

Expenditures for Optional Service and Provider Categories Covered by Texas Medicaid¹

	FY 2011		FY 2012		FY 2013	
	AF	GR	AF	GR	AF	GR
ACUTE CARE SERVICES²						
Prescription Drugs³						
Prescription drugs	\$ 582,073,301	\$ 190,221,555	\$ 645,338,813	\$ 268,331,879	\$ 752,252,323	\$ 314,291,021
Medical Care or Remedial Care Furnished by Other Licensed Practitioners						
Physician Extenders						
Nurse Practitioner and Clinical Nurse Specialist	\$ 3,383,940	\$ 1,105,871	\$ 3,751,740	\$ 1,559,973	\$ 4,373,292	\$ 1,827,161
Certified Registered Nurse Anesthetists	\$ 9,057,809	\$ 2,960,092	\$ 10,042,302	\$ 4,175,589	\$ 11,706,014	\$ 4,890,773
Physician Assistant	\$ 6,872,381	\$ 2,245,894	\$ 7,619,339	\$ 3,168,121	\$ 8,881,638	\$ 3,710,748
Mental Health Providers³						
Psychology	\$ 2,202,101	\$ 719,647	\$ 2,441,447	\$ 1,015,154	\$ 2,845,923	\$ 1,189,027
Licensed Professional Counselor	\$ 6,411,012	\$ 2,095,119	\$ 7,107,825	\$ 2,955,433	\$ 8,285,380	\$ 3,461,632
Licensed Marriage and Family Therapists	\$ 10,141	\$ 3,314	\$ 11,243	\$ 4,675	\$ 13,106	\$ 5,476
Licensed Clinical Social Worker (except when delivered in a federally qualified health center (FQHC) setting)	\$ 218	\$ 71	\$ 242	\$ 101	\$ 282	\$ 118
Other						
Podiatry (except when delivered by an M.D. or D.O.)	\$ 8,512,461	\$ 2,781,872	\$ 9,437,680	\$ 3,924,187	\$ 11,001,224	\$ 4,596,311
Chiropractic (limited)	\$ 132,342	\$ 43,249	\$ 146,726	\$ 61,009	\$ 171,034	\$ 71,458
Rehabilitation Services and Other Therapies³						
Rehabilitation: (i) limited to chronic mental illness, chronic medical conditions, day activity and health services, developmental rehabilitation services	\$ 163,273,722	\$ 53,348,496	\$ 159,715,145	\$ 66,409,557	\$ 172,148,958	\$ 72,771,580
Rehabilitation: (ii) Rehabilitation Services by Rehabilitation Centers	\$ 1,399,352	\$ 457,308	\$ 1,551,448	\$ 645,092	\$ 1,808,477	\$ 755,582
Rehabilitation: (iii) Substance Abuse (<i>amounts TBD</i>)						
Physical therapy	\$ 6,827,724	\$ 2,231,300	\$ 7,569,829	\$ 3,147,535	\$ 8,823,926	\$ 3,686,636
Occupational therapy	\$ 29,730	\$ 9,716	\$ 32,961	\$ 13,705	\$ 38,422	\$ 16,053
Speech therapy	\$ 1,351	\$ 442	\$ 1,498	\$ 623	\$ 1,746	\$ 730
Renal Dialysis						
Renal Dialysis	\$ 123,624,881	\$ 40,400,611	\$ 137,061,662	\$ 56,990,239	\$ 159,768,716	\$ 66,751,370
Clinic Services						
Maternity Care Clinics (limited) ³	\$ 133,579	\$ 43,654	\$ 148,098	\$ 61,579	\$ 172,633	\$ 72,126
Audiology and Optometry Services						
Hearing instruments and related audiology	\$ 81,750,900	\$ 26,716,194	\$ 90,636,401	\$ 37,686,615	\$ 105,652,166	\$ 44,141,475
Optometry - eyeglasses and contacts	\$ 20,078,769	\$ 6,561,742	\$ 22,261,129	\$ 9,256,177	\$ 25,949,138	\$ 10,841,550

Expenditures for Optional Service and Provider Categories Covered by Texas Medicaid¹

	FY 2011		FY 2012		FY 2013	
	AF	GR	AF	GR	AF	GR
LONG TERM SERVICES AND SUPPORTS²						
Institutional Services⁴						
Intermediate Care Facilities for people with Mental Retardation or Developmental Disabilities (ICF/MR) - Long Term Care	\$ 1,151,412,854	\$ 376,281,721	\$ 1,276,559,849	\$ 530,793,585	\$ 1,488,047,972	\$ 621,706,443
Intermediate Care Facilities for people with Mental Retardation or Developmental Disabilities (ICF/MR) - Dental Care	\$ 4,222,579	\$ 1,379,939	\$ 4,681,531	\$ 1,946,580	\$ 5,457,122	\$ 2,279,985
Institutions for Mental Diseases (IMD)	\$ 186,156	\$ 60,836	\$ 206,389	\$ 85,817	\$ 240,582	\$ 100,515
PACE⁴						
Program of All-Inclusive Care for the Elderly (PACE) – 55 years and older	\$ 38,099,677	\$ 12,450,974	\$ 42,240,728	\$ 17,563,695	\$ 49,238,765	\$ 20,571,956
Home and Community-Based Services Waivers⁴	\$ 726,229,072	\$ 237,331,661	\$ 755,074,282	\$ 313,959,887	\$ 764,784,013	\$ 319,526,761
Attendant Services⁴						
Primary Home Care	\$ 559,877,317	\$ 182,967,907	\$ 574,460,558	\$ 238,860,700	\$ 616,984,105	\$ 257,775,959
Community Attendant Services	\$ 452,304,200	\$ 147,813,013	\$ 479,252,487	\$ 199,273,184	\$ 495,037,455	\$ 206,826,649
Hospice						
Hospice care	\$ 258,407,487	\$ 84,447,567	\$ 286,493,781	\$ 119,124,114	\$ 333,957,308	\$ 139,527,363
Targeted Case Management						
TCM for Pregnant Women	\$ 73,501	\$ 24,020	\$ 81,489	\$ 33,883	\$ 94,990	\$ 39,687
TCM for Clients with Mental Retardation	\$ 9,170,345	\$ 2,996,869	\$ 10,167,070	\$ 4,227,468	\$ 11,851,452	\$ 4,951,537
TCM for Clients with Mental Health Conditions	\$ 2,722,078	\$ 889,575	\$ 3,017,941	\$ 1,254,860	\$ 3,517,924	\$ 1,469,789
Total Optional Services⁵	\$ 4,218,480,980	\$ 1,378,590,228	\$ 4,537,111,634	\$ 1,886,531,018	\$ 5,043,106,084	\$ 2,107,857,468

Notes:

¹ Calculations are based on FMAP update as of November 19, 2010.

² Amounts noted are for adults only. (States must provide children under the age of 21 access to any medically necessary services regardless of whether the services are covered under the Medicaid state plan.)

³ Some Medicaid services that are currently optional are required for the Medicaid expansion group (implemented January 2014), including prescription drugs, mental health services, substance abuse services, rehabilitation and habilitation services, and maternity and newborn care. The federal government may be reluctant to allow states to eliminate these services for existing Medicaid groups, since they must be provided for the Medicaid expansion group beginning in 2014. However, states could limit services and choose which provider types to reimburse for these services.

⁴ ACA Maintenance of Effort (MOE) requirements limit what agencies can do with certain optional services, such as ICFs-MR, IMDs, PACE, Home and Community-Based Services (HCBS) waivers, and attendant services. Individuals can be eligible for Medicaid because they receive these services, which makes them eligibility categories. However, it could be possible to reduce service levels. Additionally, the federal government has indicated verbally that states can allow waivers to expire.

⁵ Cost reflect actual FY 2009 expenditures; 2010-2013 growth in cost of optional services based on overall program cost growth as projected in the 2010 LAR Forecast.