

POLICY LEVEL

PL-Q0 AEM Long-Term Care Slot Increase

RECOMMENDATION SUMMARY TEXT

The Health Care Authority (HCA) requests \$2,040,000 (\$1,530,000 GF-State) in the 2016 Supplemental to provide the equivalent package of health care services provided under the categorically needy program (CNP) for an additional 32 individuals who are not Medicaid eligible. This request is associated with the Department of Social and Health Services (DSHS) request for an additional 32 slots to provide long-term services and supports (LTSS) to individuals with significant needs who are not Medicaid eligible.

PACKAGE DESCRIPTION

Under the Apple Health Alien Emergency Medical (AEM) Program for individuals without citizen status, any individual 19 years of age and older, who is not pregnant, may be qualified for federally matched emergency health care services. This coverage includes hospitalization and all related ancillary services, including physician services. However, once the individual is discharged, this coverage ends. Many clients require on-going care, or they cannot be safely discharged to their home. Without an adequate setting to discharge to, the patient will remain in a costly inpatient setting.

The Legislature re-funded 45 slots for these individuals who are no longer Medicaid eligible, but who continue to require LTSS levels of care. The program has a wait list of 27 individuals, and the average wait time for access is 14 months. Without access to LTSS and full health care coverage, no safe discharge option into a less restrictive setting is available. An increase in funding to provide these services for 32 additional individuals will allow all those currently in hospitals and those aging out of the Developmental Disabilities Administration to have their medical needs met in a less restrictive setting.

The DSHS determined that 32 additional slots are required in order to successfully provide services to these patients.

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FISCAL DETAILS/OBJECTS OF EXPENDITURE

	FY 2016	FY 2017	Total
1. Operating Expenditures:			
Fund 001-1 GF-State	\$ 765,000	\$ 765,000	\$ 1,530,000
Fund 001-C GF-Federal Medicaid Title XIX	\$ 255,000	\$ 255,000	\$ 510,000
Total	\$ 1,020,000	\$ 1,020,000	\$ 2,040,000

	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
2. Staffing:			
Total FTEs	-	-	-
	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
3. Objects of Expenditure:			
A - Salaries And Wages	\$ -	\$ -	\$ -
B - Employee Benefits	\$ -	\$ -	\$ -
C - Personal Service Contracts	\$ -	\$ -	\$ -
E - Goods And Services	\$ -	\$ -	\$ -
G - Travel	\$ -	\$ -	\$ -
J - Capital Outlays	\$ -	\$ -	\$ -
N - Grants, Benefits & Client Services	\$ 1,020,000	\$ 1,020,000	\$ 2,040,000
Other (specify) -	\$ -	\$ -	\$ -
Total	\$ 1,020,000	\$ 1,020,000	\$ 2,040,000
	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
4. Revenue:			
Fund 001-C GF-Federal Medicaid Title XIX	\$ 255,000	\$ 255,000	\$ 510,000
Total	\$ 255,000	\$ 255,000	\$ 510,000

NARRATIVE JUSTIFICATION

WHAT SPECIFIC PERFORMANCE OUTCOMES DOES THE AGENCY EXPECT?

The HCA will continue provide access to quality health care to qualifying low-income individuals with significant health care needs. The adoption of this request will allow the HCA to meet those needs in a less restrictive setting, at a lower cost than an inpatient hospital level of care.

PERFORMANCE MEASURE DETAIL

Activity Inventory

H009 – HCA State Programs Clients

IS THIS DECISION PACKAGE ESSENTIAL TO IMPLEMENT A STRATEGY IDENTIFIED IN THE AGENCY'S STRATEGIC PLAN?

Yes, this request, together with the associated request for additional slots submitted by the DSHS, provides high quality health care through innovative health policies and purchasing strategies.

DOES THIS DECISION PACKAGE PROVIDE ESSENTIAL SUPPORT TO ONE OR MORE OF THE GOVERNOR'S RESULTS WASHINGTON PRIORITIES?

Yes, it supports one of the Governor's key guiding principles of helping to ensure that all Washington individuals have health care coverage.

WHAT ARE THE OTHER IMPORTANT CONNECTIONS OR IMPACTS RELATED TO THIS PROPOSAL?

This package would provide CNP coverage, using state dollars, to provide services in a less restrictive setting in the community at a lesser cost than is now incurred for services provided in the inpatient hospital setting. . Providing a less restrictive setting for meeting an individual’s needs is a key priority in the state’s LTSS delivery system that is fully supported in the stakeholder community.

WHAT ALTERNATIVES WERE EXPLORED BY THE AGENCY, AND WHY WAS THIS ALTERNATIVE CHOSEN?

No alternatives are available to meet the significant needs of these individuals in the community. The HCA would continue to provide inpatient and ancillary services at the current level of higher costs, approximately \$2,000 per day.

WHAT ARE THE CONSEQUENCES OF NOT ADOPTING THIS PACKAGE?

It would allow an additional 32 individuals to be discharged from the inpatient hospital setting into a less restrictive setting in the community. This reduces the HCA’s costs to meet the health care needs of these individuals who would also begin to receive LTSS provided by the DSHS.

WHAT IS THE RELATIONSHIP, IF ANY, TO THE STATE CAPITAL BUDGET?

None

WHAT CHANGES WOULD BE REQUIRED TO EXISTING STATUTES, RULES, OR CONTRACTS TO IMPLEMENT THE CHANGE?

None

EXPENDITURE AND REVENUE CALCULATIONS AND ASSUMPTIONS

REVENUE CALCULATIONS AND ASSUMPTIONS:

The HCA must provide these services with state funds. Since these individuals are not eligible for Medicaid, no federal funding is available to pay toward the costs for these services.

EXPENDITURE CALCULATIONS AND ASSUMPTIONS:

The HCA state-only cost for CNP level of care costs \$31,845 per person per year. The HCA estimates costs for providing CNP services for an additional 32 individuals to be \$1,020,000 annually.

There may be a one-time savings for patients entering into CNP Slot.

DISTINCTION BETWEEN ONE-TIME AND ONGOING COSTS:

All costs are ongoing and will impact future biennia.

BUDGET IMPACTS IN FUTURE BIENNIA:

All costs are ongoing and will impact future biennia.

