

Medical Assistance

SFY

2023

Provides state and federally funded medical assistance to low-income individuals with disabilities, older adults, refugees, qualified aliens, and adults receiving Medicare benefits.

ESA Briefing
Book

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Medical Assistance Overview

This chapter summarizes data for clients who receive medical assistance through the Economic Services Administration (ESA) or the Aging and Long-Term Support Administration (AL TSA)¹. Implementation of the Affordable Care Act (ACA) significantly changed ESA activities. Most medical assistance clients previously served by DSHS now apply for medical assistance through the Health Benefit Exchange (HBE).² In SFY 2013 and 2014, Medicaid eligibility determination for all families, pregnant women, and children transitioned to the HBE. This transition accounts for the significant medical assistance caseload decrease in DSHS beginning in SFY 2014. ESA continues to determine eligibility for some medical assistance programs, including medical programs for persons who are aged, blind, or disabled.

In SFY 2014, the Briefing Book reported numbers for clients who received both medical-only and cash-related³ medical assistance. Beginning with SFY 2015, reporting is limited to programs administered by ESA or AL TSA because the ACA-related transition of medical programs was completed before SFY 2015.

Additional information, including the eligibility criteria, funding sources, and services/benefits provided, is available [here](#).

TECHNICAL NOTES:

DATA SOURCES: Data for this chapter is based on the ESA Automated Client Eligibility System (ACES) database as of August 2023.

DATA NOTE:

- If counts of clients and cases served by a medical program are nearly identical, only clients are reported for that program.
- All reports of 10-year client trends reflect the monthly average for each state fiscal year (SFY).

¹ Aging and Long-Term Support Administration (AL TSA) is an ESA partner; therefore, AL TSA clients are included in this report.

² Rules and eligibility processes for determining Medicaid changed significantly effective October 1, 2013 due to implementation of the Affordable Care Act (ACA). Under a federal option, Washington state created a state-run Health Benefit Exchange (HBE) portal called the Washington Healthplanfinder (HPF). In addition to providing health insurance access to individuals and employers, the HPF provides eligibility determination for most Medicaid programs through a simplified automated system that is no longer tied to eligibility for ESA-administered public assistance programs. The management of medical assistance eligibility and related IT system processes were moved from ESA and the Automated Client Eligibility System (ACES) to the Health Care Authority (HCA) and the HBE. Families and pregnant women with Modified Adjusted Gross Income (MAGI) below the required federal poverty level (FPL) began accessing Medicaid through the HBE on October 1, 2013. Washington state also opted to participate in Medicaid Expansion, which qualifies eligible individuals with MAGI below 138% FPL for Medicaid. These individuals began accessing Medicaid through HBE beginning January 1, 2014.

³ Medical assistance programs historically included coverage that was associated with an ESA-administered cash assistance program such as Temporary Assistance for Needy Families (TANF), Aged, Blind or Disabled (ABD) cash assistance, or Refugee Cash Assistance (RCA).

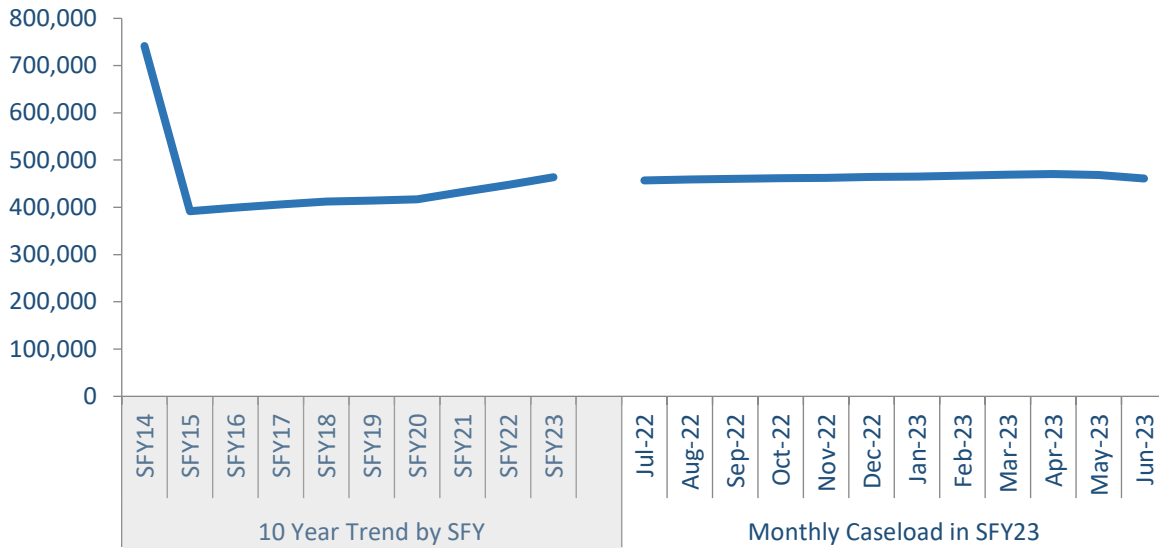
Medical Assistance Clients by Program Type, SFY 2023

Program Type	Description	Avg. Monthly Clients
Alien Emergency Medicaid (AEM)⁴	Federally funded program for immigrants who would qualify for full-scope Medicaid except for their alien status. Coverage is limited to emergency medical conditions.	253
Healthcare for Workers with Disabilities	Medical assistance for disabled persons who are working and do not receive SSI. Premium amounts are based on income.	1,897
Long Term Care	Coverage for people residing in a medical institution, receiving home and community based waiver services, or receiving hospice services.	100,583
Medicare Savings Program	Programs that pay Medicare premiums, coinsurance, and deductibles for low-income Medicare beneficiaries. Income limits vary by program, from 100% to 200% FPL.	206,988
Refugee Medical	Medical assistance for refugees who are ineligible for Medicaid. Eligibility ends after the first twelve months of residency in the U.S.	22
SSI Medicaid	Medical assistance for aged, blind or disabled persons who receive Supplemental Security Income (SSI). The Social Security Administration determines eligibility for SSI using income rules based on Title XVI of the Social Security Act.	104,105
SSI Related Medicaid	Medical assistance for low-income aged, blind, or disabled persons who do not receive SSI cash benefits.	48,618
Medical Care Services (MCS)⁵	Medical assistance for adults who are deemed eligible for Aged, Blind, or Disabled (ABD) cash assistance or the Housing and Essential Needs (HEN) Referral program but are immigrants under the five-year bar or legally present immigrants who are ineligible for other medical assistance programs.	1,171

⁴ Counts are restricted to clients 65 and older who are served by DSHS (ESA and ALTSA only).

⁵ Under [HB 1748](#) and [TSSB 5164](#), MCS was expanded to survivors of certain crimes (SCC) who receive ABD cash, HEN Referral, or State Family Assistance (SFA).

Total Medical Assistance Caseload, SFY 2014 – 2023



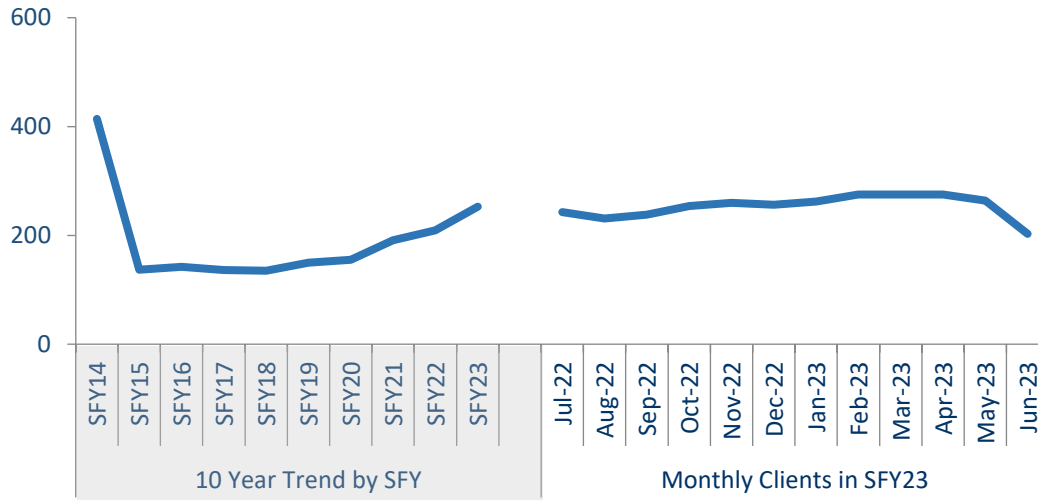
Note: The caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Caseload	SFY	Mo. Avg. Caseload
SFY14	741,457	SFY19	414,320
SFY15	391,828	SFY20	416,950
SFY16	399,159	SFY21	432,653
SFY17	406,260	SFY22	447,487
SFY18	412,042	SFY23	463,873

SFY 2023	# of Cases ⁶	# of Clients
July	457,285	320,460
August	458,765	321,397
September	460,235	322,303
October	461,546	323,237
November	462,598	323,950
December	464,106	324,873
January	465,123	325,687
February	467,272	326,859
March	469,297	328,157
April	470,400	329,028
May	468,641	328,115
June	461,206	323,768
Mo. Avg.	463,873	324,820
Annual Unduplicated	540,381	357,155

⁶ These counts are of unique case numbers. Each client is assigned a case number for each medical program enrolled. A client may be enrolled in more than one medical program during the month (for example, both the Long-Term Care program and the Medicare Savings Program). When this happens, multiple case numbers are assigned—one for each medical program. As a result, the monthly number of medical assistance cases is greater than the number of medical clients.

Alien Emergency Medical Clients⁷, SFY 2014 – 2023



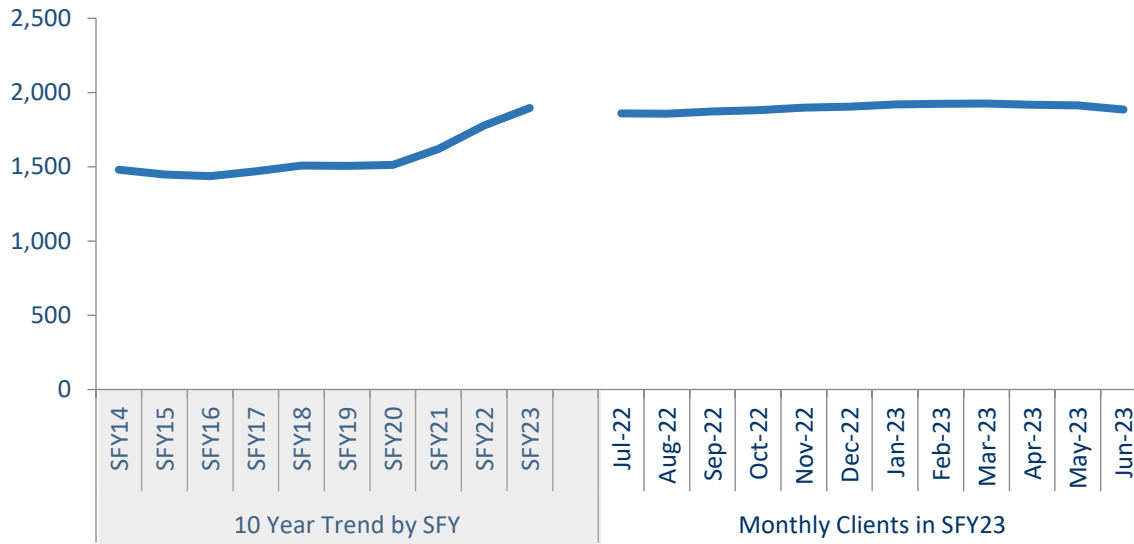
Note: The caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY14	414	SFY19	150
SFY15	137	SFY20	155
SFY16	142	SFY21	191
SFY17	136	SFY22	209
SFY18	135	SFY23	253

SFY 2023	# of Clients
July	243
August	231
September	238
October	254
November	260
December	256
January	262
February	275
March	275
April	275
May	264
June	203
Mo. Avg.	253
Annual Unduplicated	626

⁷ Counts are restricted to clients 65 and older who are served by DSHS (ESA and ALTSA only).

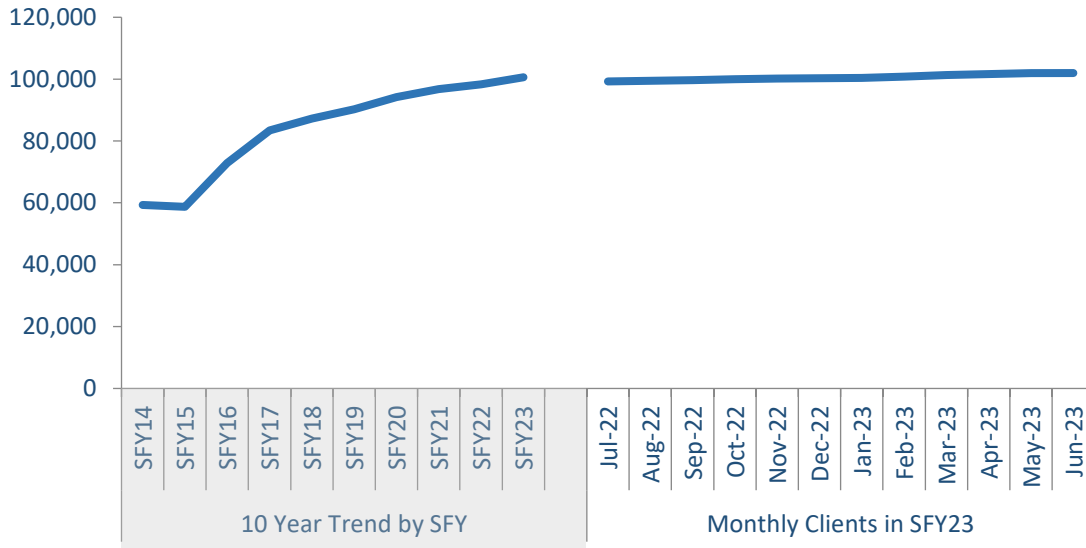
Healthcare for Workers with Disabilities Clients, SFY 2014 – 2023



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY14	1,480	SFY19	1,506
SFY15	1,447	SFY20	1,513
SFY16	1,437	SFY21	1,621
SFY17	1,470	SFY22	1,777
SFY18	1,508	SFY23	1,897

SFY 2023	# of Clients
July	1,859
August	1,858
September	1,873
October	1,881
November	1,898
December	1,906
January	1,919
February	1,925
March	1,926
April	1,918
May	1,914
June	1,885
Mo. Avg.	1,897
Annual Unduplicated	2,047

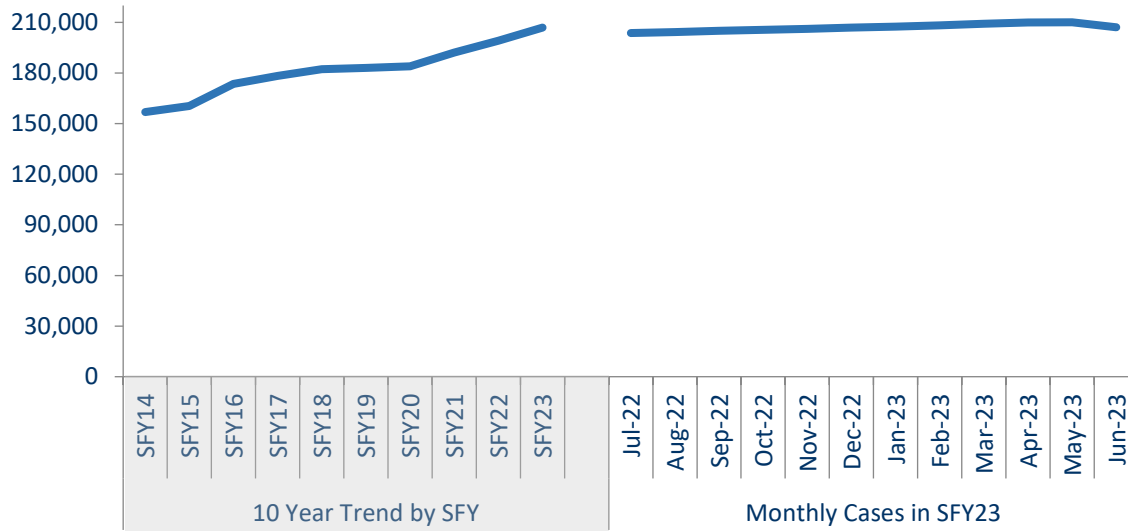
Long-Term Care Medical Clients, SFY 2014 – 2023



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY14	59,328	SFY19	90,257
SFY15	58,724	SFY20	94,185
SFY16	72,875	SFY21	96,734
SFY17	83,409	SFY22	98,296
SFY18	87,219	SFY23	100,583

SFY 2023	# of Clients
July	99,263
August	99,483
September	99,687
October	99,937
November	100,192
December	100,304
January	100,446
February	100,763
March	101,368
April	101,624
May	101,955
June	101,971
Mo. Avg.	100,583
Annual Unduplicated	116,585

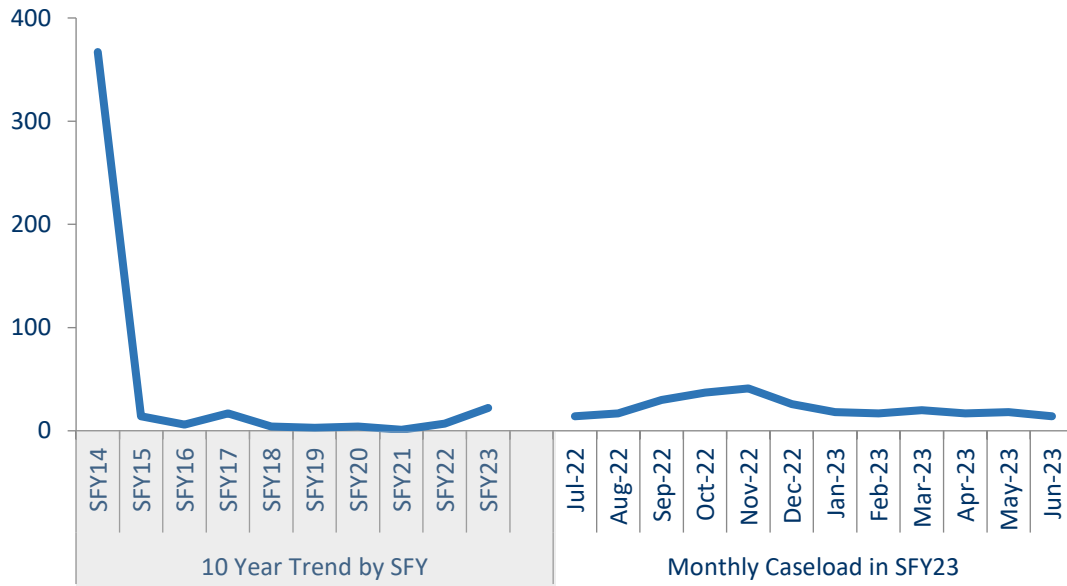
Medicare Savings Program Caseload, SFY 2014 – 2023



SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY14	156,855	SFY19	182,956
SFY15	160,438	SFY20	183,978
SFY16	173,520	SFY21	192,165
SFY17	178,338	SFY22	199,133
SFY18	182,238	SFY23	206,988

SFY 2023	# of Cases	# of Clients
July	203,775	209,159
August	204,327	209,734
September	204,977	210,380
October	205,678	211,135
November	206,134	211,616
December	206,964	212,443
January	207,396	212,919
February	208,202	213,751
March	209,197	214,798
April	209,969	215,608
May	210,059	215,694
June	207,180	212,710
Mo. Avg.	206,988	212,496
Annual Unduplicated	232,665	236,591

Refugee Medical Assistance Caseload, SFY 2014 – 2023

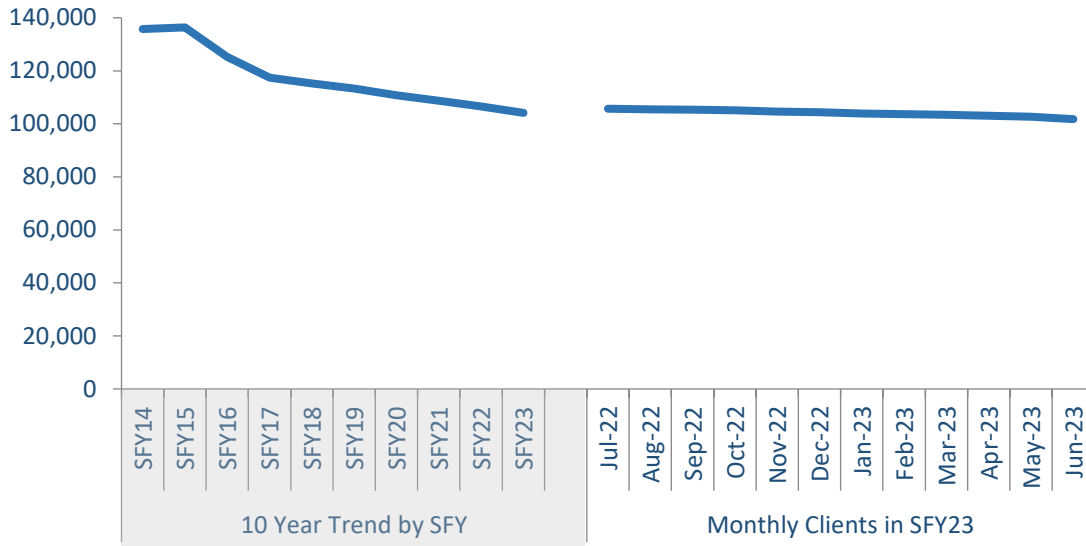


Note: The caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY14	367	SFY19	3
SFY15	14	SFY20	4
SFY16	6	SFY21	1
SFY17	17	SFY22	7
SFY18	4	SFY23	22

SFY 2023	# of Cases	# of Clients
July	14	18
August	17	22
September	30	41
October	37	52
November	41	56
December	26	36
January	18	26
February	17	24
March	20	27
April	17	19
May	18	20
June	14	16
Mo. Avg.	22	30
Annual Unduplicated	68	88

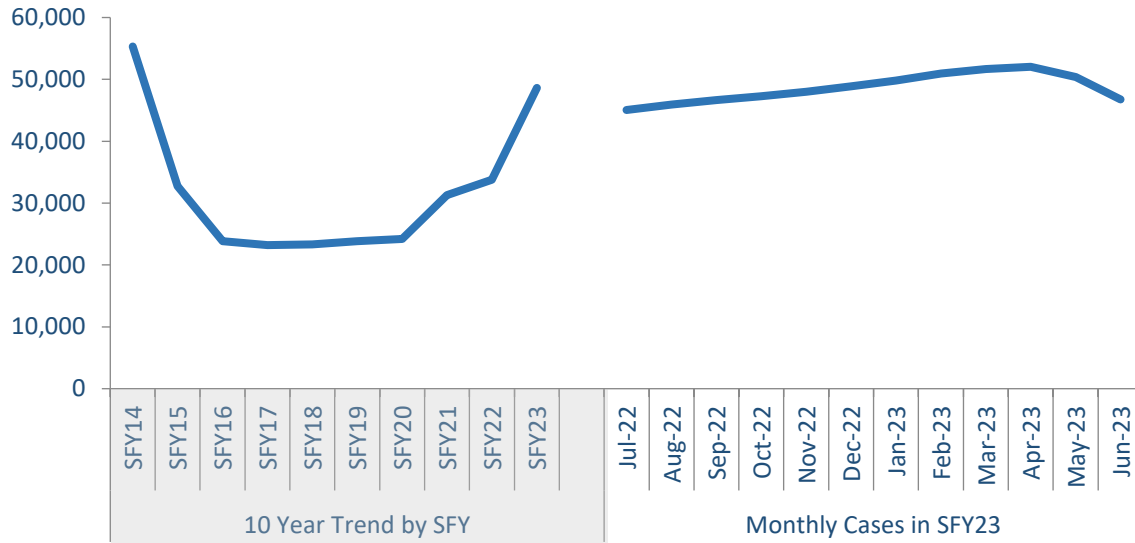
SSI Medicaid Clients, SFY 2014 – 2023



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY14	135,730	SFY19	113,251
SFY15	136,374	SFY20	110,739
SFY16	125,278	SFY21	108,752
SFY17	117,461	SFY22	106,512
SFY18	115,279	SFY23	104,105

SFY 2023	# of Clients
July	105,708
August	105,469
September	105,351
October	105,080
November	104,681
December	104,418
January	103,896
February	103,710
March	103,425
April	103,111
May	102,637
June	101,776
Mo. Avg.	104,105
Annual Unduplicated	116,252

SSI Related Medicaid Caseload, SFY 2014 – 2023



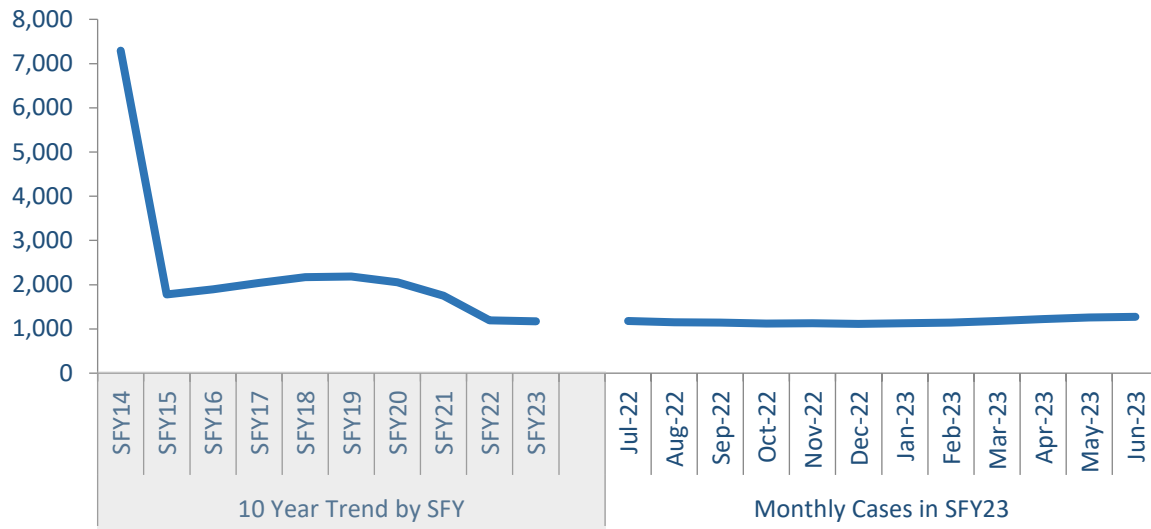
Note: The sharp caseload decline beginning in SFY 2015 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY14	55,314	SFY19	23,859
SFY15	32,758	SFY20	24,184
SFY16	23,832	SFY21	31,274
SFY17	23,211	SFY22	33,759
SFY18	23,319	SFY23	48,618

SFY 2023	# of Cases	# of Clients
July	45,037	46,950
August	45,951	47,866
September	46,663	48,588
October	47,294	49,270
November	47,984	49,964
December	48,865	50,883
January	49,828	51,889
February	50,956	53,009
March	51,658	53,809
April	52,049	54,245
May	50,366	52,511
June	46,766	48,846
Mo. Avg.	48,618	50,653
Annual Unduplicated	68,155	65,306

⁸ HCA and its partners (including DSHS) suspended all medical terminations as part of the continuous Medicaid enrollment during the COVID pandemic between March 2020 and March 2023. As a result, there was an increase in medical caseload during this time. Beginning April 1, 2023, HCA and DSHS began the medical eligibility redetermination, a requirement of all states by the Consolidated Appropriations Act of 2023 passed by the U.S. Congress on December 29, 2023.

Medical Care Services Caseload,⁹ SFY 2014 – 2023



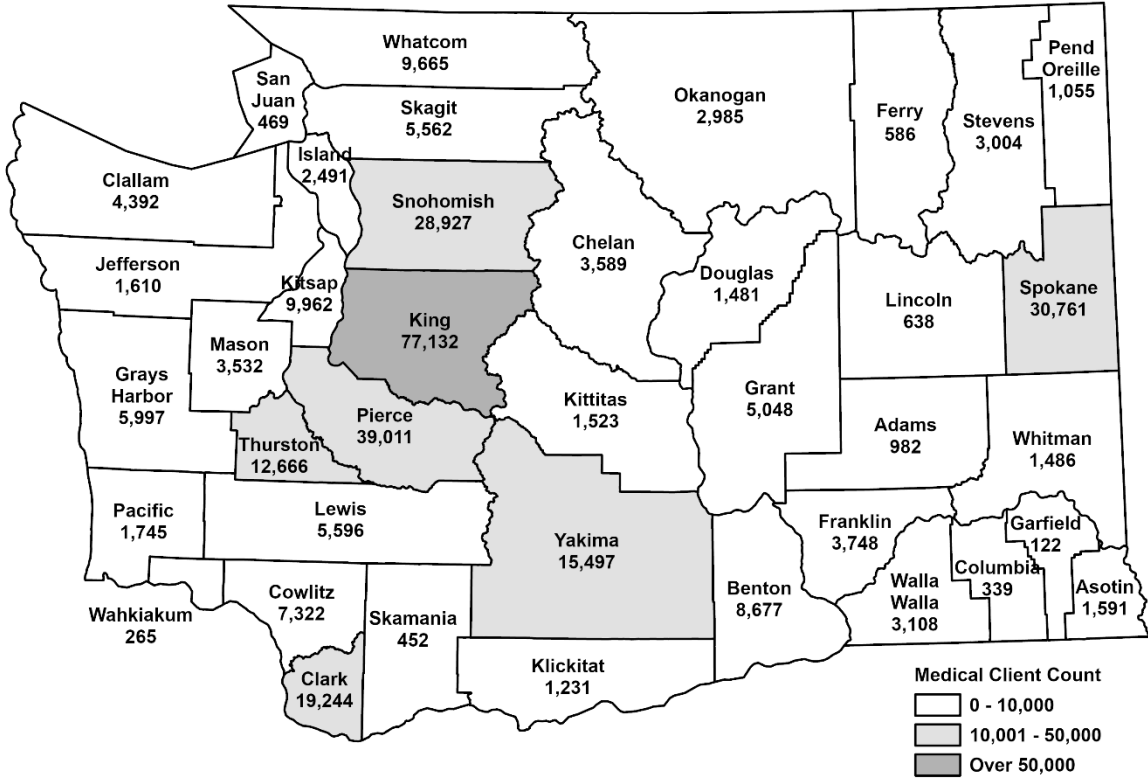
SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY14	7,292	SFY19	2,182
SFY15	1,778	SFY20	2,058
SFY16	1,897	SFY21	1,752
SFY17	2,038	SFY22	1,192
SFY18	2,171	SFY23	1,171

SFY 2023	# of Cases	# of Clients
July	1,177	1,177
August	1,153	1,153
September	1,143	1,141
October	1,125	1,123
November	1,128	1,129
December	1,114	1,115
January	1,131	1,134
February	1,143	1,145
March	1,179	1,182
April	1,225	1,226
May	1,256	1,256
June	1,273	1,272
Mo. Avg.	1,171	1,171
Annual Unduplicated	1,966	1,923

⁹ During the 2013 legislative session, the Washington State Legislature passed Substitute House Bill 2069, which narrowed MCS eligibility to include only ABD and HEN recipients who are ineligible for Medicaid expansion. This change maintained MCS coverage for aged, blind, disabled or incapacitated persons who are lawfully present in the U.S. and not eligible for federally funded medical assistance because of immigration status. The effective date for these changes was January 1, 2014.

Medical Assistance Clients by County, June 2023 Snapshot

Number of Medical Clients by Residential County in Washington State: June 2023

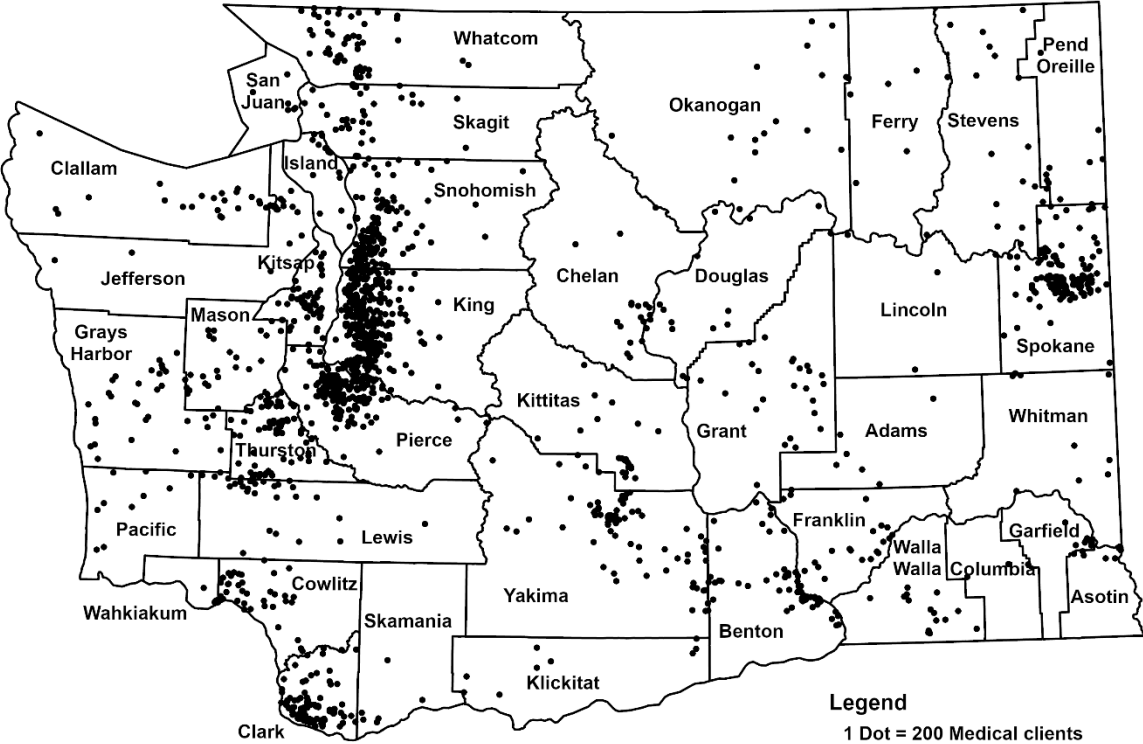


Source: ACES data

Provided by DSHS/ESA/OAS/EMAPS - Aug. 2023

Medical Assistance Clients by Density of Residential Zip Code, June 2023 Snapshot

Number of Medical Clients by Density of Residential Zip Code in Washington State: June 2023



Source: ACES data

Provided by DSHS/ESA/OAS/EMAPS - Aug. 2023