

2019-21 Omnibus Operating Budget

Health Care Authority (107)

(Dollars in Thousands)

	House Chair (03/25/2019)			Governor (12/13/2018)			Difference		
	FTEs	NGF Total	Total	FTEs	NGF Total	Total	FTEs	NGF Total	Total
2017-19 Estimated Expenditures	1,242.4	4,667,742	19,160,021	1,242.4	4,667,742	19,160,021	0.0	0	0
2019-21 Carryforward Level	1,313.2	5,267,232	20,556,813	1,313.2	5,267,232	20,556,813	0.0	0	0
<i>Maintenance Other Changes:</i>									
1. Hospital Safety Net Assessment	0.0	0	4,035	0.0	0	4,035	0.0	0	0
2. CPE Hold Harmless Adj	0.0	44,064	44,064	0.0	45,437	45,437	0.0	-1,373	-1,373
3. DSH Funding Adjustment	0.0	0	-129,286	0.0	0	0	0.0	0	-129,286
4. Medicaid Transformation Project	2.5	0	-8,918	6.5	0	-7,267	-4.0	0	-1,651
5. External Quality Review Expansion	1.0	899	2,251	1.0	899	2,251	0.0	0	0
6. Institution for Mental Disease	0.0	27,592	27,592	0.0	43,068	43,068	0.0	-15,476	-15,476
7. Managed Care Dental	7.0	8,294	19,869	7.0	8,294	19,869	0.0	0	0
8. SUD Peer Support	0.0	3,200	13,140	0.0	0	0	0.0	3,200	13,140
9. Gun List Incident Report	1.0	114	175	0.0	0	0	1.0	114	175
10. Mandatory Caseload Adjustments	0.0	-78,888	-273,574	0.0	-8,071	11,593	0.0	-70,817	-285,167
11. FMAP Changes	0.0	8,223	0	0.0	0	0	0.0	8,223	0
12. BHO Rate Adjustment	0.0	17,801	30,192	0.0	38,609	211,619	0.0	-20,808	-181,427
13. Utilization Changes	0.0	-56,115	179,125	0.0	223,913	248,222	0.0	-280,028	-69,097
14. Hepatitis C Treatment Adj	0.0	-4,251	-18,184	0.0	-3,693	-17,982	0.0	-558	-202
15. ACA Tax Moratorium	0.0	52,861	174,217	0.0	44,915	152,351	0.0	7,946	21,866
16. EQRO WISe Reviews	0.0	250	1,000	0.0	250	1,000	0.0	0	0
17. New FQHC Dental Chairs	0.0	11,322	31,946	0.0	0	0	0.0	11,322	31,946
18. BH Integration On-Going Funding	0.0	0	0	0.0	778	1,556	0.0	-778	-1,556
19. ACA FMAP	0.0	149,739	0	0.0	0	0	0.0	149,739	0

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20. Cloud Platform Costs	0.0	0	0	0.0	0	1,300	0.0	0	-1,300
21. IMD Update	0.0	-2,624	-2,624	0.0	-2,624	-2,624	0.0	0	0
22. Interpreter Other	0.0	780	1,958	0.0	780	1,958	0.0	0	0
23. CHIP FMAP	0.0	147,375	0	0.0	0	0	0.0	147,375	0
24. Disabled MC Rate CY 2019	0.0	63,716	127,528	0.0	51,194	102,618	0.0	12,522	24,910
25. Expansion MC Rate CY 2019	0.0	3,428	37,312	0.0	-1,748	-18,945	0.0	5,176	56,257
26. Family MC Rate CY 2019	0.0	113,733	235,601	0.0	88,097	199,385	0.0	25,636	36,216
27. Managed Care CY 2020 & 2021 (2%)	0.0	0	0	0.0	49,352	166,186	0.0	-49,352	-166,186
28. Medicare Part D Clawback	0.0	19,820	19,820	0.0	19,915	19,915	0.0	-95	-95
29. Technical Corrections	34.0	0	0	34.0	0	0	0.0	0	0
Maintenance -- Other Total	45.5	531,333	517,239	48.5	599,365	1,185,545	-3.0	-68,032	-668,306
<i>Maintenance Comp Changes:</i>									
30. Pension and DRS Rate Changes	0.0	22	60	0.0	22	60	0.0	0	0
31. Paid Family Leave--Employer Premium	0.0	32	96	0.0	32	96	0.0	0	0
32. Adjust PEB Rate for Use of Surplus	0.0	682	1,776	0.0	682	1,776	0.0	0	0
Maintenance -- Comp Total	0.0	736	1,932	0.0	736	1,932	0.0	0	0
<i>Maintenance Central Services Changes:</i>									
33. DES Motor Pool Fleet Rate Increase	0.0	0	0	0.0	36	99	0.0	-36	-99
34. State Data Center	0.0	-1,135	-1,261	0.0	-688	-765	0.0	-447	-496
35. Archives/Records Management	0.0	-1	-3	0.0	-1	-3	0.0	0	0
36. Audit Services	0.0	83	223	0.0	28	76	0.0	55	147
37. Legal Services	0.0	-65	-174	0.0	-65	-174	0.0	0	0
38. Administrative Hearings	0.0	56	108	0.0	56	108	0.0	0	0

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39. CTS Central Services	0.0	72	-73	0.0	-279	-756	0.0	351	683
40. DES Central Services	0.0	-113	-269	0.0	-104	-243	0.0	-9	-26
41. OFM Central Services	0.0	-12	-33	0.0	-12	-34	0.0	0	1
42. Workers' Compensation	0.0	-47	-125	0.0	-47	-125	0.0	0	0
43. Self-Insurance Liability Premium	0.0	-1,056	-2,856	0.0	-1,047	-2,830	0.0	-9	-26
Maintenance -- Central Svcs Total	0.0	-2,218	-4,463	0.0	-2,123	-4,647	0.0	-95	184
Total Maintenance Changes	45.5	529,851	514,708	48.5	597,978	1,182,830	-3.0	-68,127	-668,122
2019-21 Maintenance Level	1,358.7	5,797,083	21,071,521	1,361.7	5,865,210	21,739,643	-3.0	-68,127	-668,122
<i>Policy Other Changes:</i>									
44. Healthier WA Savings Restoration	0.0	54,954	120,576	0.0	54,973	120,183	0.0	-19	393
45. Restore Pharmacy Savings	0.0	14,245	49,722	0.0	14,245	49,722	0.0	0	0
46. Medicaid Transformation Project	4.0	0	1,651	0.0	0	0	4.0	0	1,651
47. Tribal Evaluation Treatment Center	0.0	150	150	0.0	150	150	0.0	0	0
48. Trueblood Settlement Agreement	0.0	0	0	2.0	25,996	29,698	-2.0	-25,996	-29,698
49. TB Misd. Diversion	0.0	11,600	11,600	0.0	0	0	0.0	11,600	11,600
50. TB Outpatient Comp Restoration	0.0	1,896	1,896	0.0	0	0	0.0	1,896	1,896
51. TB Housing Vouchers & Supports	0.0	6,416	6,416	0.0	0	0	0.0	6,416	6,416
52. TB Headquarters Staffing	1.0	289	289	0.0	0	0	1.0	289	289
53. TB Crisis Services	0.0	5,434	8,661	0.0	0	0	0.0	5,434	8,661
54. TB Intensive Case Managers	0.0	4,742	4,742	0.0	0	0	0.0	4,742	4,742
55. TB Workforce Peer Supports	1.0	404	404	0.0	0	0	1.0	404	404
56. Doula Services	0.0	0	0	1.0	4,597	11,728	-1.0	-4,597	-11,728
57. Benefit Education and Communication	0.0	0	0	0.0	0	150	0.0	0	-150

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58. Alternatives to Arrest and Jail	0.0	1,000	2,000	0.0	0	0	0.0	1,000	2,000
59. Suicide Prevention	1.5	807	1,540	3.0	1,614	3,080	-1.5	-807	-1,540
60. Newborn Screening Pompe and MPS-1	0.0	300	818	0.0	300	818	0.0	0	0
61. Newborn screening X-ALD	0.0	60	162	0.0	60	162	0.0	0	0
62. SUD Peer Support	0.0	500	2,200	0.0	1,843	9,139	0.0	-1,343	-6,939
63. Gun List Incident Report	0.0	0	0	1.0	114	175	-1.0	-114	-175
64. Benefits Staff - Employee & Retiree	9.0	0	1,899	9.0	0	1,899	0.0	0	0
65. SEBB Dependent Verification	4.0	0	512	4.0	0	512	0.0	0	0
66. Centers of Excellence	0.0	0	2,368	0.0	0	2,368	0.0	0	0
67. SEBB TPA Payments	0.0	0	17,286	0.0	0	17,286	0.0	0	0
68. PEBB Administrative Fees	0.0	0	6,035	0.0	0	6,035	0.0	0	0
69. Medicare Retirees Portfolio	0.0	0	0	3.9	0	1,500	-3.9	0	-1,500
70. Evaluation Pay 1 Replacement	0.0	0	0	0.0	0	300	0.0	0	-300
71. Tribal Affairs	0.0	0	0	5.0	-426	1,036	-5.0	426	-1,036
72. Low Income Health Care/I-502	0.0	-8,401	0	0.0	-6,003	0	0.0	-2,398	0
73. Bi-Directional Rate Increase	0.0	5,707	15,809	0.0	9,105	36,826	0.0	-3,398	-21,017
74. Tele-Behavioral Health Center	0.0	3,576	4,144	0.0	0	0	0.0	3,576	4,144
75. Bree Collaborative Recommendations	0.0	600	600	0.0	0	0	0.0	600	600
76. Behavioral Health Grants	10.9	0	45,111	10.9	0	45,111	0.0	0	0
77. Dental Savings Restoration	0.0	11,262	29,353	0.0	12,203	29,851	0.0	-941	-498
78. Hepatitis C Virus Elimination	0.0	0	0	0.0	3,693	7,386	0.0	-3,693	-7,386
79. Intensive BH Treatment Facilities	0.0	1,878	3,505	0.0	8,018	14,439	0.0	-6,140	-10,934
80. Eliminate Medicaid Rate Increase	0.0	0	0	0.0	-49,352	-166,186	0.0	49,352	166,186
81. Finance Staffing	3.0	389	1,019	6.0	622	1,502	-3.0	-233	-483
82. Family Planning Clinic Rates	0.0	916	916	0.0	0	0	0.0	916	916

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83. Assertive Community Treatment	0.0	6,021	18,598	0.0	6,021	18,598	0.0	0	0
84. Community Long-Term Inpatient Beds	0.0	42,756	65,610	0.0	36,961	78,641	0.0	5,795	-13,031
85. Community Health Centers I-502	0.0	-840	0	0.0	0	0	0.0	-840	0
86. Mental Health Drop-In Facilities	0.0	237	449	0.0	2,361	5,023	0.0	-2,124	-4,574
87. Intensive Outpatient Treatment	0.0	0	0	0.0	13,850	37,432	0.0	-13,850	-37,432
88. BHO Reserve Savings	0.0	-35,000	-61,000	0.0	-5,000	-5,000	0.0	-30,000	-56,000
89. Secure Withdrawal Vendor Rate	0.0	0	0	0.0	10,792	25,696	0.0	-10,792	-25,696
90. Secure Detoxification Facilities	0.0	9,418	15,600	0.0	0	0	0.0	9,418	15,600
91. Discharge Wraparound Services	0.0	2,816	8,754	0.0	2,816	8,754	0.0	0	0
92. Cloud Platform Costs	0.0	0	1,300	0.0	0	0	0.0	0	1,300
93. Federal IV&V Requirements	0.0	0	558	0.0	0	558	0.0	0	0
94. System Integrator Reprocurement	0.0	0	2,946	0.0	0	2,946	0.0	0	0
95. Healthcare Workers w/ Disabilities	0.0	332	664	0.0	0	0	0.0	332	664
96. RX Drug Cost Transparency	1.0	727	727	0.0	0	0	1.0	727	727
97. All Payers Claims Database	1.0	3,275	3,275	0.0	0	0	1.0	3,275	3,275
98. Emerging Therapies Workgroup	0.8	342	342	0.0	0	0	0.8	342	342
99. Crisis Stabilization Support	0.0	1,000	1,000	0.0	0	0	0.0	1,000	1,000
100. Language Access Providers CBA	0.0	531	1,328	0.0	531	1,328	0.0	0	0
101. Managed Care CY 2020 & 2021 (2%)	0.0	50,489	163,555	0.0	0	0	0.0	50,489	163,555
102. MCS Dental	0.0	146	146	0.0	0	0	0.0	146	146
103. Medicaid Fraud Penalty Account	0.0	11,000	0	0.0	0	0	0.0	11,000	0

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104. Medical Necessity Reviews	1.0	124	248	0.0	0	0	1.0	124	248
105. Kidney Disease Program	0.0	800	800	0.0	0	0	0.0	800	800
106. Primary Care Rate Increase	0.0	0	0	0.0	56,637	199,583	0.0	-56,637	-199,583
107. MICP In-Home Rate Increase	0.0	2,263	4,524	0.0	0	0	0.0	2,263	4,524
108. MICP Group-Home Rate Increase	0.0	618	1,242	0.0	0	0	0.0	618	1,242
109. Opioid Package: Diversion Grants	0.0	0	0	0.0	686	5,220	0.0	-686	-5,220
110. Diversion Grants	0.0	686	4,220	0.0	0	0	0.0	686	4,220
111. Opioid Package: Same Day Visit	0.0	0	0	0.0	1,168	1,168	0.0	-1,168	-1,168
112. Same Day Visit	0.0	1,168	1,168	0.0	0	0	0.0	1,168	1,168
113. Opioid Package: Start Up Funds	0.0	0	0	0.0	1,270	1,270	0.0	-1,270	-1,270
114. PPW Residential Treatment Start Up	0.0	584	879	0.0	0	0	0.0	584	879
115. Public Option	0.0	500	1,548	0.0	500	500	0.0	0	1,048
116. Tort Recovery FTEs	1.0	-1,376	-4,760	1.0	-1,376	-4,760	0.0	0	0
117. SABG Fund Shift	0.0	-2,642	0	0.0	0	0	0.0	-2,642	0
118. Community and Rural Hospitals	0.0	0	0	0.0	2,786	9,780	0.0	-2,786	-9,780
119. Chiropractic Care for Spinal Pain	0.0	0	0	0.0	5,063	10,153	0.0	-5,063	-10,153
120. SUD Emergency Department Linkage	0.0	0	260	0.0	0	0	0.0	0	260
121. MAT Capacity Tracking	0.0	0	260	0.0	0	0	0.0	0	260
122. SUD Peer Recruitment	0.0	0	150	0.0	0	0	0.0	0	150
123. SUD Housing Certification and TA	0.0	0	350	0.0	0	0	0.0	0	350
124. SUD Housing Revolving Loan Fund	0.0	0	500	0.0	0	0	0.0	0	500
125. SUD Family Education	0.5	0	530	0.0	0	0	0.5	0	530
126. SUD Family Navigators	0.0	0	1,000	0.0	0	0	0.0	0	1,000

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127. SUD Benefits Access	0.0	0	260	0.0	0	0	0.0	0	260
128. SUD Collegiate Recovery Grants	0.0	0	500	0.0	0	0	0.0	0	500
129. SUD Recovery Cafes	0.0	0	1,000	0.0	0	0	0.0	0	1,000
130. SUD Supported Employment	0.0	0	300	0.0	0	0	0.0	0	300
131. SUD Employment/Education Supports	0.0	0	2,812	0.0	0	0	0.0	0	2,812
132. Recovery Housing Vouchers	0.0	1,000	1,000	0.0	0	0	0.0	1,000	1,000
133. Tele-BH Consult Line	0.0	0	1,000	0.0	0	0	0.0	0	1,000
Policy -- Other Total	39.7	215,699	585,027	46.8	216,818	621,760	-7.1	-1,119	-36,733
<i>Policy Comp Changes:</i>									
134. State Public Employee Benefits Rate	0.0	0	0	0.0	51	127	0.0	-51	-127
135. WFSE General Government	0.0	0	0	0.0	1,528	4,846	0.0	-1,528	-4,846
136. State Rep Employee Benefits Rate	0.0	0	0	0.0	29	88	0.0	-29	-88
137. Non-Rep General Wage Increase	0.0	0	0	0.0	2,768	7,116	0.0	-2,768	-7,116
138. Non-Rep Premium Pay	0.0	0	0	0.0	4	14	0.0	-4	-14
139. Non-Rep Targeted Pay Increases	0.0	0	0	0.0	213	550	0.0	-213	-550
140. PERS & TRS Plan 1 Benefit Increase	0.0	0	0	0.0	100	271	0.0	-100	-271
141. Non-Rep Salary Schedule Revision	0.0	0	0	0.0	57	254	0.0	-57	-254
Policy -- Comp Total	0.0	0	0	0.0	4,750	13,266	0.0	-4,750	-13,266
<i>Policy Transfer Changes:</i>									
142. Orca Transit Pass Funding Transfer	0.0	0	0	0.0	-2	-4	0.0	2	4
143. Health Coalition FSA Fund Transfer	0.0	0	0	0.0	-235	-245	0.0	235	245
Policy -- Transfer Total	0.0	0	0	0.0	-237	-249	0.0	237	249

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***Policy Central Services
Changes:***

144. Electric Vehicle Infrastructure	0.0	0	0	0.0	1	3	0.0	-1	-3
145. Archives/Records Management	0.0	0	0	0.0	2	4	0.0	-2	-4
146. Audit Services	0.0	0	0	0.0	31	82	0.0	-31	-82
147. Legal Services	0.0	0	0	0.0	150	402	0.0	-150	-402
148. Administrative Hearings	0.0	0	0	0.0	195	375	0.0	-195	-375
149. CTS Central Services	0.0	0	0	0.0	-212	-575	0.0	212	575
150. DES Central Services	0.0	0	0	0.0	33	93	0.0	-33	-93
151. OFM Central Services	0.0	0	0	0.0	390	1,053	0.0	-390	-1,053
Policy -- Central Svcs Total	0.0	0	0	0.0	590	1,437	0.0	-590	-1,437
Total Policy Changes	39.7	215,699	585,027	46.8	221,921	636,214	-7.1	-6,222	-51,187
2019-21 Policy Level	1,398.4	6,012,782	21,656,548	1,408.5	6,087,131	22,375,857	-10.1	-74,349	-719,309

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Comments for version: House Chair (03/25/2019)

44. Healthier WA Savings Restoration

Healthier Washington is a project that allows the Health Care Authority and the Department of Social and Health Services to establish integrated clinical models of physical and behavioral health care to improve the effectiveness of health care purchasing and delivery. Savings assumed in the current budget will not be realized this biennium. Funding is provided to restore a portion of the assumed savings.

45. Restore Pharmacy Savings

The Health Care Authority has implemented a single Medicaid preferred drug list. The savings assumptions in the current budget will not be achieved at the level or within the timeline originally anticipated. Funding is provided to restore a portion of the assumed savings.

46. Medicaid Transformation Project

Federal appropriation authority and FTEs are revised to align with projected expenditures for Initiatives 1 and 3 under the Medicaid transformation waiver, as approved by the federal Centers for Medicare and Medicaid Services (CMS).

47. Tribal Evaluation Treatment Center

One-time funding is provided for the Health Care Authority (Authority) to build the infrastructure to develop and support a tribal evaluation and treatment facility that provides culturally appropriate services and coordinates with patients' Indian health care providers.

48. Trueblood Settlement Agreement

A settlement agreement has been approved in the Trueblood et. al. v. Department of Social and Health Services lawsuit. Implementation of the agreement will occur in phases within different regions of the state with the first phase including Pierce and Spokane counties and the southwest region. The agreement outlines five key areas of investments: competency evaluations, competency restoration, crisis diversion and supports, education and training, and workforce development.

49. TB Misd. Diversion

Funding is provided for support of individuals with behavioral health issues arrested for misdemeanor crimes. This funding shall be allocated to all regions and used for non-Medicaid costs associated with serving individuals in crisis triage, outpatient restoration, or other programs that divert individuals with behavioral health disorders from the criminal justice system.

50. TB Outpatient Comp Restoration

Funding is provided for four outpatient restoration teams in the phase I regions identified in the settlement filed in the case of Trueblood et. al. v. DSHS. Each team is assumed to have funding for two FTEs. Housing supports for individuals in the program are to be provided through funding for new Housing and Recovery through Peer Services (HARPS) teams funded in the regions. The Budget Outlook assumes funding for the phase II region.

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51. TB Housing Vouchers & Supports

Funding is provided for four forensic HARP teams in the phase I regions under the settlement filed in the case of Trueblood et. al. v. DSHS. This includes \$500,000 for each team to provide temporary housing support for individuals referred for outpatient competency restoration and other populations to be provided housing supports under the settlement. Each team is assumed to have a housing support specialist, two peer specialists, and resources to support the transitional housing needs of individuals in the forensic system as well as resources to assist individuals transitioning from crisis services. The Budget Outlook assumes funding for the phase II region.

52. TB Headquarters Staffing

Funding is provided for one headquarters FTE to manage implementation of the settlement agreement filed in the case of Trueblood et. al. v. DSHS.

53. TB Crisis Services

Funding is provided to enhance crisis services in the phase I regions identified in the settlement filed in the case of Trueblood et. al. v. DSHS. This includes funding for a new 16-bed crisis triage facility in Spokane, funding to enhance crisis triage rates in the Pierce and Southwest regions, and funding for three new mobile crisis teams in the regions. The Budget Outlook assumes implementation of phase II of the settlement agreement.

54. TB Intensive Case Managers

Funding is provided for enhanced case management support for high utilizers in the phase I regions identified in the settlement filed in the case of Trueblood et. al. v. DSHS. The Budget Outlook assumes funding for the phase II region.

55. TB Workforce Peer Supports

Funding is provided for 1 FTE and the cost of training materials to develop a forensic peer support certification process as identified in the settlement filed in the case of Trueblood et. al. v. DSHS

56. Doula Services

Funding is provided to include doula services through the Maternity Support Services (MSS) program.

57. Benefit Education and Communication

Funding is provided for the preparation and distribution of information to assist school employees enrolling in the School Employees' Benefits Board (SEBB) program.

58. Alternatives to Arrest and Jail

One-time funding is provided pursuant to Second Substitute House Bill 1767 (Arrest and jail alternatives) to create a grant program administered through the Washington Association of Sheriffs and Police Chiefs to support local initiatives to identify persons who become involved in the criminal justice system, who have substance use disorders and other behavioral health needs, and to engage those persons with therapeutic interventions and other services. The Authority must develop a memorandum of understanding with the Criminal Justice Treatment Center to provide funding for community grants to provide treatment services pursuant to the program.

59. Suicide Prevention

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Funding is provided to support implementation of the State Action Alliance for Suicide Prevention recommendations for the performance and administration of clinical services for suicide assessment, treatment, and management of suicide prevention grants to community groups and coalitions throughout Washington State.

60. Newborn Screening Pompe and MPS-1

The Washington State Board of Health added Pompe Disease (PD) and Mucopolysaccharidosis Type - I (MPS-I), both genetic disorders, to the mandatory newborn screening panel in 2017. The Department of Health has requested a fee increase to cover costs related to inclusion of these tests. Funding is provided for the fee increase for the mandatory newborn screening panels for all covered medical births.

61. Newborn screening X-ALD

The Washington State Board of Health added X-linked adrenoleukodystrophy (X-ALD), a genetic disorder, to the mandatory newborn screening panel in 2018. The Department of Health has requested a fee increase to cover costs related to inclusion of this test. Funding is provided for the fee increase for the mandatory newborn screening panels for all covered medical births.

62. SUD Peer Support

Funding is provided to increase the number of substance use disorder peer support specialists. Contracts with behavioral health organizations and managed care organizations shall include requirements for providing access to peer support services for individuals receiving services through hub-and-spoke networks as well as individuals transitioning from emergency departments and inpatient substance use disorder treatment facilities.

64. Benefits Staff - Employee & Retiree

Resources are provided for additional staffing for the Public Employees' Benefits Board (PEBB) and School Employees' Benefits Board (SEBB) programs for customer service, contract management, and program and benefit support. This is in response to increasing enrollment and complexity in employee and retiree insurance programs.

65. SEBB Dependent Verification

Approximately 150,000 individuals who are dependents of school employees must be verified to confirm eligibility to be enrolled in the School Employees' Benefits Board (SEBB) insurance program. Funding is provided to complete this verification.

66. Centers of Excellence

Funding is provided for three components in the Centers of Excellence (COE) bundled payment program: one, an increase in the administrative rate for the total joint replacement COE, two, establishment of an ongoing administrative rate for a lumbar fusion bundle, and three, evaluation of a possible third bundle, to include bariatric surgeries.

67. SEBB TPA Payments

Funding is provided for third party administrator fees for the new School Employees' Benefits Board Program.

68. PEBB Administrative Fees

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(Dollars in Thousands)

Cost increases in the third party administrator fees and administrator charges for the Uniform Medical Plan (UMP), Uniform Dental Plan (UDP), Flexible Spending Arrangement (FSA), and Dependent Care Assistance Program (DCAP) would cause projected expenditures to exceed the current level of spending authority. This funding provides additional spending authority to cover the cost increases.

69. Medicare Retirees Portfolio

During the 2017-19 biennium, the Health Care Authority studied several options for addressing rising prescription drug costs and retiree member premiums. To offer a more affordable benefit option to Medicare-eligible PEBB retirees, funding is provided to continue work on the recommended approach and secure one or more group "Medicare Advantage plus prescription drug plans.

70. Evaluation Pay 1 Replacement

Funding is provided to continue preparation for replacement of the Pay 1 information system through an independent analysis and evaluation of the options identified in an earlier feasibility study, including \$50,000 to support assistance from the Office of the Chief Information Officer.

71. Tribal Affairs

In 2016, the Centers for Medicare and Medicaid Services (CMS) issued State Health Official Letter #16-002, clarifying that the Social Security Act enables states to achieve additional General Fund-State savings through 100 percent federal match for Medicaid services provided to American Indian/Alaska Native (AI/AN) clients by non-tribal facilities under contracts with the federal Indian Health Services (HIS) or tribes. Previously, 100 percent federal match was not available for services provided by non-tribal facilities. Funding and five FTEs are provided to partner with tribal governments to meet federal requirements that allow the state to receive 100 percent federal match on services currently provided to Medicaid recipients through contracts with non-tribal facilities.

72. Low Income Health Care/I-502

Initiative 502 directed a portion of the revenue from taxes on the sale of marijuana into the Basic Health Trust Account. Those dollars are used in lieu of General Fund-State dollars for capitation payments for Medicaid clients enrolled in managed care plans. Funding is adjusted to reflect updated estimates of marijuana-related revenue.

73. Bi-Directional Rate Increase

Funding is provided to increase bi-directional behavioral health rates for the health and behavior codes and psychotherapy codes that were identified through the stakeholder workgroup process required under Chapter 226, Laws of 2017 (SSB 5779).

74. Tele-Behavioral Health Center

Funding is provided to create and operate a tele-behavioral health video call center staffed by the University of Washington's Department of Psychiatry and Behavioral Sciences to serve emergency department providers, primary care providers, and county and municipal correctional facility providers with on demand tele-psychiatry and substance use disorder consultation. The call center will be available from 8 am to 5 pm in FY 2020 and 24/7 in FY 2021.

75. Bree Collaborative Recommendations

Funding is provided for the Bree Collaborative to work with stakeholders to increase the adoption of Bree Collaborative recommendations. These funds will support a staff person to coordinate these efforts and two meetings.

76. Behavioral Health Grants

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(Dollars in Thousands)

Federal expenditure authority is provided for multiple federal grant awards to address and combat behavioral health disorders.

77. Dental Savings Restoration

The Health Care Authority has named apparently successful bidders to transition services from fee-for-service to managed care. Savings from reduced emergency department utilization as a result were assumed in the current budget; however, the savings assumptions in the current budget will not be achieved at the level or within the timeline originally anticipated. Funding is provided to restore a portion of the assumed savings.

78. Hepatitis C Virus Elimination

Currently, an estimated 65,000 Washingtonians are living with chronic Hepatitis C Virus (HCV). Additionally, newly acquired HCV-infection reports show a 126 percent increase in Washington between 2013 and 2017 when compared to the prior five years. The Health Care Authority (HCA) shall lead and coordinate efforts with the Department of Health (DOH) and other agencies and purchasers to establish a comprehensive procurement strategy for the purchase of HCV medications that includes financing the needed public health interventions to affordably eliminate HCV by 2030.

79. Intensive BH Treatment Facilities

Funding is provided for a new community facility type to address the need for additional discharge placements for individuals leaving the state psychiatric hospitals pursuant to Second Substitute House Bill 1394 (Behavioral health facilities). Intensive behavioral health (BH) treatment facilities serve individuals with complex behavioral health needs and provide a higher level of staffing than current psychiatric residential treatment facilities. Funding is provided for one facility which is assumed to open in FY 2021 and the Budget Outlook assumes a second facility to open in FY 2022. Each facility is provided with three months of start-up funding.

80. Eliminate Medicaid Rate Increase

Funding is removed for the 2 percent rate increase included in the Medicaid November 2018 forecast for calendar years 2020 and 2021 in the 2019-21 biennium.

81. Finance Staffing

Staffing and funding are provided to address staff and skill shortfalls in the financial services division.

82. Family Planning Clinic Rates

Funding is provided to transition certain family planning clinic rates from a fee-for-service reimbursement model to a bundled payment.

83. Assertive Community Treatment

Currently there are 14 Program for Assertive Community Treatment (PACT) teams across the state and a Flexible Assertive Community Treatment (FACT) team being piloted in the Great Rivers Behavioral Health Organization. Funding is provided for eight additional PACT teams statewide. In FY 2020, funding is provided for three full teams and two half teams. In FY 2021, funding is provided for an additional three full teams.

84. Community Long-Term Inpatient Beds

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(Dollars in Thousands)

Services for individuals on 90-day and 180-day commitments are traditionally provided in the state hospitals. Funding is proposed for 66 new community beds in FY 2020 increasing to 98 new beds by FY 2021. The proposed outlook assumes that the number of new community beds will grow to 162 by FY 2023. It is assumed that these beds will be done in a mix of community hospital and evaluation and treatment center settings.

85. Community Health Centers I-502

Initiative 502, passed by voters in 2012, authorizes the regulation, sale, and taxation of marijuana for adults over the age of 21. The initiative directed a portion of the tax revenue to fund primary, dental, migrant, and maternity health care services through contracts with community health centers. The Health Care Authority (HCA) will use the tax revenue in lieu of state general fund payments to community health centers for services provided to medical assistance clients.

86. Mental Health Drop-In Facilities

Funding is provided to pilot a mental health drop-in facility to divert individuals from crisis services and inpatient care beginning in FY 2021. The pilot shall use a model which is staffed by mental health peers and provides voluntary, short-term, non-crisis services that focus on recovery and wellness in a trauma-informed environment.

87. Intensive Outpatient Treatment

Funding is proposed for intensive outpatient treatment programs (IOPs) and partial hospitalization programs (PHPs) for Medicaid clients. The services are assumed to be provided by acute or psychiatric hospitals and tailored to individual patient treatment needs once they are discharged from inpatient psychiatric facilities. It is assumed the PHPs will serve patients up to eight hours per day, five days a week and IOPs will serve patients up to three hours per day, up to three days per week.

88. BHO Reserve Savings

Effective January 1, 2020, all regions of the state are required to transition to fully integrated physical and behavioral health care, meaning funding for these services will shift from Behavioral Health Organizations (BHOs) to fully integrated managed care contracts. The current BHOs are required to return state and federal Medicaid reserves remaining after termination of their contract, resulting in a one-time savings.

89. Secure Withdrawal Vendor Rate

Funding is provided to increase rates for secure withdrawal and management providers to \$700 per day. The authority must increase the state plan rate for this service and require that behavioral health organizations and managed care organizations that contract to administer regional services pay no less than the state plan rate.

90. Secure Detoxification Facilities

Funding is provided for a new 16-bed secure withdrawal management and evaluation facility in FY 2020 and an additional 16-bed facility in FY 2021. The Authority is authorized to increase the fee for service per diem rate secure withdrawal management and evaluation facilities up to \$650 and must require managed care organizations pay no less than the fee for service rate beginning in calendar year 2020.

91. Discharge Wraparound Services

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(Dollars in Thousands)

Funding is proposed for wraparound services for adults discharging or being diverted from the state psychiatric hospitals into alternative community placements. The Authority is required to consult with the Department of Social and Health Services in the development and implementation of these services.

92. Cloud Platform Costs

In FY 2019, the Healthplanfinder (HPF) is transitioning from a server environment to a cloud platform. Participation in a cloud environment requires that software products are kept current. Funding for the actual software replacement is included in the Health Benefit Exchange (Exchange) base budget. Funding is provided for the additional ongoing costs associated with modifying HPF and other significant Exchange applications.

93. Federal IV&V Requirements

The Health Care Authority (HCA) must meet new federal requirements for enterprise-wide Independent Validation and Verification (IV&V) contracted services. Funding is added to the Health Benefit Exchange to support the enterprise-wide IV&V processes, independent contractor quality, and risk mitigation services.

94. System Integrator Reprocurement

Funding in FY 2020 and 2021 is provided to cover projected costs associated with procuring and implementing a system integrator to support the Healthplanfinder (HPF) maintenance and operations activities and enhancement services.

95. Healthcare Workers w/ Disabilities

Substitute House Bill 1199 (Health care/disability) eliminates the income and age limits from the Healthcare for Workers with Disabilities (HWD) program. Funding is provided for additional clients expected to enroll in this program as a result of these eligibility changes. Additional funding is provided for behavioral health entities for services provided through the community behavioral health program.

96. RX Drug Cost Transparency

Engrossed Second Substitute House Bill 1224 (Rx Drug cost transparency) requires HCA to contract with a data organization to collect and analyze certain drug price information from carriers and manufactures. Funding is provided for this contract and additional HCA staff time needed to implement E2SHB 1224.

97. All Payers Claims Database

Funding is provided for contracting with the lead organization and data vendor. One FTE is funded to provide contract management for the All-Payer Health Care Claims Database on a one-time basis.

98. Emerging Therapies Workgroup

Funding is provided for administrative support, research, and report development for the Emerging Therapies Workgroup directed in Substitute House Bill 1869 (Emerging therapies work grp).

99. Crisis Stabilization Support

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(Dollars in Thousands)

Funding is provided on a one-time basis for support of the Whatcom County crisis stabilization center. This funding may be used to provide support for the non-Medicaid costs associated with operating the facility. The Authority must coordinate with crisis stabilization providers and behavioral health entities to identify funding gaps for non-Medicaid services and payment models that reflect the unique needs of these types of facilities. A report must be submitted to the Legislature by December 1, 2019.

100. Language Access Providers CBA

Funding is adjusted for interpreter services based upon the language access providers' collective bargaining agreement for the 2019-21 biennium.

101. Managed Care CY 2020 & 2021 (2%)

The February 2019 Medical Assistance expenditure forecast assumes a 2 percent rate increase in calendar year 2020 and calendar year 2021 for the Apple Health Family, Blind and Disabled, and Expansion programs.

102. MCS Dental

Funding is provided to implement a full dental benefit for clients in the Medical Care Services Program. This assumes a January 1, 2020 start date.

103. Medicaid Fraud Penalty Account

Expenditures from the Medicaid Fraud Penalty Account are shifted to the general fund to align with available revenues.

104. Medical Necessity Reviews

Funding is provided for HCA to conduct medical necessity reviews for adolescents transitioning to less restrictive care pursuant to Engrossed Second Substitute House Bill 1874 (Adolescent behavioral health).

105. Kidney Disease Program

One-time funding is provided to increase the number of clients served in the Kidney Disease Program.

106. Primary Care Rate Increase

Funding is provided to increase adult and pediatric primary care rates for the same set of evaluation and management and vaccine administration codes that were included in the temporary rate increase provided by the federal Patient Protection and Affordable Care Act.

107. MICP In-Home Rate Increase

Funding is provided to increase the reimbursement rate by 10 percent for registered nurses and licensed practical nurses working in a home setting for children who require four to 16 hours of medically intensive care. This rate increase begins on January 1, 2020.

108. MICP Group-Home Rate Increase

Funding is provided to increase daily reimbursement rates by 10 percent for skilled nursing performed by licensed practical nurses and registered nurses who provide services to medically intensive children's program clients who reside in a group home setting. This rate increase begins on January 1, 2020.

109. Opioid Package: Diversion Grants

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(Dollars in Thousands)

This step is part of a multi-agency package to expand treatment and prevention services across the state to prevent opioid-related overdose deaths. King County's Law Enforcement Assisted Diversion (LEAD) allows law enforcement officers to divert low-level offenders engaged in drug or prostitution activity to community services, instead of jail or prosecution. One-time funding is provided for grants to establish two new LEAD diversion programs for jurisdictions outside of King County.

110. Diversion Grants

King County's Law Enforcement Assisted Diversion (LEAD) allows law enforcement officers to divert low-level offenders engaged in drug or prostitution activity to community services, instead of jail or prosecution. One-time funding is provided for grants to establish two new LEAD diversion programs for jurisdictions outside of King County.

111. Opioid Package: Same Day Visit

This step is part of a multi-agency package to expand treatment and prevention services across the state to prevent opioid-related overdose deaths. Funding is provided for transport and an incentive payment to providers to hold appointments so that individuals releasing from jail have no disruption in access to medication-assisted treatment for opioid use disorder, effective July 1, 2019. This will ease transition from jail and ensure access to treatment for individuals with opioid use disorder

112. Same Day Visit

Funding is provided for transportation and an incentive payment to providers to hold appointments so that individuals releasing from jail have no disruption in access to medication-assisted treatment for opioid use disorder, effective July 1, 2019.

113. Opioid Package: Start Up Funds

This step is part of a multi-agency package to expand treatment and prevention services across the state to prevent opioid-related overdose deaths. One-time funding is provided for start-up costs for four new 16-bed pregnant and parenting women (PPW) Residential Treatment sites that will allow parent and child to reside together.

114. PPW Residential Treatment Start Up

Start-up and ongoing funding is provided for eight new pregnant and parenting residential treatment beds. It is assumed the beds will become operational in FY 2021.

115. Public Option

Funding is provided for HCA to contract with an insurance carrier to offer at least one plan in all counties in Washington State and develop a premium subsidy program consistent with the provisions of Engrossed Second Substitute House Bill 1523 (Individual health ins market).

116. Tort Recovery FTEs

Staffing is provided for tort recovery work, which will produce General Fund-State savings.

117. SABG Fund Shift

The annual federal substance abuse block grant has been continually under-expended by a significant amount. The Authority must shift allowable state expenditures to unobligated block grant funds. This results in a savings of general fund-state expenditures.

118. Community and Rural Hospitals

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Health Care Authority (107)

(Dollars in Thousands)

One-time funding is provided to the Health Care Authority (HCA) to sustain community and rural hospitals.

119. Chiropractic Care for Spinal Pain

A chiropractic care benefit for adults with spinal pain diagnoses is established, effective January 1, 2020. This step is part of a multi-agency package to intended to expand treatment and prevention services across the state to prevent opioid-related overdose deaths

120. SUD Emergency Department Linkage

Funding is provided for the Authority to coordinate linkage of individuals who are receiving a prescription for medication assisted treatment with outpatient prescriber and peer support services.

121. MAT Capacity Tracking

Funding is provided for managing updates to a Medication Assisted Treatment tracking tool which facilitates timely linkage of individuals with substance use disorders to appointments with providers with available capacity.

122. SUD Peer Recruitment

Funding is provided in FY 2021 for the Authority to provide support to substance use disorder providers in the recruitment, placement, and training of peer support specialists.

123. SUD Housing Certification and TA

Funding is provided for a contract with an agency to certify and maintain a registry of certified recovery residences and to provide technical assistance to residences wanting to become certified pursuant to Second Substitute House Bill 1528 (Recovery support services).

124. SUD Housing Revolving Loan Fund

Funding is provided to establish a revolving fund for loans to operators of new recovery residences pursuant to Second Substitute House Bill 1528 (Recovery support services).

125. SUD Family Education

Funding is provided for a contract to develop an eight week curriculum for families impacted by substance use disorder and to provide a training of volunteer trainers in the curriculum. In addition, funding is provided for 0.5 FTE to manage the procurement for this service and to provide small grants to cover the costs associated with offering the training throughout the state including a stipend for individuals providing the training.

126. SUD Family Navigators

Funding is provided for grants to support substance use disorder family navigators throughout the state.

127. SUD Benefits Access

Funding is provided for a contract to develop a training on the array of services available to individuals with substance use disorders and to offer benefit specialist services through the Washington Recovery Help Line.

128. SUD Collegiate Recovery Grants

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Health Care Authority (107)

(Dollars in Thousands)

Funding is provided for grants to support collegiate substance use disorder recovery programs.

129. SUD Recovery Cafes

Funding is provided for support of Recovery Cafes.

130. SUD Supported Employment

Funding is provided for one-time grants of up to \$20,000 to incentivize substance use disorder providers to develop supported employment services.

131. SUD Employment/Education Supports

Funding is provided for programs which provide employment and education support to individuals with substance use disorders to offer flexible support of individuals including, but not limited to assistance with transportation, books, and other items required for work or school.

132. Recovery Housing Vouchers

Funding is provided for transitional housing vouchers for individuals with substance use disorders.

133. Tele-BH Consult Line

\$350,00 per year is provided to add an addiction medicine physician to the services offered by the Tele-Behavioral Call Center. \$150,000 is provided to fund medication interaction services at the Washington Poison Center. Funding is from the Substance Abuse Prevention and Treatment Block Grant.

134. State Public Employee Benefits Rate

Health insurance funding is provided for state employees who are not represented by a union, who are covered by a bargaining agreement that is not subject to financial feasibility determination, or who are not part of the coalition of unions for health benefits. The insurance funding rate is \$977 per employee per month for fiscal year 2020 and \$978 per employee per month for fiscal year 2021.

135. WFSE General Government

Funding is provided for a collective bargaining agreement with the Washington Federation of State Employees - General Government. The agreement includes a general wage increase of 3 percent, effective July 1, 2019; a general wage increase of 3 percent, effective July 1, 2020; premium, shift, and other special pay changes, and increases in targeted job classifications. Employee insurance included in the agreement is displayed in a separate item.

136. State Rep Employee Benefits Rate

This provides health insurance funding as part of the master agreements for employees who bargain for health benefits as part of a coalition of unions. The insurance funding rate is \$977 per employee per month for fiscal year 2020 and \$978 per employee per month for fiscal year 2021.

137. Non-Rep General Wage Increase

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Health Care Authority (107)

(Dollars in Thousands)

Funding is provided for wage increases for state employees who are not represented by a union or who are covered by a bargaining agreement that is not subject to financial feasibility determination. It is sufficient for a general wage increase of 3 percent, effective July 1, 2019, and a general wage increase of 3 percent, effective July 1, 2020. This item includes both general government and higher education workers.

138. Non-Rep Premium Pay

Funding is provided for increases in premium pay for state employees who are not represented by a union or who are covered by a bargaining agreement that is not subject to financial feasibility determination. Funding is sufficient to support changes in shift differential, call back and standby pay, as well as a 5 percent increase for employees working in King County.

139. Non-Rep Targeted Pay Increases

Funding is provided for classified state employees who are not represented by a union for pay increases in specific job classes in alignment with other employees.

140. PERS & TRS Plan 1 Benefit Increase

For eligible Public Employees' and Teachers' Retirement Systems Plan 1 members, this item provides a one-time, ongoing increase of 3 percent, up to a maximum of \$62.50 per month.

141. Non-Rep Salary Schedule Revision

This funds a revised salary schedule for non-represented employees in information technology jobs, in alignment with other state employees.

142. Orca Transit Pass Funding Transfer

This moves funding for employee transit passes from agencies to WSDOT, which administers the program. The transfer includes both funding added in 2019-21 for expanded access, as well as funding that was provided in the 2017-19 budget.

143. Health Coalition FSA Fund Transfer

This moves funding for negotiated medical flexible spending arrangements (FSA) from individual agency budgets. It will be provided to the Health Care Authority, which will administer the benefit.

144. Electric Vehicle Infrastructure

Agency budgets are adjusted to reflect each agency's estimated portion of increased fee for service charges from the Department of Enterprise Services to expand electric vehicle infrastructure for the state Motor Pool fleet.

145. Archives/Records Management

Agency budgets are adjusted to reflect each agency's allocated share of charges for the state archives and state records center.

146. Audit Services

Agency budgets are adjusted to reflect each agency's allocated share of charges for state government audits.

147. Legal Services

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(Dollars in Thousands)

Agency budgets are adjusted to reflect each agency's anticipated share of legal service charges.

148. Administrative Hearings

Agency budgets are adjusted to reflect each agency's anticipated share of charges for administrative hearings.

149. CTS Central Services

Agency budgets are adjusted to reflect each agency's allocated share of charges from the Consolidated Technology Services Agency (WaTech) for the Office of the Chief Information Officer, Office of Cyber Security, state network, security gateways, and geospatial imaging services.

150. DES Central Services

Agency budgets are adjusted to reflect each agency's allocated share of charges from the Department of Enterprise Services (DES) for campus rent, utilities, parking, and contracts; a capital project surcharge; financing cost recovery; public and historic facilities; real estate services; risk management services; personnel service rates; the Perry Street child care center; and the department's enterprise applications

151. OFM Central Services

Agency budgets are adjusted to reflect each agency's allocated share of charges from the Office of Financial Management (OFM) for the One Washington project and OFM enterprise systems