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Decision Packages

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Recommendation Summary

Version: C3 - 030 - 2011-13 Final 2013 Sup

Budget Period: 2011-13
Budget Level Criteria: ALL

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds	
M1 - Mandatory Caseload and Enrollment Changes						
93	Mandatory Caseload Adjustments	0	0.0	1,254	990	2,244
	SubTotal M1		0.0	1,254	990	2,244
	Cumulative Total Thru M1		0.0	1,254	990	2,244
M2 - Inflation and Other Rate Changes						
8P	Postage Rate Adjustments	0	0.0	3	0	3
9T	Transfers	0	(2.0)	(275)	(110)	(385)
CG	State Hospital Revenue Adjustment	0	0.0	5,214	(5,214)	0
XB	ACA-Mandatory Provider Revalidation	0	0.0	0	0	0
XQ	Federal Funds - Increased Authority	0	0.0	0	1,000	1,000
XT	Restore Funding for ITA and ORCSP	0	0.0	1,613	0	1,613
XU	Transfer - DSHS/HCA FTEs	0	(1.0)	(93)	(92)	(185)
	SubTotal M2		(3.0)	6,462	(4,416)	2,046
	Cumulative Total Thru M2		(3.0)	7,716	(3,426)	4,290
PL - Performance Level						
XD	Federal Sequester	0	0.0	0	0	0
XS	Mental Health High-Profile Patients	0	3.9	1,063	0	1,063
	SubTotal PL		3.9	1,063	0	1,063
	Cumulative Total Thru PL		0.9	8,779	(3,426)	5,353
Total Proposed Budget			0.9	8,779	(3,426)	5,353

Recommendation Summary Text

8P - Postage Rate Adjustments

Program: 030

(M2) The Department of Social and Health Services (DSHS) requests \$258,000 Total Funds, \$143,000 GF-State, for the 2013 Supplemental Budget for the increase in first class postage from \$0.44 to \$0.45 that took effect January 22, 2012.

93 - Mandatory Caseload Adjustments

Program: 030

(M1) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$2,244,000 Total Funds, \$1,254,000 GF-State, in the 2013 Supplemental Budget for an adjustment to reflect the changes in Medicaid eligible clients based on the June 2012 Caseload Forecast. It reflects a decrease in overall clients of approximately 14,000 clients, but an increase in disabled clients, this fiscal year.

9T - Transfers

Program: 030

(M2) The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2013 Supplemental Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The DSHS programs combined total equals a net zero impact cost.

CG - State Hospital Revenue Adjustment

Program: 030

(M2) The Department of Social and Health Services (DSHS), Aging and Disabilities Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$5,214,000 GF-State in the 2013 Supplemental Budget for an annual adjustment to state hospital revenue for patient contributions including Medicare, private pay and insurance.

Recommendation Summary

Budget Period: 2011-13
Budget Level Criteria: ALL

Version: C3 - 030 - 2011-13 Final 2013 Sup

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
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XB - ACA-Mandatory Provider Revalidation

Program: 030

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request for funds and FTEs to meet new federal requirements as part of the Affordable Care Act (ACA). DSHS is required to revalidate all enrolled providers every five years, complete additional screenings when enrolling new providers, complete site visits during revalidation, and satisfy other new requirements.

XD - Federal Sequester

Program: 030

(PL) The Department of Social and Health Services (DSHS) requests an increase to GF-State funds and a corresponding decrease in GF-Federal appropriation in anticipation of across-the-board reductions (sequestration) to certain federal awards scheduled to take effect on January 2, 2013.

XQ - Federal Funds - Increased Authority

Program: 030

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$1,000,000 Total Funds in the 2013 Supplemental Budget for receipt of the federal System of Care Expansion Implementation Cooperative Agreements Grant.

XS - Mental Health High-Profile Patients

Program: 030

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests 7.7 FTEs and \$1,063,000 GF-State in the 2013 Supplemental Budget for 24-hour monitoring of two high-profile patients with a high risk of escape and/or injury to themselves or others.

XT - Restore Funding for ITA and ORCSP

Program: 030

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$1,613,000 GF-State in the 2013 Supplemental Budget to restore funding for Involuntary Treatment Act (ITA) ancillary services and the Offender Re-entry Community Services Program (ORCSP).

XU - Transfer - DSHS/HCA FTEs

Program: 030

(M2) The Department of Social and Health Services (DSHS) requests a transfer of (7.0) FTEs and (\$754,000) Total Funds, (\$399,000) GF-State, from DSHS to the Health Care Authority (HCA). This would move the remaining FTEs and dollars between DSHS and HCA to complete the Memorandum of Understanding (MOU) between the Medicaid Purchasing Administration (MPA), now HCA and DSHS.

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$2,244,000 Total Funds, \$1,254,000 GF-State, in the 2013 Supplemental Budget for an adjustment to reflect the changes in Medicaid eligible clients based on the June 2012 Caseload Forecast. It reflects a decrease in overall clients of approximately 14,000 clients, but an increase in disabled clients, this fiscal year.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	0	1,254,000	1,254,000
001-C General Fund - Basic Account-Medicaid Federal	0	990,000	990,000
Total Cost	0	2,244,000	2,244,000

Staffing

Package Description:

Funding for mental health community-based services is based on the number of Washington Medicaid eligible clients. An annual funding adjustment is required to reflect the changes in Medicaid eligible clients based on the June 2012 Caseload Forecast.

Agency Contact: Debbie Schaub (360) 902-8177
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DBHR expects to continue to provide the same level of services in the community for Medicaid eligible clients.

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services

No measures linked to package

Incremental Changes
<u>FY 1</u> <u>FY 2</u>
0.00 0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2011-2013 Strategic Plan:

--Goal 1 Improving the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategy:

Improve the health of Washingtonians
--Provide access to quality health care

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

None

What are the consequences of not funding this package?

This request is for funding based on the most current forecast, June 2012, which shows a decrease of approximately 14,000, for a total of 1,019,000 clients this fiscal year.

What is the relationship, if any, to the state's capital budget?

N/A

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: DBHR M1-93 Mandatory Caseload Adjustment.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Costs in this package are ongoing. Costs associated with the caseload in future biennia will be determined by future caseload forecasts.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	0	2,244,000	2,244,000

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments

Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	0	1,254,000	1,254,000
<i>Total for Fund 001-1</i>		0	1,254,000	1,254,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	0	990,000	990,000
<i>Total for Fund 001-C</i>		0	990,000	990,000
Total Overall Funding		0	2,244,000	2,244,000

**2013 Supplemental Budget
DBHR Mandatory Caseload Adjustments**

FY 13 Funding Request (State Plan Rates X Caseload)											
July 2012 through June 2013											
Medicaid Rate RSN	Children			Adults			Total	Leg Funding	Amount Change	State	Federal
	Non Disbid	Disbid	Non Disbid	Disbid	Non Disbid	Disbid					
Chelan Douglas	1,902,707.47	1,005,462.53	481,308.12	3,696,724.87	7,086,202.99	7,086,202.99	7,080,342.99	5,860.00	2,930.00	2,930.00	2,930.00
Clark	6,239,009.87	4,551,971.31	2,233,364.72	11,358,358.87	24,382,704.77	24,382,704.77	24,377,557.11	5,147.66	2,573.83	2,573.83	2,573.83
Grays Harbor	812,365.05	340,948.50	624,869.55	4,304,193.56	6,082,376.66	6,082,376.66	6,122,512.31	(40,135.66)	(20,067.83)	(20,067.83)	(20,067.83)
Greater Columbia	9,830,277.43	8,701,539.26	4,856,400.11	22,359,367.03	45,747,583.84	45,747,583.84	45,855,048.99	(107,465.16)	(53,732.58)	(53,732.58)	(53,732.58)
King	18,457,859.19	11,399,224.16	12,015,829.99	62,165,353.39	104,038,266.73	104,038,266.73	104,035,664.91	2,601.82	1,300.91	1,300.91	1,300.91
North Central	2,919,889.32	1,573,581.30	2,056,706.22	8,179,075.73	14,729,252.57	14,729,252.57	14,987,766.49	(258,513.92)	(129,256.96)	(129,256.96)	(129,256.96)
North Sound	9,804,708.47	5,294,720.88	4,067,639.47	31,822,407.41	50,989,476.24	50,989,476.24	51,173,707.64	(184,231.40)	(92,115.70)	(92,115.70)	(92,115.70)
Peninsula	3,639,938.63	2,395,338.34	2,342,666.55	13,911,296.06	22,289,239.58	22,289,239.58	22,311,729.99	(22,490.40)	(11,245.20)	(11,245.20)	(11,245.20)
Pierce	5,975,237.93	4,746,159.71	4,803,135.19	32,553,793.03	48,078,325.86	48,078,325.86	47,920,859.38	157,466.48	78,733.24	78,733.24	78,733.24
Southwest	2,246,977.25	964,874.38	933,905.10	3,736,137.52	7,881,894.25	7,881,894.25	8,040,105.77	(158,211.52)	(79,105.76)	(79,105.76)	(79,105.76)
Spokane	8,683,962.74	6,715,437.45	2,921,859.99	20,447,145.59	38,768,405.78	38,768,405.78	39,464,384.97	(695,979.19)	(347,989.59)	(347,989.59)	(347,989.59)
Thurston Mason	2,734,224.58	854,727.43	1,709,189.40	11,120,865.62	16,419,007.02	16,419,007.02	16,586,100.53	(167,093.51)	(83,546.76)	(83,546.76)	(83,546.76)
Timberlands	1,491,486.52	627,081.87	883,827.12	4,607,652.19	7,610,047.70	7,610,047.70	7,596,287.72	13,759.98	6,879.99	6,879.99	6,879.99
Total	74,738,644.46	49,171,067.12	39,930,701.54	230,262,370.88	394,102,784.00	394,102,784.00	395,552,068.81	(1,449,284.81)	(724,642.41)	(724,642.41)	(724,642.41)

Wtd Avg Rate \$9.06 \$85.06 \$16.52 \$124.37

2012 Supplemental Budget:

	GF-State	GF-Federal	Total
Caseload - February 2012 Forecast	197,776,034	197,776,034	395,552,069
HSN Hospital Safety Net Adjustment	(820,000)	(309,000)	(1,129,000)
45A Optional Waiver Services (b3)	(1,159,000)	(1,406,000)	(2,565,000)
Total Legislative Funding	195,797,034	196,061,034	391,858,069
Caseload - June 2012 Forecast	197,051,392	197,051,392	394,102,784
Difference - June 2012 FC & Leg Funding	(1,254,358)	(990,358)	(2,244,715)
FY 2013 Supplemental Request	1,254,000	990,000	2,244,000

Notes:
FMAP rate used for both fiscal years is 50%.
Funding request does not include Local Match Option.

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests \$258,000 Total Funds, \$143,000 GF-State, for the 2013 Supplemental Budget for the increase in first class postage from \$0.44 to \$0.45 that took effect January 22, 2012.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	0	3,000	3,000
Total Cost	0	3,000	3,000

Staffing

Package Description:

Effective January 22, 2012, the United States Postal Service (USPS) increased the rate for first class mail to \$0.45 from the former rate of \$0.44. This request is for \$258,000 (\$143,000 GF State) to fund a 2.27 percent increase in first class postage rate. The department postage costs are to meet mandatory notification requirements and for required operational needs.

Agency Contact: Jialing Huang (360) 902-7831

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Not applicable

Performance Measure Detail

Agency Level

Activity: **C063 Mental Health Facilities Services**

Outcome Measures

001103 State Hospitals Services

Incremental Changes
<u>FY 1</u> <u>FY 2</u>
0.00 0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goal identified in the DSHS 2011-2013 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategy:

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Provide for the safety of Washington's vulnerable children and adults
--Ensure efficiency, performance, and accountability to clients and the public

What are the other important connections or impacts related to this proposal?

All state programs are impacted by a USPS rate increase.

What alternatives were explored by the agency, and why was this alternative chosen?

The USPS mail service is considered accessible to all clients and is an efficient means of communication. Other forms of communication or remittance of payments, such as electronic banking and email, are not accessible to many of the department's clients or may require revisions to state laws.

What are the consequences of not funding this package?

Non funding may have negative results to the agency's ability to communicate with clients and remain responsive to constituent needs. If not approved, then funds will have to be diverted from programs or services to cover the increased costs.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Actual costs for Fiscal Year 2012 for specific Object E costs were used as the base for calculating Fiscal Year 2013 increases.

See attachment: AW M2 8P Postage Rate Adjustment.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

This item is an ongoing operational cost. There are no one time-costs associated with this request. This is an increase that will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	0	2,000	2,000
T Intra-Agency Reimbursements	0	1,000	1,000
Total Objects	0	3,000	3,000

Department of Social and Health Services

DP Code/Title: **M2-8P Postage Rate Adjustments**

Program Level - **030 Mental Health**

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	0	3,000	3,000
<i>Total for Fund 001-1</i>		<u>0</u>	<u>3,000</u>	<u>3,000</u>
Total Overall Funding		0	3,000	3,000

**2013 Supplemental Budget
M2-8P Postage Rate Adjustment**

**Department of Social & Health Services
2013 Supplemental Agency Request - 8P Postage Rate Adjustment**

Object Split

Program	Object E			ISSD - Sub Object TZ			Total		
	2012	2013	Total	2012	2013	Total	2012	2013	Total
010	0	14,000	14,000	0	3,000	3,000	0	17,000	17,000
020	0	1,000	1,000	0	1,000	1,000	0	2,000	2,000
030	0	2,000	2,000	0	1,000	1,000	0	3,000	3,000
040	0	5,000	5,000	0	1,000	1,000	0	6,000	6,000
050	0	8,000	8,000	0	2,000	2,000	0	10,000	10,000
060	0	201,000	201,000	0	11,000	11,000	0	212,000	212,000
070	0	0	0	0	0	0	0	0	0
100	0	2,000	2,000	0	0	0	0	2,000	2,000
110	0	4,000	4,000	0	2,000	2,000	0	6,000	6,000
135	0	0	0	0	0	0	0	0	0
145	0	0	0	0	0	0	0	0	0
150	0	21,000	21,000	0	(21,000)	(21,000)	0	0	0
Total	0	258,000	258,000	0	0	0	0	258,000	258,000

State/Other Split

Program	State			Other			Total		
	2012	2013	Total	2012	2013	Total	2012	2013	Total
010	0	11,000	11,000	0	6,000	6,000	0	17,000	17,000
020	0	2,000	2,000	0	0	0	0	2,000	2,000
030	0	3,000	3,000	0	0	0	0	3,000	3,000
040	0	4,000	4,000	0	2,000	2,000	0	6,000	6,000
050	0	6,000	6,000	0	4,000	4,000	0	10,000	10,000
060	0	112,000	112,000	0	100,000	100,000	0	212,000	212,000
070	0	0	0	0	0	0	0	0	0
100	0	0	0	0	2,000	2,000	0	2,000	2,000
110	0	5,000	5,000	0	1,000	1,000	0	6,000	6,000
135	0	0	0	0	0	0	0	0	0
145	0	0	0	0	0	0	0	0	0
150	0	0	0	0	0	0	0	0	0
Total	0	143,000	143,000	0	115,000	115,000	0	258,000	258,000

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2013 Supplemental Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The DSHS programs combined total equals a net zero impact cost.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	0	(275,000)	(275,000)
001-7 General Fund - Basic Account-Private/Local	0	(4,000)	(4,000)
001-C General Fund - Basic Account-Medicaid Federal	0	(106,000)	(106,000)
Total Cost	0	(385,000)	(385,000)

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	0.0	(4.0)	(2.0)

Package Description:

DSHS requests internal transfer among several program budgets resulting in a net zero funding change for the department. This aligns program appropriations with planned expenditures for the current budget. DSHS requests the following adjustments:

Information System Services Division (ISSD) Compensation Adjustment-
(Program 110 to Programs 010, 020, 030, 040, 050, 060, 070, 100, and 135):

Program 110 - Administration and Supporting Services (Administration) will transfer compensation adjustments for staff in program 150 or ISSD to other DSHS programs. ISSD is a \$0 budget and chargeback program where funding resides in the program's TZ budget. Administration will transfer \$130,000 GF-State in reductions to the other programs. The transfer will realign the funding with the correct DSHS programs to be charged by ISSD.

Central Service Reforms Savings Redistribution-
(Program 145 to Programs 010, 020, 030, 040, 050, 060, 070, 100, 110, 135, and 150):

Program 145 - Payments to Other Agencies (PTOA) received a budget reduction from the 2012 Supplemental Budget reducing costs related to cell phones, mailing, printing, and information technology. These costs are not paid by PTOA, but are paid by the other programs. PTOA will transfer \$3,641,000 Total Funds, \$2,781,000 GF-State, in reductions to the programs. This transfer will reduce funding in the programs where cost savings are incurred.

Internal Auditor and Cell Phone Funding-
(Programs 010, 020, 030, 040, 050, 060, 070, 100, 110, and 135):

Internal funding related to auditing and monitoring the effective use of cell phones is created. The funding will monitor cell phone usage and payments and develop a department wide policy for effective use of cell phones. Programs will transfer \$151,000 Total Funds, \$76,000 GF-State, to Administration.

Human Resource Consolidation-
(Programs 010, 020, 030, 040, 050, 060, 070, 100, and 150 to 110):

The Human Resources Division (HRD) within Administration has undergone reorganization. All human resources staff in the field now report to HRD, but are funded by the various programs. This consolidation will move the budget for all human resources staff to HRD. The LEAP Committee provisionally approved this consolidation in June 2012, pending the receipt and verification of recast historical data. Programs will transfer 71.5 FTEs and \$4,647,000 Total Funds, \$2,458,000 GF-State, to Administration.

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Evidence-Based Funding Transfer-

(Program 110 to Programs 010 and 030):

Funding from the 2012 Supplemental Budget - 2nd Special Session was provided for the implementation of E2SHB 2536 - Children Services Delivery with coordination between Children's Administration and Mental Health. The funding is intended for programs 010 and 030. Administration will transfer 2.0 FTEs and \$218,000 Total Funds, \$113,000 GF-State, to Children's and Mental Health.

Special Commitment Center (SCC) and Consolidated Field Services (CFS) FTE Transfer-

(Program 135 - SCC to Program 160 - CFS):

SCC received FTEs and funding for the maintenance operations of McNeil Island and received a reduction in resident's legal defense costs and related FTEs. Costs for these services are in SCC, but FTEs are in CFS. SCC will transfer 3.7 FTEs to CFS (6.7 FTEs provided for maintenance operations and 3.0 FTEs reduced for legal costs).

Cost Allocation Funding Adjustment-

(Program 110 and Program 145)

Actual earnings for Title 19 between Administration and PTOA need to be adjusted. Administration is earning more federal than state and the opposite is true in PTOA. Administration will transfer \$500,000 GF-State to PTOA and PTOA will transfer \$500,000 GF-Federal to Administration. The net effect is zero.

Fair Hearing Coordinator-

(Program 050 to Program 040)

Program 050 was provided 3.0 FTEs for the Fair Hearing Coordinator positions to implement I-1163. However, these positions should be in Program 040. Program 050 transfers 3.0 FTEs to Program 040.

These transfers will realign FTEs and funding with the DSHS programs to be charged.

Agency contact: Tula Habb (360) 902-8182

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Costs are reflected in appropriate DSHS programs and the department maintains an effective administrative operation.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services

Outcome Measures

001103 State Hospitals Services

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2011-2013 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategy:

State government must achieve results through efficient and effective performance.
--Ensure efficiency, performance, and accountability to the public

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

None

What are the consequences of not funding this package?

If the funding authority is not transferred between programs, then DSHS would be required to develop internal mechanisms to track and transfer costs resulting in reduced efficiency.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: AW M2-9T Transfers.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The transfer is one-time in Fiscal Year 2013. Some items are ongoing, but have been included in the 2013-15 Biennial Budget.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	0	(190,000)	(190,000)
B Employee Benefits	0	(61,000)	(61,000)
E Goods And Services	0	(118,000)	(118,000)
G Travel	0	(3,000)	(3,000)
T Intra-Agency Reimbursements	0	(13,000)	(13,000)
Total Objects	0	(385,000)	(385,000)

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u> <u>Title</u>				
0011	General Fund State	0	(275,000)	(275,000)
<i>Total for Fund 001-1</i>		0	(275,000)	(275,000)
Fund 001-7, General Fund - Basic Account-Private/Local				
<u>Sources</u> <u>Title</u>				
5417	Contributions & Grants	0	(4,000)	(4,000)
<i>Total for Fund 001-7</i>		0	(4,000)	(4,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u> <u>Title</u>				
19TA	Title XIX Assistance (FMAP)	0	(116,000)	(116,000)
19UL	Title XIX Admin (50%)	0	10,000	10,000
<i>Total for Fund 001-C</i>		0	(106,000)	(106,000)
Total Overall Funding		0	(385,000)	(385,000)

**2013 Supplemental Budget
M2-9T Transfers**

	Program	FTEs			FY 2012			FY 2013			2011-13 Biennium		
		FY12	FY13	Total	001-1	Other	Total	001-1	Other	Total	001-1	Other	Total
010	Children's Administration			0.0			0			0	0	0	0
	1. ISSD Compensation Adjustments			0.0			0	(20,000)		(20,000)	(20,000)	0	(20,000)
	2. Central Service Reforms Redistribution			0.0			0	(593,000)	(185,000)	(778,000)	(593,000)	(185,000)	(778,000)
	3. Auditor & Cell Phone Funding			0.0			0	(12,000)	(12,000)	(24,000)	(12,000)	(12,000)	(24,000)
	4. Human Resource Consolidation		(13.0)	(6.5)			0	(462,000)	(410,000)	(872,000)	(462,000)	(410,000)	(872,000)
	5. Evidence Based Funding Transfer			1.0			0	57,000	53,000	110,000	57,000	53,000	110,000
				0.0			0			0	0	0	0
	010 Total	0.0	(12.0)	(6.0)	0	0	0	(1,030,000)	(554,000)	(1,584,000)	(1,030,000)	(554,000)	(1,584,000)
020	Juvenile Rehabilitation												
	1. ISSD Compensation Adjustments			0.0			0	(3,000)		(3,000)	(3,000)	0	(3,000)
	2. Central Service Reforms Redistribution			0.0			0	(20,000)		(20,000)	(20,000)	0	(20,000)
	3. Auditor & Cell Phone Funding			0.0			0	(7,000)		(7,000)	(7,000)	0	(7,000)
	4. Human Resource Consolidation			0.0			0	(3,000)		(3,000)	(3,000)	0	(3,000)
				0.0			0			0	0	0	0
	020 Total	0.0	0.0	0.0	0	0	0	(33,000)	0	(33,000)	(33,000)	0	(33,000)
030	Mental Health												
	1. ISSD Compensation Adjustments			0.0			0	(4,000)		(4,000)	(4,000)	0	(4,000)
	2. Central Service Reforms Redistribution			0.0			0	(72,000)	(21,000)	(93,000)	(72,000)	(21,000)	(93,000)
	3. Auditor & Cell Phone Funding			0.0			0	(13,000)	(13,000)	(26,000)	(13,000)	(13,000)	(26,000)
	4. Human Resource Consolidation		(5.0)	(2.5)			0	(242,000)	(128,000)	(370,000)	(242,000)	(128,000)	(370,000)
	5. Evidence Based Funding Transfer			1.0			0	56,000	52,000	108,000	56,000	52,000	108,000
				0.0			0			0	0	0	0
	030 Total	0.0	(4.0)	(2.0)	0	0	0	(275,000)	(110,000)	(385,000)	(275,000)	(110,000)	(385,000)
040	Division of Developmental Disabilities												
	1. ISSD Compensation Adjustments			0.0			0	(7,000)		(7,000)	(7,000)	0	(7,000)
	2. Central Service Reforms Redistribution			0.0			0	(133,000)	(40,000)	(173,000)	(133,000)	(40,000)	(173,000)
	3. Auditor & Cell Phone Funding			0.0			0	(15,000)	(15,000)	(30,000)	(15,000)	(15,000)	(30,000)
	4. Human Resource Consolidation		(6.0)	(3.0)			0	(234,000)	(143,000)	(377,000)	(234,000)	(143,000)	(377,000)
	8. Fair Hearing Coordinator			3.0			0			0	0	0	0
				0.0			0			0	0	0	0
	040 Total	0.0	(3.0)	(1.5)	0	0	0	(389,000)	(198,000)	(587,000)	(389,000)	(198,000)	(587,000)
050	Long Term Care												
	1. ISSD Compensation Adjustments			0.0			0	(13,000)		(13,000)	(13,000)	0	(13,000)
	2. Central Service Reforms Redistribution			0.0			0	(201,000)	(60,000)	(261,000)	(201,000)	(60,000)	(261,000)
	3. Auditor & Cell Phone Funding			0.0			0	(6,000)	(8,000)	(14,000)	(6,000)	(8,000)	(14,000)
	4. Human Resource Consolidation		(6.0)	(3.0)			0	(214,000)	(207,000)	(421,000)	(214,000)	(207,000)	(421,000)
	8. Fair Hearing Coordinator			3.0			0			0	0	0	0
				0.0			0			0	0	0	0
	050 Total	0.0	(6.0)	(4.5)	0	0	0	(434,000)	(275,000)	(709,000)	(434,000)	(275,000)	(709,000)
060	Economic Services Administration												
	1. ISSD Compensation Adjustments			0.0			0	(80,000)		(80,000)	(80,000)	0	(80,000)
	2. Central Service Reforms Redistribution			0.0			0	(1,579,000)	(500,000)	(2,079,000)	(1,579,000)	(500,000)	(2,079,000)
	3. Auditor & Cell Phone Funding			0.0			0	(17,000)	(25,000)	(42,000)	(17,000)	(25,000)	(42,000)
	4. Human Resource Consolidation		(38.5)	(19.3)			0	(1,303,000)	(1,179,000)	(2,482,000)	(1,303,000)	(1,179,000)	(2,482,000)
				0.0			0			0	0	0	0
	060 Total	0.0	(38.5)	(19.3)	0	0	0	(2,979,000)	(1,704,000)	(4,683,000)	(2,979,000)	(1,704,000)	(4,683,000)
070	Alcohol and Substance Abuse												
	1. ISSD Compensation Adjustments			0.0			0			0	0	0	0
	2. Central Service Reforms Redistribution			0.0			0	(20,000)	(6,000)	(26,000)	(20,000)	(6,000)	(26,000)
	3. Auditor & Cell Phone Funding			0.0			0	(1,000)		(1,000)	(1,000)	0	(1,000)
				0.0			0			0	0	0	0
	070 Total	0.0	0.0	0.0	0	0	0	(21,000)	(6,000)	(27,000)	(21,000)	(6,000)	(27,000)
100	Division of Voc. Rehabilitation												
	1. ISSD Compensation Adjustments			0.0			0	(2,000)		(2,000)	(2,000)	0	(2,000)
	2. Central Service Reforms Redistribution			0.0			0	(45,000)	(14,000)	(59,000)	(45,000)	(14,000)	(59,000)
	3. Auditor & Cell Phone Funding			0.0			0	(1,000)	(2,000)	(3,000)	(1,000)	(2,000)	(3,000)
	4. Human Resource Consolidation		(2.0)	(1.0)			0	(122,000)	(122,000)	(244,000)	(122,000)	(122,000)	(244,000)
				0.0			0			0	0	0	0
	100 Total	0.0	(2.0)	(1.0)	0	0	0	(48,000)	(138,000)	(186,000)	(48,000)	(138,000)	(186,000)
110	Administration & Supporting Services												
	1. ISSD Compensation Adjustments			0.0			0	130,000		130,000	130,000	0	130,000
	2. Central Service Reforms Redistribution			0.0			0	(96,000)	(34,000)	(130,000)	(96,000)	(34,000)	(130,000)
	3. Auditor & Cell Phone Funding			0.0			0	76,000	75,000	151,000	76,000	75,000	151,000
	4. Human Resource Consolidation		71.5	35.8			0	2,458,000	2,189,000	4,647,000	2,458,000	2,189,000	4,647,000
	5. Evidence Based Funding Transfer		(2.0)	(1.0)			0	(113,000)	(105,000)	(218,000)	(113,000)	(105,000)	(218,000)
	7. Cost Allocation Funding Adjustment			0.0			0	(500,000)	500,000	0	(500,000)	500,000	0
				0.0			0			0	0	0	0
	110 Total	0.0	69.5	34.8	0	0	0	1,955,000	2,625,000	4,580,000	1,955,000	2,625,000	4,580,000
135	Special Commitment Center												
	1. ISSD Compensation Adjustments			0.0			0	(1,000)		(1,000)	(1,000)	0	(1,000)
	2. Central Service Reforms Redistribution			0.0			0	(22,000)		(22,000)	(22,000)	0	(22,000)
	3. Auditor & Cell Phone Funding			0.0			0	(4,000)		(4,000)	(4,000)	0	(4,000)
	7. SCC and CFS FTE Transfer		(3.7)	(1.9)			0			0	0	0	0
				0.0			0			0	0	0	0
	135 Total	0.0	(3.7)	(1.9)	0	0	0	(27,000)	0	(27,000)	(27,000)	0	(27,000)
145	Payments to Other Agencies												
	2. Central Service Reforms Redistribution			0.0			0	2,781,000	860,000	3,641,000	2,781,000	860,000	3,641,000
	7. Cost Allocation Funding Adjustment			0.0			0	500,000	(500,000)	0	500,000	(500,000)	0
	145 Total	0.0	0.0	0.0	0	0	0	3,281,000	360,000	3,641,000	3,281,000	360,000	3,641,000

**2013 Supplemental Budget
M2-9T Transfers**

	Program	FTEs			FY 2012			FY 2013			2011-13 Biennium		
		FY12	FY13	Total	001-1	Other	Total	001-1	Other	Total	001-1	Other	Total
150	Information System Services Division												
	4. Human Resource Consolidation		(1.0)	(0.5)			0			0	0	0	0
				0.0			0			0	0	0	0
	145 Total	0.0	(1.0)	(0.5)	0	0	0						
160	Consolidated Field Services												
	7. SCC and CFS FTE Transfer		3.7	1.9			0			0	0	0	0
				0.0			0			0	0	0	0
	150 Total	0.0	3.7	1.9	0	0	0						
Agency-Wide Total:		0	0	0.0	0	0	0						

NOTES:

1. Information System Services Division (ISSD) compensation adjustments from Administration & Supporting Services (Admin).
2. Central Service Reforms savings distribution from Payment to Other Agencies (PTOA). Reduces objects E and G costs and includes ISSD's share, which reduces programs' TZ costs.
3. Internal Auditor & Cell Phone Funding - transfers funding for from programs to Admin. Admin's share of the funding is accounted in the transfer.
4. Human Resource Consolidation - transferring from programs to Admin.
5. Evidenced Based Funding Transfer from Admin to Children's Administration (CA) and Mental Health (MH). Funding intended for CA and MH not Admin.
6. Special Commitment Center (SCC) and Consolidated Field Services (CFS) FTE Transfer. SCC received funding for McNeil Island Maintenance Operations and resident legal services transferred to the Office of Public Defense. Dollars reside in SCC but FTE authority reside in CFS.
7. Cost Allocation Funding Adjustment between Admin and PTOA. Adjusts state and federal funding between programs to align with anticipated federal earnings.
8. Fair Hearing Coordinator - transfer FTEs from Program 050 to Program 040.

Department of Social and Health Services

DP Code/Title: M2-CG State Hospital Revenue Adjustment
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disabilities Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$5,214,000 GF-State in the 2013 Supplemental Budget for an annual adjustment to state hospital revenue for patient contributions including Medicare, private pay and insurance.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	0	5,214,000	5,214,000
001-7 General Fund - Basic Account-Private/Local	0	(2,840,000)	(2,840,000)
001-C General Fund - Basic Account-Medicaid Federal	0	(2,374,000)	(2,374,000)
Total Cost	0	0	0

Staffing

Package Description:

Recent state psychiatric hospital revenue projections at Western State Hospital, Eastern State Hospital and the Child Study Treatment Center are not expected to earn all federal and local revenue necessary to support hospital operations based on current client mix.

Hospital revenue is projected monthly based on a 12-month straight-line trend. Revenue is impacted by changes to federal law or legal decisions. This unpredictability impacts the current projection. Changes in patient's use of insurance, Medicaid, and private pay also impact the projection.

Agency Contact: Debbie Schaub (360) 902-8177

Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Washington State psychiatric hospitals will continue to provide institutional-based services at the same operating levels.

Performance Measure Detail

Program: 030

Activity: C063 Mental Health Facilities Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2011-2013 Strategic Plan:

--Goal 1 Improving the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

Department of Social and Health Services

DP Code/Title: M2-CG State Hospital Revenue Adjustment
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategy:

- Improve the health of Washingtonians
- Provide institutional-based and outpatient mental health services

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

There are no alternatives. Revenue earnings are reviewed monthly and adjustments made in each budget request to realign the appropriated authority to reflect the most current estimated earning levels.

What are the consequences of not funding this package?

If revenue adjustments are not funded, the department would need to reduce services to stay within appropriated levels.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Not applicable

Expenditure and revenue calculations and assumptions

See attachment: 030 M2-CG Hospital Revenue Adjustment.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Hospital revenue is projected monthly based on a 12-month straight-line trend. Revenue is impacted by changes to federal law or legal decisions. This unpredictability impacts the current projection. Changes in patient's use of insurance, Medicaid, and private pay also impact the projection.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
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Program Totals

Department of Social and Health Services

DP Code/Title: M2-CG State Hospital Revenue Adjustment
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

DSHS Source Code Detail

		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030				
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	0	5,214,000	5,214,000
<i>Total for Fund 001-1</i>		<u>0</u>	<u>5,214,000</u>	<u>5,214,000</u>
Fund 001-7, General Fund - Basic Account-Private/Local				
<u>Sources</u>	<u>Title</u>			
5417	Contributions & Grants	0	(2,840,000)	(2,840,000)
<i>Total for Fund 001-7</i>		<u>0</u>	<u>(2,840,000)</u>	<u>(2,840,000)</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	0	(2,374,000)	(2,374,000)
<i>Total for Fund 001-C</i>		<u>0</u>	<u>(2,374,000)</u>	<u>(2,374,000)</u>
Total Program 030		<u>0</u>	<u>0</u>	<u>0</u>

2013 Supplemental Budget Request 030 M2-CG Hospital Revenue Adjustment

FY 13 Appropriated Level¹

	FED	LESS DSH	ADJ FED	LOCAL	TOTAL
WSH	48,557,000	(43,702,000)	4,855,000	20,044,000	24,899,000
ESH	23,069,000	(19,634,000)	3,435,000	13,746,000	17,181,000
CSTC	5,778,000	0	5,778,000	5,000	5,783,000
	77,404,000	(63,336,000)	14,068,000	33,795,000	47,863,000

Adjusted Projected Earnings²

	FED	LOCAL	TOTAL
WSH	2,577,000	18,623,000	21,200,000
ESH	3,528,000	12,300,000	15,828,000
CSTC	5,589,000	32,000	5,621,000
	11,694,000	30,955,000	42,649,000

Difference

	FED	LOCAL	TOTAL
WSH	2,278,000	1,421,000	3,699,000
ESH	(93,000)	1,446,000	1,353,000
CSTC	189,000	(27,000)	162,000
	2,374,000	2,840,000	5,214,000

2013 Supplemental Budget Request

	FED	LOCAL	GF-S
WSH	(2,278,000)	(1,421,000)	3,699,000
ESH	93,000	(1,446,000)	1,353,000
CSTC	(189,000)	27,000	162,000
	(2,374,000)	(2,840,000)	5,214,000

¹ Version 5V - 2012 Enacted Supplemental

² Source: Revenue Projection Summary, June, 2012.

Department of Social and Health Services

DP Code/Title: M2-XB ACA-Mandatory Provider Revalidation
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request for funds and FTEs to meet new federal requirements as part of the Affordable Care Act (ACA). DSHS is required to revalidate all enrolled providers every five years, complete additional screenings when enrolling new providers, complete site visits during revalidation, and satisfy other new requirements.

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

Overall Funding

Program Cost

Total Cost

Staffing

Package Description:

On March 25, 2011, ACA provisions for new provider enrollment screening requirements went into effect for the Medicare and Medicaid programs. A Washington State Plan Amendment outlining the implementation of these requirements was approved by the Centers for Medicare and Medicaid Services (CMS) on May 30, 2012 for implementation in January of 2013. DSHS will need additional staff resources in order to be in compliance with these new requirements. DSHS is still developing provider fee, cost, and staff estimates.

The new requirements include additional federal database checks, specific additional screening requirements based on risk, the collection of additional provider disclosures, fingerprint based criminal background checks on high risk providers, the collection of applications fees as applicable, and coordination of site visits. DSHS is required to revalidate every enrolled provider every five years, with an expectation to revalidate 20 percent each year.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Dan Murphy (360) 725-2555

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS will be compliant with the new ACA screening requirements that are intended to enhance the provider and supplier enrollment process to improve the integrity of the programs to reduce fraud, waste, and abuse.

It is anticipated that the additional screening measures taken by DSHS will improve the integrity of the Washington Medicaid Program by:

- Improving DSHS ability to identify and prevent federally and state excluded providers, owners, and managers from participating in the Washington Medicaid program through the use of Federal Data Base checks during enrollment and revalidation

- Additional Federal Data Base checks during enrollment and revalidation and with site visits for moderate risk providers (such as Physical Therapy and Ambulance)

Department of Social and Health Services

DP Code/Title: M2-XB ACA-Mandatory Provider Revalidation
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

- Reduce the possibility of waste, fraud, and abuse from high risk providers (such as Durable Medical Equipment and Prosthetic Orthotic) with the addition of site visits and Fingerprint Criminal Background checks during enrollment and revalidations.

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services

Incremental Changes

FY 1

FY 2

No measures linked to package

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2011-2013 Strategic Plan:

- Goal 1 Improve the health status of vulnerable populations
- Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategy:

Improve the health of Washingtonians

- Ensure efficiency, performance, and accountability to clients and the public
- Provide access to quality health care

What are the other important connections or impacts related to this proposal?

This will impact the Division of Behavioral Health and Recovery - Mental Health (DBHR MH) and Long Term Care (LTC).

What alternatives were explored by the agency, and why was this alternative chosen?

Consideration was given to automating some of the processes related to the ACA provider screening requirement. It was determined not to pursue this option due to significant costs for system changes.

What are the consequences of not funding this package?

Not funding this package would place DSHS out of compliance with federal regulations. In addition, non compliance may result in a missed opportunity to reduce fraud, waste, and abuse in the Washington Medicaid program.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Department of Social and Health Services

DP Code/Title: M2-XQ Federal Funds - Increased Authority
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$1,000,000 Total Funds in the 2013 Supplemental Budget for receipt of the federal System of Care Expansion Implementation Cooperative Agreements Grant.

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

Overall Funding

001-C General Fund - Basic Account-Medicaid Federal

0

1,000,000

1,000,000

Total Cost

0

1,000,000

1,000,000

Staffing

Package Description:

In September 2011, the Division of Behavioral Health and Recovery (DBHR) received a grant award for the Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families grant. The purpose of this award was to develop a comprehensive strategic plan for improving and expanding services provided by Systems of Care (SOC) for children and youth with serious emotional disturbances and their families. DBHR has met the federal project goals and objectives, required data and reports and complied with all terms and conditions of the planning award, and has received the implementation grant.

DBHR received the Implementation Cooperative Agreement for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program (SOC) from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) in September 2012.

The purpose of this award is to improve the behavioral health outcomes of children and youth with serious emotional disturbances and their families. This program supports broad-scale operation, expansion and integration of systems of care through the creation of a sustainable infrastructure. That ensure the values, principles, and practices comprising the system of care approach become the primary way in which children's mental health services are delivered throughout the nation. This funding is intended to support the provision of mental health and related recovery support services to children with serious emotional disturbances. This funding supports the implementation of systemic changes in policy, financing, services and supports, training and workforce development, other areas that are necessary for expanding and sustaining the system of care approach, and to accomplish these goals through linkages with other health reform implementation efforts.

A condition of the award is that the grant funds cannot be used to supplant current funding of existing activities.

Agency Contact: Debbie Schaub (360) 902-8177

Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

The purpose of this grant is to improve the behavioral health outcomes of children and youth with serious emotional disturbances and their families.

Department of Social and Health Services

DP Code/Title: M2-XQ Federal Funds - Increased Authority
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Performance Measure Detail

Agency Level

Activity: C093 Special Projects - Mental Health

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2011-2013 Strategic Plan:

--Goal 1 Improving the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategy:

Improve the health of Washingtonians

--Provide institutional-based and outpatient mental health services

What are the other important connections or impacts related to this proposal?

This federal grant funds services provided through a number of entities external to DSHS. These entities are positively impacted by the availability of this federal funding.

What alternatives were explored by the agency, and why was this alternative chosen?

None

What are the consequences of not funding this package?

The department will have insufficient federal authority to spend available federal revenue. Additional federal authority would be requested through the Unanticipated Receipt process. If not approved, the department may not be able to provide the services made available through the use of this federal grant.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: 030 M2-XQ Federal Funds - Increased Authority

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Department of Social and Health Services

DP Code/Title: M2-XQ Federal Funds - Increased Authority
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

This award of \$1,000,000 is the first of an anticipated four years of awards at \$1,000,000 per year. This is subject to the availability of funds and satisfactory progress of the project.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	0	286,000	286,000
B Employee Benefits	0	85,000	85,000
C Personal Service Contracts	0	501,000	501,000
E Goods And Services	0	10,000	10,000
G Travel	0	79,000	79,000
T Intra-Agency Reimbursements	0	39,000	39,000
Total Objects	0	1,000,000	1,000,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	0	1,000,000	1,000,000
Total for Fund 001-C	0	1,000,000	1,000,000
Total Overall Funding	0	1,000,000	1,000,000

Michelle



SOC Expansion Implementation Grants
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Award

Issue Date: 09/11/2012

Grant Number: 1U79SM061237-01

COPY FOR YOUR
INFORMATION

Program Director:

Andrea Parrish

Project Title: Washington State System of Care Project

Grantee Address

WASHINGTON STATE DEPART SOC/HLTH
SRVS
Chris Imhoff
Director
Division of Behavioral Health & Recovery
4500 - 10th Ave SE,
Blake Office Park
Lacey, WA 985032850

Business Address

Chris Imhoff
Director
Division. of Behavioral Health & Recovery
WASHINGTON STATE DEPT.
SOCIAL/HEALTH SVCS
4500 10th Avenue SE, Blake Office Park East
Lacey, WA 98503

Budget Period: 09/30/2012 – 09/29/2013

Project Period: 09/30/2012 – 09/29/2016

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,000,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to WASHINGTON STATE DEPART SOC/HLTH SRVS in support of the above referenced project. This award is pursuant to the authority of Sections 561 thru 565 of the PHS Act As amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

C
Grants Management Officer
Division of Grants Management

See additional information below

Department of Social and Health Services

DP Code/Title: M2-XT Restore Funding for ITA and ORCSP
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$1,613,000 GF-State in the 2013 Supplemental Budget to restore funding for Involuntary Treatment Act (ITA) ancillary services and the Offender Re-entry Community Services Program (ORCSP).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	0	1,613,000	1,613,000
Total Cost	0	1,613,000	1,613,000

Staffing

Package Description:

DBHR proposes to restore a reduction to the ORCSP and ITA programs that was taken in the 2012 Early Legislative Action Supplemental, PSHB 2058, carried into the 2013-15 Biennium. When this reduction was proposed, it was not known that an error in processing claims existed in the automated system. This error was corrected July 1, 2011. The under expenditure and savings based on data from the automated system assumed in PSHB 2058 were not realized.

The ORCSP provides mental health treatment and services for mentally ill offenders designated and released from the Department of Corrections (DOC) while adjusting to living in the community. These services are provided through contracts with the Regional Support Networks (RSNs), community mental health providers, and protective payees.

Ancillary services for ITA individuals are community-based non RSN service expenditures such as prescription drugs, durable medical equipment, and professional services. DBHR is not seeing a decrease in expenditures for these services.

Agency Contact: Debbie Schaub (360) 902-8177
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DBHR will continue to provide the same level of services in the community for these clients.

Performance Measure Detail

Agency Level

**Activity: C072 Mental Health Services - Dangerously Mentally Ill
Offender Program (DMIO)**

Outcome Measures

001078 DMIO client services

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00%	0.00%

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2011-2013 Strategic Plan:

Department of Social and Health Services

DP Code/Title: M2-XT Restore Funding for ITA and ORCSP
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

--Goal 1 Improving the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategy:

Improve the health of Washingtonians

- Provide institutional-based and outpatient mental health services
- Provide access to quality health care

What are the other important connections or impacts related to this proposal?

ITA ancillary services reduce jail and law enforcement wait times when individuals require civil involuntary commitment services.

The Washington State Institute for Public Policy has conducted studies on the ORCSP program and has concluded that offenders participating in the program are more likely to participate in mental health services, less likely to reoffend, and more likely to be arrested sooner if they do commit new crimes.

What alternatives were explored by the agency, and why was this alternative chosen?

None

What are the consequences of not funding this package?

If this is not funded, many mentally ill clients will not receive the necessary services they need. More costly consequences, such as expensive state hospital services, court ordered treatments, and increased demand on the DOC system may result.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: 030 M2 XT Restore Funding for ITA and ORCSP.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The restoration of funding is one-time. A 2013-15 Biennial Budget request proposes on-going funding.

Department of Social and Health Services

DP Code/Title: M2-XT Restore Funding for ITA and ORCSP
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	0	1,613,000	1,613,000
<u>DSHS Source Code Detail</u>			
Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	0	1,613,000	1,613,000
<i>Total for Fund 001-1</i>	<u>0</u>	<u>1,613,000</u>	<u>1,613,000</u>
Total Overall Funding	<u>0</u>	<u>1,613,000</u>	<u>1,613,000</u>

2013 Supplemental Budget 030 M2-XT Restore Funding for ITA and ORCSP

ORCSP Funding Reduction in 2012 Supplemental

	Expenditures		Restoration Total
	FY 2012	FY 2013	
Funding	2,011,000		-
Expected Expenditures	1,661,000		-
Under Spend	350,000		
Reduction Amount	201,000	201,000	201,000
<i>Reduction amount was based on expected utilization of ORCSP services in FY 11 and carried forward.</i>			

ITA Ancillary Services Funding Reduction in 2012 Supplemental

	Expenditures		Restoration Total
	FY 2012	FY 2013	
G95 State Funding	9,890,000		-
Expenditures	8,478,000		-
Reduction Amount	1,412,000	1,412,000	1,412,000
<i>Reduction amount was based on expected under utilization of ITA Ancillary services. The same amount was assumed as a reduction in ensuing fiscal years.</i>			

Restore Reduction in Fiscal Year 2013

	Biennial Total
ORCSP	201,000
ITA Ancillary	1,412,000
Total	1,613,000
Object N	1,613,000

Department of Social and Health Services

DP Code/Title: M2-XU Transfer - DSHS/HCA FTEs
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests a transfer of (7.0) FTEs and (\$754,000) Total Funds, (\$399,000) GF-State, from DSHS to the Health Care Authority (HCA). This would move the remaining FTEs and dollars between DSHS and HCA to complete the Memorandum of Understanding (MOU) between the Medicaid Purchasing Administration (MPA), now HCA and DSHS.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	0	(93,000)	(93,000)
001-C General Fund - Basic Account-Medicaid Federal	0	(92,000)	(92,000)
Total Cost	0	(185,000)	(185,000)

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	0.0	(2.0)	(1.0)

Package Description:

This request would transfer two Review Judges to HCA from DSHS Administration, five Information Technology Specialists (ITS), one Hearings Attorney and one Secretary Senior from the Division of Behavior Health and Recovery (DBHR). In addition, HCA will transfer one ITS FTE to DBHR.

The DSHS Board of Appeals reviews decisions from the Office of Administrative Hearings and issues the final agency decision or Final Order. A review of the types of cases that are handled by the Board of Appeals determined that two Review Judge positions were handling HCA type cases and the positions should be transferred from DSHS to HCA.

To finalize the MOU between HCA and DBHR, two FTEs (a Hearings Attorney and a Secretary Senior) will be transferred to HCA to support the Evidence Based Practices initiative within HCA. When MPA and DBHR were one agency, there were shared services task split between FTEs. A majority of these FTEs have already been transferred between DBHR and HCA. There remains five FTEs in DBHR and one FTE in HCA still to be transferred between agencies

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Bill Jordan (360) 902-8323 and Melissa Clarey (360) 725-1675

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Costs are reflected in the appropriate agency, HCA or DSHS, and each agency maintains an effective administrative operation.

Performance Measure Detail

Agency Level

Activity: C900 Program Support - Mental Health

No measures linked to package

Incremental Changes
<u>FY 1</u> <u>FY 2</u>
0.00 0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Department of Social and Health Services

DP Code/Title: M2-XU Transfer - DSHS/HCA FTEs
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

This request supports the following goal identified in the DSHS 2011-2013 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Goal 5 Strategic Objective - Implement process improvement activities within the department that promote efficiency, identify and eliminate waste, and improve customer satisfaction.

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategy:

State government must achieve results through efficient and effective performance.

--Deliver the efficient use of financial resources to provide public services

--Provide efficient and effective logistical support to deliver services

--Ensure efficiency, performance, and accountability to the public

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

None

What are the consequences of not funding this package?

The funding will continue to be transferred between HCA and DSHS.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: AW M2-XU Transfer - DSHS_HCA FTEs.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward into future biennia.

State of Washington
Decision Package
Department of Social and Health Services

DP Code/Title: M2-XU Transfer - DSHS/HCA FTEs
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	0	(139,000)	(139,000)
B Employee Benefits	0	(46,000)	(46,000)
Total Objects	0	(185,000)	(185,000)

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	0	(93,000)	(93,000)
<i>Total for Fund 001-1</i>	0	(93,000)	(93,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	0	(92,000)	(92,000)
<i>Total for Fund 001-C</i>	0	(92,000)	(92,000)
Total Overall Funding	0	(185,000)	(185,000)

**2013 Supplemental Budget
M2-XU Transfer - DSHS/HCA FTEs**

Fiscal Year 2013	FTE	State	Federal	Other	Total
DSHS to HCA - Review Judge (110)	(1.0)	(64,000)	(43,000)	-	(107,000)
DSHS to HCA - Review Judge (110)	(1.0)	(64,000)	(42,000)	-	(106,000)
Transfer from ASA to HCA	(4.0)	(178,000)	(178,000)	-	(356,000)
Transfer from MH to HCA	(3.0)	(135,000)	(134,000)	-	(269,000)
Transfer from HCA to MH	1.0	42,000	42,000	-	84,000
Total DSHS to HCA	(8.0)	(441,000)	(397,000)	-	(838,000)
Total HCA to DSHS	1.0	42,000	42,000	-	84,000
Total Impact	(7.0)	(399,000)	(355,000)	-	(754,000)

Department of Social and Health Services

DP Code/Title: PL-XD Federal Sequester

Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests an increase to GF-State funds and a corresponding decrease in GF-Federal appropriation in anticipation of across-the-board reductions (sequestration) to certain federal awards scheduled to take effect on January 2, 2013.

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

Overall Funding

Program Cost

Total Cost

Staffing

Package Description:

DSHS requests an increase in GF-State funds and a corresponding decrease in GF-Federal appropriation in anticipation of across-the-board reductions (sequestration) to certain federal awards scheduled to take effect on January 2, 2013. The Budget Control Act of 2011 (BCA P.L. 112-25) created a Joint Select Committee on Deficit Reduction (JSC) to develop recommendations for reducing the federal budget deficit by at least \$1.2 trillion over 10 years. The work of the JSC did not result in the required deficit reduction, thereby triggering an automatic process to reduce federal spending, known as sequestration. Sequestration results in across-the-board cuts to nonexempt federal discretionary and mandatory spending. Federal awards for the following DSHS programs are expected to be reduced under this sequestration process: Children's Administration, Juvenile Rehabilitation, Mental Health, Long Term Care, Economic Services, Alcohol and Substance Abuse, Vocational Rehabilitation, and Administration.

Agency Contact: Dan Winkley (360) 902-8179

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

To maintain the current level of services in programs impacted by sequestration.

Performance Measure Detail

Agency Level

Activity: C069 Other Community Mental Health Services

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2011-2013 Strategic Plan:

- Goal 1 Improving the health status of vulnerable populations
- Goal 2 Improving economic stability, employment and self-sufficiency
- Goal 3 Improve individual and public safety

Does this decision package provide essential support to one of the Governor's priorities?

Department of Social and Health Services

DP Code/Title: PL-XD Federal Sequester
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

This package supports the Governor's priority of strengthening Washington families by protecting and providing for those who can't care for themselves.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategies:

Provide for the safety of Washington's vulnerable children and adults
--Provide emergency cash, food, and shelter assistance
--Where necessary, provide institutional-based and outpatient services
--Provide secure treatment settings
--Provide outpatient services

Improve the health of Washingtonians
--Provide institutional-based and outpatient mental health services
--Provide drug and alcohol abuse prevention and treatment services
--Provide access to quality health care

What are the other important connections or impacts related to this proposal?

If this request is not funded, then any resulting decrease in DSHS services may result in increased demand for services from other entities such as city and county governments and community-based organizations.

What alternatives were explored by the agency, and why was this alternative chosen?

None

What are the consequences of not funding this package?

If this request is not funded, then DSHS client services and/or benefits will be reduced or eliminated.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Until the sequestration process is complete, the exact impact to DSHS funding levels is unknown.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

This sequestration is to generate \$1.2 trillion in savings over the period of Fiscal Year 2013 through 2021. Absent federal legislation eliminating this sequestration, these reductions in federal funding will be ongoing through Fiscal Year 2021.

Department of Social and Health Services

DP Code/Title: PL-XS Mental Health High-Profile Patients
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests 7.7 FTEs and \$1,063,000 GF-State in the 2013 Supplemental Budget for 24-hour monitoring of two high-profile patients with a high risk of escape and/or injury to themselves or others.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	0	1,063,000	1,063,000
Total Cost	0	1,063,000	1,063,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	0.0	7.7	3.9

Package Description:

The DBHR state hospitals have one high-profile and high-needs patients that requires significantly more staff supervision and care than the norm. Another is expected. Both patients present a high risk of escape and/or injury to themselves or others. To provide adequate supervision and care for one of the patients, the state hospital contracted with Department of Corrections (DOC) to provide adequate 24-hour security. Funding of the additional staffing in this request would continue the high level of supervision with state hospital staffing but at lower cost to the agency. A second high-profile patient is expected to arrive at a state hospital in October 2012 with similar high supervision and staffing requirements.

Agency Contact: Debbie Schaub (360) 902-8177
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

One of the Mental Health Program's core values is safety for staff, patients, and the public. The extraordinary measures that are needed for these patient are necessary to ensure safety of hospital staff, other patients, and the patients themselves.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services

Outcome Measures

001103 State Hospitals Services

	Incremental Changes	
	<u>FY 1</u>	<u>FY 2</u>
001103 State Hospitals Services	0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2011-2013 Strategic Plan:

--Goal 3 Improve individual and public safety

Does this decision package provide essential support to one of the Governor's priorities?

Department of Social and Health Services

DP Code/Title: PL-XS Mental Health High-Profile Patients
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

This package supports the Governor's priority of holding our resources to get the greatest possible return.

These patients are deemed to be extreme escape risks. For the benefit of the residents of Washington State, these patients must be monitored at all times by staff with the level of training required for dealing with the risks associated with high-profile patients.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2011-13 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults
--Provide secure treatment settings

Public safety is a high priority for statewide leadership. If these patients were not committed by the courts, they would be confined within the state prison system. The only alternative to providing the type of security measures required is for the patients to be housed in a correctional facility by court order.

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency, and why was this alternative chosen?

The decision to use security staff to replace DOC Officers represents a more cost effective alternative than continuing to engage in a contract with DOC for the monitoring of this patient. This decision was made in consultation with DOC and DSHS management. The alternative to using clinical and security staff is to continue contracting with DOC to monitor the patient. The collaborative decision to use security and clinical staff was made to ensure safety of staff and patients, and to decrease the potential of escape by the patient in a more cost effective manner. Hospital personnel will receive the requisite training and experience to ensure safety for all.

What are the consequences of not funding this package?

The state hospital's do not have the budget flexibility to manage the cost of these high-profile patients without making budget reductions that would impact current staffing levels. This would put patients, staff and the public at risk.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: 030 PL-XS MH High-Profile Patient.xlsx

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Department of Social and Health Services

DP Code/Title: PL-XS Mental Health High-Profile Patients
Program Level - 030 Mental Health

Budget Period: 2011-13 Version: C3 030 - 2011-13 Final 2013 Sup

All costs are considered ongoing.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	0	331,000	331,000
B Employee Benefits	0	151,000	151,000
E Goods And Services	0	511,000	511,000
J Capital Outlays	0	61,000	61,000
T Intra-Agency Reimbursements	0	9,000	9,000
Total Objects	0	1,063,000	1,063,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	0	1,063,000	1,063,000
<i>Total for Fund 001-1</i>	0	1,063,000	1,063,000
Total Overall Funding	0	1,063,000	1,063,000

2013 Supplemental Budget
 030 PL-XS Mental Health High-Profile Patients

	Staff	FTE	Salary	Benefits	G&S	Equip	ISSD	Totals
First High-Profile Patient								
Security Officer 2	9.5	2.4	98,000	45,000	19,000	19,000	3,000	184,000
DOC Contract				450,000				450,000
		2.4	98,000	45,000	469,000	19,000	3,000	634,000

Assumptions:
 The funding source is GF-State since this patient and services are not Medicaid-eligible.
 Security Officer 2 positions are requested for 3 months. Full staffing is requested in the 2013-15 Biennial Budget Request.
 The DOC contract costs are requested for 9 months.

Second High-Profile Patient								
Register Nurse 2	3.0	1.8	110,000	50,000	14,000	14,000	2,000	190,000
Psych Security Aide	5.0	2.9	99,000	45,000	23,000	23,000	3,000	193,000
Recreational Specialist	1.0	0.6	24,000	11,000	5,000	5,000	1,000	46,000
	9.0	5.3	233,000	106,000	42,000	42,000	6,000	429,000

Assumptions:
 The funding source is GF-State since this patient and services are not Medicaid-eligible.
 Additional staffing assumed to start December 1, 2012. This was unknown when the 2013-15 Agency Request Budget was submitted.

Total 2013 Supplemental Request

GF-State	1,063,000
FTE	7.7