respondents* (N = 452)
I have a good understanding of the services available from my Blind Children’s Specialist and the DARS Division for Blind Services.	76%
My Blind Children’s Specialist has the skills and abilities to meet the needs of my child.	82%
My Blind Children’s Specialist is available and responsive when needed.	81%
My Blind Children’s Specialist knows and works well with the other service professionals currently working with my child.	69%
I can count on my Blind Children’s Specialist to do what they say they will do.	82%
My Blind Children’s Specialist provides information and assists me in accessing services from other providers.	74%
My ability to assist my child towards independent and work is better due to the services from my Blind Children’s Specialist.	70%
My Blind Children’s Specialist has offered and/or is currently helping me plan for my child’s future.	64%
I would encourage other parents to apply for services with the DARS Division for Blind Services.	86%

* Refers to the proportion of respondents who “Agree” or “Strongly Agree.”

The survey also included an opportunity for respondents to comment about what they felt the DBS was doing well and what could be improved. The contractor noted that the majority of comments received were positive. Comments were made available to the program at the caseload level but were not summarized at the statewide level.

Autism Program Satisfaction Survey

Purpose

The Autism Program works in partnership with local community agencies through grant contracts to provide applied behavior analysis (ABA) services for children with autism spectrum disorder (ASD).

According to the U.S. Department of Health and Human Services, autism is more common than childhood cancer, juvenile diabetes, and pediatric AIDS combined. Boys are nearly five times more likely to be diagnosed with autism than girls.

Autism Program services include assessments and ABA treatment services in the home, community or clinic. To be eligible for these services, children 3 through 15 years of age, must have a diagnosis on the autism spectrum and be a Texas resident.

The purpose of the survey is to assess:

- Parent or caregiver satisfaction with Autism Program services and service providers
- Parent or caregiver satisfaction with their children's progress.

Sample and Methods

The survey population included families whose children had completed Autism Program services and exited the program, and families whose children had aged out of the Autism Program.

The service provider provides all families with a survey as the children exit the program. The surveys were offered in English and in Spanish. Individuals complete the survey themselves, either online or by mailing a paper survey to HHSC.

The survey consists of 7 questions related to areas of satisfaction with the services, and 12 questions related to the respondent's perception of their child's progress in specific behavioral domains (e.g., following directions, responding to requests).

There were 1,277 exits from the Autism Program in SFY 2016 and SFY 2017. Each time a child exited the program, the family was provided an opportunity to respond to the survey. Because children may re-enroll in the Autism Program, the 1,277 exits represent a total of 1,118 children. A total of 90 responses were received between August 1, 2016 and August 31, 2017, representing a return rate of 7 percent (90/1,277). The survey return rate is expected to be low because the

survey was not made available to families until the summer of 2016 and because some families may choose to respond only once even though they are provided the opportunity each time their child exits.

Major Findings

The majority of respondents to the survey were satisfied or very satisfied with the services their children received. The majority of the respondents to the survey reported their children made good or great progress in the behavioral domains specified.

Table 43: Parent or caregiver satisfaction with Autism Program services and service providers

Service Satisfaction	Number of Respondents (N=90)*	Proportion Satisfied or Very Satisfied
Services provided to your child in a clinical setting	82	100%
Services provided to your child in the home	35	89%
Parent training provided to your child in another setting such as in the school, at the park, or at the store	48	96%
Parent training provided to you	84	98%
Parent training provided on how to review data and evaluate your child's progress	77	97%
Transition planning received prior to exiting the DARS Autism Program	76	93%
Your child's service provider	86	99%

*Excludes respondents who indicated the survey item was not applicable.

Table 44: Parent or caregiver satisfaction with their children’s progress

Behavioral Domain	Number of Total Respondents (N=90)*	Proportion Satisfied or Very Satisfied
Following directions	88	89%
Responding to requests	89	91%
Communicating with primary caregivers	87	87%
Communicating with others	88	83%
Interacting with primary caregivers	86	86%
Interacting with others	89	79%
Play skills, such as playing with toys and taking turns	85	80%
Completing daily tasks without assistance, such as toileting, eating, and dressing	84	69%
Completing daily tasks with assistance, such as toileting, eating, and dressing	81	81%
Reducing disruptive behaviors, such as aggression and tantrums	82	84%
Participating in family activities, such as going to church, the park, and the store	82	82%
Overall progress on the treatment plan goals	89	91%

*Excludes respondents who indicated the survey item was not applicable.

VI. Legacy Department of State Health Services Surveys

The four surveys included in this section were recently transferred from the Department of State Health Services (DSHS) to HHSC as part of system re-organization. Each survey below was administered by DSHS for the period covered in this report; in future years, these surveys will be conducted by HHSC. Three of the surveys originate from the Mental Health Statistics Improvement Program (MHSIP), and one is related to the Women, Infants, and Children (WIC) program. Altogether, these surveys represent the views of 12,068 respondents.

Mental Health Statistics Improvement Program Youth Services Survey for Families

Purpose

Since 1997, Texas has conducted an annual survey of customers who receive community-based mental health services about their perceptions of the services they receive. Prior to system reorganization, services were provided by the DSHS Mental Health and Substance Abuse Division; these services have now transferred to HHSC, Behavioral Health Services. When the customers receiving services are age 17 or younger, the parents or guardians receive the Youth Services Survey for Families (YSSF).

The purpose of the YSSF is to measure:

- Parental satisfaction with mental health services received through the state mental health system
- Parental perception of these services along multiple dimensions, including access to care and outcomes of services

Sample and Methods

The YSSF survey administered in SFY 2016 and SFY 2017 consisted of 26 items. Each question assessed information about a specific topic and was strongly related to a group of other questions about the same topic. The survey questions fell into seven of these groups of related questions, or domains. The domains that comprised the YSSF survey were:

- Satisfaction (with services)
- Participation in treatment
- Cultural sensitivity (of staff)
- Access (to services)
- Outcomes (of services)
- Social connectedness
- Functioning

The domains are described in more detail in the findings.

Parents/guardians of patients answered each survey question using a five-point Likert scale ranging from "strongly agree" to "strongly disagree." Survey results focus on the domain "agreement rates," which means the percentage of parents that reported "agree" or "strongly agree" to the items in a domain. The survey was administered in English and Spanish.

In both years, a random sample was identified to receive the survey requests. In SFY 2016, the sample was stratified by two groups: one for NorthSTAR and one for community mental health centers, local entities that contract with the state to deliver mental health services;¹² a total of 2,947 survey invitations were mailed out.¹³ In SFY 2017, 2,356 survey invitations were mailed out.¹⁴

In SFY 2016, there were a total of 157 completed questionnaires. The survey had a response rate of 6 percent. In SFY 2017, there were a total of 392 completed questionnaires. The survey had a response rate of 19 percent.

Major Findings

The results of the most recent survey year (SFY 2017) are shown in Table 45. The percentages indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.¹⁵ For instance, 77 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

¹² Community mental health centers are also called Local Mental Health Authorities. For more information, see <http://www.dshs.state.tx.us/mhcommunity/default.shtm>.

¹³ There were of 2,947 children/adolescents in the sample and 276 surveys were undeliverable.

¹⁴ There were 2,356 children/adolescents in the sample and 247 surveys were undeliverable.

¹⁵ For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

Table 45: Mental Health Statistics Improvement Program Youth Services Survey for Families: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	SFY 2017* Proportion of Respondents** (N=392)
Satisfaction (with services)	Would the parent choose these services for his/her child if there were other options available?	77%
Participation in Treatment Planning	Does the parent feel involved in treatment decisions?	88%
Cultural Sensitivity (of staff)	Does staff show respect for the family's race/ethnicity/ culture?	93%
Access (to services)	Are services available when and where needed?	78%
Outcomes (of services)	As a result of services, has the child's functioning at home and school improved and has he/she experienced fewer mental health symptoms?	84%
Social Connectedness	Does the child feel connected to friends, family, and community?	77%
Functioning	Has the child's overall well-being improved?	59%

*The SFY 2017 survey was conducted from September 2016 to September 2017.

** Proportions indicate respondents who selected answer choices "strongly agree" or "agree" rather than "neutral," disagree," or "strongly disagree."

The majority of domain agreement rates were similar between SFY 2016 and SFY 2017; however, a significantly higher proportion of respondents agreed with the outcomes (of services) domain in SFY 2017 (84 percent) than in SFY 2016 (53 percent). This increase was primarily due to a larger sample and a change in the sampling frame.

Mental Health Statistics Improvement Program Adult Mental Health Survey

Purpose

The Adult Mental Health (AMH) Survey asks customers who receive community-based mental health services about their perceptions of the services they receive. Prior to system reorganization, services were provided by the DSHS Mental Health

and Substance Abuse Division; these services have now transferred to HHSC, Behavioral Health Services. Adults age 18 years or older who recently received a mental health service beyond an intake assessment were eligible for inclusion in the survey.

The purpose of the survey is to measure:

- Customer satisfaction with mental health services received through the state mental health system
- Customer perception of these services along multiple dimensions, including access to care and outcomes of services.

Sample and Methods

The AMH survey, administered in both English and Spanish, consists of 36 questions about mental health services the customer received over the past 12 months.

Each question assesses information about a specific topic and is strongly related to a group of other questions about the same topic. The survey questions fall into seven of these groups, or domains. The domains that comprise the AMH survey are:

- Satisfaction (with services)
- Access
- Quality and Appropriateness (of services)
- Participation in Treatment Planning
- Outcomes (of services)
- Functioning
- Social Connectedness

The domains are described in more detail in the findings.

In both years, random sampling was used to identify the survey sample. In SFY 2016, the sample was stratified into two groups: one for NorthSTAR and one for community mental health centers; a total of 3,060 survey invitations were mailed out.¹⁶ In SFY 2017, 1,469 survey invitations were mailed out.¹⁷

¹⁶ 400 of 3,060 surveys were undeliverable.

¹⁷ 113 of 1,469 surveys were undeliverable.

In SFY 2016, there were a total of 248 completed questionnaires. The survey had a response rate of 9 percent. In SFY 2017, there were a total of 354 completed questionnaires. The survey had a response rate of 26 percent.

Major Findings

The results of the most recent survey year (SFY 2017) are shown below. The percentages in Table 46 indicate the proportion of respondents who answered "agree" or "strongly agree" to questions in the stated domain.¹⁸ For instance, 89 percent of respondents agreed or strongly agreed with the items in the Satisfaction domain.

Table 46: Mental Health Statistics Improvement Program Adult Mental Health Survey: Indicated Strongly Agree or Agree with Domains

Domain	Description of Domain	SFY 2017* Proportion of Respondents** (N=354)
Satisfaction (with services)	Would the consumer choose to receive these services if he or she had other options?	89%
Access (to services)	Are sufficient services available when and where needed?	80%
Quality and Appropriateness (of services)	Is staff competent and are the services professional?	82%
Participation in Treatment Planning	Does the consumer feel involved in treatment decisions?	73%
Outcomes (of services)	Has the consumer experienced improvement in work, housing, and relationships?	53%
Functioning	Has the consumer's overall well-being improved?	54%
Social Connectedness	Does the consumer feel connected to friends, family, and community?	61%

* The SFY 2017 survey was conducted from September 2016 to September 2017.

** Proportions indicate respondents who chose answer choices "strongly agree" or "agree" rather than "neutral," "disagree," or "strongly disagree."

¹⁸ For each domain, only respondents who answered two-thirds or more of the items comprising that domain were included in the calculation.

Domain agreement rates did not differ substantially between SFY 2016 and SFY 2017.

Mental Health Statistics Improvement Program Inpatient Consumer Survey

Purpose

State psychiatric hospitals located throughout Texas serve people with psychiatric disorders who need services provided in a residential environment. The usual length of stay for civil patients, accounting for about half of the patients in state hospitals, is short. Civil patients usually are treated for a few days or possibly weeks; the focus of services is stabilization and support of patients' return to the community. Forensic patients generally have a longer length of stay, which is determined by the court, and can vary from about 70 days for a patient on initial restoration commitment, to years for a patient commitment under the Not Guilty by Reason of Insanity commitment. State psychiatric hospitals provide assessment, evaluation, and treatment. Treatment involves a variety of services: psychiatry, nursing, social work, psychology, education/rehabilitation, nutrition, medical, and dental. These services are paid for through general revenue funds from the State of Texas, private payment, private third-party insurance, and Medicare and Medicaid programs.

The Inpatient Consumer Survey (ICS) is conducted in compliance with Mental Health Statistics Improvement Program (MHSIP) requirements. The ICS was distributed to every individual age 13 years old or older who was discharged from 1 of the 10 state psychiatric hospitals in SFY 2016 and SFY 2017. The purpose of this survey was to measure individuals':

- Experience in the state psychiatric hospital, including their experience with staff, treatment, and the facility
- Participation in their treatment
- Ability to function after leaving the hospital

Sample and Methods

This is an ongoing survey that started more than nine years ago. The data reported currently are from SFY 2016 and SFY 2017 (September 2015 to August 2017). These data were compared to the results from SFY 2014 and SFY 2015. During SFY 2016 and SFY 2017 combined, there were 15,596 discharges. The response rate varies widely according to setting. Patients in facilities with longer lengths of stay (especially forensic facilities) and more planned discharges have much higher

response rates than civil facilities where patients leave very quickly and are often discharged by court, leaving the day of the court decision. Averaging all of these facilities, the response rate has been between 36 and 38 percent over the past four years.

The survey population was adolescents and adults served in the state psychiatric hospitals. Data were collected at ten state psychiatric hospitals:

- Austin State Hospital
- Big Spring State Hospital
- El Paso Psychiatric Center
- Kerrville State Hospital
- Rio Grande State Center
- Rusk State Hospital
- San Antonio State Hospital
- Terrell State Hospital
- North Texas State Hospital
- Waco Center for Youth

The ICS was conducted using a convenience sampling method. When a decision was made to discharge a patient, the patient was given an opportunity to complete the survey. This process could begin as early as three or more days prior to discharge. Patients could also be given an envelope so that the completed survey could be mailed back to the quality assurance division of the facility after discharge. The likelihood of a returned survey is greater prior to the customer leaving the facility. Patients with hospital episodes greater than one year were given a survey to complete during each annual review. The survey was offered on paper, and was available in English and Spanish.

The total number of surveys received is an estimate due to the fact that not all facilities participate in all of the domains and duplicate surveys are removed at multiple points in the process. In SFY 2016, approximately 3,224 surveys were collected, and in SFY 2017, approximately 2,644 surveys were collected. The survey includes questions about five topics, or domains, as shown in Table 47 below.

Table 47: Domains Measured in Mental Health Statistics Improvement

Domain	Description of Domain
Outcome	Effect of the hospital stay on the customer’s ability to deal with their illness and with social situations
Dignity	Quality of interactions between staff and customers that highlight a respectful relationship
Rights	Ability of customers to express disapproval with conditions or treatment and receive an appropriate response from the organization
Participation in Treatment	Customers’ involvement in their hospital treatment as well as coordination with the customers’ doctor or therapist from the community
Facility Environment	Feeling safe in the facility and the aesthetics of the facility

Major Findings

In general, high-level monitoring of adolescent and adult satisfaction with state psychiatric hospitals relies on an average overall score, which encompasses answers to survey questions in all five domains. In both SFY 2016 and SFY 2017, this annual average score target was exceeded by all ten state psychiatric hospitals and showed little change from the scores in SFY 2014 and SFY 2015. Client satisfaction is fairly consistent across all five domains. Patients’ rights has a slightly lower score than the other domains, which typically reflects the high number of patients receiving treatment by court order and dynamics related to involuntary hospitalization. Results for SFY 2016 and SFY 2017 are provided in Table 48.

Table 48: Mental Health Statistics Improvement Program Inpatient Customer Survey: Positive Responses to Domains

Domain	SFY 2016* Proportion of Respondents** (N=3,224)***	SFY 2017* Proportion of Respondents** (N=2,644)***
Outcome	74.9%	74.5%
Dignity	75.5%	75.4%
Rights	73.7%	73.1%
Participation in Treatment	74.6%	74.1%
Facility Environment	74.5%	74.6%

* The SFY 2016 survey was conducted from September 2015 to August 2016. The SFY 2017 survey was conducted from September 2016 to August 2017.

** Each question in the ICS is evaluated on a Likert scale from “strongly disagree” to “strongly agree.” For purposes of computing averages, a number value is given to the qualities of the scale from 1 for “strongly disagree” to 5 for “strongly agree.” A client must respond to a minimum of 2 questions in a domain in order for an average rating to be computed for the domain. Since there are only 3 to 4 questions in a domain, missing values are not inserted when a client does not answer a question. When the average rating for the questions in the domain is greater than 3.5, the client is considered to have “responded positively” to the domain. The proportion of clients who responded positively to the domain is the percent of clients who responded positively out of all clients who responded to the domain.

*** Not all facilities ask questions for each domain. The N listed is the approximate number of surveys collected.

Women, Infants, and Children Nutrition Education Survey

Purpose

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded, state-administered program that serves low-income women, infants, and children up to the age of five that are at nutritional risk. Part of the program includes federally mandated nutrition education that is provided by 66 local agencies that contract with the state WIC agency.

The Texas WIC Nutrition Education Participant Survey, conducted by Texas WIC in cooperation with contracted local agencies, is administered every two years. The survey provides the state and local agencies with information about their clients to help agencies plan their nutrition offerings and assess client satisfaction with WIC program services. The Participant Survey also provides evidence for WIC initiatives at the state level and descriptive data that is used to inform subsequent

quantitative surveys and qualitative interviews. This report summarizes the aggregate data collected from local agencies across Texas.

The 2017 full report, as well as breakout reports by Public Health Region, are available at <http://www.dshs.texas.gov/wichd/nut/nesurveyresults.shtm>.

Sample and Methods

The WIC Nutrition Education Participant Survey is conducted every two years. The latest implementation was conducted in February 2017. There were 1,696 completed online surveys and 3,353 completed paper surveys.

Each local agency that contracts with the state to provide WIC nutrition education classes was provided with paper surveys and was asked to return a designated number of surveys calculated based on their number of clients. The contractors distributed the surveys in paper format in person with the WIC clients using a convenience sample. The survey was offered in English and Spanish. In addition, an online version of the survey offered in English and Spanish was also available during the month of February 2017 for clients on www.texaswic.org.

Major Findings

The results of the survey indicate that clients had favorable opinions about the WIC program's ability to meet their needs and high customer satisfaction. Table 49 shows how clients rated their agreement with statements about their last WIC visit.

Table 49: Client Satisfaction with Their Most Recent WIC Visit

Satisfaction Measures	Proportion who responded "yes"	
	Online survey	In clinic survey
I would come back to WIC in the future.	98.5%	99.2%
I would recommend WIC to a friend.	98.3%	99.0%
WIC staff were friendly.	95.3%	98.6%
WIC clinic was clean.	94.5%	98.2%
WIC appointment was offered at a good time of day.	94.3%	97.6%
WIC staff provided relevant and helpful information	93.9%	97.3%
When I had a question about nutrition, WIC staff could answer it.	92.7%	97.8%
WIC clinic atmosphere was welcoming.	92.1%	97.4%
When I left WIC, I felt like a great mom.	89.6%	96.2%
When I had a question about breastfeeding, WIC staff could answer it.*	77.6%	**
WIC clinic had things for my child to do while waiting.	73.9%	89.5%

*For 19.2 percent of participants, the response to this question was "not applicable."

**Data for this response is unavailable.

Clients rated the following WIC experiences shown in Table 50.

Table 50: Overall WIC Experience

Rate the following experiences:	Needs improvement		Okay		Great	
	Online survey	In clinic survey	Online survey	In clinic survey	Online survey	In clinic survey
Shopping for WIC foods	24.4%	5.4%	38.6%	22.9%	37.1%	71.7%
Customer service at the grocery store	18.7%	9.8%	45.0%	32.6%	36.3%	57.5%
Total wait time at the clinic	18.4%	5.7%	46.8%	33.6%	34.8%	60.7%
Customer service at the WIC clinic	6.1%	0.9%	32.9%	11.5%	61.0%	87.7%
Options available for nutrition education	5.5%	1.0%	47.6%	21.7%	46.9%	77.4%
Application process	5.2%	2.1%	44.5%	22.8%	50.3%	75.1%

Clients also rated how well WIC met their needs in each of the areas shown in Table 51.

Table 51: Nutrition Education and Breastfeeding Support

How well does WIC meet your needs:	Great		Okay		Not so great	
	Online Survey	In clinic Survey	Online Survey	In clinic Survey	Online Survey	In clinic Survey
Teaching me about healthy food choices	82.4%	88.7%	15.9%	10.5%	1.7%	0.8%
Learning how to feed my family	79.8%	86.5%	18.0%	12.7%	2.1%	0.8%
Learning how to shop for WIC foods	73.0%	82.4%	23.1%	15.7%	3.8%	1.8%
Learning how to prepare/ cook WIC foods	64.7%	73.1%	28.2%	23.5%	7.1%	3.4%
Learning how to breastfeed my baby*	53.5%	70.5%	17.3%	20.9%	1.8%	***
Providing support to breastfeed my baby longer**	51.9%	67.9%	17.6%	23.1%	2.4%	***
Helping me connect and share ideas with other parents	42.2%	48.8%	37.3%	39.2%	20.5%	11.9%

*For 27.4 percent of participants, "learning how to breastfeed my baby" was "not applicable."

**For 28.1 percent of participants, "providing support to breastfeed my baby longer" was "not applicable."

***Data for this response is unavailable.

5. Conclusion

This HHS system-wide 2018 Report on Customer Service describes the results of nearly 140,000 individual survey responses from 35 surveys conducted by the five Texas agencies belonging to the Texas Health and Human Services (HHS) system during the SFY 2016 and SFY 2017 reporting period. Individuals who were surveyed were primarily direct consumers of services and enrollees in health plans; other surveys solicited feedback from entities regulated or inspected by HHS, service providers contracted with HHS, entities receiving HHS laboratory services, and community stakeholders.

- Twenty projects surveyed customers of HHS services, including families of children with special needs, developmental delays, or disabilities; adults with disabilities; children and adults who received mental health services; elderly individuals residing in care facilities; young adults leaving foster care; clients attending immunization clinics; recipients of HIV medication; SNAP applicants; and customers of eligibility offices. The largest of these surveys, the YourTexasBenefits.com survey, collected over 5,000 responses per month, on average. Overall, most respondents provided positive feedback regarding the services and supports received through HHS programs.
- Enrollees in STAR, STAR Health, STAR+PLUS, and CHIP health plans were surveyed through six different surveys. Respondents included families or caregivers of enrolled children, as well as enrolled adults. Across all six member surveys, most quality components were rated positively. Respondents were most likely to give positive feedback on domains related to communication with doctors, shared decision making, and customer service; domains with opportunities for improvement include access to specialized services, behavioral health treatment, and advice on smoking cessation. Texas's external quality review organization provides more detailed findings and recommendations from member surveys in their annual [Summary of Activities Report](#).
- Four surveys were conducted to obtain feedback from entities regulated or inspected by the state. A wide range of businesses, healthcare facilities, food service facilities, and other regulated organizations provided positive feedback on state services, including inspections, site reviews, and communication with staff.
- Four surveys collected responses from customers of state laboratory services, including submitters to the South Texas Laboratory and customers

of the Laboratory Courier Program. Surveys showed broad satisfaction related to transit time, staff responsiveness, and quality of service.

- One survey was conducted to obtain feedback from community stakeholders. Local law enforcement, members of the judiciary, and community organizations provided generally positive feedback regarding community engagement efforts undertaken by Adult Protective Services.

Overall, the HHS system of agencies has succeeded in obtaining feedback from a diverse group of customers. Most respondents provided positive feedback regarding the services and supports received through HHS programs. Feedback identifying opportunities for improvement is used to inform how services are provided in the future. For example, feedback collected from health plan enrollees is used to hold managed care organizations accountable through HHSC quality programs. These results support the HHS system mission of improving the health, safety, and well-being of Texans through good stewardship of public resources.

Appendix A. Customer Inventory for the Department of Family and Protective Services (DFPS)

Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2017–2021, Volume II, Schedule A

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.1.1. Provide System to Receive/Assign Reports of Abuse/Neglect/Exploitation. Provide a comprehensive system with automation support for receiving reports of persons suspected to be at risk of abuse/neglect/exploitation and assign for investigation those reports that meet Texas Family Code and Human Resource Code definitions.</p>	<p>Children and Adults At Risk of Abuse and Neglect: Statewide Intake provides central reporting and investigation assignments so that all children at risk of abuse and neglect and all elderly and adults with disabilities who have been abused, neglected, and exploited can be protected.</p> <p>Citizens of Texas: DFPS provides confidential access to services for all citizens of Texas.</p> <p>External Partners: In providing access to DFPS services through the Statewide Intake function, DFPS interacts with law enforcement agencies, the medical sector, schools, and the general reporting public.</p>
<p>Strategy 2.1.1. Provide Direct Delivery Staff for Child Protective Services. Provide caseworkers and related staff to conduct investigations and deliver family-based safety services, out-of-home care, and permanency planning for children who are at risk of abuse/neglect and their families.</p> <p>Strategy 2.1.2. Provide Program Support for Child Protective Services. Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of child protective services.</p>	<p>Children and Families: DFPS protects children by investigating reports of abuse and neglect, working with children and families in their own homes to alleviate the effects of abuse/neglect, and providing services to prevent further abuse/neglect, and if necessary, placing children in substitute care until they can be safely returned home, to relatives, or until they are adopted.</p> <p>External Partners: Conducting investigations and providing casework for children in their own homes and children who have been removed from their homes involves many external partners, such as law enforcement agencies, the medical sector, schools, Child Welfare Boards, the judiciary, faith-based organizations, Child Advocacy Centers, children’s advocate groups, domestic violence service providers, other HHSC system agencies, and state and national child welfare associations.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 2.1.3. Texas Workforce Commission (TWC) Contracted Day Care Purchased Services. Provide purchased day care services for foster children where both or the one foster parent works full-time; for relative and other designated caregivers who work full time; or for children living at home to control and reduce the risk of abuse/neglect and to provide stability while a family is working on changes to reduce risk.</p>	<p>Children and Families: DFPS protects children by purchasing day care to keep a child safe in their home or to assist working foster parents.</p> <p>Other Agencies: DFPS purchases day care under a contract with the Texas Workforce Commission.</p> <p>Local Governments: Through the contract with the Texas Workforce Commission, DFPS has access to the network of child care providers managed by local workforce boards.</p>
<p>Strategy 2.1.4. Adoption Purchased Services. Provide purchased adoption services with private child-placing agencies to facilitate the success of service plans for children who are legally free for adoption, including recruitment, screening, home study, placement, and support services.</p>	<p>Children and Families: DFPS increases permanency placement options for children awaiting adoption by contracting for adoption services, and helps ensure success of adoptions by providing post-adoption services.</p>
<p>Strategy 2.1.5. Post-Adoption / Post-Permanency Purchased Services. Provide purchased post-adoption services for families who adopt children in the conservatorship of DFPS, including casework, support groups, parent training, therapeutic counseling, respite care, and residential therapeutic care.</p>	<p>Contracted Service Providers: DFPS contracts with private child-placing agencies to recruit, train and verify adoptive homes, secure adoptive placements, provide post-placement supervision, and facilitate the consummation of the adoptions. DFPS also purchases post-adoption services from various service providers.</p>
<p>Strategy 2.1.6. Preparation for Adult Living Purchased Services. Provide purchased adult living services to help and support youth preparing for departure from DFPS substitute care, including life skills training, money management, education/training vouchers, room and board assistance, and case management.</p>	<p>Youth in Substitute Care: DFPS provides services to prepare youth in substitute care for adult life. Services are also available for youth who have aged out of the substitute care system to ensure a successful transition to adulthood.</p> <p>Contracted Service Providers: DFPS purchases these youth services from various service providers.</p>
<p>Strategy 2.1.7 Substance Abuse Purchased Services. Provide purchased residential chemical dependency treatment services for adolescents who are in the conservatorship of DFPS and/or parents who are referred to treatment by DFPS.</p>	<p>Children and Families: DFPS protects children by purchasing substance abuse treatment services and drug-testing services for children in the CPS system and their families.</p> <p>Contracted Service Providers: DFPS purchases these services from various service providers.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 2.1.8. Other Purchased Child Protective Services. Provide purchased services to treat children who have been abused or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.</p>	<p>Children and Families: DFPS protects children by purchasing various types of services for children in the CPS system and their families. Services include evaluation of psychological and psychiatric functioning; individual, group, and family therapy, parenting, battering intervention, life skills, etc.</p> <p>Contracted Service Providers: DFPS purchases these services from various service providers.</p>
<p>Strategy 2.1.9. Foster Care Payments. Provide financial reimbursement for the care, maintenance, and support of children who have been removed from their homes and placed in licensed, verified childcare facilities.</p>	<p>Children in Foster Care: DFPS provides reimbursement for the care, maintenance, and treatment of children who have removed from their homes.</p> <p>Contracted Service Providers: DFPS purchases these services from DFPS foster homes, contracted child-placing agencies, and child care facilities.</p> <p>External Partners: The foster care program would not be possible without the 24-hour residential child care providers. DFPS works closely with provider groups and associations.</p>
<p>Strategy 2.1.10. Adoption Subsidy and Permanency Care Assistance Payments. Provide grant benefit payments for families that adopt foster children with special needs and for relatives that assume permanent managing conservatorship of foster children, and one-time payments for non-recurring costs.</p>	<p>Children and Families: DFPS helps ensure a permanent placement for children available for adoption with special needs by providing a monthly subsidy payment to assist with the cost of the child’s special needs. DFPS also provides Permanency Care Assistance to relative caregivers that assume permanent managing conservatorship for a child.</p>
<p>Strategy 2.1.11. Relative Caregiver Monetary Assistance Payments. Provide monetary assistance for children in the state relative and other designated caregiver program.</p>	<p>Relative and Other Designated Caregivers: DFPS provides monetary assistance to relatives and other designated caregivers to help ensure successful, permanent placements for children removed from their homes.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 3.1.1. Services to At-Risk Youth (STAR) Program. Provide contracted prevention services for youth ages 10-17 who are in at-risk situations, runaways, Class C delinquents, and for youth under the age of 10 who have committed delinquent acts.</p> <p>Strategy 3.1.2. CYD Program. Provide funding and technical assistance to support collaboration by community groups to alleviate family and community conditions that lead to juvenile crime.</p> <p>Strategy 3.1.3. Provide Child Abuse Prevention Grants to Community-Based Organizations. Provide child abuse prevention grants to develop programs, public awareness, and respite care through community-based organizations.</p> <p>Strategy 3.1.4. Provide Funding for Other At-Risk Prevention Programs. Provide funding for community-based prevention programs to alleviate conditions that lead to child abuse/neglect and juvenile crime.</p> <p>Strategy 3.1.5. Maternal and Child Home Visiting Programs. Evidence-based, nurse home visiting model that works to improve pregnancy outcomes, child health and development outcomes, and families' self-sufficiency.</p> <p>Strategy 3.1.6. Provide Program Support for At-Risk Prevention Services. Provide program support for at-risk prevention services.</p>	<p>Children and Families: DFPS provides funding for community-based child abuse prevention and juvenile delinquency prevention services to at-risk children and for the families of those children.</p> <p>Contracted Service Providers: DFPS contracts with various community-based organizations across the state to deliver all prevention and early intervention services.</p> <p>Other Agencies: At-risk prevention services involve participation from the Texas Education Agency, Texas Juvenile Justice Department Local Governments: At-risk prevention services involve participation from local juvenile probation departments. Some prevention services are provided through contracts with local governments.</p> <p>External Partners: Overseeing prevention services involves many external partners such as law enforcement agencies, schools, and children's advocate groups.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 4.1.1. APS Direct Delivery Staff. Provide caseworkers and related staff to conduct investigations of reports of abuse, neglect, and exploitation of persons receiving services in community settings.</p> <p>Strategy 4.1.2. Provide Program Support for Adult Protective Services. Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of adult protective services.</p>	<p>Adults who are over 65 or who have disabilities: DFPS protects adults who are over age 65 or who have disabilities from abuse, neglect, and exploitation, and providing services to remedy or prevent further abuse. Persons with mental illness (MI) and/or intellectual disabilities (ID) served by or through providers: DFPS protects persons who have MI and ID served by or through providers by investigating reports of abuse, neglect, and exploitation. Other Agencies: Adult protective services includes support and involvement from DADS, DARS and DSHS.</p> <p>Local Governments: Providing adult protective services involves support and participation from city and county health and social services departments, and the Area Agencies on Aging. Also includes, for persons served by providers, participation from Community Centers.</p> <p>External Partners: Conducting investigations and providing services involves many external partners, such as law enforcement agencies, the medical sector, the judiciary, faith-based organizations, non-profit social service agencies, advocate groups for adults who are over age 65 or who have disabilities, state and national associations on aging and care for the elderly, and family and friends of APS clients. Also includes many external partners, such as advocacy groups for persons with mental illness and intellectual disabilities, state and national associations for mental health, and family and friends of MI and ID clients.</p>
<p>Strategy 4.1.3. APS Purchased Emergency Client Services. In appropriate cases, APS provides or arranges for services for vulnerable adults to remedy underlying causes of abuse, neglect, or exploitation.</p>	<p>Adults who are over 65 or who have disabilities: DFPS protects adults who are over age 65 or who have disabilities from abuse, neglect, and exploitation, and providing services to remedy or prevent further abuse.</p> <p>Contracted Service Providers: DFPS contracts with various service providers to deliver necessary emergency services for APS clients.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 5.1.1. Central Administration. Central administration.</p> <p>Strategy 5.1.2. Other Support Services. Other support services.</p> <p>Strategy 5.1.3. Regional Administration. Regional administration.</p> <p>Strategy 5.1.4. IT Program Support. Information technology program support.</p>	<p>DFPS provides indirect administrative support for all programs. All stakeholder groups would be included for this group of strategies. Additionally, DFPS employees receive support services under these strategies.</p>
<p>Strategy 6.1.1. Agency-Wide Automated Systems (Capital Projects). Develop and enhance automated systems that serve multiple programs (capital projects).</p>	<p>DFPS provides information technology support for all programs. All stakeholder groups would be included for this strategy. Additionally, DFPS employees receive support services under this strategy.</p>
<p>Strategy 7.1.1. Regulate Child Day Care and Residential Child Care. Shows historical funding for child care regulation program.</p> <p>Strategy 7.1.2. Adult Protective Services Facility/Provider Investigations. Shows historical funding for programs transferring from DFPS to HHSC per SB 200, 84th Legislature.</p>	<p>Health and Human Services Commission (HHSC) Programs Historical Funding: Shows historical funding for programs transferring from Department of Family and Protective Services (DFPS) to HHSC per SB 200, 84th Legislature.</p>

Appendix B. Customer Inventory for the Department of State Health Services (DSHS)

Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2017–2021, Volume II, Schedule A

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.1.1. Public Health Preparedness and Coordinated Services. Coordinate essential public health services through public health regions and affiliated local health departments. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies.</p>	<p>Citizens of Texas: DSHS is responsible for public health and medical services during a disaster or public health emergency and ongoing surveillance for infectious disease outbreaks with statewide potential such as influenza and foodborne outbreaks.</p> <p>Other Local, State, and Federal Agencies: DSHS coordinates with local health departments (LHDs); Texas Division of Emergency Management; Regional Advisory Councils; laboratories and laboratory response networks; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; hospitals; and healthcare systems.</p> <p>Texas-Mexico Border Residents and Border Health Partners: DSHS coordinates and promotes health issues between Texas and Mexico, and provides interagency coordination and assistance on public health issues with local border health partners referenced in <i>Strategy 1.1.4. Border Health and Colonias</i>.</p> <p>Public Health Services: DSHS Health Service Regions (HSR) are responsible for ensuring the provision of public health services to communities across Texas where no LHD has been established or the LHD does not have the capacity or wish to provide a full range of public health services. State and federal funds are used to support our Regions in the prevention of epidemics and spread of disease; protection against environmental hazards; prevention of injuries; promotion of healthy behaviors; and response to disasters. Through public health social workers; DSHS supports its statutory responsibility to link individuals who have a need for community and personal health services to appropriate community and private providers.</p>
<p>Strategy 1.1.2. Vital Statistics. Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas.</p>	<p>Citizens of Texas: DSHS provides vital records needed to access benefits and services.</p> <p>Local Governments: DSHS provides vital records and health-related disease registry and hospital data for health planning and policy decisions. DSHS maintains and operates a statewide information system, Texas Electronic Registrar (TER), for use by statewide officials responsible for birth and death registration. DSHS receives information from district and county clerks responsible for registering vital event information associated with marriages, divorces, and suits affecting the family.</p> <p>Funeral Directors, Funeral Home Staff, Medical Directors, and Facilities: DSHS maintains and operates TER for use by funeral directors and funeral home staff that provide death certificates as part of funeral services and collect demographic data associated with registered deaths. Physicians, justices of the peace, medical examiners, hospitals, and hospices also contribute medical data associated with registration of death events.</p> <p>Hospitals, Birthing Centers, and Midwives: DSHS maintains TER for hospitals, birthing centers, and certified and non-certified midwives that are responsible for registration of birth events.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.1.3. Health Registries. Collect health information for public health research and information purposes that inform decisions regarding the health of Texans.</p>	<p>Direct Consumers: The Texas Healthcare Safety Network (TxHSN) Registry is used to collect and store Healthcare Associated Infection (HAI) and Preventable Adverse Event (PAE) data from healthcare facilities in Texas. Facility-specific reports are generated to display these data in order to promote patient empowerment and allow healthcare consumers to make informed decisions about their own healthcare.</p> <p>DSHS maintains the Texas Cancer Registry, Birth Defects Registry, Blood Lead Registry, Traumatic Brain Injury, Trauma and Emergency Medical Services Registries. DSHS collects, maintains, and disseminates data for all Texas residents. The aggregated data that is shared with a diverse group of users and stakeholders that contribute to prevention and control of diseases and conditions, and improve diagnoses, treatment, survival, and quality of life for all cancer patients.</p>
<p>Strategy 1.1.4. Border Health and Colonias. Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintaining border health data, and community-based healthy border initiatives.</p>	<p>Texas-Mexico Border Residents: DSHS coordinates and promotes health issues between Texas and Mexico and identifies resources and develops projects that support community efforts to improve border health.</p> <p>Border Health Partners: DSHS provides interagency coordination and assistance on public health issues with local border health partners; binational health councils; state border health offices in California, Arizona, and New Mexico; U.S.-Mexico Border Health Commission; U.S. Environmental Protection Agency (EPA) Border 2020 Program; U.S. Department of Health and Human Services (DHHS) Office of Global Affairs, U.S. DHHS Health Resources and Services Administration (HRSA) Office of Border Health; México Secretaria de Salud; and other state and federal agency border programs.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.1.5. Health Data and Statistics. Collect, analyze, and distribute information about health and healthcare.</p>	<p>Citizens of Texas: DSHS utilizes data to help address Texas residents’ concerns regarding disease in their neighborhoods. DSHS posts facility-level data on the occurrence of healthcare-associated infections and preventable adverse events to a public website.</p> <p>DSHS provides data to researchers and for other public health purposes, including inclusion in national and international documents that discuss and/or report the burden of disease nationally and/or internationally. This data may also be used for community health assessments, public health planning, and making informed health care decisions.</p> <p>Other External Partners: DSHS coordinates with the Texas Medical Association (TMA), Texas Academy of Family Physicians, Texas Midwifery Association, Association of Texas Midwives, County Medical Societies, Texas and New Mexico Hospice Organization, Texas Justice Court Training Center, Texas County Commissioners Court, County and District Clerks’ Association of Texas, Texas Hospital Association (THA), Texas Society of Infection Control and Prevention, local chapters of the Association for Professionals in Infection Control and Epidemiology, Texas Tumor Registrars Association, the National Program of Cancer Registries - part of the Centers for Disease Control and Prevention (CDC), and the North American Association of Central Cancer Registries (NAACCR).</p> <p>Other State Agencies: DSHS coordinates with the Office of Attorney General, DFPS, Texas Department of Transportation, Texas Workforce Commission, HHSC, Texas Commission on Environmental Quality, Cancer Prevention and Research Institute of Texas (CPRIT), Texas Department of Housing and Community Affairs, Texas Poison Center Network, Texas Medical Board, Texas Board of Nursing, Texas Department of Agriculture, and Texas State Commission on Judicial Conduct.</p> <p>Federal Agencies: DSHS coordinates with the CDC, National Center for Health Statistics, Social Security Administration, Federal Bureau of Investigations, Food and Drug Administration (FDA), National Institute of Occupational Safety and Health, Centers for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registries, Department of Veteran Affairs, and EPA.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.2.1. Immunize Children and Adults in Texas. Implement programs to immunize children and adults in Texas.</p>	<p>Direct Consumers: DSHS operates the Texas Vaccine for Children (TVFC) and Adult Safety Net (ASN) Program to provide immunizations for eligible children, adolescents, and adults. These programs also work to educate and perform quality assurance activities with healthcare providers vaccinating these groups. DSHS maintains an electronic vaccine inventory system that enables participating providers to order vaccine stock and report on vaccines administered. DSHS maintains a statewide immunization registry (ImmTrac) that contains millions of immunization records, mostly for children. Healthcare providers use ImmTrac to ensure timely administration of vaccines and to avoid over-vaccination. Parents may obtain immunization records for their children. DSHS also conducts surveillance, investigation, and mitigation of vaccine-preventable diseases.</p> <p>Local Governments: DSHS provides assistance to LHDs in conducting immunization programs at the local level, including providing immunizations for eligible children, adolescents, and adults; providing immunization education; and assisting with activities to increase immunization coverage levels across Texas.</p> <p>Schools and Childcare Facilities: DSHS provides education and technical assistance to school and childcare facilities on school immunization requirements. DSHS conducts an annual survey of private schools and public school districts to assess vaccination coverage. Additionally, DSHS conducts audits on schools and childcare facilities to ensure that the facilities comply with school immunization requirements.</p> <p>External Partners: DSHS works with the Texas Immunization Stakeholder Working Group, which includes representatives from TMA, Texas Pediatric Society, parents, schools, LHDs, pharmacists, nurses, vaccine manufacturers, immunization coalitions, and other organizations with a role in the statewide immunization system.</p> <p>Other State Agencies: DSHS works with Texas Education Agency, DFPS and HHSC in the delivery of immunization services.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.2.2. Human Immunodeficiency Virus / Sexually Transmitted Disease (HIV/STD) Prevention. Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.</p>	<p>Direct Consumers: DSHS provides access to HIV treatment and care services, including life-enhancing medications, for low-income, uninsured or underinsured persons. DSHS also provides ambulatory health care and supportive services to persons with HIV disease through contracted providers. DSHS contracts to provide HIV counseling and testing, linkage to HIV related medical care and behavior change interventions to prevent the spread of HIV and other STDs. DSHS provides testing for HIV and STDs, medications for some STDs, and disease intervention and partner services to reduce the spread of STDs.</p> <p>Local Governments: DSHS provides assistance to local governments in the delivery of services to assure that persons diagnosed with HIV and high priority STDs are notified and linked to medical care and treatment. Assistance is provided to assure that partners of persons newly diagnosed with HIV and high priority STD are notified and offered testing services. DSHS provides capacity building and technical assistance/training services to LHDs providing HIV/STD prevention and treatment and care services. DSHS works with LHDs to promote HIV/STD as a health and prevention priority among medical providers and the community at large. DSHS provides local leaders and groups across Texas with information on the size and scope of HIV and STD cases in their communities, with HIV/STD-specific strategic planning tools, and with best risk reduction practices to support creation of HIV/STD prevention and services action plans.</p> <p>Community-Based Organizations: DSHS provides capacity building and technical assistance/training services to contracted providers providing HIV/STD prevention and treatment and care services.</p> <p>Committee: The Texas HIV Medication Advisory Committee advises DSHS about the Texas HIV Medication Program formulary and policies.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.2.3. Infectious Disease Prevention, Epidemiology and Surveillance. Conduct surveillance on infectious diseases, including respiratory, vaccine-preventable, bloodborne, foodborne, and zoonotic diseases and healthcare associated infections. Implement activities to prevent and control the spread of emerging and acute infectious and zoonotic diseases. Administer the Refugee Health Services program. Administer program activities to identify, treat, and provide services to persons with Hansen's disease.</p>	<p>Citizens of Texas: DSHS coordinates disease surveillance and outbreak investigations including information on the occurrence of disease, as well as prevention and control measures. DSHS conducts surveillance for and investigations of infectious diseases, recommends control measures in accordance with best practices, and implements interventions. In addition, DSHS provides information on infectious disease prevention and control to the public through the website and personal consultation. DSHS facilitates the distribution of rabies biologics to persons exposed to rabies, provides Animal Control Officer training opportunities, inspects animal rabies quarantine facilities, immunizes wildlife that can transmit rabies to humans, mobilizes community efforts such as pet neutering programs through the Animal Friendly grant, and maintains an investigative response team.</p> <p>Local Governments: DSHS coordinates infectious disease prevention, control, epidemiology, and surveillance activities with LHDs.</p> <p>Other State and Federal Agencies: DSHS collaborates daily with the CDC to maintain consistency with national guidance on infectious disease surveillance, investigation, and mitigation. DSHS serves as the lead on a cooperative project with U.S. Department of Agriculture and Texas Military Forces. Other stakeholders are THA, Texas Health Care Association, Texas Organization of Rural & Community Hospitals, Texas Ambulatory Surgery Center Society, End State Renal Disease (ESRD) Network of Texas, the Texas Animal Health Commission, Texas Parks and Wildlife Department, Texas Veterinary Medical Diagnostic Laboratory, U.S.-Mexico Border Health Commission, Rotary International, CDC, FDA, HRSA, schools of public health in Texas, voluntary agencies, HHSC, and federal Office of Refugee Resettlement.</p> <p>Medical Community: DSHS provides information and consultation to the human and veterinary medical communities, as well as to healthcare professionals through personal consultation and professional organizations, presentations and posters at scientific meetings, and peer-reviewed publications.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.2.4. TB Surveillance and Prevention. Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.</p>	<p>Direct Consumers: DSHS establishes disease surveillance and outbreak investigations processes and provides information on the occurrence of TB disease in communities across Texas. DSHS implements TB disease control measures, including testing and diagnostic services and promoting adherence to treatment. DSHS also ensures that all residents of Texas who are diagnosed with TB or Hansen’s disease receive treatment regardless of ability to pay for services. In addition, DSHS provides information to the public on TB prevention and control, Hansen’s disease, and refugee health assessment services through its website. Phone consultations are also provided to the public on TB, Hansen’s disease, and refugee health services.</p> <p>Local Government: DSHS contracts with LHDs to provide outpatient clinical and public health services for TB and Hansen’s disease management. DSHS works with DSHS HSRs and LHDs’ providers on TB binational projects and other special projects targeting individuals and groups at high risk for TB. DSHS provides laboratory services, capacity building, technical assistance, and training services to contracted providers on TB and Hansen’s disease. DSHS works in collaboration with LHDs and HSRs to evaluate TB screening, reporting and case management activities conducted by 154 local jails statewide.</p> <p>State Agencies: DSHS collaborates with Texas Commission on Jail Standards to ensure jails meeting the criteria for developing and maintaining a TB screening program are upheld. DSHS collaborates with Texas Department of Criminal Justice on TB screening and reporting activities.</p> <p>Federal Agencies: DSHS collaborates with the CDC, the National Hansen’s Disease Program, Bureau of Prisons, Immigration Customs Enforcement, U.S. Marshal’s Office on disease surveillance, reporting and management.</p> <p>Medical Community: DSHS provides consultation services to healthcare professionals on TB and Hansen’s disease.</p> <p>DSHS partners with Heartland National TB Center, a CDC Regional Training and Medical Consultation Center, to provide training to healthcare professionals and to maintain an educated TB workforce. DSHS also participates in professional organizations including conducting presentations and presenting posters at scientific meetings and submitting peer-reviewed publications.</p>
<p>Strategy 1.2.5 Texas Center for Infectious Disease. Provide medical treatment to persons with tuberculosis.</p>	<p>Hospital Services: Through the Texas Center for Infectious Disease—a 74-bed long-term care hospital—DSHS provides inpatient tuberculosis treatment and outpatient tuberculosis and Hansen’s disease evaluation and treatment.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.3.1. Health Promotion and Chronic Disease Prevention. Develop, implement, and evaluate evidence-based interventions to reduce health risk behaviors that contribute to chronic disease. Conduct chronic disease surveillance.</p>	<p>Citizens of Texas: DSHS provides awareness and educational resources/materials for diabetes, Alzheimer’s disease, cancer, asthma, and cardiovascular disease (CVD). DSHS provides child safety seats to low-income families with children less than eight years of age. DSHS provides support to communities for planning and implementing evidence-based obesity prevention interventions through policy and environmental change.</p> <p>Councils, Task Forces, and Collaboratives: DSHS provides administrative support to the Texas Diabetes Council, Texas Council on Alzheimer’s Disease and Related Disorders, Texas Council on CVD and Stroke, Texas CVD and Stroke Partnership, Texas School Health Advisory Council, Stock Epinephrine Advisory Committee, Cancer Alliance of Texas, Public Health Funding and Policy Committee, Border Health Task Force, and Preparedness Coordinating Council.</p> <p>Healthcare Professionals: DSHS provides toolkits and information that include professional and patient education materials featuring self-management training, minimum standards of care, and evidence-based treatment algorithms.</p> <p>Contracted entities: DSHS contracts with various LHDs, universities, non-profits, private sector entities, and others to implement interventions and collect data to reduce the burden of chronic disease and related risk factors.</p> <p>Community Diabetes Projects: DSHS contracts with LHDs, community health centers, and grassroots organizations to establish programs for promoting wellness, physical activity, weight and blood pressure control, and smoking cessation for people with or at risk for diabetes.</p> <p>Schools: DSHS provides technical assistance on the care of students with or at risk for chronic disease. DSHS provides child safety seats and education to community partners that assist in the distribution of the safety seats to low-income families and trains nurses, police officers, and other community members to be nationally certified child passenger safety technicians. Through the Oral Health Program, DSHS provides dental surveillance, prevention, and referrals in schools.</p> <p>State Agencies: DSHS provides subject matter expertise, including research and data analysis, on topics related to chronic disease. DSHS also collaborates with the CPRIT on cancer-related activities. DSHS works with state agency worksite wellness coordinators to implement health promotion and wellness activities in Texas state agencies.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.3.2. Reducing the Use of Tobacco Products Statewide. Develop a statewide program to reduce the use of tobacco products.</p>	<p>Citizens of Texas: DSHS plays a leadership role in educating the public about the importance of tobacco prevention and cessation. DSHS also provides cessation counseling services to all Texas residents.</p> <p>Healthcare Providers: DSHS provides training and resources for healthcare providers to implement best practices for treating tobacco dependence in multiple healthcare settings.</p> <p>External Partners: DSHS works with the University of Texas at Austin, University of Texas at El Paso, University of Houston, The Council on Alcohol and Drug Abuse, Optum, Texas State University, Texas A&M University, MD Anderson, American Cancer Society, and American Lung Association.</p> <p>Contracted Services: DSHS contracts with a media firm; a national Quitline service provider; state institutions of higher education; and local coalitions to implement comprehensive tobacco prevention, cessation, and environmental change policies.</p>
<p>Strategy 1.3.3. Children with Special Health Care Needs (CSHCN). Administer service program for children with special health care needs, in conjunction with the Health and Human Services Commission.</p>	<p>Direct Consumers: HHSC/DSHS provides services to children with special health care needs and their families and people of any age with cystic fibrosis. Services are provided through entities that provide direct healthcare services and case management. Regional staff also provide case management, eligibility determination, and enrollment services. DSHS community-based initiatives for the CSHCN population include medical home, transition to adult care, and community integration through contractors. Through community-based contracts, case management is available for CSHCN who are not part of Medicaid.</p> <p>External Partners: HHSC/DSHS actively participates on a variety of advisory groups including but not limited to the Children’s Policy Council and the Texas Council for Developmental Disabilities.</p> <p>HHSC/DSHS interacts with professional organizations, including Children’s Hospital Association of Texas, THA, TMA, and Texas Pediatric Society, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. HHSC/DSHS facilitates the Medical Home Workgroup, Transition Workgroup, and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.</p>
<p>Strategy 1.4.1. Laboratory Services. Provide analytical laboratory services in support of public health program activities.</p>	<p>Citizens of Texas: DSHS tests specimens for infectious diseases such as HIV, STD, and TB; screens for lead in children; tests bay water and milk samples for contamination; tests for rabies; screens every newborn for 53 disorders; and identifies organisms responsible for disease outbreaks throughout Texas. DSHS also provides testing for chemical and biological threats.</p> <p>Other Local, State, and Federal Agencies: DSHS coordinates with LHDs and their laboratories; laboratories that are part of CDC Laboratory Response Network; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; vector control programs; and animal control programs.</p> <p>Public Water Systems: DSHS provides testing of water samples as part of the EPA Safe Drinking Water Act.</p> <p>External Partners: DSHS works with the Texas Newborn Screening Advisory Committee, THA, TMA, Texas Pediatric Society, and other professional associations.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.4.2. Laboratory (Austin) Bond Debt. Service bond debt on reference laboratory.</p>	<p>Citizens of Texas: DSHS provides testing at the Austin laboratory to diagnose and investigate community health problems and health hazards.</p>
<p>Strategy 2.1.1. Women and Children’s Health Services. Provide easily accessible, quality, and community-based maternal and child health services to low-income women, infants, children, and adolescents.</p>	<p>Direct Consumers: DSHS provides contracted clinical, educational, and support services to Texas residents who meet specific eligibility requirements.</p> <p>DSHS provides preventive oral health services to children in low-income schools and provides training and certification for vision and hearing screening. In addition, DSHS makes audiometers available to schools and day care centers for their staff to conduct screenings. DSHS also provides preventive and primary care, medical and limited dental services, and case management to low-income pregnant women and children through contracts with Title V funds. Limited genetics services are also provided through contracts. DSHS notifies primary care physicians and families of newborns with out-of-range newborn screening results to ensure clinical care coordination to prevent development delays, intellectual disability, illness, or death. DSHS also provides education to providers and the public regarding genetics.</p> <p>Contracted Providers: DSHS provides professional education to dental, medical, and case management providers through online provider education and in-person training opportunities. DSHS contracts with nonprofit organizations including LHDs, hospital districts, university medical centers, federally qualified health centers (FQHCs), and other community-based organizations.</p> <p>Certified Individuals: DSHS provides oversight of the training and certification requirements for promoters/community health workers and training instructors.</p> <p>Texas School Health Advisory Committee: DSHS provides administrative support to this advisory committee.</p> <p>Schools: DSHS contracts with entities that provide primary and preventive services through school-based health centers. DSHS also provides training and technical assistance to school administrators, school nurses, and parents on the provision of health services within the school setting.</p> <p>Other State Agencies: DSHS provides subject matter expertise, including research and data analysis, on topics related to maternal and child health populations. DSHS also collaborates with the CPRIT on cancer-related activities. Under authority of Title XIX of the SSA, Chapters 22 and 32 of the Human Resource Code and an IAC with HHSC, DSHS provides for administrative functions related to periodic medical and dental checkups for Medicaid-eligible children 0 through 20 years of age and case management for children 0 through 20 years of age and pregnant women with health risks or health conditions.</p> <p>External Partners: DSHS interacts with the American Cancer Institute, Texas Pediatric Society, Texas Dental Association, TMA, March of Dimes, Children’s Hospital Association of Texas, Head Start programs, independent school districts, and healthcare providers.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 2.1.2. Community Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.</p>	<p>Local Health Departments: DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas.</p> <p>Schools of Public Health and Universities: DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program.</p> <p>Other Organizations: DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.</p>
<p>Strategy 2.2.1. Emergency Medical Services (EMS) and Trauma Care Systems. Develop and enhance regionalized emergency healthcare systems.</p>	<p>Citizens of Texas: DSHS ensures a coordinated statewide trauma system and designates trauma and stroke facilities in Texas. DSHS regulates and sets standards for emergency medical professionals and providers.</p>
<p>Strategy 3.1.1. Food (Meat) and Drug Safety. Design and implement programs to ensure the safety of food, drugs, and medical devices.</p>	<p>Citizens of Texas: DSHS protects Texas residents from contaminated, adulterated, and misbranded foods by enforcing food safety laws and regulations and investigating foodborne illness outbreaks to identify sources of contamination. DSHS also protects Texas residents from unsafe drugs, medical devices, cosmetics, and tattoo and body-piercing procedures through regulation. DSHS protects school-age children by inspecting school cafeterias.</p>
<p>Strategy 3.1.2. Environmental Health. Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.</p>	<p>Citizens of Texas: DSHS provides protection and handles compliance over a broad range of commonly used consumer items including automotive products, household cleaners, polishes and waxes, paints and glues, infant items, and children’s toys. DSHS also protects and promotes the physical and environmental health of Texans from asbestos, mold, and lead. DSHS protects children attending private and university-based summer youth camps by requiring completion of certain trainings and inspections.</p>
<p>Strategy 3.1.3. Radiation Control. Design and implement a risk assessment and risk management regulatory program for all sources of radiation.</p>	<p>Citizens of Texas: DSHS prevents unnecessary radiation exposure to the public through effective licensing, registration, inspection, enforcement, and emergency response.</p>
<p>Strategy 3.1.5. Texas.Gov. Estimated and Nontransferable. Texas.Gov. Estimated and Nontransferable.</p>	<p>Regulated Entities: DSHS is statutorily permitted to increase license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by TexasOnline.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 4.1.1. Agency Wide Information Technology Projects. Provide data center services and a managed desktop computing environment for the agency.</p>	<p>DSHS Employees: DSHS provides information technology support for DSHS employees and programs.</p>
<p>Strategy 5.1.1. Central Administration. Central administration.</p> <p>Strategy 5.1.2. Information Technology Program Support. Information Technology program support.</p> <p>Strategy 5.1.3. Other Support Services. Other support services.</p> <p>Strategy 5.1.4. Regional Administration. Regional administration.</p>	<p>DSHS Employees: DSHS provides administrative support for DSHS employees and programs.</p>
<p>Strategies 6.1.1 through 6.1.18. Programs transferring to HHSC.</p>	<p>Strategies for Health and Human Services Commission (HHSC) Programs Historical Funding. Shows historical funding for programs transferring from the Department of State Health Services to HHSC pursuant to 84R SB 200. See the following page for the list of these strategies.</p>

***Strategies for Health and Human Services Commission (HHSC) Programs Historical Funding.** Each of these strategies shows historical funding for a program that is transferring from the Department of State Health Services (DSHS) to HHSC pursuant to 84R SB 200.

Strategy 6.1.1. Abstinence Education. Shows historical funding for Abstinence Education program.

Strategy 6.1.2. Kidney Health Care. Shows historical funding for Kidney Health Care program.

Strategy 6.1.3. Additional Specialty Care. Shows historical funding for Additional Specialty Care programs (formerly Epilepsy and Hemophilia Services).

Strategy 6.1.4. Provide Women, Infants, and Children (WIC) Services. Shows historical funding for WIC program.

Strategy 6.1.5. Women's Health Program. Shows historical funding for the Women's Health Program.

Strategy 6.1.6. Community Mental Health Services - Adults. Shows historical funding for Community Mental Health Services for adults.

Strategy 6.1.7. Community Mental Health Services - Children. Shows historical funding for Community Mental Health Services for children.

Strategy 6.1.8. Community Mental Health Crisis Services. Shows historical funding for Community Mental Health Crisis Services.

Strategy 6.1.9. NorthSTAR Behavioral Health Waiver. Shows historical funding for NorthSTAR Behavioral Health Waiver program.

Strategy 6.1.10. Substance Abuse Prevention, Intervention, and Treatment. Shows historical funding for Substance Abuse Prevention, Intervention, and Treatment programs.

Strategy 6.1.11. Indigent Health Care Reimbursement. Shows historical funding for Indigent Health Care Reimbursement.

Strategy 6.1.12. County Indigent Health Care Services. Shows historical funding for County Indigent Health Care Services.

Strategy 6.1.13. Other Facilities. Shows historical funding for Other Facilities (Rio Grande State Center Outpatient Clinic).

Strategy 6.1.14. Mental Health State Hospitals. Shows historical funding for Mental Health State Hospitals.

Strategy 6.1.15. Mental Health Community Hospitals. Shows historical funding for Mental Health Community Hospitals.

Strategy 6.1.16. Facility/Community-Based Regulation. Shows historical funding for Facilities and Community-Based Regulation.

Strategy 6.1.17. Facility Capital Repairs and Renovations. Shows historical funding for Facility Capital Repairs and Renovations.

Strategy 6.1.18. Texas Civil Commitment Office. Shows historical funding for Texas Civil Commitment Office.

Appendix C. Customer Inventory for the Health and Human Services Commission (HHSC)

Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2017–2021, Volume II, Schedule A

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.1.1. Aged and Medicare-Related Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to aged and Medicare-related Medicaid-eligible persons.</p>	<p>Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to Medicaid aged and Medicare-related persons.</p> <p>Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>
<p>Strategy 1.1.2. Disability-Related Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for disability-related Medicaid-eligible adults and children.</p>	<p>Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to eligible disability-related adults and children.</p> <p>Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>
<p>Strategy 1.1.3. Pregnant Women Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting for Medicaid-eligible pregnant women.</p>	<p>Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to women who are pregnant and eligible for Medicaid.</p> <p>Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>
<p>Strategy 1.1.4. Other Adults Eligibility Group. Provide medically-necessary healthcare in the most appropriate, accessible, and cost-effective setting to adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).</p>	<p>Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to eligible TANF-level adults, medically needy, and other adults who are principally income-level eligible.</p> <p>Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.1.5. Children Eligibility Group. Provide medically necessary healthcare in the most appropriate, accessible, and cost-effective setting to newborn infants and Medicaid-eligible children who are not receiving SSI disability-related payments.</p>	<p>Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible child recipients.</p>
<p>Strategy 1.1.6. Medicaid Prescription Drugs. Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.</p>	<p>Medicaid Consumers: HHSC Medicaid/CHIP division provides prescription medication benefits to Medicaid recipients.</p> <p>Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>
<p>Strategy 1.1.7. Texas Health Steps (THSteps) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Dental. Provide dental care in accordance with all federal mandates.</p>	<p>Medicaid Consumers: HHSC Medicaid/CHIP division provides access to periodic dental exams, diagnosis, prevention and treatment of dental disease to Medicaid eligible children.</p> <p>Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>
<p>Strategy 1.1.8. Medical Transportation. Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.</p>	<p>Medicaid Consumers: HHSC provides transportation for Medicaid recipients.</p> <p>Providers: The Medical Transportation Program contracts with Managed Transportation Organizations (MTOs) and Full Risk Brokers (FRBs) for the provision of medical transportation services. The program sets policy and provides oversight for the services.</p>
<p>Strategy 1.2.1. Community Attendant Services. Provide attendant care services to Medicaid-reimbursed subgroup of Primary Home Care eligible individuals that must meet financial eligibility of total gross monthly income less than or equal to 300 percent of the SSI federal benefit rate.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals of any age who meet specific eligibility requirements including income and resources, who have a practitioner’s statement of medical need and meet functional assessment criteria.

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.2.2. Primary Home Care. Provide Medicaid-reimbursed, non-technical, medically related personal care services prescribed by a physician to eligible individuals whose health problems limit their ability to perform activities of daily living.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals 21 years of age and older; • Individuals who meet eligibility requirements including Medicaid eligibility; • Individuals who have a practitioner’s statement of medical need; and • Individuals who meet functional assessment criteria.
<p>Strategy 1.2.3. Day Activity and Health Services (DAHS). Provide daytime services five days a week to individuals residing in the community as an alternative to placement in nursing facilities or other institutions.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Title XIX: Individuals age 18 or older who receive Medicaid and meet eligibility requirements, which include having a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician’s orders requiring care or supervision by a licensed nurse. • Title XX: Individuals age 18 or older who meet specific eligibility requirements including income and resources and who have a functional disability related to a medical condition, a need for a personal care task, and a medical diagnosis and physician’s orders requiring care or supervision by a licensed nurse.
<p>Strategy 1.2.4. Nursing Facility Payments. Provide payments that will promote quality care for individuals with medical needs that require nursing facility care.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals with medical needs meeting medical necessity requirements and are eligible for Medicaid. The individuals must reside in a nursing facility for 30 consecutive days.
<p>Strategy 1.2.5. Medicare Skilled Nursing Facility. Provides payments for individuals in dually qualified certified facilities (certified for both Medicaid and Medicare).</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals who receive Medicaid and reside in Medicare (XVIII) skilled nursing facilities, • Medicaid/ QMB recipients and • Medicare only QMB recipients.
<p>Strategy 1.2.6. Hospice. Provide palliative care consisting of medical, social, and support services for individuals.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals eligible for Medicaid who are terminally ill and no longer desire curative treatment and who have a physician's prognosis of six months or less to live. • Individuals under the age of 21 may continue to receive curative treatments while receiving hospice services.

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.2.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID). Provide or contract for residential facilities of four or more beds for 24-hour care for the intellectual and developmentally disabled residents.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals with intellectual and/or developmental disabilities who would benefit or require 24-hour supervised living arrangements and qualify for Medicaid.
<p>Strategy 1.3.1. Home and Community-Based Services (HCS). Provide individualized services to individuals with intellectual disability living in their family's home, their own homes, or other settings in the community.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet Medicaid eligibility, resource and level of care criteria, and who choose Home and Community-based Services (HCS) services instead of the ICF/IID program.
<p>Strategy 1.3.2. Community Living Assistance and Support Services (CLASS). Provide home and community-based services to persons who have a "related condition" diagnosis qualifying them for placement in an Intermediate Care Facility. A related condition is a disability other than intellectual and/or developmental disability which originates before age 22 and which substantially limits life activity. Such disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and other diagnoses, are said to be "related to" intellectual and/or developmental disability in their effect upon the individual's functioning.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals of any age with a diagnosis of developmental disability other than intellectual disability who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.
<p>Strategy 1.3.3. Deaf-Blind Multiple Disabilities (DBMD). Provide home and community-based services to adult individuals diagnosed with deafness, blindness, and multiple disabilities.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals of any age who are deaf, blind, and have a third disability, who meet specific eligibility requirements including Medicaid eligibility and functional need and who choose waiver services instead of institutional services.
<p>Strategy 1.3.4. Texas Home Living (TxHmL) Waiver. Provide individualized services, not to exceed \$17,000 per year, to individuals with an intellectual disability living in their family's home, their own homes, or other settings in the community.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals of any age who have a determination/diagnosis of intellectual disability or related condition, who meet specific eligibility requirements including Medicaid eligibility, resource and level of care criteria, and who choose waiver services over ICF/IID.

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 1.3.5. Program of All-Inclusive Care for the Elderly (PACE). Provide community-based services to frail and elderly individuals who qualify for nursing facility placement. Services include inpatient and outpatient medical care and social/community services at a capitated rate.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals age 55 or older who qualify for nursing facility services and receive Medicare and/or Medicaid.
<p>Strategy 1.3.6. Medically Dependent Children Program (MDCP). Provide home and community-based services to individuals under 21 years of age who qualify for nursing facility care. Services include respite, adjunct supports, adaptive aids, and minor home modification.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals younger than age 21 who meet specific eligibility requirements including income, resource, and medical necessity criteria, and who choose waiver services instead of nursing facility services.
<p>Strategy 1.4.1. Non-Full Benefit Payments. Provide payments for medically necessary healthcare to eligible recipients for certain services not covered under the insured arrangement, including undocumented persons, school health, and other related services.</p>	<p>Medicaid Consumers: HHSC Medicaid/CHIP division provides healthcare to Medicaid eligible recipients for specific services not covered.</p> <p>Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>
<p>Strategy 1.4.2. For Clients Dually Eligible for Medicare and Medicaid. Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.</p>	<p>Medicaid Consumers: HHSC Medicaid/CHIP division provides premium-based health services to Medicaid-eligible aged and disability related persons who are also eligible for Title XVIII Medicare coverage.</p> <p>Managed Care Organizations (MCO)/Providers: The HHSC Medicaid/CHIP division contracts with MCOs for the provision of health services. The Medicaid/CHIP division sets policy and provides oversight for the program.</p>
<p>Strategy 1.4.3. Transformation Payments. Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically provided children's hospital UPL match.</p>	<p>Hospitals/Providers: States may receive federal funding to provide hospitals supplemental payments to cover inpatient and outpatient services that exceed regular Medicaid rates.</p>
<p>Strategy 2.1.1. Medicaid Contracts and Administration. Administer efficient and effective Medicaid program, set the overall policy direction of the state Medicaid program, and manage interagency initiatives to maximize federal dollars.</p>	<p>Other HHS Agencies: HHSC provides the leadership and policy planning for administration of the state Medicaid Office across the HHS system.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 2.1.2. CHIP Contracts and Administration. Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs.</p> <p>Strategy 3.1.1. CHIP. Provide healthcare to uninsured children who apply and are determined eligible for insurance through CHIP.</p> <p>Strategy 3.1.2. CHIP Perinatal Services. Provide healthcare to perinates whose mothers apply and are determined eligible for insurance through CHIP.</p> <p>Strategy 3.1.3. CHIP Prescription Drugs. Provide prescription medication to CHIP-eligible recipients (includes all CHIP programs), as provided by their treating physician.</p> <p>Strategy 3.1.4. CHIP Dental Services. Provide dental healthcare services to uninsured children who apply and are determined eligible for insurance through CHIP.</p>	<p>Federal Government: HHSC Medicaid/CHIP division provides direction, guidance, and policy making for the Children’s Health Insurance Program, a federal program administered through states.</p> <p>Managed Care Organizations: The HHSC Medicaid/CHIP division contracts with Managed Care Organizations for the provision of the Children’s Health Insurance Program. The Medicaid/CHIP division sets policy and provides oversight for the CHIP program.</p> <p>Children and Families: The CHIP program exists to serve Texas children and families, providing health insurance to children in families with incomes up to 200% of the federal poverty level.</p>
<p>Strategy 4.1.1. Women’s Health Program. Women’s Health Program.</p>	<p>Non-Pregnant Low Income Women: HHSC provides family planning services, related health screening, and birth control to low-income women who are 18 through 44 years of age. Providers are required to complete a TWHP certification every year they participate.</p>
<p>Strategy 4.1.2. Alternatives to Abortion. Nontransferable. Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.</p>	<p>Pregnant Women and Children: HHSC contracts for the delivery of pregnancy support services. These services include information regarding pregnancy and parenting (brochures, pamphlets, books, classes, and counseling), referrals to existing community services and social service programs (childcare services, transportation, low-rent housing, etc.), support groups in maternity homes, and mentoring programs (classes on life skills, budgeting, parenting, counseling, and obtaining a GED).</p>
<p>Strategy 4.1.3. Early Childhood Intervention Services. Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers, and their families have access to the resources and support they need to reach their service plan goals.</p>	<p>Children with Disabilities & Their Families: HHSC serves families with children birth to 36 months with developmental disabilities or delays and must provide early childhood intervention services to all eligible children.</p>
<p>Strategy 4.1.4. Ensure ECI Respite Services and Quality ECI Services. Ensure that resources are identified and coordinated to provide respite service to help preserve the family unit and prevent costly out-of-home placements.</p>	<p>Children with Disabilities & Their Families: HHSC provides respite services to families served by the ECI program.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 4.1.5. Children's Blindness Services. Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.</p>	<p>Blind or Visually Impaired Consumers & Their Families: HHSC provides services necessary to assist blind children to achieve self-sufficiency and a fuller richer life.</p>
<p>Strategy 4.1.6. Autism Program. To provide services to Texas children ages 3-15 diagnosed with autism spectrum disorder.</p>	<p>Children with Autism & Their Families: HHSC provides treatment services to children with a diagnosis of autism.</p>
<p>Strategy 4.1.7. Children with Special Health Care Needs (CSHCN). Administer service program for children with special health care needs, in conjunction with DSHS.</p>	<p>Direct Consumers: HHSC/DSHS provides services to children with special health care needs and their families and people of any age with cystic fibrosis. Services are provided through community-based contractors, entities that provide direct healthcare services and case management. Staff also provides case management.</p> <p>External Partners: HHSC/DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities.</p> <p>HHSC/DSHS interacts with professional organizations, including Children's Hospital Association of Texas, Texas Hospital Association (THA), TMA, and Texas Pediatric Society, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. HHSC/DSHS facilitates the Medical Home Workgroup, Transition Workgroup, and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.</p>
<p>Strategy 4.1.8. Children's Dental Services. Provide easily accessible, quality and community-based dental services to low-income infants, children and adolescents.</p>	<p>Children and Families: HHSC provides dental services to children through contracts with Title V funds. Services are provided through community-based contractors, entities that provide direct healthcare services.</p>
<p>Strategy 4.1.9. Kidney Health Care. Administer service programs for kidney health care.</p>	<p>Direct Consumers: HHSC provides benefits to persons with end-stage renal disease who are receiving a regular course of renal dialysis treatments or have received a kidney transplant.</p> <p>External Partners: External partners include professional associations, including the End Stage Renal Disease Network and the Texas Kidney Foundation, to provide information and training and to receive information about the population served.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 4.1.10. Additional Specialty Care. Deliver specialty care services including service programs for epilepsy and hemophilia, as well as provide leadership and direction to the statewide umbilical cord blood bank and health information technology initiatives.</p>	<p>Direct Consumers: HHSC provides clinical and support services through contracted providers to Texas residents with epilepsy or seizure-like symptoms who meet specific eligibility requirements. HHSC provides financial assistance for people with hemophilia to pay for their blood factor replacement products.</p> <p>Contracted Providers: HHSC contracts with a university medical center, hospital district, and nonprofit organizations for epilepsy services. Local health entities, schools of public health, and universities may be contracted providers. HHSC contracts with pharmacies for hemophilia services.</p> <p>External Partners: HHSC interacts with professional organizations, including TMA, THA, and with statewide epilepsy entities. HHSC interacts with professional organizations, including hemophilia treatment centers, TMA, and THA, and with statewide hemophilia networks.</p>
<p>Strategy 4.1.11. Community Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.</p>	<p>Direct Consumers: HHSC/DSHS provides clinical services through contracted providers to Texas residents who meet specific eligibility requirements.</p> <p>Contracted Providers: HHSC/DSHS contracts with nonprofit organizations such as LHDs, hospital districts, university medical centers, FQHCs, and other community-based organizations.</p> <p>Local Health Departments: HHSC/DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas.</p> <p>Schools of Public Health and Universities: HHSC/DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program.</p> <p>Other Organizations: HHSC/DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 4.1.12. Abstinence Education. Increase abstinence education programs in Texas.</p>	<p>Adolescents and Parents: HHSC provides abstinence education in Spanish and English through brochures, toolkits, workbooks, curricula, and online as well as service learning opportunities and leadership summit opportunities for youth in grades 5-12, and resources for parents in Spanish and English online and through booklets and DVDs.</p> <p>Contractors: HHSC contracts with providers to provide abstinence education curricula and service learning projects during in-school and after-school interventions.</p> <p>School Districts: HHSC provides workshops, webinars, trainings, toolkits, brochures, and workbooks for school districts across Texas.</p> <p>Community, Faith-based, and Health Organizations: HHSC provides toolkits, brochures, and workbooks for organizations.</p>
<p>Strategy 4.2.1. Community Mental Health Services for Adults. Provide services and supports in the community for adults with serious mental illness.</p>	<p>Contracted Services: HHSC contracts with local mental health authorities to provide services to adults with diagnoses such as schizophrenia, bipolar disorder, major depression, post-traumatic stress disorder, schizoaffective disorder, obsessive-compulsive disorder, anxiety disorder, attention deficit disorder, delusional disorder, and eating disorders who are experiencing significant functional impairment. Additionally, HHSC contracts with community behavioral health providers to provide mental health services.</p> <p>Community services for adults may include:</p> <ul style="list-style-type: none"> • psychiatric diagnosis; • pharmacological management; • training; and • support; • education and training; • case management; • supported housing and employment; • peer services; • therapy; • and rehabilitative services.

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 4.2.2. Community Mental Health Services for Children. Provide services and supports for emotionally disturbed children and their families.</p>	<p>Contracted Services: HHSC contracts with local mental health authorities to provide services to children ages 3–17 with serious emotional disturbance (excluding a single diagnosis of substance use disorder, intellectual or developmental disability, or autism spectrum disorder) who have a serious functional impairment or who: 1) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms, or 2) are enrolled in special education because of a serious emotional disturbance. Additionally, HHSC contracts with community behavioral health providers to provide mental health services.</p> <p>Community services for children may include:</p> <ul style="list-style-type: none"> • community-based assessments, including the development of inter-disciplinary, recovery-oriented treatment plans, diagnosis, and evaluation services; • family support services, including respite care; • case management services; • pharmacological management; • counseling; and • skills training and development.
<p>Strategy 4.2.3. Community Mental Health Crisis Services (CMHCS). CMHCS.</p>	<p>Contracted Services: HHSC contracts with local mental health authorities to provide crisis services to persons whose crisis screening and/or assessment indicate that they are an extreme risk of harm to themselves or others in their immediate environment or to persons believed to present an immediate danger to self or others or their mental or physical health is at risk of serious deterioration. Additionally, HHSC contracts with community behavioral health providers to provide mental health services.</p> <p>Crisis services are designed to provide timely screening and assessment to individuals in crisis to divert them from unnecessary treatment in restrictive environments such as jails, emergency rooms, and state hospitals. Statewide crisis services include crisis hotlines, mobile crisis outreach teams and crisis facilities.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 4.2.4. Substance Abuse Prevention, Intervention, and Treatment. Implement prevention services to reduce the risk of substance use, abuse, and dependency. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family based treatment and related services for chemically dependent persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services for substance abuse.</p>	<p>Contracted Services: HHSC contracts with local community providers to provide substance abuse prevention, intervention, and treatment services. Substance Abuse Prevention is targeted to school-age children and young adults. HIV Outreach and HIV Early Intervention programs provide information and education for substance-abusing adults at risk for HIV or who are HIV positive. Pregnant, Post-Partum Intervention Services provide case management, education, and support for pregnant and post-partum women at risk for substance abuse. HHSC contracts with state licensed programs to deliver treatment services to adolescents and adults who meet DSM-V criteria for substance abuse or dependence.</p> <p>Each region provides a continuum of care that includes outreach, screening, assessment, and referral; specialized services for females; residential and outpatient treatment for adults and youth; pharmacotherapy; and treatment for co-occurring disorders. HHSC also funds recovery support services such as housing, employment, and recovery coaching in order to develop long-term recovery in communities around the state.</p>
<p>Strategy 4.2.5. Behavioral Health Waivers. Provide intensive community-based services for emotionally disturbed children and their families and for adults with serious mental illness.</p>	<p>Children and Families: HHSC provides services to children in Medicaid age 3 to 18 who have serious emotional disturbance to prevent acute psychiatric hospitalization.</p> <p>To support long-term recovery and success in an individual's community of choice, HHSC also provides intensive services in the home or community to adults with a serious mental illness who have had long tenures in an inpatient psychiatric hospital, frequent discharges from correctional facilities, or numerous emergency department visits.</p>
<p>Strategy 4.3.1. Indigent Health Care Reimbursement (UTMB). Reimburse the provision of indigent health services through the deposit of funds in the State-owned Multicategorical Teaching Hospital Account.</p>	<p>University of Texas Medical Branch at Galveston (UTMB): HHSC transfers funds for unpaid healthcare services provided to indigent patients.</p>
<p>Strategy 4.3.2. County Indigent Health Care Services. Provide support to local governments that provide indigent healthcare services.</p>	<p>Local Governments: HHSC provides technical assistance to counties regarding program compliance and assistance with Supplemental Security Income and Medicaid claim submission.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 5.1.1. Temporary Assistance for Needy Families Grants. Provide Temporary Assistance for Needy Families grants to low-income Texans.</p>	<p>Children and Families: The TANF grants provide capped entitlement services, non-entitlement services, one-time payments, child support payments and payment support for grandparents to children and families.</p>
<p>Strategy 5.1.2. Provide Women, Infants, and Children (WIC) Services: Benefits, Nutrition Education, and Counseling. Provide WIC services including benefits, nutrition education, and counseling.</p>	<p>Direct Consumers: HHSC provides services to low-income pregnant and post-partum women, infants, and children up to age five who meet certain eligibility requirements.</p> <p>Citizens of Texas: HHSC provides funding and support to communities through a competitive process to implement population level, evidence-based approaches to obesity prevention.</p> <p>Contracted Providers: HHSC contracts with LHDs, public health districts, hospitals, and nonprofit organizations to provide the Women, Infants, and Children (WIC) Program.</p> <p>External Partners, Healthcare Professionals, and Other State Agencies: HHSC provides subject matter expertise to a variety of external partners.</p>
<p>Strategy 5.1.3. Refugee Assistance. Assist refugees in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.</p>	<p>Children and Families: HHSC’s Office of Immigration and Refugee Affairs contracts with local agencies to provide refugee clients with services that assist refugees to attain self-sufficiency and integration to their new communities through six main programs. These programs are Refugee Cash Assistance, Refugee Medical Assistance, Refugee Social Services, Special Project Grants, Unaccompanied Refugee Minor, and the Refugee Health Screening programs.</p>
<p>Strategy 5.1.4. Disaster Assistance. Provide financial assistance to victims of federally declared natural disasters.</p>	<p>Citizens of Texas Impacted by Disasters: Emergency Services Program serves as the lead for the administration of federal-funded Other Needs Assistance and Disaster Case Management Programs.</p>
<p>Strategy 6.1.1. Guardianship. Provide full or limited authority over an incapacitated aging or disabled adult who is the victim of validated abuse, neglect, exploitation, or of an incapacitated minor in Child Protective Services' conservatorship.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals with diminished capacity who are older and who meet specific eligibility requirements; • Individuals with diminished capacity who have a disability and who meet specific eligibility requirements; and • Individuals with diminished capacity who are aging out of CPS conservatorship.

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 6.1.2. Non-Medicaid Services. Provide services to individuals ineligible for Medicaid services, in their own home or community. Services include family care, home-delivered meals, adult foster care, Day Activities and Health Services (XX), emergency response, and personal attendant services.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Non-Medicaid community (Title XX and general revenue funded) services are provided to individuals 18 years of age or older who meet specific eligibility requirements including income, resource, and functional assessment criteria. • Older Americans Act (OAA) services are provided to individuals age 60 or older, their family caregivers and other caregivers caring for an eligible person.
<p>Strategy 6.1.3. Non-Medicaid Developmental Disability Community Services. Provide services, other than those provided through the Medicaid waiver programs, to individuals with intellectual or developmental disabilities who reside in the community, including independent living, employment services, day training, therapies, and respite services.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals with a determination/diagnosis of intellectual disability who reside in the community.
<p>Strategy 6.2.1. Independent Living Services (General, Blind, and Centers for Independent Living). Provide quality, statewide consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible people with significant disabilities. Work with the State Independent Living Council to develop the State Plan for Independent Living.</p>	<p>Blind or Visually Impaired Consumers: HHSC is responsible for providing services that assist Texans with visual disabilities to live as independently as possible.</p> <p>Consumers with Disabilities Other than Blindness: HHSC provides people with significant disabilities, who are not receiving vocational rehabilitation services, with services that will substantially improve their ability to function, continue functioning, or move toward functioning independently in the home, family, or community.</p>
<p>Strategy 6.2.2. Blindness Education, Screening, and Treatment (BEST) Program. Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.</p>	<p>Texans: HHSC provides public education about blindness, screenings and eye exams to identify conditions that may cause blindness and treatment procedures necessary to prevent blindness.</p>
<p>Strategy 6.2.3. Provide Services to People with Spinal Cord/Traumatic Brain Injuries. Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services (CRS) for people with traumatic brain injuries or spinal cord injuries.</p>	<p>Consumers with Traumatic Brain or Spinal Cord Injuries: HHSC provides adults who have suffered a traumatic brain or spinal cord injury with comprehensive inpatient or outpatient rehabilitation and/or acute brain injury services.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 6.2.4. Provide Services to Persons Who Are Deaf or Hard of Hearing. Ensure continuity of services, foster coordination and cooperation among organizations, facilitate access to training and education programs, and support access to telephone systems to individuals who are deaf or hard of hearing. To increase the number of persons (who are deaf or hard of hearing) receiving quality services by 10 percent each biennium.</p>	<p>Deaf or Hard of Hearing Consumers: HHSC, through a network of local service providers at strategic locations throughout the state, provides communication access services including interpreter services and computer-assisted real-time transcription services, information and referral, hard of hearing services, and resource specialists' services.</p>
<p>Strategy 6.3.1. Family Violence Services. Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.</p>	<p>Children and Families: HHSC's Family Violence Program contracts with local agencies to provide shelter, nonresidential, and special nonresidential services. Shelter centers' services include, but are not limited to, 24-hour emergency shelter, 24-hour crisis hotline services, referrals to existing community services, community education and training, emergency medical care and transportation, intervention, educational arrangements for children, cooperation with criminal justice officials, and information regarding training and job placement. Nonresidential centers provide the same services as shelter centers with the exception of the 24-hour emergency shelter component. Special nonresidential services address unmet needs or underserved populations such as immigrants or populations with limited English proficiency.</p>
<p>Strategy 6.3.2. Child Advocacy Programs. Train, provide technical assistance, and evaluate services for Children's Advocacy Centers of Texas, Inc. (CACTX) and Texas Court Appointed Special Advocates, Inc. (Texas CASA).</p>	<p>Children: HHSC contracts with a statewide organization to provide training, technical assistance, evaluation services, and funds administration to support local children's advocacy center programs and court-appointed volunteer advocate programs.</p>
<p>Strategy 6.3.3. Additional Advocacy Programs. Provide support services for interested individuals (Healthy Marriage, CRCG Adult/Child, TIFI, Office of Acquired Brain Injury, Faith and Community-Based Initiative, Center for the Elimination of Disproportionality).</p>	<p>Children, Families and Adults: HHSC helps connect couples to premarital education classes through the Healthy Marriage Program, provides education, awareness and prevention information for brain injury survivors, families and caregivers through the Office of Acquired Brain Injury, and provides education and outreach to prevent developmental disabilities in infants and young children through the Office of Disability Prevention for Children.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 7.1.1. SSLCs. Provide direct services and support to individuals living in state supported living centers. Provide 24-hour residential services for individuals who are medically fragile or severely physically impaired or have severe behavior problems, and who choose these services or cannot currently be served in the community.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals who have a determination/diagnosis of intellectual disability who are medically fragile or who have behavioral problems.
<p>Strategy 7.2.1. Mental Health State Hospitals. Provide specialized assessment, treatment, and medical services in state mental health facility programs.</p>	<p>Direct Consumers: HHSC directly provides statewide access to court-directed specialized inpatient services in nine state psychiatric hospitals (including a psychiatric unit at the Rio Grande State Center) for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person’s ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions. HHSC also provides services at the Waco Center for Youth, a psychiatric residential treatment center that admits children ages 13-17 who have a diagnosis of being emotionally disturbed, who have a history of behavior adjustment problems, and who need a structured treatment program in a psychiatric residential facility.</p>
<p>Strategy 7.2.2. Mental Health (MH) Community Hospitals. Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.</p>	<p>Contracted Services: HHSC contracts with local mental health authorities, county governments, and universities to provide specialized inpatient services in their communities for persons who are seriously mentally ill and are a risk to themselves or others or show a substantial risk of mental or physical deterioration of the person’s ability to function independently. Individuals are on civil or forensic judicial commitments or are accepted on voluntary admissions.</p>
<p>Strategy 7.3.1. Other State Medical Facilities. Provide program support to State Supported Living Centers, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes and Rio Grande State Center Outpatient Clinic).</p> <p>Strategy 7.4.1. Facility Program Support. Provide program support to SSLCs, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes, TCID, and Rio Grande State Center Outpatient Clinic).</p>	<p>HHSC provides administrative support for contracted services and programs.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 7.4.2. Capital Repair and Renovation at SSLCs, State Hospitals, and Other. Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers and Master Lease Purchase Program.</p>	<p>Direct Consumers: HHSC funds projects. SSLCs, State Hospitals, and other facilities that are in need of ongoing repairs and maintenance. Projects include compliance with life safety and accessibility codes; physical plant changes that help prevent suicide; utility repairs; grounds upkeep; hazardous material remediation and abatement; and roofing, heating, ventilation, and air conditioning repairs.</p>
<p>Strategy 8.1.1. Health Care Facilities and Community-Based Regulation. Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation to ensure that residential facilities and home and community support services agencies comply with state and federal standards and individuals receive high-quality services.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Providers of long-term care services that meet the definitions of a nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency; • Persons receiving services in facilities or from agencies regulated under this strategy; • Persons eligible to receive services under TxHmL and HCS waiver contracts; and • Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that regulated facilities and agencies meet the minimum standard of care required by statute and regulation.

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 8.1.2. Credentialing/Certification of Health Care Professionals and Others. Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Persons employed or seeking employment as nursing facility administrators, nurse aides and medication aides benefit from training and from assurance that people working in the field meet minimum standards; • Providers of long-term care services that meet the definitions of nursing facility, assisted living facility, day activity and health services facility, private intermediate care facility for persons with an intellectual disability, prescribed pediatric extended care center or home and community support services agency benefit from training programs for employees, from monitoring of certification of employees and from access to misconduct registry for unlicensed or unregistered employees; • Employers of nurse aides and medication aides, including long-term care service and related providers who benefit from public access to information in the Nurse Aide Registry (NAR) and Employee Misconduct Registry (EMR) to enhance pre-employment verification of employability; • Persons receiving services in facilities or from agencies regulated by HHSC benefit from having a more highly qualified workforce as caregivers and administrators; and • Family and community members of persons receiving services in facilities or agencies regulated under this strategy who may obtain assurance that caregivers meet minimum standards through licensing and credentialing.

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 8.1.3. Child Care Regulation. Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential child care facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.</p>	<p>Children and Families: HHSC helps ensure the health, safety, and well-being of children in child day care and 24-hour residential child care settings by developing and regulating compliance with minimum standards and investigating reports of abuse and neglect in child care facilities.</p> <p>Other State Agencies: Child care regulation involves support and participation by Texas Workforce Commission, DSHS, DFPS, and other regulatory agencies.</p> <p>Local Governments: HHSC regulation of child care facilities involves the network of child care providers managed by local workforce boards. It also includes local health agencies and fire inspectors.</p> <p>External Partners: HHSC regulation of child care facilities includes listed family homes, registered child care homes, licensed child care centers and homes, licensed residential child care facilities, and licensed child placing agencies. Other external partners in ensuring safety of children in childcare settings include parents, schools, licensed child care administrators, and children’s advocates.</p>
<p>Strategy 8.1.4. Long-Term Care Quality Outreach. Provide quality monitoring and rapid response team visits to assess quality and promote quality improvement in nursing facilities.</p>	<p>Direct customer groups include: Staff in nursing homes, SSLCs, ICFs, Assisted Living Facilities (ALFs) and the people who live in these settings. Quality Monitoring Program (OMP) staff provide in-services which are attended by the people who live there, as well as their family members.</p>
<p>Strategy 9.1.1. Integrated Financial Eligibility and Enrollment. Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.</p>	<p>Children & Families: The functions involved in both centralizing and conducting eligibility determination for HHS programs will apply to children and families seeking to participate in the Medicaid, CHIP, TANF, SNAP, Texas Women’s Health Program and other health and human services programs.</p>
<p>Strategy 9.2.1. Intake, Access, and Eligibility to Services and Supports. Determine functional eligibility for long-term care services, develop individual service plans based on individual needs and preferences, authorize service delivery, and monitor the delivery of services (Medicaid and non-Medicaid).</p>	<p>Direct customer groups include:</p> <ul style="list-style-type: none"> • Individuals who are older who meet specific eligibility requirements; • Individuals with physical, intellectual and/or developmental disabilities who meet specific eligibility requirements; and • Family members and caregivers of individuals who are older and those with disabilities who meet specific eligibility criteria.

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 9.3.1. Texas Integrated Eligibility Redesign System and Supporting Tech. Texas Integrated Eligibility Redesign System and eligibility supporting technologies capital.</p> <p>Strategy 9.3.2. Texas Integrated Eligibility Redesign System Capital Projects. Texas Integrated Eligibility Redesign System (TIERS) capital projects.</p>	<p>Other HHS Agencies: HHSC provides the leadership to assist the HHS agencies in developing the TIERS system.</p> <p>Children & Families: HHSC ensures the accessibility of TIERS to children and families across Texas.</p>
<p>Strategy 10.1.1. Determine Federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Eligibility. Determine eligibility for federal SSI and SSDI benefits.</p>	<p>Texans Applying for SSI or SSDI: HHSC determines whether persons who apply for Social Security Administration (SSA) disability benefits meet the requirements for “disability” in accordance with federal law and regulations.</p> <p>Federal Government: HHSC assists SSA in making disability determination decisions for this federal program in a quick, accurate and cost-effective manner.</p>
<p>Strategy 11.1.1. Office of Inspector General. Office of Inspector General.</p>	<p>Citizens of Texas/Taxpayers: Office of Inspector General (OIG) serves as the lead agency for the investigation of fraud, abuse, and waste in health and human services; and administers the Medicaid Fraud and Abuse Detection System technology services contract, which uses technology to identify and deter fraud, abuse and waste in the Medicaid program throughout the state.</p> <p>Medicaid Providers: OIG provides training to Medicaid providers on how to detect, prevent and report Medicaid provider fraud; and provides training on Resource Utilization Group for nursing facilities.</p> <p>Medicaid Consumers: OIG investigates fraud, abuse, and waste in health and human services-related programs, ensuring integrity and efficiency in programs and the highest quality services for beneficiaries.</p> <p>Residents of Facilities: OIG monitors Utilization Review activities in Medicaid contract hospitals to ensure program integrity and improve the quality of services delivered to residents of Medicaid facilities.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy 12.1.1. Enterprise Oversight and Policy. Provide leadership and direction to achieve an efficient and effective Health and Human Services System.</p>	<p>Oversight Agencies and Legislative Leadership: HHSC coordinates and monitors the use of state and federal money received by HHS agencies; reviews state plans submitted to the federal government; monitors state health and human services agency budgets and programs, and makes recommendations for budget transfers; conducts research and analyses on demographics and caseload projections; and directs an integrated planning and budgeting process across five HHS agencies.</p> <p>Other HHS Agencies: HHSC provides the leadership to assist the HHS agencies in developing customer-focused programs and policy initiatives that are relevant, timely and cost-effective.</p> <p>Citizens of Texas: HHSC ensures that state and federal funds allocated to HHS agencies are coordinated and monitored, and spent in the most efficient manner.</p>
<p>Strategy 12.1.2. Information Technology Capital Projects Oversight and Program Support. Information Technology Capital Projects and program support.</p>	<p>HHSC provides information technology support for all programs. All stakeholder groups would be included for this strategy.</p>
<p>Strategy 12.2.1. Central Program Support. Central program support.</p>	<p>HHS Employees: HHSC provides central support services for HHS employees. Services include accounting, budget, and contract and grant administration, internal audit, external relations and legal.</p>
<p>Strategy 12.2.2. Regional Program Support. Regional program support.</p>	<p>Other HHS Agencies: HHSC provides the leadership to assist the HHS agencies in developing in providing in providing to support to regional programs.</p>
<p>Strategy 13.1.1. Texas Civil Commitment Office. Texas Civil Commitment Office.</p>	<p>The civil commitment of sexually violent predators function was transferred to a new agency, the Texas Civil Commitment Office, effective September 1, 2015.</p>
<p>Strategies 14.1.1 through 14.1.26. Programs transferring from the Department of Aging and Disability Services (DADS) to HHSC.</p>	<p>Department of Aging and Disability Services (DADS) Program Historical Funding. Shows historical funding for programs transferring from DADS to the HHSC per SB 200, 84th Legislature. For a list of these strategies, see page C-21.</p>
<p>Strategies 14.2.1 through 14.2.12. Programs transferring from the Department of Assistive and Rehabilitative Services (DARS) to HHSC.</p>	<p>Department of Assistive and Rehabilitative Services (DARS) Program Historical Funding. Shows historical funding for programs transferring from DARS to the HHSC per SB200, 84th Legislature. For a list of these strategies, see page C-22.</p>

***Strategies for Department of Aging and Disability Services (DADS) Program Historical Funding.** Each of these strategies shows historical funding for a program that is transferring from DADS to the HHSC per SB 200, 84th Legislature.

Strategy 14.1.1. Community Attendant Services. Shows historical funding for the Community Attendant Services program.

Strategy 14.1.2. Primary Home Care. Shows historical funding for the Primary Home Care program.

Strategy 14.1.3. Day Activity and Health Services. Shows historical funding for the Day Activity and Health Services program.

Strategy 14.1.4. Nursing Facility Payments. Shows historical funding for the Nursing Facility Payments program.

Strategy 14.1.5. Medicare Skilled Nursing Facility. Shows historical funding for the Medicare Skilled Nursing Facility program.

Strategy 14.1.6. Hospice. Shows historical funding for the Hospice program.

Strategy 14.1.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID). Shows historical funding for ICFs/IID.

Strategy 14.1.8. Home and Community-Based Services (HCS). Shows historical funding for HCS.

Strategy 14.1.9. Community Living Assistance and Support Services (CLASS). Shows historical funding for CLASS.

Strategy 14.1.10. Deaf-Blind Multiple Disabilities DBMD. Shows historical funding for the DBMD program.

Strategy 14.1.11. Texas Home Living Waiver. Shows historical funding for the Texas Home Living Waiver program.

Strategy 14.1.12. Program of All-Inclusive Care for the Elderly (PACE). Shows historical funding for PACE.

Strategy 14.1.13. Medically Dependent Children Program (MDCP). Shows historical funding for the MDCP.

Strategy 14.1.14. Guardianship. Shows historical funding for the Guardianship program.

Strategy 14.1.15. Non-Medicaid Services. Shows historical funding

for the Non-Medicaid Services program.

Strategy 14.1.16. In-Home and Family Support. Shows historical funding for the In-Home and Family Support program.

Strategy 14.1.17. Non-Medicaid Developmental Disability Community Services. Shows historical funding for Non-Medicaid Developmental Disability Community Services.

Strategy 14.1.18. State Supported Living Centers (SSLCs). Shows historical funding for the SSLCs program.

Strategy 14.1.19. Capital Repairs and Renovations at SSLCs, State Hospitals, and Other. Shows historical funding for the Facility Capital Repairs and Renovations program.

Strategy 14.1.20. Health Care Facilities and Community-Based Regulation. Shows historical funding for the Health Care Facilities and Community-Based Regulation program.

Strategy 14.1.21. Credentialing/Certification. Shows historical funding for the Health Care Professionals Credentialing and Certification program.

Strategy 14.1.22. Intake, Access, and Eligibility to Services and Supports. Shows historical funding for the Intake, Access, and Eligibility to Services and Supports program.

Strategy 14.1.23. Long-Term Care Quality Outreach. Shows historical funding for the Long-Term Care Quality Outreach program.

Strategy 14.1.24. Long-Term Care Eligibility Determination and Enrollment. Shows historical funding for the Long-Term Care Eligibility Determination and Enrollment program.

Strategy 14.1.25. Information Technology Oversight and Program Support - DADS. Shows historical funding for DADS Information Technology Oversight and Program Support.

Strategy 14.1.26. Central Program Support - DADS. Shows historical funding for DADS Central Program Support.

****Strategies for Department of Assistive and Rehabilitative Services (DARS) Program Historical Funding.** Each of these strategies shows historical funding for a program that is transferring from DARS to the HHSC per SB200, 84th Legislature.

Strategy 14.2.1. Early Childhood Intervention (ECI) Services. Shows historical funding for the ECI Services program.

Strategy 14.2.2. ECI Respite and Quality Assurance. Shows historical funding for ECI Respite and Quality Assurance programs. Includes legacy ECI Respite and Ensure Quality ECI Services.

Strategy 14.2.3. Children's Blindness Services. Shows historical funding for the Children's Blindness Services program.

Strategy 14.2.4. Autism Program. Shows historical funding for the Autism Program.

Strategy 14.2.5. Independent Living Services. Shows historical funding for the Independent Living Services Program. Includes legacy Independent Living Services-Blind and Independent Living Services-General.

Strategy 14.2.6. Blindness Education, Screening, and Treatment (BEST) Program. Shows historical funding for the BEST Program.

Strategy 14.2.7. Provide Services to People with Spinal Cord/Traumatic Brain Injuries. Shows historical funding for the Comprehensive Rehabilitation Services Program.

Strategy 14.2.8. Provide Services to Persons Who Are Deaf or Hard of Hearing. Shows historical funding for the Deaf and Hard of Hearing Services Program. Includes legacy Contract Services-Deaf; Education, Training, Certification-Deaf; and Telephone Access Assistance.

Strategy 14.2.9. Disability Determination Services (DDS). Shows historical funding for DDS.

Strategy 14.2.10. Information Technology Oversight and Program Support - DARS. Shows historical funding for DARS Information Technology Oversight and Program Support.

Strategy 14.2.11. Central Program Support - DARS. Shows historical funding for DARS Central Program Support.

Strategy 14.2.12. Other Program Support - DARS. Shows historical funding for DARS Other Program Support.

Appendix D. List of Acronyms

Acronym	Full Name
ABA	Applied Behavior Analysis
ACF	Administration for Children and Families
ACIP	Advisory Committee on Immunization Practices
ADL	Activities of Daily Living
AHRQ	Agency for Healthcare Research and Quality
AMH	Adult Mental Health
APS	Adult Protective Services
ASD	Autism Spectrum Disorder
ASN	Adult Safety Net
BCVDDP	Blind Children’s Vocational Discovery and Development Program
CADS	Center for Analytics and Decision Support
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CDC	Centers for Disease Control and Prevention
CF	Child Family Surveys
CFC	Community First Choice
CFCIP	John H. Chafee Foster Care Independence Program
CHIP	Children’s Health Insurance Program
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare and Medicaid Services
CPI	Community Partner Interview
CPRIT	Cancer Prevention and Research Institute of Texas
CPS	Child Protective Services
CPW	Children and Pregnant Women
CRS	Consumer Rights and Services
CSHCN	Children with Special Health Care Needs
CVD	Cardiovascular Disease
DADS	Department of Aging and Disability Services
DARS	Department of Assistive and Rehabilitative Services
DBS	Division for Blind Services
DBS IL	Division for Blind Services Independent Living

Acronym	Full Name
DFPS	Department of Family and Protective Services
DRS	Division for Rehabilitation Services
DRS ILS	Division for Rehabilitation Services Independent Living Services
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
EMR	Employee Misconduct Registry
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Centers
FNS	Food and Nutrition Service
HCS	Home and Community-based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HRSA	Health Resources and Services Administration
HSR	Health Service Region
IADL	Instrumental Activities of Daily Living
ICF/IID	Intermediate Care Facilities for Individuals with an Intellectual Disability
ICHP	Institute for Child Health Policy
ICS	Inpatient Consumer Survey
ID	Intellectual Disabilities
IDD	Intellectual or Developmental Disabilities
ILS	Independent Living Services
LHD	Local Health Departments
LSDP	Lone Star Delivery and Process
LSS	Laboratory Services Section
LTSSQR	Long-Term Services and Supports Quality Review
MARs	Medication Administration Records
MCO	Managed Care Organization
MHSIP	Mental Health Statistics Improvement Program
MI	Mental Illness

Acronym	Full Name
MRSA	Medicaid Rural Service Area
NAR	Nurse Aide Registry
NFQR	Nursing Facility Quality Review
NORC	National Opinion Research Center
NYTD	National Youth in Transition Database
OCR	Office of Consumer Relations
OIG	Office of Inspector General
OSEP	Office of Special Education Programs
PACE	Program for All-Inclusive Care for the Elderly
PAL	Preparation for Adult Living
PCS	Personal Care Services
QMB	Qualified Medicare Beneficiary
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSLC	State Supported Living Centers
STL	South Texas Laboratory
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
TER	Texas Electronic Registrar
THA	Texas Hospital Association
THMP	Texas HIV Medication Program
TMA	Texas Medical Association
TVFC	Texas Vaccines for Children
TWC	Texas Workforce Commission
TxHml	Texas Home Living program
UFSRC	University of Florida Survey Research Center
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YSSF	Youth Services Survey for Families

Schedule H: Glossary of Acronyms

Acronym	Full Name
AAA	Area Agencies on Aging
ABA	applied behavior analysis
ADL	activities of daily living
AES	Access & Eligibility Services (HHSC)
AHRQ	Agency for Healthcare Research and Quality
AMH	Adult Mental Health
APS	Adult Protective Services (DFPS)
BBO	Better Birth Outcomes
BCVDDP	Blind Children's Vocational Discovery and Development Program
BEST	Blindness Education, Screening and Treatment
CADS	Center for Analytics and Decision Support (HHSC)
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAPPS	Centralized Accounting and Payroll/Personnel System
CCL	child care licensing
CDC	Centers for Disease Control and Prevention (U.S.)
CEH	continuing education hours

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Acronym	Full Name
CF	Child Family
CFCIP	Chafee Foster Care Independence Program
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CLASS	Community Living Assistance and Support Services
CLF	civilian labor force
CMS	Centers for Medicare & Medicaid Services (U.S.)
CPO	Chief Policy Office (HHSC)
CPRIT	Cancer Prevention and Research Institute of Texas
CPS	Child Protective Services (DFPS)
CRCG	Community Resource Coordination Group
CRS	Consumer Rights and Services
CSHCN	Children with Special Health Care Needs
CTCM	certified texas contract manager
CVD	cardiovascular disease
D-SNAP	Disaster Supplemental Nutrition Assistance Program
DADS	Department of Aging and Disability Services
DARS	Department of Assistive and Rehabilitative Services
DBMD	Deaf-Blind Multiple Disabilities

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Acronym	Full Name
DBS	Division for Blind Services (DARS)
DFPS	Department of Family and Protective Services
DHHS	Department of Health and Human Services (U.S.)
DRS	Division for Rehabilitation Services (DARS)
DSHS	Department of State Health Services
DSM-V	Diagnostic and Statistical Manual of Mental Disorders
DSP	direct support professional
ECI	Early Childhood Intervention
EMS	emergency medical services
EPA	Environmental Protection Agency (U.S.)
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FDA	Food and Drug Administration (U.S.)
FEMA	Federal Emergency Management Agency (U.S.)
FFY	federal fiscal year
FNS	Food and Nutrition Service (U.S.)
FQHC	federally qualified health center
FS	Financial Services (HHSC)
FY	fiscal year (state)
GED	General Educational Development

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Schedule H: Glossary of Acronyms

Acronym	Full Name
HAI	healthcare-associated infection
H.B.	House Bill
HCS	Home and Community Based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIV	human immunodeficiency virus
HOST	Hands-On Skills Training
HRSA	Health Resources and Services Administration (U.S.)
HSR	Health Service Regions (DSHS)
HTW	Healthy Texas Women
HUB	historically underutilized business
IAC	interagency contract
IADL	instrumental activities of daily living
ICF/IID	intermediate care facility for individuals with intellectual disability
ICHP	Institute for Child Health Policy
ICS	Inpatient Consumer Survey
ID	identification or intellectual disabilities
IDD	intellectual or developmental disabilities
IT	information technology

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 Schedule H: Glossary of Acronyms

Acronym	Full Name
LHA	local health authority
LHD	local health department
LHE	local health entity
LSDP	Lone Star Delivery and Process
LSS	Laboratory Services Section (DSHS)
LTSS	long-term services and supports
LTSSQR	Long Term Services and Supports Quality Review
LVN	licensed vocational nurse
MCO	managed care organization
MCS	Medicaid & CHIP Services (HHSC)
MDCP	Medically Dependent Children Program
MH	mental health
MI	mental illness
MRSA	Medicaid Rural Service Area
MSS	Medical & Social Services (HHSC)
NFQR	Nursing Facility Quality Review
NYTD	National Youth in Transition Database
OCR	Office of Consumer Relations (DFPS)
OIG	Office of Inspector General

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 Schedule H: Glossary of Acronyms

Acronym	Full Name
OSEP	Office of Special Education Programs (U.S.)
PACE	Program of All-Inclusive Care for the Elderly
PAE	preventable adverse event
PCS	Personal Care Services
PHR	public health region
PNA	psychiatric nursing assistant
QMB	qualified Medicare beneficiary
RCCL	residential child care licensing
RN	registered nurse
S.B.	Senate Bill
SBST	Supervisor Basic Skills Training
SFY	state fiscal year
SMOC	State Medical Operations Center
SNAP	Supplemental Nutrition Assistance Program
SOF	State Operated Facilities
SSA	Social Security Act (U.S.) or Social Security Administration (U.S.)
SSBG	Social Services Block Grant
SSI	Supplemental Security Income (U.S.)
SSLC	state supported living center

HHS System Strategic Plans for 2019–2023
Schedule H: Glossary of Acronyms

Acronym	Full Name
STD	sexually transmitted disease
STL	South Texas Laboratory
TANF	Temporary Assistance for Needy Families
TB	tuberculosis
TCID	Texas Center of Infectious Disease
TER	Texas Electronic Registrar
THA	Texas Hospital Association
THSteps	Texas Health Steps
THMP	Texas HIV Medication Program
TIERS	Texas Integrated Eligibility Redesign System
TIRN	Texas Information and Referral Network
TMA	Texas Medical Association
TV+FA	Texas Veterans + Family Alliance
TVFC	Texas Vaccines for Children
TxHmL	Texas Home Living
UPL	upper payment limit
U.S.	United States
WIC	Special Supplemental Program for Women, Infants, and Children
XX	Title XX of the Social Security Act

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Acronym	Full Name
YSSF	Youth Services Survey for Families

This document is available at <https://hhs.texas.gov/hhs-strategic-plans-2019-2023>.

Email address: strategicplancomments@hpsc.state.tx.us