# Agenda Items | Time | Lead | Notes/Handouts |
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<tr>
<td>1. Welcome and roll call</td>
<td>8:30am</td>
<td>Claudia St. Clair</td>
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<td>2. Budget update (decision packages submitted to OFM)</td>
<td>8:35-9:05am</td>
<td>MaryAnne Lindeblad</td>
<td>Assignment List.xlsx</td>
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- Almost all state agencies were asked to propose a 15% budget reduction (please see attached 21-23 DP Assignment List attached).
- Maintenance Level items (ML) are basically things we need to do to maintain existing programs and this is all agency proposed cuts, not just Medicaid.
- We are currently up over 100,000 new enrollees since COVID and the case load is growing because 1) more people are eligible, and 2) because no one can be terminated right now.
- Our behavioral health services are critical and important. They are on the reduction list simply because there are areas where we haven’t spent as much money as we were expecting to.

- Enhancement funds: were made available to the administrative services organizations, and to the MCOs to enhance certain activities done by behavioral health providers. We’re looking at a way to take the small reduction related to the particular program and don’t think it will have a significant impact.
- Same day visits: didn’t spend as much as we anticipated.
- Working with the Department of Children Youth and Family (DCYF) on some foster care and kids being served out of state – instead of being paid by DCYF, it would be paid by Medicaid (transfer funds).
- Master Person Index: having a single way to identify our clients – helping us do our business better. Maybe not saving today, but savings in the future.
- Overall, the potential cuts on the list are optional services we could cut or reduce without violating Medicaid law.
- COFA (Pacific Islanders) dental and medical: the medical coverage is a program started a few years ago for low income individuals not eligible for Medicaid. The plan is to add dental, but it’s optional and something we’re looking at.
- Interpreter services: not required federally and the agency pays for it as a service. We are one of about 13 states who have chosen to pay for that service separately.
- Hospice is an optional service, but we think it could cost more money in the end if it takes a cut.
- There are no proposed cuts that would affect telemedicine as it has been very successful in this pandemic. Telehealth/telemedicine will be a continued critical component of how we deliver services.
- Next steps on decision making: we submit our list to OFM, their team develops the Governor’s budget which will likely come out in early December. Then, the House and the Senate develop their own budget, and ultimately compromise on the final budget that goes to the Governor. The Governor can then veto line items.
- This is just the beginning – there will be opportunities for public comment, contacting legislators, and budget hearings.

Additional information shared during meeting:
- June forecast info re caseload: [https://www.cfc.wa.gov/Handouts/MPA_AdultsAndChildren.pdf](https://www.cfc.wa.gov/Handouts/MPA_AdultsAndChildren.pdf)

**Next agenda:**
1. Health Equity and Health Disparities report out (MaryAnne)
2. Update on progress on Healthier WA initiatives (Bob Perna requested)
3. Medicaid Transformation Project Extension (Needham)
4. Medicaid Managed Care Update (Jason)
5. DOH rep to update on increased BH issues with COVID – look toward organized/unorganized crime that directs illegal drugs to an area (Jerry’s comment) – (Keri Waterland coordinating)
6. Housekeeping – filling vacant advisory committee spots, 2021 meetings (MAL)

Meeting adjourned 9:20 am