

Table of Contents ¹

¹ Table of contents introduced for ease of navigation on the web.

Section 1: Organization Chart

Section 2: Activity Inventory Report

Section 3: Performance Measures

Section 4: Indirect Cost Allocation

Section 5: Budget Recommendation Summary

Section 6: Maintenance Level

Recommendation Summary

Decision Packages

M1-0U	Forecast Cost/Utilization
M1-93	Mandatory Caseload Adjustments
M1-94	Mandatory Workload Adjustments
M2-8L	Lease Rate Adjustments
M2-8P	Postage Rate Adjustments
M2-9H	FMAP Match Adjustment
M2-9T	Transfers
M2-EM	Transfer between DVA and DSHS
M2-EN	ACA-Mandatory Provider Revalidation
M2-EP	Fiscal Employer Agent
M2-EZ	Foster Well-Being from HCA to LTC
M2-FK	ACA - Health Care Reform Implement
M2-FM	ACA - Eligibility Determination
M2-WA	One-Time Relocation
M2-WB	Federal Funds Technical Adjustment
M2-WM	Technical Corrections

Section 7: Policy Level

Recommendation Summary

Decision Packages

PL-EQ	ACA - Dual Eligible Clients
PL-ER	ACA - Health Care Reform Expansion
PL-ET	Nursing Home Investigations
PL-EU	Supported Living Investigations
PL-EV	Resident and Client Protection
PL-EW	Fostering Well Being Nurses
PL-EY	Community LTC Behavior Support
PL-FP	Federal Sequester
PL-PX	Upgrade Network Capacity

PL-PY Support Wi-Fi in Offices
Section 8: Special Report

2013-15

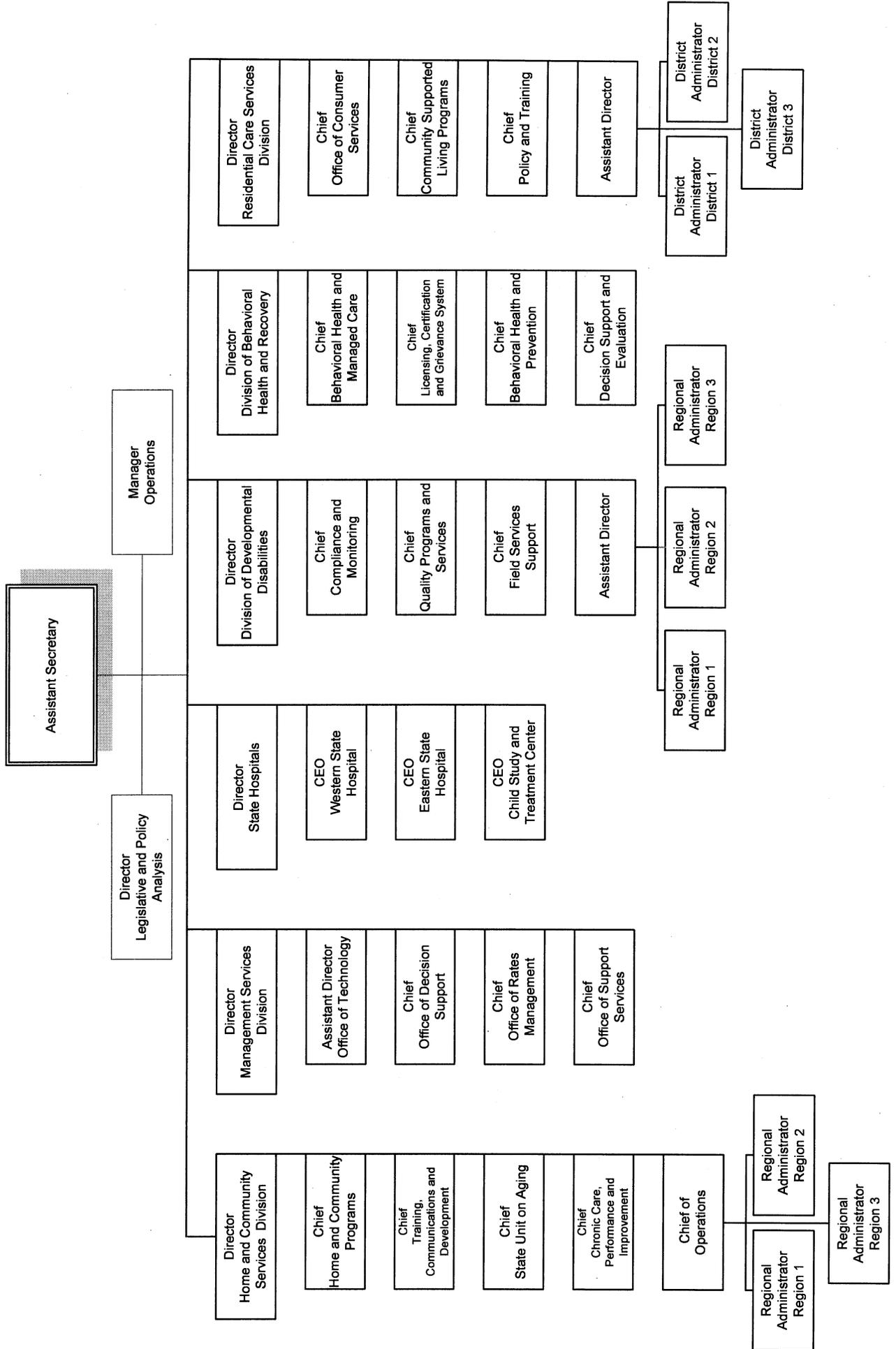
Biennial Budget
Long-Term Care

DSHS Budget Division

Section 1
Organization Chart

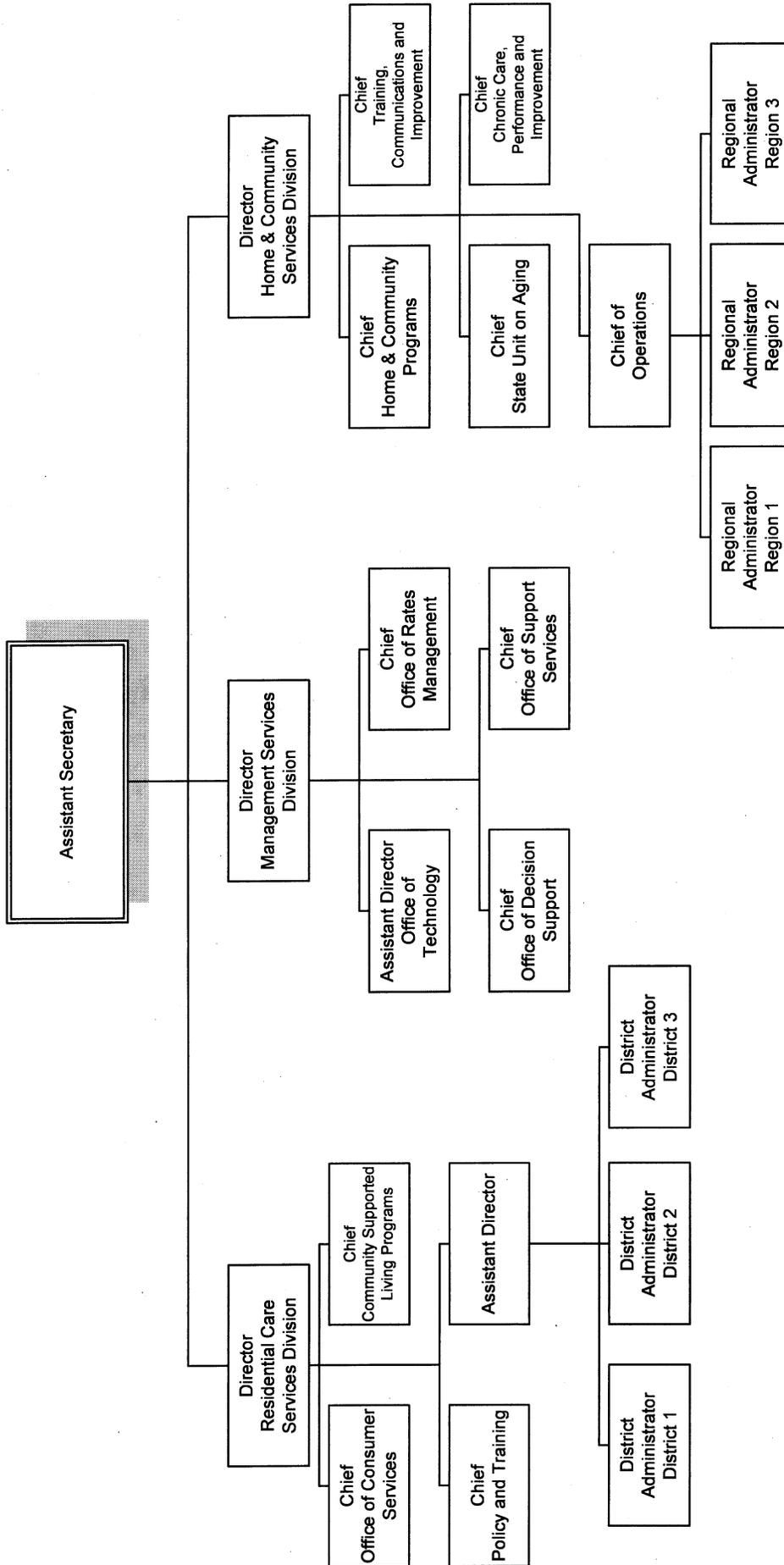
Code	Title
300	Department of Social and Health Services
AGENCY PROGRAM	Aging and Disability Services Administration

AGING AND DISABILITY SERVICES ADMINISTRATION



Code	Title
AGENCY PROGRAM	300 Department of Social and Health Services
	050 Long Term Care

LONG TERM CARE



300 - Dept of Social and Health Services

E049 Adult Day Health Community Services

Adult Day Health Community Services (ADH) is a supervised daytime program providing nursing and rehabilitative therapy services to adults with medical or disabling conditions. Services are provided in centers and clients typically attend an average of 2 to 3 days per week. Clients attending ADH also receive other services such as home care or residential services. Clients must be functionally and financially eligible for Medicaid, be enrolled on the Community Options Program Entry System (COPES) waiver, and have a skilled nursing or rehabilitation need, as determined by a doctor. Case managers review eligibility and ongoing need for services. ADH services are provided under contract, and centers are monitored by the Area Agencies on Aging (AAAs).

Program 050 - Long Term Care

Account	FY 2014	FY 2015	Biennial Total
001 General Fund			
001-1 State	\$6,092,000	\$7,203,000	\$13,295,000
001-C Medicaid Federal	\$6,462,000	\$7,480,000	\$13,942,000
001 Account Total	\$12,554,000	\$14,683,000	\$27,237,000

Statewide Result Area: Improve the security of Washington’s vulnerable children and adults

Statewide Strategy: Provide community-based residential and in-home services

Expected Results

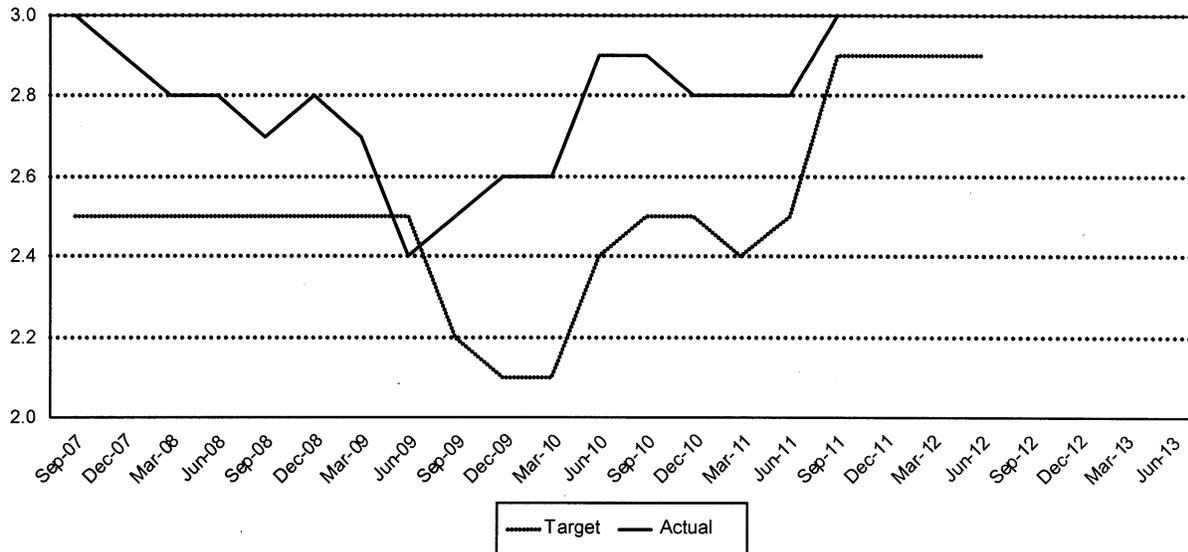
ADH services supplement other services in order to delay or eliminate the need for hospital or nursing facility services.

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

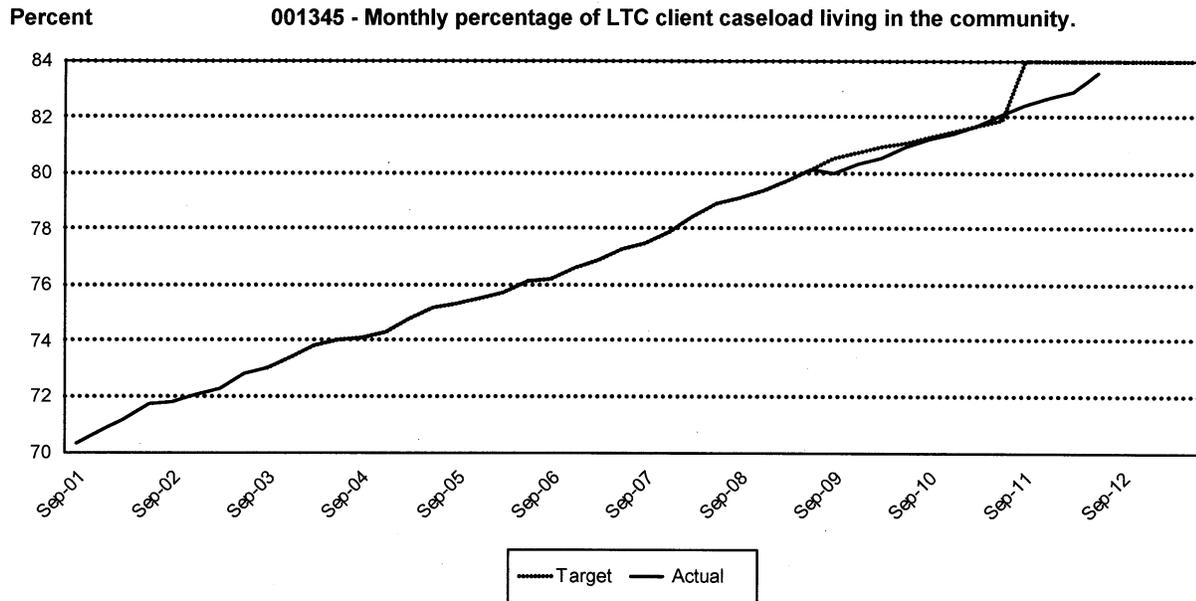
001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		2.9
	Q3		2.9
	Q2		2.9
	Q1	3	2.9
2009-11	Q8	2.8	2.5
	Q7	2.8	2.4
	Q6	2.8	2.5
	Q5	2.9	2.5
	Q4	2.9	2.4
	Q3	2.6	2.1
	Q2	2.6	2.1
	Q1	2.5	2.2

Performance Measure Status: Draft

Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



001345 Percent of long-term care clients living in in-home or residential community settings.			
Biennium	Period	Actual	Target
2011-13	Q8		84%
	Q7		84%
	Q6		84%
	Q5		84%
	Q4	83.6%	84%
	Q3	82.9%	84%
	Q2	82.7%	84%
	Q1	82.4%	84%
2009-11	Q8	82.1%	81.9%
	Q7	81.7%	81.7%
	Q6	81.4%	81.5%
	Q5	81.2%	81.3%
	Q4	80.9%	81.1%
	Q3	80.5%	80.9%
	Q2	80.3%	80.7%
	Q1	80%	80.5%
Performance Measure Status: Draft			



E050 Adult Family Home Community Services

Adult Family Homes (AFHs) are contracted, private homes that serve between two and six residents. Clients receive room, board, laundry, necessary supervision, and assistance with activities of daily living, personal care, and social services. Some AFHs specialize in serving individuals with dementia, developmental disabilities, or mental illnesses. AFHs whose provider is a professional nurse will frequently provide limited nursing care for individuals with more complex nursing and medical needs. Clients residing in adult family homes meet the financial and functional eligibility criteria for either the Medicaid Personal Care (MPC) program or the Community Options Program Entry System (COPES) Medicaid waiver, or are vulnerable adults under Chapter 74.34 RCW, receiving state-funded adult protective services.

Program 050 - Long Term Care

Account	FY 2014	FY 2015	Biennial Total
001 General Fund			
001-1 State	\$65,767,000	\$67,729,000	\$133,496,000
001-7 Private/Local	\$328,000	\$637,000	\$965,000
001-C Medicaid Federal	\$61,666,000	\$63,831,000	\$125,497,000
001 Account Total	\$127,761,000	\$132,197,000	\$259,958,000

Statewide Result Area: **Improve the security of Washington’s vulnerable children and adults**

Statewide Strategy: **Provide community-based residential and in-home services**

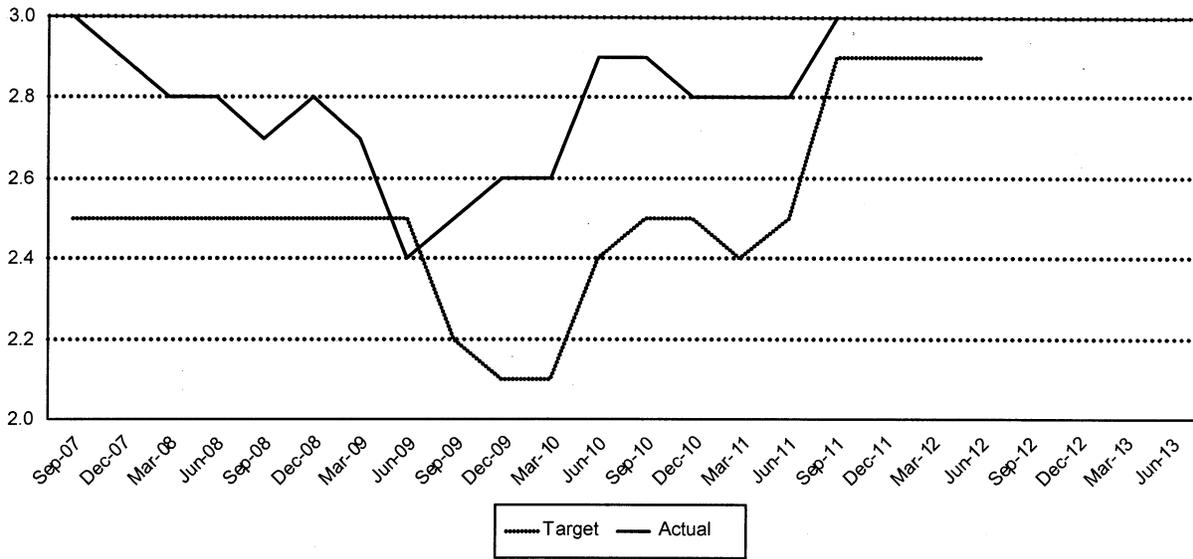
Expected Results

AFHs provide a non-institutional, home-like setting, which delays or prevents a move to a more costly nursing home setting.

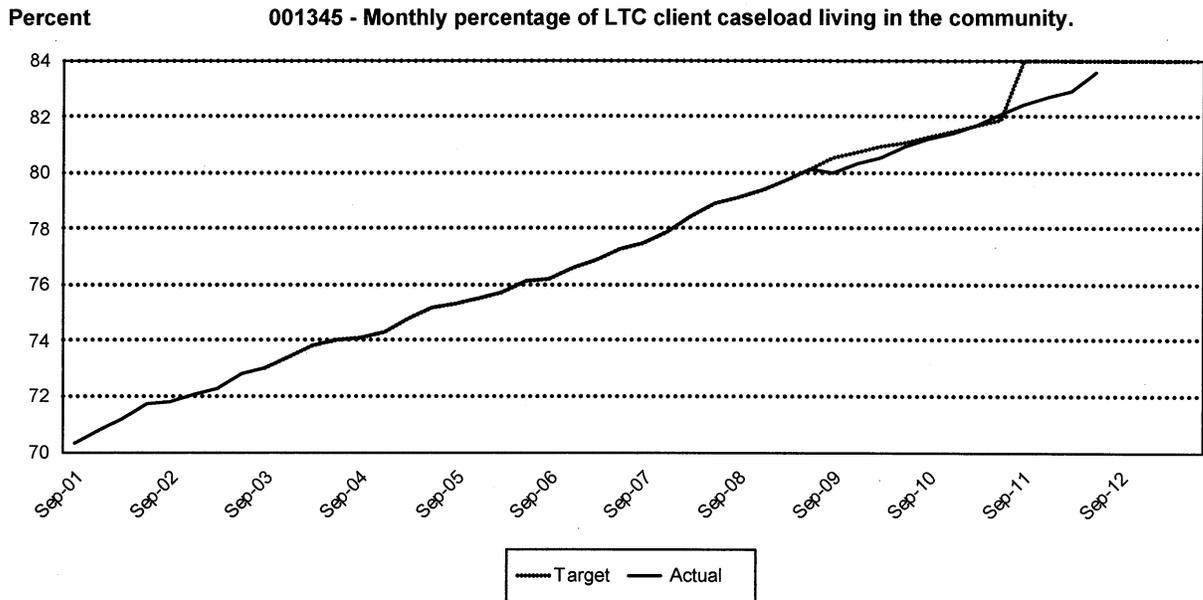
001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		2.9
	Q3		2.9
	Q2		2.9
	Q1	3	2.9
2009-11	Q8	2.8	2.5
	Q7	2.8	2.4
	Q6	2.8	2.5
	Q5	2.9	2.5
	Q4	2.9	2.4
	Q3	2.6	2.1
	Q2	2.6	2.1
	Q1	2.5	2.2
Performance Measure Status: Draft			

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



001345 Percent of long-term care clients living in in-home or residential community settings.			
Biennium	Period	Actual	Target
2011-13	Q8		84%
	Q7		84%
	Q6		84%
	Q5		84%
	Q4	83.6%	84%
	Q3	82.9%	84%
	Q2	82.7%	84%
	Q1	82.4%	84%
2009-11	Q8	82.1%	81.9%
	Q7	81.7%	81.7%
	Q6	81.4%	81.5%
	Q5	81.2%	81.3%
	Q4	80.9%	81.1%
	Q3	80.5%	80.9%
	Q2	80.3%	80.7%
	Q1	80%	80.5%
Performance Measure Status: Draft			



E051 Program Support for Long Term Care

Program Support for Long Term Care (LTC) includes LTC related program support and management services support for both LTC and Developmental Disabilities. LTC program support staff ensure compliance with federal regulations, and develop specific services and agency policy for both Area Agencies on Aging (AAAs) and Aging and Disability Services Administration (ADSA) field staff. Management services perform accounting and budget, contract management, forecasting caseloads and expenditures, data analysis, performance management, and information technology support for both LTC and Developmental Disabilities.

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

Program 050 - Long Term Care

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	185.6	188.0	186.8
12T Traumatic Brain Injury Account			
12T-1 State	\$1,658,000	\$1,658,000	\$3,316,000
001 General Fund			
001-1 State	\$19,412,000	\$23,134,000	\$42,546,000
001-7 Private/Local	\$19,000	\$19,000	\$38,000
001-C Medicaid Federal	\$17,337,000	\$21,295,000	\$38,632,000
001 Account Total	\$36,768,000	\$44,448,000	\$81,216,000

Statewide Result Area: **Improve the security of Washington’s vulnerable children and adults**

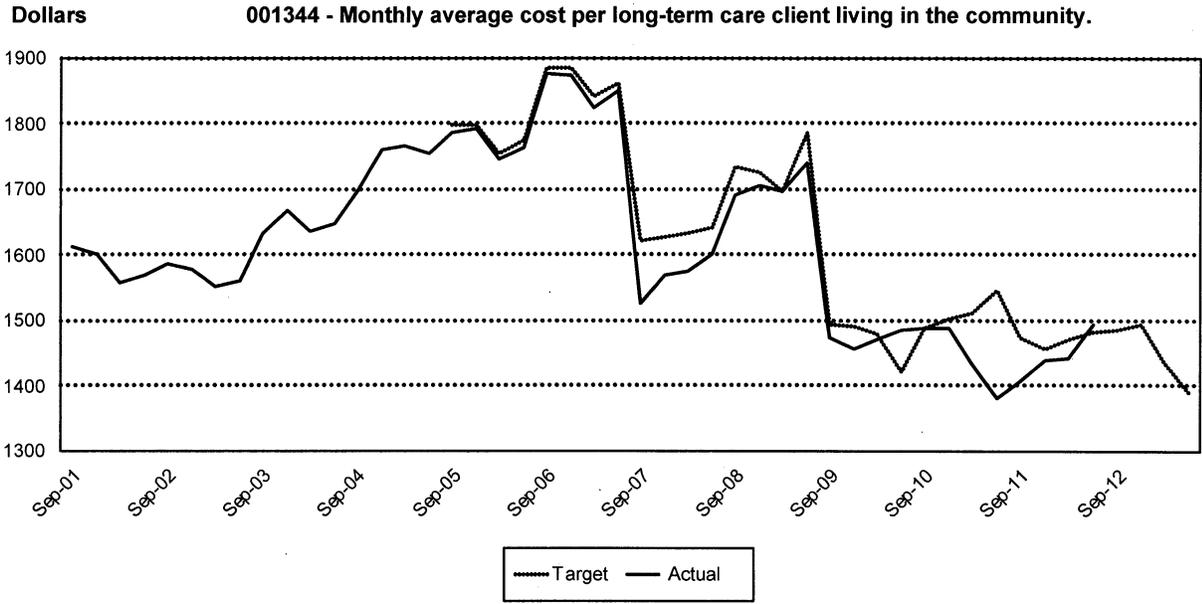
Statewide Strategy: **Provide community-based residential and in-home services**

Expected Results

Program support and management services insure compliance with state and federal regulations on programmatic and payment issues that allow Washington state to continue to participate in the federal Medicaid program. The administrative function provides for the infrastructure necessary to facilitate direct client services. Accurate accounting, data analysis, forecasting, rate structures, and budgeting improve efficiency, and insure transparency for external stakeholders.

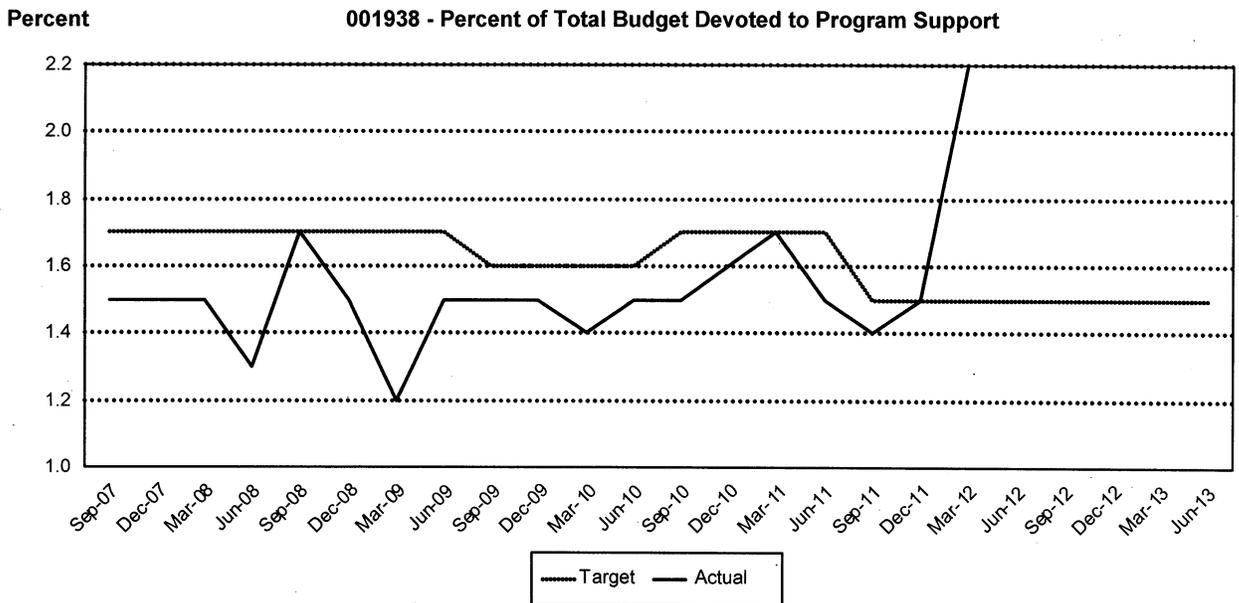
Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

001344 Monthly average cost per long-term care client living in the community.			
Biennium	Period	Actual	Target
2011-13	Q8		\$1,389
	Q7		\$1,434
	Q6		\$1,492
	Q5		\$1,485
	Q4	\$1,492	\$1,481
	Q3	\$1,441	\$1,469
	Q2	\$1,438	\$1,455
	Q1	\$1,405	\$1,472
2009-11	Q8	\$1,379	\$1,545
	Q7	\$1,433	\$1,511
	Q6	\$1,487	\$1,501
	Q5	\$1,487	\$1,488
	Q4	\$1,483	\$1,420
	Q3	\$1,469	\$1,479
	Q2	\$1,455	\$1,490
	Q1	\$1,472	\$1,493
Performance Measure Status: Draft			



001938 Percent of LTC total budget devoted to Program Support			
Biennium	Period	Actual	Target
2011-13	Q8		1.5%
	Q7		1.5%
	Q6		1.5%
	Q5		1.5%
	Q4		1.5%
	Q3	2.2%	1.5%
	Q2	1.5%	1.5%
	Q1	1.4%	1.5%
2009-11	Q8	1.5%	1.7%
	Q7	1.7%	1.7%
	Q6	1.6%	1.7%
	Q5	1.5%	1.7%
	Q4	1.5%	1.6%
	Q3	1.4%	1.6%
	Q2	1.5%	1.6%
	Q1	1.5%	1.6%

Performance Measure Status: Approved



E052 Eligibility/Case Management Services

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

Eligibility/Case Management Services includes determining eligibility to receive Long-Term Care (LTC) services, information and referral, and case management services for clients, either via state staff or via contractor (Area Agencies on Aging for ongoing in-home clients only). Financial eligibility staff determine if clients qualify for LTC Medicaid or other services. Case management consists of assessing and reassessing functional eligibility (level of disability), updating and monitoring a plan of care, finding a placement or provider, coordinating non-department services in response to a client’s need, responding to emergencies and status changes, and providing any additional assistance a client may need to maintain their placement or in some cases move to a new setting.

Program 050 - Long Term Care

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	821.8	848.7	835.3
001 General Fund			
001-1 State	\$55,909,000	\$54,609,000	\$110,518,000
001-C Medicaid Federal	\$55,171,000	\$53,740,000	\$108,911,000
001 Account Total	\$111,080,000	\$108,349,000	\$219,429,000

Statewide Result Area: Improve the security of Washington’s vulnerable children and adults

Statewide Strategy: Provide community-based residential and in-home services

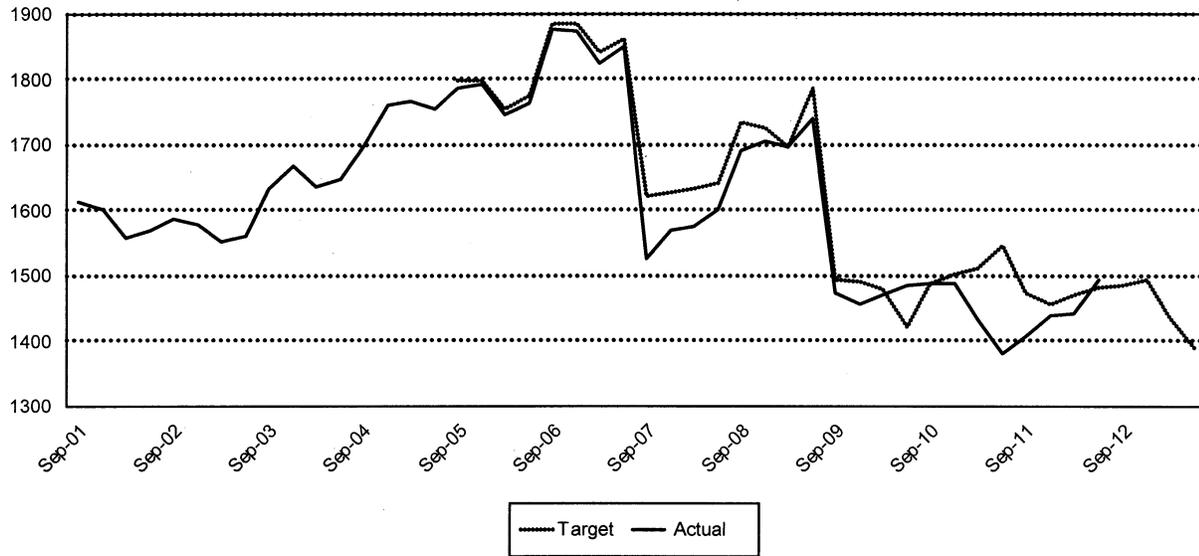
Expected Results

Staff ensure that individuals receive needed services for which they are eligible, ensure compliance with federal and state regulations, and monitor clients over time. The security and self-sufficiency of Washington's vulnerable adults are improved by the increased number of adults who live in their own homes or in community settings.

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

001344 Monthly average cost per long-term care client living in the community.			
Biennium	Period	Actual	Target
2011-13	Q8		\$1,389
	Q7		\$1,434
	Q6		\$1,492
	Q5		\$1,485
	Q4	\$1,492	\$1,481
	Q3	\$1,441	\$1,469
	Q2	\$1,438	\$1,455
	Q1	\$1,405	\$1,472
2009-11	Q8	\$1,379	\$1,545
	Q7	\$1,433	\$1,511
	Q6	\$1,487	\$1,501
	Q5	\$1,487	\$1,488
	Q4	\$1,483	\$1,420
	Q3	\$1,469	\$1,479
	Q2	\$1,455	\$1,490
	Q1	\$1,472	\$1,493
Performance Measure Status: Draft			

Dollars 001344 - Monthly average cost per long-term care client living in the community.

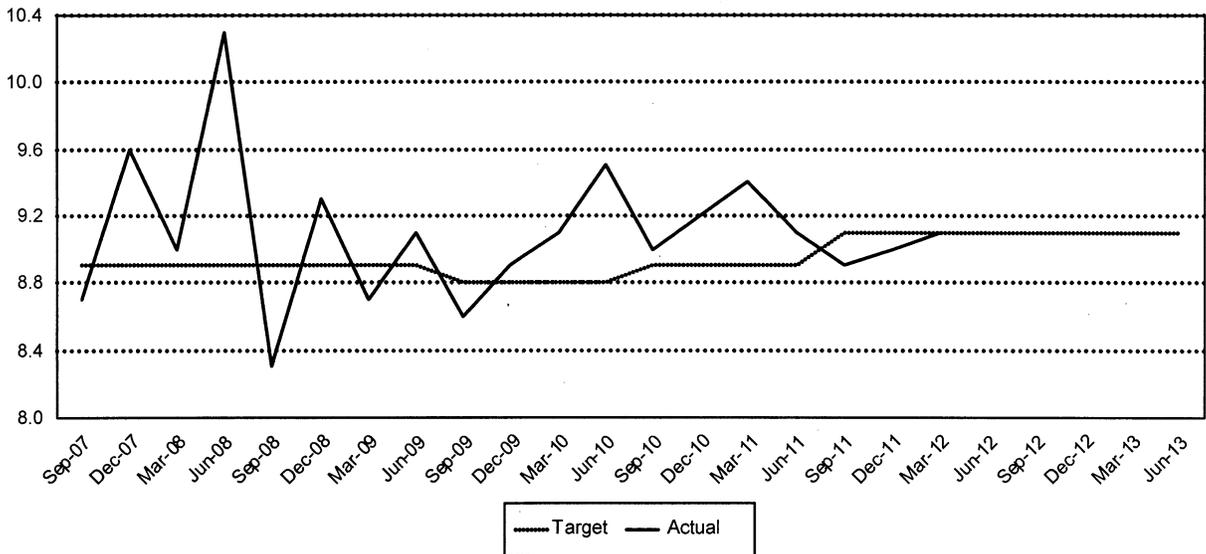


Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

001939 Percent of total LTC budget devoted to Field Support (Case Management/Eligibility)			
Biennium	Period	Actual	Target
2011-13	Q8		9.1%
	Q7		9.1%
	Q6		9.1%
	Q5		9.1%
	Q4		9.1%
	Q3	9.1%	9.1%
	Q2	9%	9.1%
	Q1	8.9%	9.1%
2009-11	Q8	9.1%	8.9%
	Q7	9.4%	8.9%
	Q6	9.2%	8.9%
	Q5	9%	8.9%
	Q4	9.5%	8.8%
	Q3	9.1%	8.8%
	Q2	8.9%	8.8%
	Q1	8.6%	8.8%

Performance Measure Status: Approved

Percent 001939 - Percent of Total Budget Devoted to Field Support



E053 In-Home Services

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

Clients receiving in-home services have a range of acuity, and continue to live at home while receiving assistance with activities of daily living such as personal hygiene, toileting, bathing, dressing, cooking, assistance with medication, and eating. Clients may receive assistance with shopping, laundry, housework, or transportation to medical appointments. Contracted providers include home care agency providers (APs) or individual providers (IPs). Additional In-Home Services may include home-delivered meals, nutrition programs, adult day care, environmental modifications, special medical equipment, and skilled nursing care. Clients receiving In-Home Services meet the financial and functional eligibility criteria for either the Medicaid Personal Care (MPC) program or the Community Options Program Entry System (COPES) Medicaid waiver.

Program 050 - Long Term Care

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	1.8	0.2	1.0
001 General Fund			
001-1 State	\$383,239,000	\$403,040,000	\$786,279,000
001-2 Federal	\$22,250,000	\$22,389,000	\$44,639,000
001-C Medicaid Federal	\$357,189,000	\$381,197,000	\$738,386,000
001 Account Total	\$762,678,000	\$806,626,000	\$1,569,304,000

Statewide Result Area: Improve the security of Washington’s vulnerable children and adults

Statewide Strategy: Provide community-based residential and in-home services

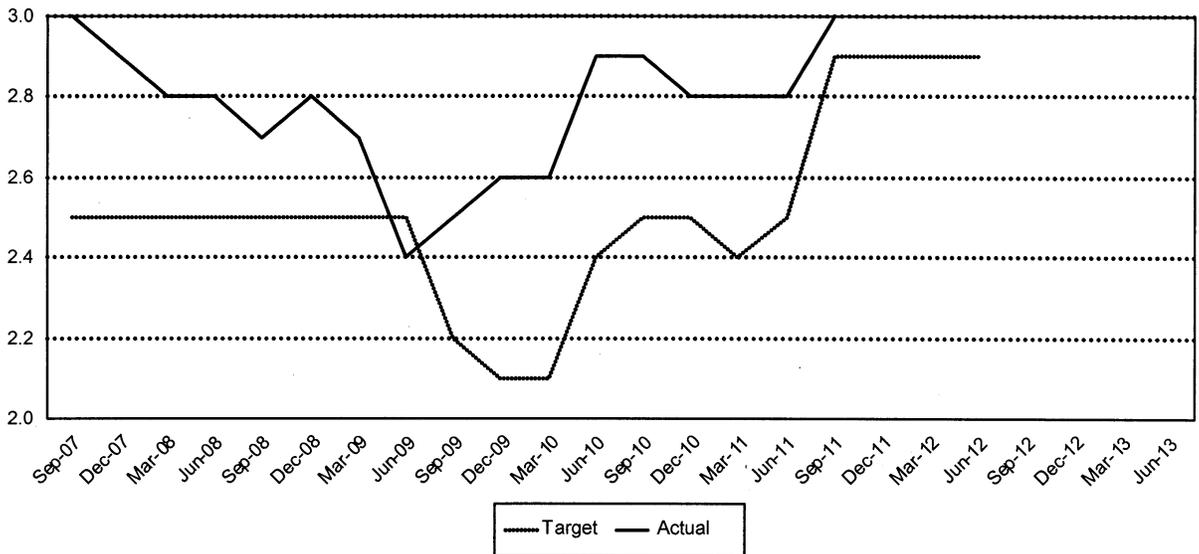
Expected Results

Personal care services enable clients to remain in their own home or a relative's home, preventing or delaying a move to more costly out-of-home care.

001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		2.9
	Q3		2.9
	Q2		2.9
	Q1	3	2.9
2009-11	Q8	2.8	2.5
	Q7	2.8	2.4
	Q6	2.8	2.5
	Q5	2.9	2.5
	Q4	2.9	2.4
	Q3	2.6	2.1
	Q2	2.6	2.1
	Q1	2.5	2.2

Performance Measure Status: Draft

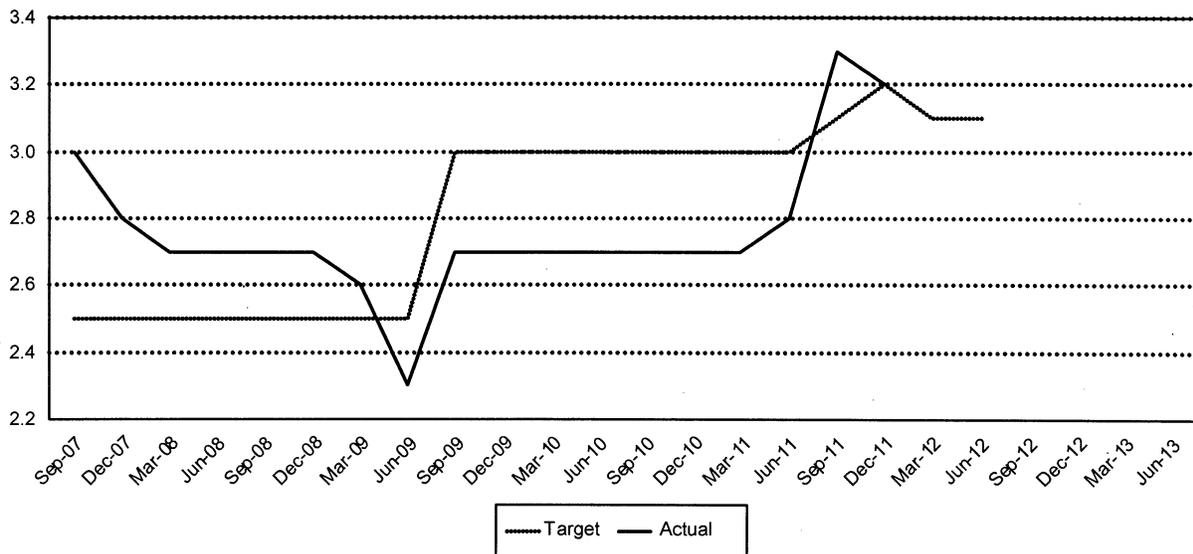
Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



001936 Clients who can be served In-Home for the cost of One Nursing Home Client			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		3.1
	Q3		3.1
	Q2	3.2	3.2
	Q1	3.3	3.1
2009-11	Q8	2.8	3
	Q7	2.7	3
	Q6	2.7	3
	Q5	2.7	3
	Q4	2.7	3
	Q3	2.7	3
	Q2	2.7	3
	Q1	2.7	3

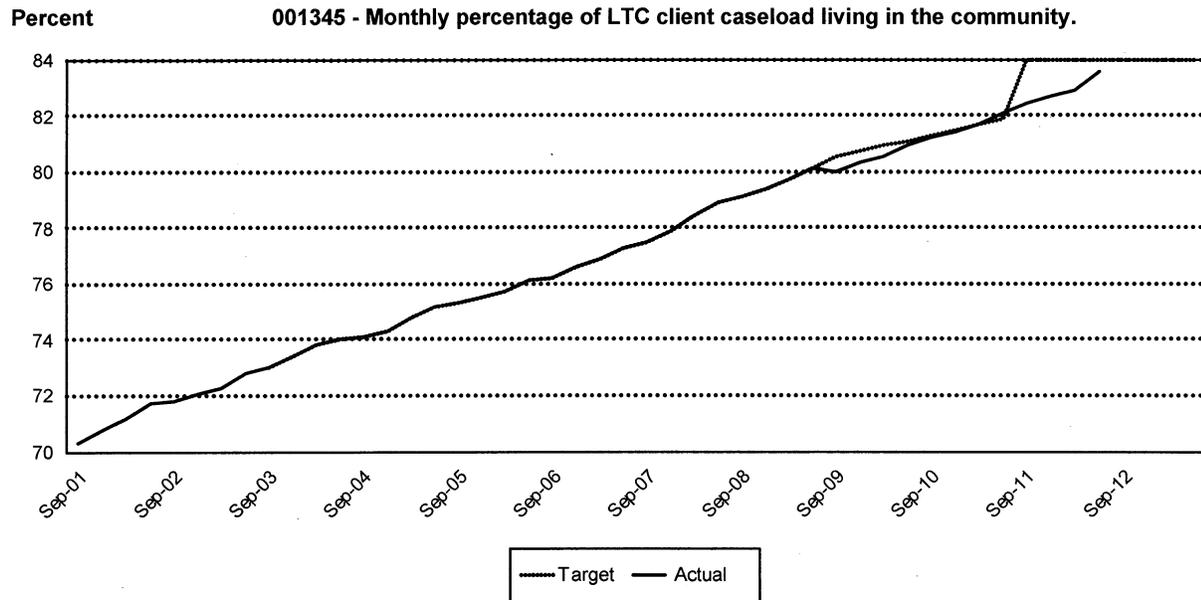
Performance Measure Status: Draft

Number 001936 - Clients Who can be Served In-Home for the Cost of One Nursing Home Client



Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

001345 Percent of long-term care clients living in in-home or residential community settings.			
Biennium	Period	Actual	Target
2011-13	Q8		84%
	Q7		84%
	Q6		84%
	Q5		84%
	Q4	83.6%	84%
	Q3	82.9%	84%
	Q2	82.7%	84%
	Q1	82.4%	84%
2009-11	Q8	82.1%	81.9%
	Q7	81.7%	81.7%
	Q6	81.4%	81.5%
	Q5	81.2%	81.3%
	Q4	80.9%	81.1%
	Q3	80.5%	80.9%
	Q2	80.3%	80.7%
	Q1	80%	80.5%
Performance Measure Status: Draft			



E054 Investigations/Quality Assurance for Vulnerable Adults

Adult Protective Services (APS) investigates reports of suspected abuse, abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults living in their own homes. For facilities, Residential Care Services verifies that the facility itself and its staff who come in contact with vulnerable adults are providing appropriate services and quality care. This includes periodic surveying, inspecting, and certification/licensing of nursing homes, adult family homes and assisted living facilities, and monitoring the quality of service, including investigating complaints of abuse and neglect or perpetrators, and related enforcement actions. Quality Assurance includes the review of case management work, and the examination of payment authorizations to ensure compliance with federal and state laws, such as correct client eligibility determination and payment. Oversight and monitoring of home care agencies and certification of Supported Living providers are done under contract, otherwise services are state-staffed.

Program 050 - Long Term Care

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	404.1	406.0	405.1
12T Traumatic Brain Injury Account			
12T-1 State	\$1,000	\$2,000	\$3,000
001 General Fund			
001-1 State	\$9,258,000	\$9,324,000	\$18,582,000
001-2 Federal	\$6,088,000	\$5,729,000	\$11,817,000
001-7 Private/Local	\$14,146,000	\$13,959,000	\$28,105,000
001-C Medicaid Federal	\$16,589,000	\$16,505,000	\$33,094,000
001 Account Total	\$46,081,000	\$45,517,000	\$91,598,000

Statewide Result Area: Improve the security of Washington’s vulnerable children and adults

Statewide Strategy: Respond to abuse/neglect allegations

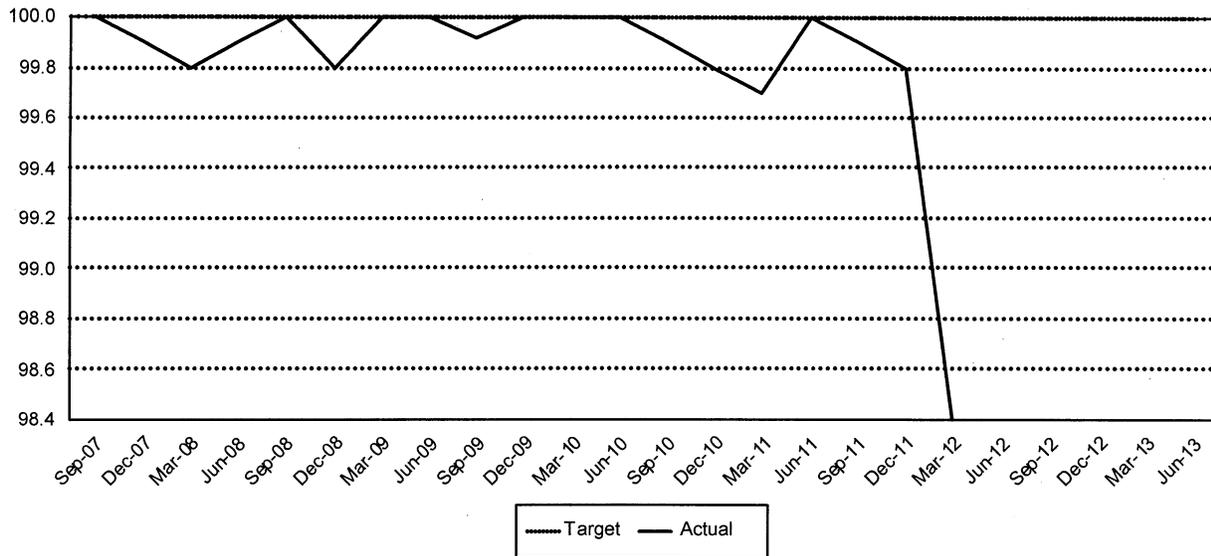
Expected Results

Staff surveys and investigations contribute to the health, safety, and well being of clients served in nursing facilities and residential settings. APS investigations contribute to the health and safety of vulnerable adults. Quality assurance activities enable ADSA to use limited resources efficiently.

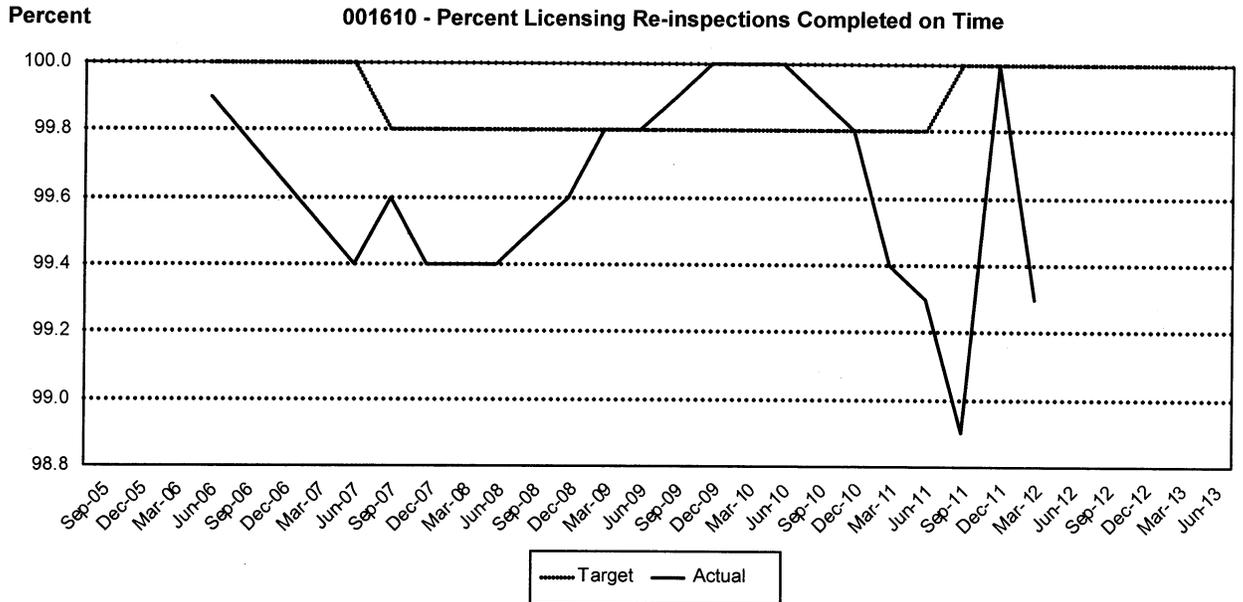
001604 Percentage of timely RCS complaint investigations.			
Biennium	Period	Actual	Target
2011-13	Q8		100%
	Q7		100%
	Q6		100%
	Q5		100%
	Q4		100%
	Q3	98.4%	100%
	Q2	99.8%	100%
	Q1	99.9%	100%
2009-11	Q8	100%	100%
	Q7	99.7%	100%
	Q6	99.8%	100%
	Q5	99.9%	100%
	Q4	100%	100%
	Q3	100%	100%
	Q2	100%	100%
	Q1	99.92%	100%
Performance Measure Status: Draft			

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

001604 - Monthly Percentage of Timely Responses to RCS Complaint Investigations.

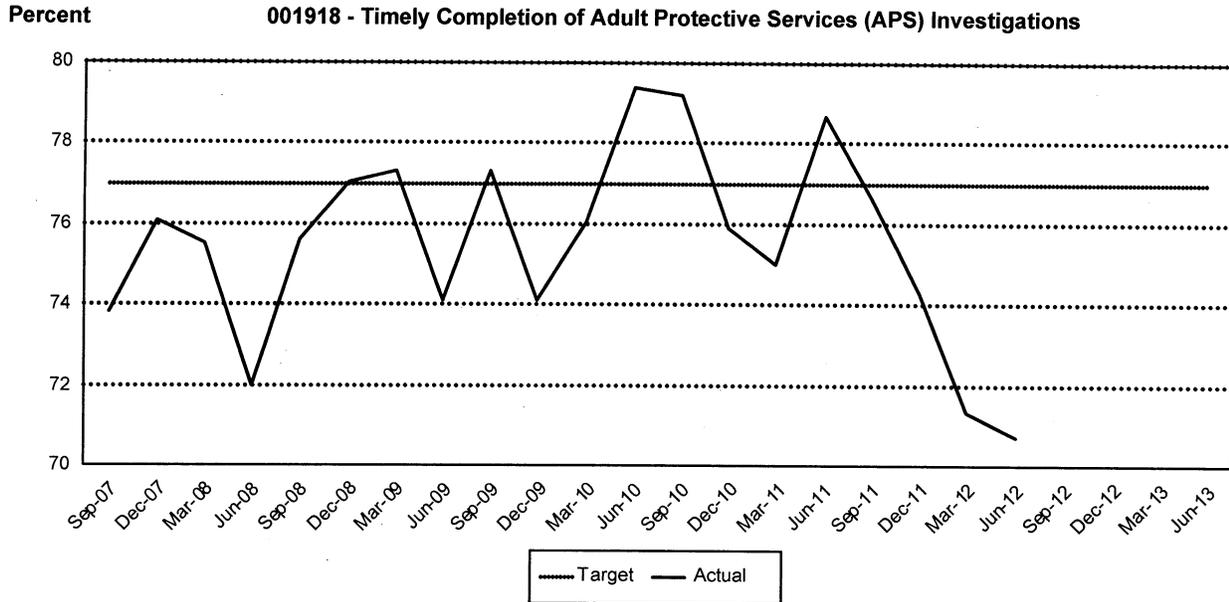


001610 Percent of Licensing Re-inspections Completed on Time.			
Biennium	Period	Actual	Target
2011-13	Q8		100%
	Q7		100%
	Q6		100%
	Q5		100%
	Q4		100%
	Q3	99.3%	100%
	Q2	100%	100%
	Q1	98.9%	100%
2009-11	Q8	99.3%	99.8%
	Q7	99.4%	99.8%
	Q6	99.8%	99.8%
	Q5	99.9%	99.8%
	Q4	100%	99.8%
	Q3	100%	99.8%
	Q2	100%	99.8%
	Q1	99.9%	99.8%
Performance Measure Status: Draft			



001918 The Percentage of Adult Protective Services (APS) complaint investigations completed within 90 days.			
Biennium	Period	Actual	Target
2011-13	Q8		77%
	Q7		77%
	Q6		77%
	Q5		77%
	Q4	70.7%	77%
	Q3	71.3%	77%
	Q2	74.3%	77%
	Q1	76.6%	77%
2009-11	Q8	78.69%	77%
	Q7	75%	77%
	Q6	75.91%	77%
	Q5	79.22%	77%
	Q4	79.38%	77%
	Q3	76.06%	77%
	Q2	74.11%	77%
	Q1	77.31%	77%
Performance Measure Status: Draft			

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity



E055 Residential Community Services

Assisted Living Facilities (ALF) are contracted facilities that may serve seven or more residents. Clients receive room and board, personal care, and assistance with medication. Some residents may receive limited nursing services, limited supervision, and specialized dementia care. ALFs include Adult Residential Care (ARC), Enhanced Adult Residential Care (EARC), and Assisted Living (AL). Clients residing in ALFs meet the financial and functional eligibility criteria for either the Medicaid Personal Care (MPC) program or the Community Options Program Entry System (COPES) Medicaid waiver, depending on the type of ALF in which they reside, or are vulnerable adults under Chapter 74.34 RCW, receiving state-funded Adult Protective Services.

Program 050 - Long Term Care

Account	FY 2014	FY 2015	Biennial Total
001 General Fund			
001-1 State	\$50,353,000	\$51,874,000	\$102,227,000
001-2 Federal	\$360,000	\$0	\$360,000
001-7 Private/Local	\$262,000	\$262,000	\$524,000
001-C Medicaid Federal	\$48,060,000	\$49,741,000	\$97,801,000
001 Account Total	\$99,035,000	\$101,877,000	\$200,912,000

Statewide Result Area: **Improve the security of Washington's vulnerable children and adults**

Statewide Strategy: **Provide community-based residential and in-home services**

Expected Results

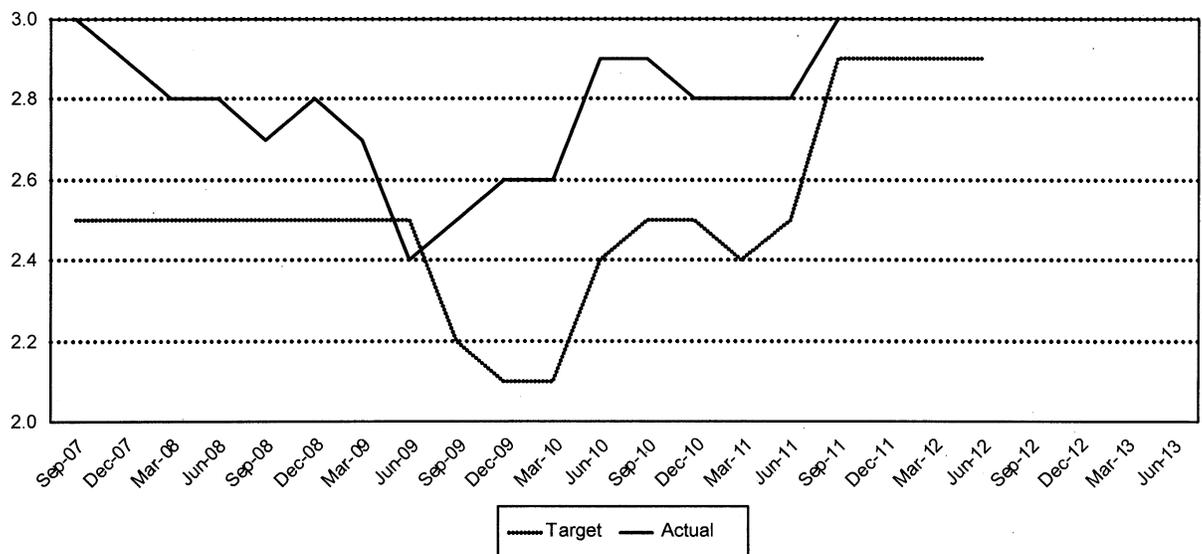
Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

Long-term care residential settings offer personal care services and supervision for clients who cannot live at home, while preventing or delaying admission to a more costly nursing home setting.

001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		2.9
	Q3		2.9
	Q2		2.9
	Q1	3	2.9
2009-11	Q8	2.8	2.5
	Q7	2.8	2.4
	Q6	2.8	2.5
	Q5	2.9	2.5
	Q4	2.9	2.4
	Q3	2.6	2.1
	Q2	2.6	2.1
	Q1	2.5	2.2

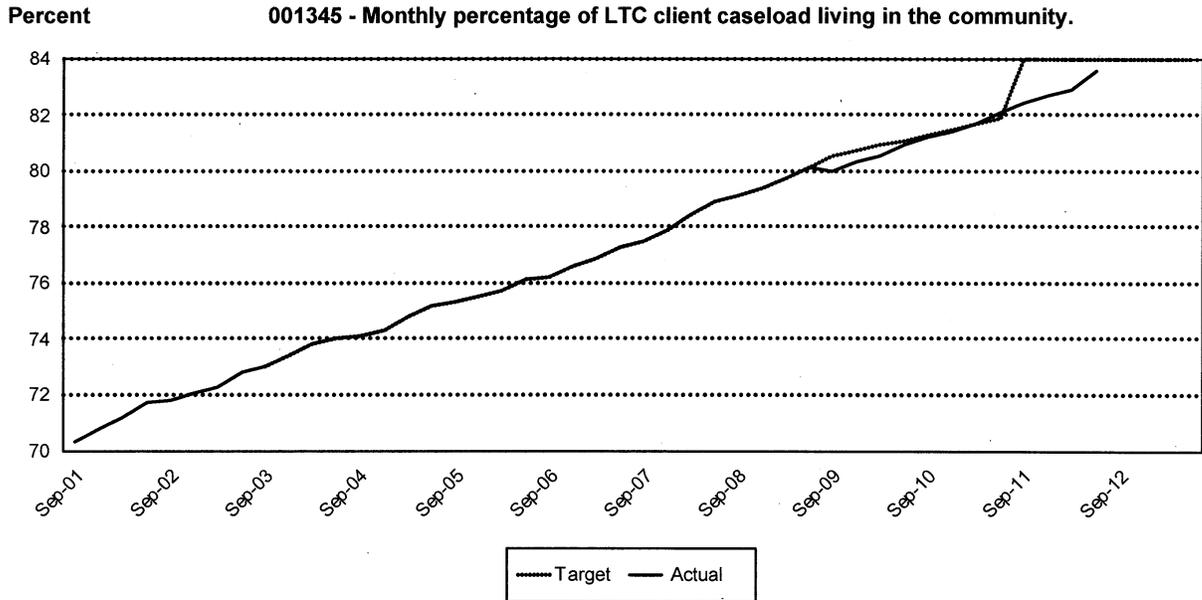
Performance Measure Status: Draft

Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

001345 Percent of long-term care clients living in in-home or residential community settings.			
Biennium	Period	Actual	Target
2011-13	Q8		84%
	Q7		84%
	Q6		84%
	Q5		84%
	Q4	83.6%	84%
	Q3	82.9%	84%
	Q2	82.7%	84%
	Q1	82.4%	84%
2009-11	Q8	82.1%	81.9%
	Q7	81.7%	81.7%
	Q6	81.4%	81.5%
	Q5	81.2%	81.3%
	Q4	80.9%	81.1%
	Q3	80.5%	80.9%
	Q2	80.3%	80.7%
	Q1	80%	80.5%
Performance Measure Status: Draft			



E064 Nursing Home Services

The Aging and Disability Services Administration (ADSA) contracts with licensed and certified Nursing Homes to serve Medicaid-eligible persons who need post-hospital recuperative care, require nursing services, or have chronic disabilities necessitating long-term medical services. Nursing Homes provide 24-hour supervised nursing care, personal care, therapy, and supervised nutrition. There is a small amount of funding for nurse-aide training, and cash assistance is provided for persons leaving Nursing Homes to help re-establish them in independent living or in lower-cost community settings.

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

Program 050 - Long Term Care

Account	FY 2014	FY 2015	Biennial Total
12T Traumatic Brain Injury Account			
12T-1 State	\$0	\$72,000	\$72,000
001 General Fund			
001-1 State	\$252,438,000	\$255,674,000	\$508,112,000
001-7 Private/Local	\$450,000	\$466,000	\$916,000
001-C Medicaid Federal	\$284,148,000	\$287,829,000	\$571,977,000
001 Account Total	\$537,036,000	\$543,969,000	\$1,081,005,000
562 Skilled Nursing Facility Net Trust Fund			
562-1 State	\$44,000,000	\$44,000,000	\$88,000,000

Statewide Result Area: **Improve the security of Washington’s vulnerable children and adults**

Statewide Strategy: **Provide institutional-based services**

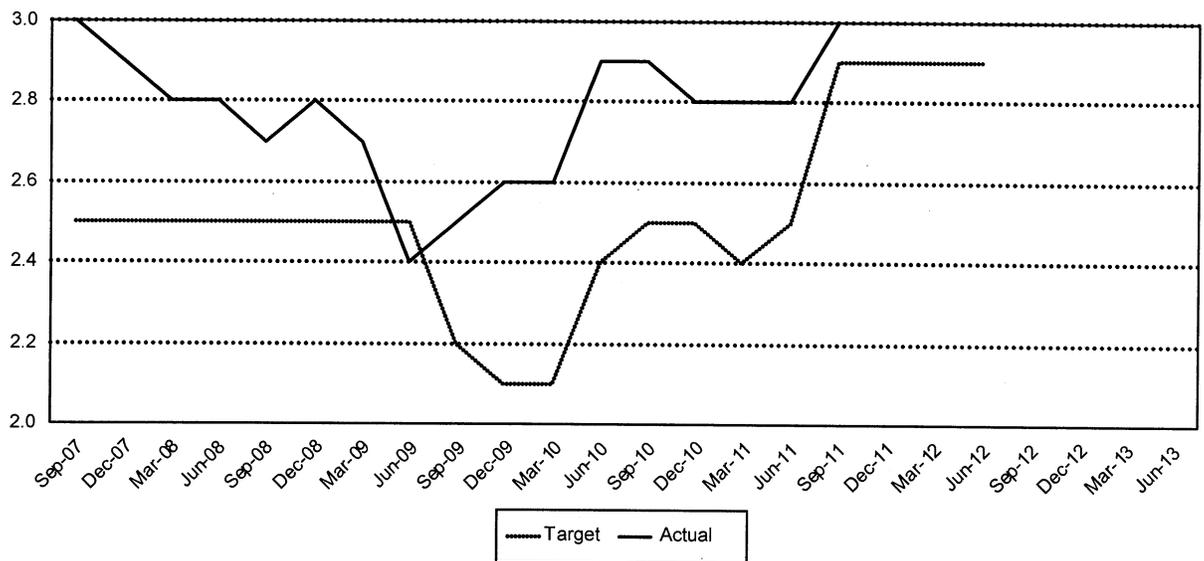
Expected Results

Nursing homes provide temporary services to clients who are recovering from acute illnesses, in need of post-hospital recuperative care, or requiring licensed nursing services, enabling many of them to safely return home or to less restrictive residential settings. Nursing homes also provide care for some terminally ill clients who cannot be cared for elsewhere.

001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		2.9
	Q3		2.9
	Q2		2.9
	Q1	3	2.9
2009-11	Q8	2.8	2.5
	Q7	2.8	2.4
	Q6	2.8	2.5
	Q5	2.9	2.5
	Q4	2.9	2.4
	Q3	2.6	2.1
	Q2	2.6	2.1
	Q1	2.5	2.2

Performance Measure Status: Draft

Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client

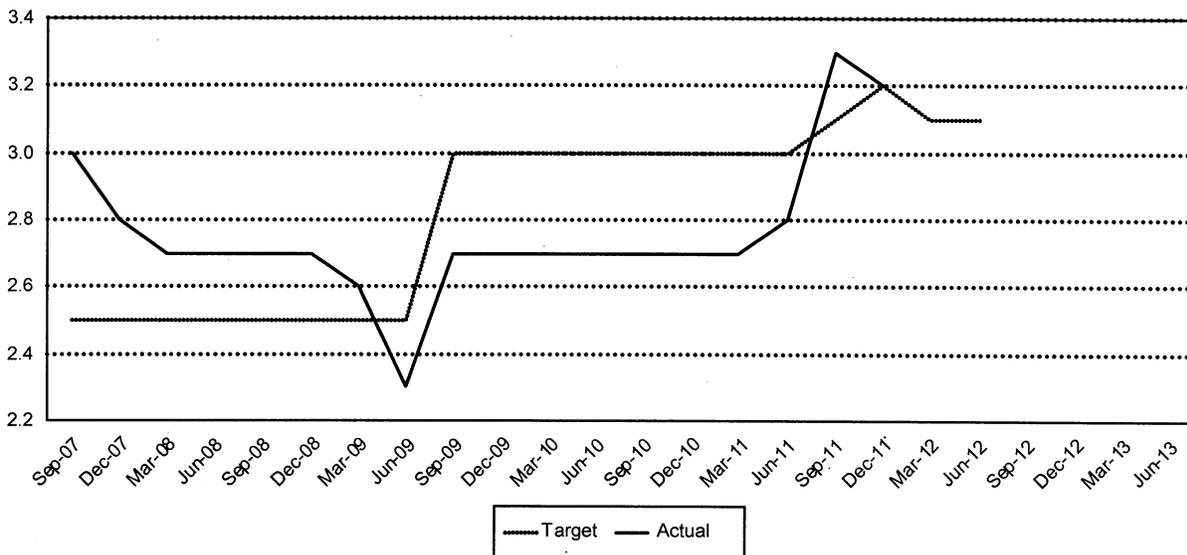


Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

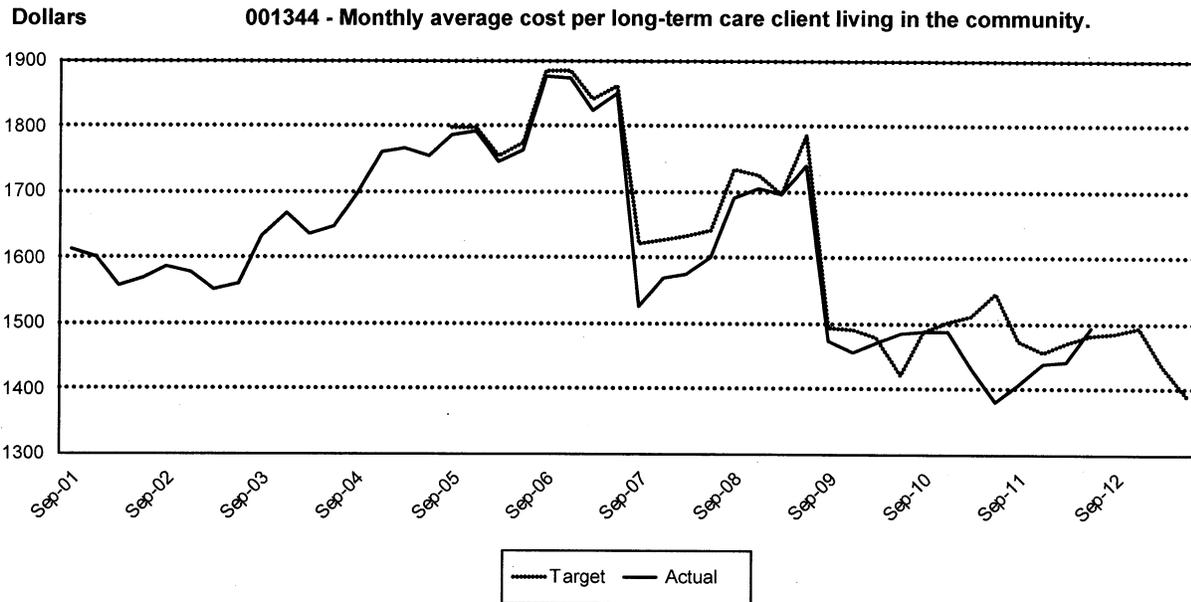
001936 Clients who can be served In-Home for the cost of One Nursing Home Client			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		3.1
	Q3		3.1
	Q2	3.2	3.2
	Q1	3.3	3.1
2009-11	Q8	2.8	3
	Q7	2.7	3
	Q6	2.7	3
	Q5	2.7	3
	Q4	2.7	3
	Q3	2.7	3
	Q2	2.7	3
	Q1	2.7	3

Performance Measure Status: Draft

Number 001936 - Clients Who can be Served In-Home for the Cost of One Nursing Home Client

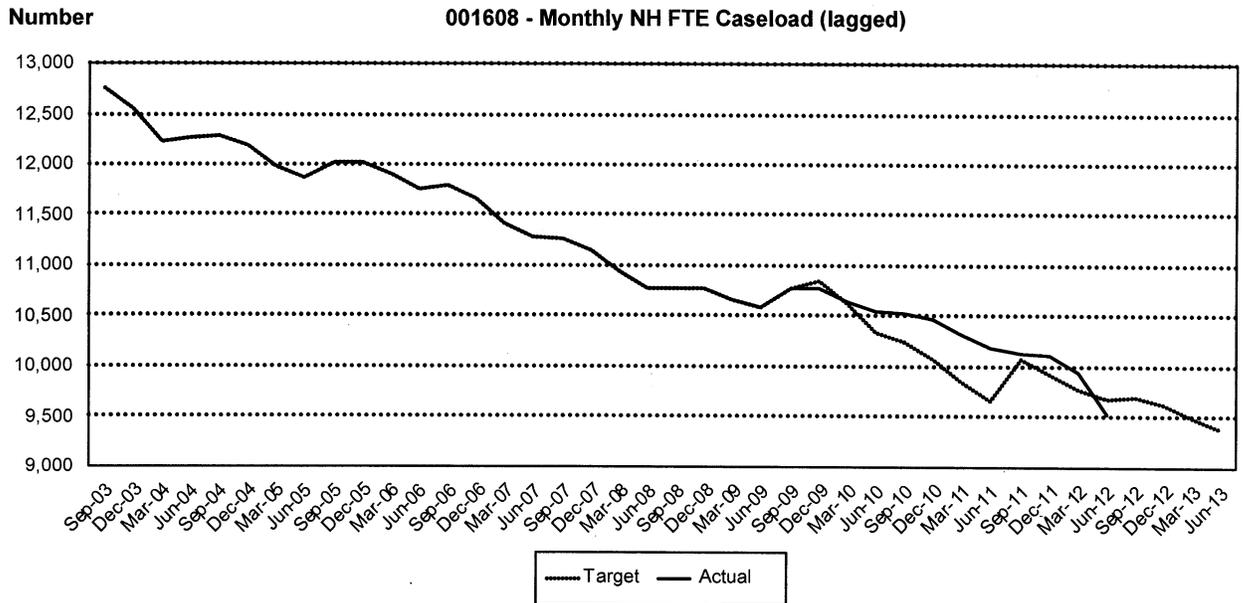


001344 Monthly average cost per long-term care client living in the community.			
Biennium	Period	Actual	Target
2011-13	Q8		\$1,389
	Q7		\$1,434
	Q6		\$1,492
	Q5		\$1,485
	Q4	\$1,492	\$1,481
	Q3	\$1,441	\$1,469
	Q2	\$1,438	\$1,455
	Q1	\$1,405	\$1,472
2009-11	Q8	\$1,379	\$1,545
	Q7	\$1,433	\$1,511
	Q6	\$1,487	\$1,501
	Q5	\$1,487	\$1,488
	Q4	\$1,483	\$1,420
	Q3	\$1,469	\$1,479
	Q2	\$1,455	\$1,490
	Q1	\$1,472	\$1,493
Performance Measure Status: Draft			



001608 This measure is the Monthly NH FTE Caseload with a built in lag factor			
Biennium	Period	Actual	Target
2011-13	Q8		9,384
	Q7		9,494
	Q6		9,629
	Q5		9,701
	Q4	9,536	9,683
	Q3	9,941	9,774
	Q2	10,111	9,915
	Q1	10,128	10,079
2009-11	Q8	10,188	9,654
	Q7	10,317	9,842
	Q6	10,473	10,068
	Q5	10,534	10,238
	Q4	10,540	10,348
	Q3	10,647	10,624
	Q2	10,764	10,841
	Q1	10,778	10,778

Performance Measure Status: Draft



E077 Managed Care Services

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

Aging and Disability Services Administration (ADSA) contracts with a vendor to provide managed care services that include medical care, Long-Term Care services, substance abuse treatment and mental health treatment under one service package and capitated payment per member per month. These programs help clients remain in the community for as long as possible by providing comprehensive health and social services to meet the unique needs of each client. Current contracts are for the Program of All-Inclusive Care for the Elderly (PACE) and the Washington Medicaid Integration Partnership (WMIP). The vendors assume all financial responsibility for medical expenses associated with meeting a client's needs for as long as the client remains enrolled in the program.

Program 050 - Long Term Care

Account	FY 2014	FY 2015	Biennial Total
001 General Fund			
001-1 State	\$12,007,000	\$13,111,000	\$25,118,000
001-C Medicaid Federal	\$12,006,000	\$13,112,000	\$25,118,000
001 Account Total	\$24,013,000	\$26,223,000	\$50,236,000

Statewide Result Area: Improve the security of Washington’s vulnerable children and adults

Statewide Strategy: Provide community-based residential and in-home services

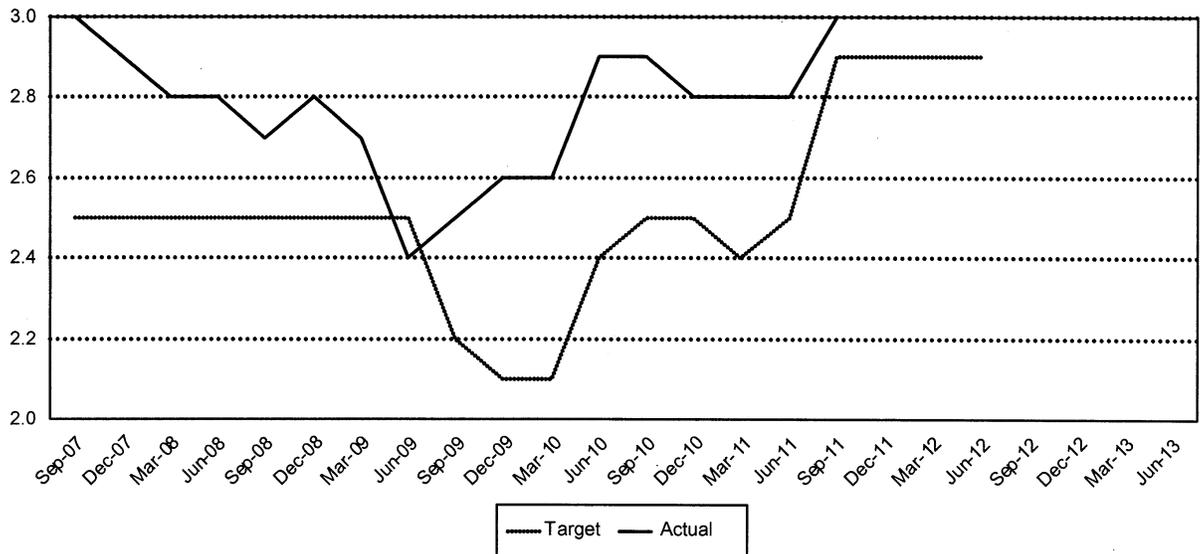
Expected Results

Managed care services allow clients to remain in the community and receive health and long-term care services, while preventing or delaying admission to a more costly nursing home setting.

001937 Clients who can be served in the Community for the cost of one Nursing Home Client.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		2.9
	Q3		2.9
	Q2		2.9
	Q1	3	2.9
2009-11	Q8	2.8	2.5
	Q7	2.8	2.4
	Q6	2.8	2.5
	Q5	2.9	2.5
	Q4	2.9	2.4
	Q3	2.6	2.1
	Q2	2.6	2.1
	Q1	2.5	2.2

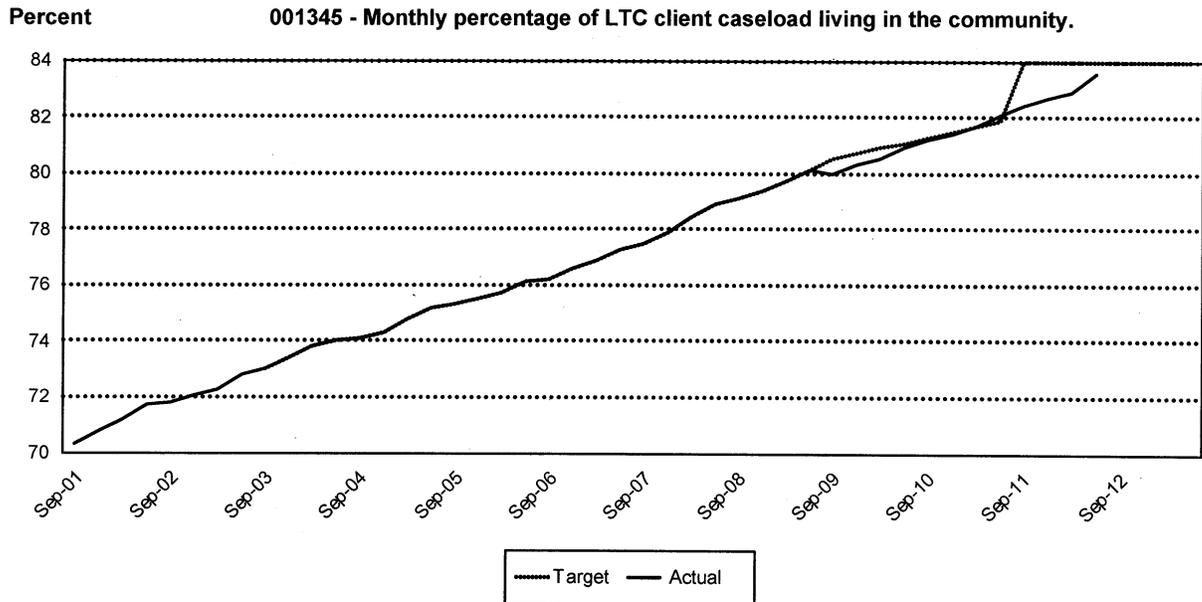
Performance Measure Status: Draft

Number 001937 - Clients who can be Served in the Community for Cost of One Nursing Home Client



Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

001345 Percent of long-term care clients living in in-home or residential community settings.			
Biennium	Period	Actual	Target
2011-13	Q8		84%
	Q7		84%
	Q6		84%
	Q5		84%
	Q4	83.6%	84%
	Q3	82.9%	84%
	Q2	82.7%	84%
	Q1	82.4%	84%
2009-11	Q8	82.1%	81.9%
	Q7	81.7%	81.7%
	Q6	81.4%	81.5%
	Q5	81.2%	81.3%
	Q4	80.9%	81.1%
	Q3	80.5%	80.9%
	Q2	80.3%	80.7%
	Q1	80%	80.5%
Performance Measure Status: Draft			



Grand Total

	FY 2014	FY 2015	Biennial Total
FTE's	1,413.3	1,442.9	1,428.1
GFS	\$854,475,000	\$885,698,000	\$1,740,173,000
Other	\$948,190,000	\$983,923,000	\$1,932,113,000
Total	\$1,802,665,000	\$1,869,621,000	\$3,672,286,000

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:050 Sort By: Activity

<u>Parameter</u>	<u>Entered As</u>
Budget Period	2013-15
Agency	300
Version	11 - 2013-15 2-YR Agency Req
Result Area	All Result Areas
Activity	All Activities
Program	- Unknown
Sub Program	All Sub Programs
Account	All Accounts
Expenditure Authority Type	All Expenditure Authority Types
Theme	All
Sort By	Activity
Display All Account Types	Yes
Include Policy Level	Yes
Include Activity Description	Yes
Include Statewide Result Area	Yes
Include Statewide Strategy	Yes
Include Expected Results Text	Yes
Include Charts	Yes
Chart Type	Line
Include Parameter Selections	Yes
Version Source	Agency

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services Budget Period: 2013-15

Activity: A007 Behavioral Rehabilitative Services (BRS)

Outcome Measures 000307 Percentage of foster children placed with extended family members.

				<u>FY 2014</u>	<u>FY 2015</u>
050	PL	EW	Fostering Well Being Nurses	0.00%	0.00%

Activity: A027 Child Welfare Licensed Resources

Output Measures 000306 Number of child abuse/neglect referrals accepted for investigation.

				<u>FY 2014</u>	<u>FY 2015</u>
050	PL	EW	Fostering Well Being Nurses	0.00	0.00

Activity: E049 Adult Day Health Community Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package

Activity: E050 Adult Family Home Community Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	FK	ACA - Health Care Reform Implement	No measures linked to decision package
050	PL	EQ	ACA - Dual Eligible Clients	No measures linked to decision package
050	PL	ER	ACA - Health Care Reform Expansion	No measures linked to decision package
050	PL	PX	Upgrade Network Capacity	No measures linked to decision package

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services Budget Period: 2013-15

Activity: E051 Program Support for Long Term Care

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M1	94	Mandatory Workload Adjustments	No measures linked to decision package
050	M2	8L	Lease Rate Adjustments	No measures linked to decision package
050	M2	8P	Postage Rate Adjustments	No measures linked to decision package
050	M2	9T	Transfers	No measures linked to decision package
050	M2	EP	Fiscal Employer Agent	No measures linked to decision package
050	M2	WA	One-Time Relocation	No measures linked to decision package
050	M2	WB	Federal Funds Technical Adjustment	No measures linked to decision package
050	M2	WM	Technical Corrections	No measures linked to decision package
050	PL	PX	Upgrade Network Capacity	No measures linked to decision package
050	PL	PY	Support Wi-Fi in Offices	No measures linked to decision package

Activity: E052 Eligibility/Case Management Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M2	8P	Postage Rate Adjustments	No measures linked to decision package
050	M2	9T	Transfers	No measures linked to decision package
050	M2	EZ	Foster Well-Being from HCA to LTC	No measures linked to decision package
050	M2	FK	ACA - Health Care Reform Implement	No measures linked to decision package
050	M2	FM	ACA - Eligibility Determination	No measures linked to decision package
050	PL	EQ	ACA - Dual Eligible Clients	No measures linked to decision package
050	PL	PY	Support Wi-Fi in Offices	No measures linked to decision package

Activity: E053 In-Home Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	9H	FMAP Match Adjustment	No measures linked to decision package
050	M2	FK	ACA - Health Care Reform Implement	No measures linked to decision package
050	PL	EQ	ACA - Dual Eligible Clients	No measures linked to decision package
050	PL	ER	ACA - Health Care Reform Expansion	No measures linked to decision package
050	PL	FP	Federal Sequester	No measures linked to decision package

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services Budget Period: 2013-15

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

050	M2	8P	Postage Rate Adjustments	No measures linked to decision package
050	M2	9T	Transfers	No measures linked to decision package
050	M2	FK	ACA - Health Care Reform Implement	No measures linked to decision package
050	M2	WB	Federal Funds Technical Adjustment	No measures linked to decision package
050	PL	EQ	ACA - Dual Eligible Clients	No measures linked to decision package

Outcome Measures 001604 Percentage of timely RCS complaint investigations.

				<u>FY 2014</u>	<u>FY 2015</u>
050	PL	ET	Nursing Home Investigations	0.00%	0.00%
050	PL	EU	Supported Living Investigations	0.00%	0.00%
050	PL	EV	Resident and Client Protection	0.00%	0.00%

Outcome Measures 001918 The Percentage of Adult Protective Services (APS) complaint investigations completed within 90 days.

				<u>FY 2014</u>	<u>FY 2015</u>
050	PL	ET	Nursing Home Investigations	0.00%	0.00%
050	PL	EU	Supported Living Investigations	0.00%	0.00%
050	PL	EV	Resident and Client Protection	0.00%	0.00%

Activity: E055 Residential Community Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	FK	ACA - Health Care Reform Implement	No measures linked to decision package
050	PL	EQ	ACA - Dual Eligible Clients	No measures linked to decision package
050	PL	ER	ACA - Health Care Reform Expansion	No measures linked to decision package

Outcome Measures 001345 Percent of long-term care clients living in in-home or residential community settings.

				<u>FY 2014</u>	<u>FY 2015</u>
050	PL	EY	Community LTC Behavior Support	0.00%	0.00%

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services

Budget Period: 2013-15

Activity: E064 Nursing Home Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
050	M2	EM	Transfer between DVA and DSHS	No measures linked to decision package
050	M2	EN	ACA-Mandatory Provider Revalidation	No measures linked to decision package
050	M2	FK	ACA - Health Care Reform Implement	No measures linked to decision package
050	M2	WB	Federal Funds Technical Adjustment	No measures linked to decision package
050	PL	EQ	ACA - Dual Eligible Clients	No measures linked to decision package
050	PL	ER	ACA - Health Care Reform Expansion	No measures linked to decision package

Activity: E077 Managed Care Services

050	M1	0U	Forecast Cost/Utilization	No measures linked to decision package
050	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package

Activity Inventory Indirect Cost Allocation Approach

Agency 300 - DSHS

Program 050 - Long Term Care (LTC)

Allocation Method Description:

Total indirect costs were allocated to activities based on the total dollars budgeted for each activity.

	% Allocation Received	Dollars Allocated FY1	Dollars Allocated FY2	Total Allocated
E051 Program Support for Long Term Care	18.99%	89,748	89,748	179,497
E052 Eligibility/Case Management Services	57.49%	271,772	271,772	543,545
E054 Investigations/Quality Assurance	23.52%	111,174	111,174	222,349
Total	100.00%	\$ 472,695	\$ 472,695	\$ 945,390

Expenditure Detail By Program

Budget Recommendation Summary

Recommendation Summary

Budget Period:2013-15
Budget Level Criteria: ALL

Version: E1 - 050 2013-15 2-YR Agency Req

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds	
CB - Current Biennium						
00	Current Biennium Base	0	1,363.4	1,600,831	1,809,898	3,410,729
	SubTotal CB		1,363.4	1,600,831	1,809,898	3,410,729
	Cumulative Total Thru CB		1,363.4	1,600,831	1,809,898	3,410,729
CL - Carry Forward Level						
YX	Non Supporting Revenue	0	0.0	0	0	0
ZE	Carry Forward Adjustments	0	3.9	36,870	48,068	84,938
	SubTotal CL		3.9	36,870	48,068	84,938
	Cumulative Total Thru CL		1,367.2	1,637,701	1,857,966	3,495,667
M1 - Mandatory Caseload and Enrollment Changes						
0U	Forecast Cost/Utilization	0	0.0	33,939	9,994	43,933
93	Mandatory Caseload Adjustments	0	0.0	54,301	53,742	108,043
94	Mandatory Workload Adjustments	0	34.4	3,503	3,001	6,504
	SubTotal M1		34.4	91,743	66,737	158,480
	Cumulative Total Thru M1		1,401.6	1,729,444	1,924,703	3,654,147
M2 - Inflation and Other Rate Changes						
8L	Lease Rate Adjustments	0	0.0	373	437	810
8P	Postage Rate Adjustments	0	0.0	14	6	20
9H	FMAP Match Adjustment	0	0.0	0	0	0
9T	Transfers	0	(6.0)	(717)	(520)	(1,237)
EM	Transfer between DVA and DSHS	0	0.0	7,785	0	7,785
EN	ACA-Mandatory Provider Revalidation	0	0.0	0	0	0
EP	Fiscal Employer Agent	0	0.0	0	0	0
EZ	Foster Well-Being from HCA to LTC	0	10.5	1,074	1,074	2,148
FK	ACA - Health Care Reform Implement	0	0.0	0	0	0
FM	ACA - Eligibility Determination	0	0.0	0	0	0
WA	One-Time Relocation	0	0.0	299	351	650
WB	Federal Funds Technical Adjustment	0	0.0	0	0	0
WM	Technical Corrections	0	3.4	0	0	0
	SubTotal M2		7.9	8,828	1,348	10,176
	Cumulative Total Thru M2		1,409.5	1,738,272	1,926,051	3,664,323
PL - Performance Level						
EQ	ACA - Dual Eligible Clients	0	0.0	0	0	0
ER	ACA - Health Care Reform Expansion	0	0.0	0	0	0
ET	Nursing Home Investigations	0	1.5	0	585	585
EU	Supported Living Investigations	0	6.0	0	1,646	1,646
EV	Resident and Client Protection	0	2.8	0	1,158	1,158
EW	Fostering Well Being Nurses	0	6.0	386	1,159	1,545
EY	Community LTC Behavior Support	0	2.5	1,414	1,414	2,828
FP	Federal Sequester	0	0.0	0	0	0
PX	Upgrade Network Capacity	0	0.0	46	46	92
PY	Support Wi-Fi in Offices	0	0.0	55	54	109
	SubTotal PL		18.7	1,901	6,062	7,963
	Cumulative Total Thru PL		1,428.1	1,740,173	1,932,113	3,672,286

Recommendation Summary

Version: E1 - 050 2013-15 2-YR Agency Req

Budget Period:2013-15
Budget Level Criteria: ALL

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Total Proposed Budget		1,428.1	1,740,173	1,932,113	3,672,286

Recommendation Summary Text

0U - Forecast Cost/Utilization

Program: 050

(M1) The Department of Social and Health Services (DSHS) Long Term Care (LTC), requests \$43,933,000 Total Funds and \$33,939,000 GF-State for the 2013-15 Biennium to reflect changes in the utilization of LTC services by Nursing Homes, Area Agency on Aging services, and Home and Community Based Services.

8L - Lease Rate Adjustments

Program: 050

(M2) The Department of Social and Health Services (DSHS) requests a reduction of (\$6,050,000) Total Funds, (\$3,570,000) GF-State, in the 2013-15 Biennium for the incremental costs of lease changes for offices and client service centers statewide.

8P - Postage Rate Adjustments

Program: 050

(M2) The Department of Social and Health Services (DSHS) requests \$516,000 Total Funds, \$286,000 GF-State, in the 2013-15 Biennium for funding the increase in First-Class Mail postage from \$0.44 to \$0.45 that took effect January 22, 2012.

93 - Mandatory Caseload Adjustments

Program: 050

(M1) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests \$108,043,000 Total Funds, \$54,301,000 GF-State, for changes in the number of clients in the LTC program. This request reflects the June 2012 Forecast produced by the Caseload Forecast Council (CFC).

94 - Mandatory Workload Adjustments

Program: 050

(M1) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests 34.4 FTEs and \$6,504,000 Total Funds, \$3,503,000 GF State, in the 2013-15 Biennium for mandatory workload adjustments associated with June 2012 caseload forecasts.

9H - FMAP Match Adjustment

Program: 050

(M2) The Department of Social and Health Services (DSHS) is submitting a placeholder to recognize the adjustment to Federal Medical Assistance Percentage (FMAP) for the 2013-15 Biennial Budget, which will be published in September 2012.

9T - Transfers

Program: 050

(M2) The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2013-15 Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The DSHS program combine total equals a net zero impact cost; the fiscal detail section amount below reflects an individual program.

EM - Transfer between DVA and DSHS

Program: 050

(M2) The Department of Social and Health Services (DSHS), Long Term Care (LTC) requests a transfer of \$7,785,000 GF-State in the 2013-15 Biennium from the Department of Veterans Affairs (DVA) to include the Medicaid Nursing Home (NH) clients at Orting and Retsil in the ADSA caseload forecast.

EN - ACA-Mandatory Provider Revalidation

Program: 050

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request for funds and FTEs to meet new

Recommendation Summary

Version: E1 - 050 2013-15 2-YR Agency Req

Budget Period:2013-15
Budget Level Criteria: ALL

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
----------------------	--------------------	--------------------	-----------------------	-------------	-------------

EN - ACA-Mandatory Provider Revalidation

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 other new requirements.

EP - Fiscal Employer Agent

Program: 050

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request for operational funding requirements to pay individual providers through a fiscal employer agent. With ProviderOne, all W-2 paid providers will be paid through fiscal employer agent. This change will bring Washington into compliance with Medicaid rules regarding time reporting for W-2 providers and federal financial participation requirements for federal matching funds. This change will improve payment integrity and provide a more flexible payment system for individual providers.

EQ - ACA - Dual Eligible Clients

Program: 050

(PL) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to implementation of the Health Path Washington proposal for improved programmatic and financial coordination of Medicare and Medicaid services for people who are eligible for both. The Health Path proposal is Washington's response to an opportunity created by the Affordable Care Act (ACA).

ER - ACA - Health Care Reform Expansion

Program: 050

(PL) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to expansion of Medicaid eligibility to include people incomes that are at 138 percent of the federal poverty level or less, as allowed by the Affordable Care Act (ACA).

ET - Nursing Home Investigations

Program: 050

(PL) The Department of Social and Health Services (DSHS), Long Term Care (LTC) requests 1.5 FTEs and \$585,000 total funds, \$293,000 GF-Local, to allow Residential Care Services (RCS) to complete additional provider practice investigations of abuse and neglect complaints in nursing homes (NH). This would allow LTC to intervene for residents in a timely manner when there is possible abuse or neglect. The NH license fee increase would cover the cost of the new FTEs needed for the additional complaint investigators.

EU - Supported Living Investigations

Program: 050

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), requests 6.0 FTEs and \$3,280,000 Total Funds to allow Residential Care Services (RCS) to do additional investigations of abuse and neglect complaints in Certified Community Residential Services and Supports (CCRSS) settings for clients with developmental disabilities. This would allow ADSA to intervene for clients in a timely manner when there is possible abuse or neglect.

EV - Resident and Client Protection

Program: 050

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), requests 2.8 FTEs and \$1,186,000 Total Funds to allow Residential Care Services (RCS) to complete additional investigations to determine if specifically named individuals have abused or neglected a resident in any of our long-term care programs, including adult family homes (AFHs), assisted living facilities (ALs), and nursing homes (NHs). This would allow ADSA to intervene on behalf of residents in a timely manner when there is possible abuse or neglect.

EW - Fostering Well Being Nurses

Recommendation Summary

Budget Period: 2013-15
Budget Level Criteria: ALL

Version: E1 - 050 2013-15 2-YR Agency Req

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
----------------------	--------------------	--------------------	-----------------------	-------------	-------------

EW - Fostering Well Being Nurses

Program: 050

(PL) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests 6.0 FTEs and \$1,545,000 Total Funds, \$386,000 GF-State, in the 2013-15 Biennium for the Fostering Well Being Care Coordination Unit (FWB CCU) to develop a nursing services care delivery model to support Children's Administration (CA) social workers to ensure the health and well-being of approximately 10,000 children in dependency foster placement.

EY - Community LTC Behavior Support

Program: 050

(PL) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests 2.5 FTEs and \$2,828,000 Total Funds, \$1,414,000 GF-State, in the 2013-15 Biennium for the creation of Enhanced Services Facilities (ESF).

EZ - Foster Well-Being from HCA to LTC

Program: 050

(M2) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests to transfer 10.5 FTEs and \$2,148,000 Total Funds, \$1,074,000 GF-State from the Health Care Authority (HCA) in the 2013-15 Biennium to align FTEs and funds for the Fostering Well-Being (FWB) program to LTC where the costs are incurred. The net impact between agencies is zero.

FK - ACA - Health Care Reform Implement

Program: 050

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to modifications for enrollment and eligibility of low income clients for health care as a result of the implementation of the Affordable Care Act (ACA).

FM - ACA - Eligibility Determination

Program: 050

(M2) The Department of Social and Health Services (DSHS) requests a placeholder in the 2013-15 Biennium to address staffing and funding adjustments needed to implement the new enrollment and eligibility requirements of the Affordable Care Act (ACA).

FP - Federal Sequester

Program: 050

(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.

PX - Upgrade Network Capacity

Program: 050

(PL) The Department of Social and Health Services (DSHS) requests \$780,000 Total Funds, \$456,000 GF-State, in the 2013-15 Biennium. This request will fund upgrades to network capacity at approximately 130 of the 200 DSHS remote field locations, upgrading network circuits from T1 to Ethernet to support capacity demands.

PY - Support Wi-Fi in Offices

Program: 050

(PL) The Department of Social and Health Services (DSHS) requests \$925,000 Total Funds, \$542,000 GF-State, in the 2013-2015 Biennium, to provide DSHS field offices with network connections using digital subscriber lines (DSL) for non-critical mission data traffic. It will also fund a pilot for selected DSHS offices for wireless network assessment, design and implementation.

WA - One-Time Relocation

Recommendation Summary

Budget Period:2013-15
Budget Level Criteria: ALL

Version: E1 - 050 2013-15 2-YR Agency Req

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
----------------------	--------------------	--------------------	-----------------------	-------------	-------------

WA - One-Time Relocation

Program: 050

(M2) The Department of Social and Health Services (DSHS) requests one-time funding of \$6,103,000 Total Funds, \$3,014,000 GF-State, in the 2013-15 Biennium for one-time relocation and project costs to support DSHS' Lease Facilities Strategic Plan.

WB - Federal Funds Technical Adjustment

Program: 050

(M2) The Department of Social and Health Services (DSHS) requests adjustments between types of federal funds, within the current GF-Federal spending authority, to accurately reflect expected types of federal earnings in the 2013-15 Biennium.

WM - Technical Corrections

Program: 050

(M2) The Department of Social and Health Services (DSHS) requests (0.4) FTEs and \$(5,232,000) Total Funds in the 2013-15 Biennium to make technical corrections throughout the department.

Expenditure Detail By Program

Budget Levels Summary

2013-15 Agency Budget Levels by Program (DSHS B5)

Agency Activity: Blank

With Objects - All

All Fund/Approp Types

Version: E1

Performance Level

050 2013-15 2-YR Agency Req

Program: 050 - Long Term Care Services

Current Biennium

Carry Forward Level

Maintenance Level

Year 1

Year 2

Year 1

Year 2

FTEs

996-Z FTEs (EAOF-Other)

996-Z FTEs - Annual Average

Objects of Expenditure

- A Salaries And Wages
- B Employee Benefits
- C Personal Serv Contr
- E Goods And Services
- ED Land and Buildings
- EL Data Processing Serv
- Subtotal for Object E
- G Travel
- J Capital Outlays
- N Grants, Benifs Servs
- P Debt Service
- T Intra-Agency Reimbur
- TZ Unidentified
- Subtotal for Object T

Total Objects of Expenditure

Source of Funds

DSHS Sources for 001-1

001-1 0011 GF- State

Total for: 001-1, Grnl Fnd-State

	Current Biennium		Carry Forward Level		Maintenance Level		All Fund/Approp Types	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
	1,344.5	1,382.2	1,367.8	1,366.6	1,396.0	1,422.9	1,413.3	1,442.9
		1,363.4		1,367.2		1,409.5		1,428.1
A	75,741,000	77,292,100	79,483,000	79,649,100	81,045,000	82,722,100	82,486,000	84,372,100
B	24,902,600	24,299,400	24,642,600	24,258,400	25,160,600	25,310,400	25,591,600	25,813,400
C	4,642,000	4,097,000	1,118,000	1,222,000	1,118,000	1,222,000	1,118,000	1,222,000
E	8,241,800	9,374,000	8,868,800	9,019,000	9,002,800	9,387,000	9,375,800	9,765,000
ED	7,658,000	7,794,000	7,409,000	7,794,000	8,266,000	8,397,000	8,266,000	8,397,000
EL	390,000	375,000	390,000	375,000	390,000	375,000	390,000	375,000
Subtotal for Object E	16,289,800	17,543,000	16,667,800	17,188,000	17,658,800	18,159,000	18,031,800	18,537,000
G	2,148,800	2,500,000	2,185,800	2,500,000	2,232,800	2,648,000	2,291,800	2,711,000
J	1,360,600	1,897,000	1,476,600	1,859,000	1,628,600	2,099,000	1,767,600	2,132,000
N	1,556,235,000	1,596,085,000	1,620,414,000	1,617,341,000	1,667,886,000	1,729,630,000	1,668,506,000	1,731,860,000
P	1,080,200	1,078,500	1,082,200	1,078,500	1,082,200	1,078,500	1,082,200	1,078,500
T	203,000	270,000	203,000	270,000	203,000	270,000	203,000	270,000
TZ	1,540,000	1,524,000	1,509,000	1,519,000	1,566,000	1,603,000	1,587,000	1,625,000
Subtotal for Object T	1,743,000	1,794,000	1,712,000	1,789,000	1,769,000	1,873,000	1,790,000	1,895,000
Total Objects of Expenditure	1,684,143,000	1,726,586,000	1,748,782,000	1,746,885,000	1,799,581,000	1,864,742,000	1,802,665,000	1,869,621,000
Source of Funds								
DSHS Sources for 001-1								
001-1 0011 GF- State	791,493,000	809,338,000	818,439,000	819,262,000	853,932,000	884,340,000	854,475,000	885,698,000
Total for: 001-1, Grnl Fnd-State	791,493,000	809,338,000	818,439,000	819,262,000	853,932,000	884,340,000	854,475,000	885,698,000

2013-15 Agency Budget Levels by Program (DSHS B5)

Agency Activity: Blank

With Objects - All

All Fund/Approp Types

Version: E1

Performance Level

050 2013-15 2-YR Agency Req

Maintenance Level

Program: 050 - Long Term Care Services

Carry Forward Level

Current Biennium

Year 1

Year 1

Year 2

Year 1

Year 2

Year 1

Year 2

Year 1

Year 2

Source of Funds

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2						
DSHS Sources for 001-2								
001-2 005B Nutrition	272,000	0	272,000	0	272,000	0	272,000	0
001-2 041B T7 Eldr Abu (100%)	86,000	86,000	86,000	86,000	86,000	86,000	86,000	86,000
001-2 042B T7 Ombdsm (100%)	232,000	232,000	232,000	232,000	232,000	232,000	232,000	232,000
001-2 043B T3F Hlth Prm (100%)	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000
001-2 044B T3B (100%)	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000
001-2 045B T3C Meals (100%)	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000
001-2 053B Nutri Sv Incent(100%)	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000
001-2 234B Alzheimer	88,000	0	88,000	0	88,000	0	88,000	0
001-2 235B Sen Empl (100%)	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000
001-2 777B Hlth Provider (100%)	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000
001-2 777G Hlth Provider (75%)	3,146,000	2,787,000	3,146,000	2,787,000	3,146,000	2,787,000	3,146,000	2,787,000
001-2 J79B Agng&Disb Ctr (100%)	142,000	281,000	142,000	281,000	142,000	281,000	142,000	281,000
001-2 ZZ04 001-2 s/b 001-C 19TA	0	0	5,000	0	0	0	0	0
001-2 ZZ06 001-2 s/b 001-C 19UL	0	0	781,000	1,079,000	0	0	0	0
Total for: 001-2, GnrI Fnd-Federal	28,698,000	28,118,000	29,484,000	29,197,000	28,698,000	28,118,000	28,698,000	28,118,000
DSHS Sources for 001-7								
001-7 5417 Contr & Grnt	13,073,000	14,444,000	14,409,000	14,444,000	14,409,000	14,444,000	15,205,000	15,343,000
Total for: 001-7, GnrI Fnd-Priv-Loc	13,073,000	14,444,000	14,409,000	14,444,000	14,409,000	14,444,000	15,205,000	15,343,000
DSHS Sources for 001-C								
001-C 19TA T19 Assist (FMAP)	718,783,000	735,538,000	754,198,000	744,619,000	768,389,000	795,243,000	768,575,000	795,426,000
001-C 19TD T19 Assist (90%)	3,723,000	3,128,000	3,723,000	3,128,000	3,723,000	3,128,000	3,723,000	3,128,000
001-C 19UG T19 Admin (75%)	0	0	0	0	0	0	599,000	560,000
001-C 19UL T19 Admin (50%)	82,715,000	90,290,000	82,870,000	90,503,000	84,771,000	93,737,000	85,731,000	95,616,000
Total for: 001-C, GnrI Fnd-Medicaid	805,221,000	828,956,000	840,791,000	838,250,000	856,883,000	892,108,000	858,628,000	894,730,000
DSHS Sources for 12T-1								
12T-1 12T1 Traum. Brain Injury	1,658,000	1,730,000	1,659,000	1,732,000	1,659,000	1,732,000	1,659,000	1,732,000
Total for: 12T-1, Brain In-State	1,658,000	1,730,000	1,659,000	1,732,000	1,659,000	1,732,000	1,659,000	1,732,000
DSHS Sources for 562-1								
562-1 5621 Nursing Facility	44,000,000	44,000,000	44,000,000	44,000,000	44,000,000	44,000,000	44,000,000	44,000,000
Total for: 562-1, Skilled-State	44,000,000							
Total Source of Funds	1,684,143,000	1,726,586,000	1,748,782,000	1,746,885,000	1,799,581,000	1,864,742,000	1,802,665,000	1,869,621,000

2013-15 Agency Budget Levels by Program (DSHS B5)

Agency Activity: Blank

All Fund/Approp Types

With Objects - All

Version: E1

050 2013-15 2-YR Agency Req

Total Objects - Program: 050

Biennial Total Objects - Program: 050

Total Funds - Program: 050

Biennial Total Funds - Program: 050

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
	1,684,143,000	1,726,586,000	1,748,782,000	1,746,885,000	1,799,581,000	1,864,742,000	1,802,665,000	1,869,621,000
		3,410,729,000		3,495,667,000		3,664,323,000		3,672,286,000
	1,684,143,000	1,726,586,000	1,748,782,000	1,746,885,000	1,799,581,000	1,864,742,000	1,802,665,000	1,869,621,000
		3,410,729,000		3,495,667,000		3,664,323,000		3,672,286,000

2013-15 Agency Budget Levels by Program (DSHS B5)

Agency Activity: Blank

Version: E1

050 2013-15 2-YR Agency Req

	Current Biennium		Carry Forward Level		Maintenance Level		All Fund/Approp Types Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
	Overall Total Objects	1,684,143,000	1,726,586,000	1,748,782,000	1,746,885,000	1,799,581,000	1,864,742,000	1,802,665,000
Biennial Overall Total Objects		3,410,729,000		3,495,667,000		3,664,323,000		3,672,286,000
Overall Total Funds	1,684,143,000	1,726,586,000	1,748,782,000	1,746,885,000	1,799,581,000	1,864,742,000	1,802,665,000	1,869,621,000
Biennial Overall Total Funds		3,410,729,000		3,495,667,000		3,664,323,000		3,672,286,000

Recommendation Summary

Budget Period: 2013-15
Budget Level Criteria: M1+M2

Version: E1 - 050 2013-15 2-YR Agency Req

Dollars in Thousands		Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 050 - Long Term Care Services						
M1 - Mandatory Caseload and Enrollment Changes						
0U	Forecast Cost/Utilization	0	0.0	33,939	9,994	43,933
93	Mandatory Caseload Adjustments	0	0.0	54,301	53,742	108,043
94	Mandatory Workload Adjustments	0	34.4	3,503	3,001	6,504
SubTotal M1			34.4	91,743	66,737	158,480
M2 - Inflation and Other Rate Changes						
8L	Lease Rate Adjustments	0	0.0	373	437	810
8P	Postage Rate Adjustments	0	0.0	14	6	20
9H	FMAP Match Adjustment	0	0.0	0	0	0
9T	Transfers	0	(6.0)	(717)	(520)	(1,237)
EM	Transfer between DVA and DSHS	0	0.0	7,785	0	7,785
EN	ACA-Mandatory Provider Revalidation	0	0.0	0	0	0
EP	Fiscal Employer Agent	0	0.0	0	0	0
EZ	Foster Well-Being from HCA to LTC	0	10.5	1,074	1,074	2,148
FK	ACA - Health Care Reform Implement	0	0.0	0	0	0
FM	ACA - Eligibility Determination	0	0.0	0	0	0
WA	One-Time Relocation	0	0.0	299	351	650
WB	Federal Funds Technical Adjustment	0	0.0	0	0	0
WM	Technical Corrections	0	3.4	0	0	0
SubTotal M2			7.9	8,828	1,348	10,176
Total Proposed M1+M2 Budget for Program 050 - Long Term Care Services			42.3	100,571	68,085	168,656

Recommendation Summary Text

0U - Forecast Cost/Utilization

(M1) The Department of Social and Health Services (DSHS) Long Term Care (LTC), requests \$43,933,000 Total Funds and \$33,939,000 GF-State for the 2013-15 Biennium to reflect changes in the utilization of LTC services by Nursing Homes, Area Agency on Aging services, and Home and Community Based Services.

8L - Lease Rate Adjustments

(M2) The Department of Social and Health Services (DSHS) requests a reduction of (\$6,050,000) Total Funds, (\$3,570,000) GF-State, in the 2013-15 Biennium for the incremental costs of lease changes for offices and client service centers statewide.

8P - Postage Rate Adjustments

(M2) The Department of Social and Health Services (DSHS) requests \$516,000 Total Funds, \$286,000 GF-State, in the 2013-15 Biennium for funding the increase in First-Class Mail postage from \$0.44 to \$0.45 that took effect January 22, 2012.

93 - Mandatory Caseload Adjustments

(M1) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests \$108,043,000 Total Funds, \$54,301,000 GF-State, for changes in the number of clients in the LTC program. This request reflects the June 2012 Forecast produced by the Caseload Forecast Council (CFC).

Recommendation Summary

Version: E1 - 050 2013-15 2-YR Agency Req

Budget Period: 2013-15
Budget Level Criteria: M1+M2

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
----------------------	------------------	-----------------	--------------------	-------------	-------------

94 - Mandatory Workload Adjustments

(M1) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests 34.4 FTEs and \$6,504,000 Total Funds, \$3,503,000 GF State, in the 2013-15 Biennium for mandatory workload adjustments associated with June 2012 caseload forecasts.

9H - FMAP Match Adjustment

(M2) The Department of Social and Health Services (DSHS) is submitting a placeholder to recognize the adjustment to Federal Medical Assistance Percentage (FMAP) for the 2013-15 Biennial Budget, which will be published in September 2012.

9T - Transfers

(M2) The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2013-15 Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The DSHS program combine total equals a net zero impact cost; the fiscal detail section amount below reflects an individual program.

EM - Transfer between DVA and DSHS

(M2) The Department of Social and Health Services (DSHS), Long Term Care (LTC) requests a transfer of \$7,785,000 GF-State in the 2013-15 Biennium from the Department of Veterans Affairs (DVA) to include the Medicaid Nursing Home (NH) clients at Orting and Retsil in the ADSA caseload forecast.

EN - ACA-Mandatory Provider Revalidation

(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 other new requirements.

EP - Fiscal Employer Agent

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request for operational funding requirements to pay individual providers through a fiscal employer agent. With ProviderOne, all W-2 paid providers will be paid through fiscal employer agent. This change will bring Washington into compliance with Medicaid rules regarding time reporting for W-2 providers and federal financial participation requirements for federal matching funds. This change will improve payment integrity and provide a more flexible payment system for individual providers.

EZ - Foster Well-Being from HCA to LTC

(M2) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests to transfer 10.5 FTEs and \$2,148,000 Total Funds, \$1,074,000 GF-State from the Health Care Authority (HCA) in the 2013-15 Biennium to align FTEs and funds for the Fostering Well-Being (FWB) program to LTC where the costs are incurred. The net impact between agencies is zero.

FK - ACA - Health Care Reform Implement

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to modifications for enrollment and eligibility of low income clients for health care as a result of the implementation of the Affordable Care Act (ACA).

FM - ACA - Eligibility Determination

Recommendation Summary

Budget Period:2013-15
Budget Level Criteria: M1+M2

Version: E1 - 050 2013-15 2-YR Agency Req

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
----------------------	---------------------	--------------------	-----------------------	-------------	-------------

FM - ACA - Eligibility Determination

(M2) The Department of Social and Health Services (DSHS) requests a placeholder in the 2013-15 Biennium to address staffing and funding adjustments needed to implement the new enrollment and eligibility requirements of the Affordable Care Act (ACA).

WA - One-Time Relocation

(M2) The Department of Social and Health Services (DSHS) requests one-time funding of \$6,103,000 Total Funds, \$3,014,000 GF-State, in the 2013-15 Biennium for one-time relocation and project costs to support DSHS' Lease Facilities Strategic Plan.

WB - Federal Funds Technical Adjustment

(M2) The Department of Social and Health Services (DSHS) requests adjustments between types of federal funds, within the current GF-Federal spending authority, to accurately reflect expected types of federal earnings in the 2013-15 Biennium.

WM - Technical Corrections

(M2) The Department of Social and Health Services (DSHS) requests (0.4) FTEs and \$(5,232,000) Total Funds in the 2013-15 Biennium to make technical corrections throughout the department.

Department of Social and Health Services

DP Code/Title: M1-0U Forecast Cost/Utilization
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) Long Term Care (LTC), requests \$43,933,000 Total Funds and \$33,939,000 GF-State for the 2013-15 Biennium to reflect changes in the utilization of LTC services by Nursing Homes, Area Agency on Aging services, and Home and Community Based Services.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-1 General Fund - Basic Account-State	12,089,000	21,850,000	33,939,000
001-C General Fund - Basic Account-Medicaid Federal	(3,839,000)	13,833,000	9,994,000
Total Cost	8,250,000	35,683,000	43,933,000

Staffing

Package Description:

This request utilizes the June 2012 Forecast produced by the LTC for Nursing Homes, Area Agency on Aging services, Nursing Facility Discharge Payments, Estate Recoveries, and Home and Community Based Services. The driver behind the funding increase in this request is the per capita cost of Nursing Home, In-Home, Adult Family Home, and Assisted Living Facility clients.

Agency Contact: Edd Giger (360) 902-8067

Program Contact: Carla McKnight (360) 725-2430

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Forecast driven caseload changes reflect the agency's goals, including:

- Ensuring a safety net is in place for people of need;
- Clients maintain maximum independence;
- Services are of high quality;
- People participate in choices about their services; and
- Clients experience stability.

Performance Measure Detail

Program: 050

Activity: E049 Adult Day Health Community Services
No measures linked to package

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

Activity: E050 Adult Family Home Community Services
No measures linked to package

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

Activity: E051 Program Support for Long Term Care
No measures linked to package

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

Activity: E052 Eligibility/Case Management Services

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

Department of Social and Health Services

DP Code/Title: M1-0U Forecast Cost/Utilization
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

No measures linked to package		0.00	0.00
Activity: E053 In-Home Services		Incremental Changes	
No measures linked to package		FY 1	FY 2
		0.00	0.00
Activity: E055 Residential Community Services		Incremental Changes	
No measures linked to package		FY 1	FY 2
		0.00	0.00
Activity: E064 Nursing Home Services		Incremental Changes	
No measures linked to package		FY 1	FY 2
		0.00	0.00
Activity: E077 Managed Care Services		Incremental Changes	
No measures linked to package		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 2013-15 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Goal 1 Strategic Objective - Increase the quality and access to LTC services to address the demographically-driven increase in the need for services.

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

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 2013-15 Budget development under the strategy:

- Provide for the safety of Washington's vulnerable children and adults
- Where necessary, provide institutional-based and outpatient services
- Provide community-based residential and in-home support services

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

Funding this request will ensure that providers of LTC services will see little change in their method of conducting business with LTC.

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

No other alternatives were considered.

What are the consequences of not funding this package?

This request addresses the forecasted growth of Medicaid clients in the LTC program. If this request is not fully funded, it is possible that reductions in non-mandatory activities may be necessary to cover the cost of growth within mandatory activities.

Department of Social and Health Services

DP Code/Title: M1-0U Forecast Cost/Utilization
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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: LTC M1-0U Forecast Cost_Utilization.xlsx.

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

These costs will carry forward into future biennia. Ongoing costs will be determined by future caseload forecast estimates.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
N Grants, Benefits & Client Services	8,250,000	35,683,000	43,933,000

DSHS Source Code Detail

Program 050	<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	12,089,000	21,850,000	33,939,000
<i>Total for Fund 001-1</i>	<u>12,089,000</u>	<u>21,850,000</u>	<u>33,939,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	(3,839,000)	13,833,000	9,994,000
<i>Total for Fund 001-C</i>	<u>(3,839,000)</u>	<u>13,833,000</u>	<u>9,994,000</u>
Total Program 050	<u>8,250,000</u>	<u>35,683,000</u>	<u>43,933,000</u>

2013-15 Biennial Budget M1-0U Forecast Cost/Utilization

		Due to Cost/Utilization Changes			
		Total	State	Federal	Other State
FY14 - June 2012 Update					
X01	Nursing Facilities	\$ 3,916,000	\$ 4,632,000	\$ (716,000)	\$ -
X40	Adult Day Health	\$ (262,000)	\$ (77,000)	\$ (185,000)	
X43	NF Discharge	\$ (36,000)	\$ (36,000)	\$ -	
X48	Private Duty Nurse	\$ 1,300,000	\$ 663,000	\$ 637,000	
X49	Recoveries	\$ -	\$ (5,000)	\$ 5,000	
X61	In-Home	\$ 10,380,000	\$ 10,741,000	\$ (361,000)	
J85	Caregiver Training	\$ (2,407,000)	\$ (1,754,000)	\$ (653,000)	
J86	Agency Health Insurance	\$ (8,638,000)	\$ (4,387,000)	\$ (4,251,000)	
X62	Adult Family Homes	\$ 4,370,000	\$ 2,002,000	\$ 2,368,000	
X63	Adult Residential Centers	\$ 555,000	\$ 553,000	\$ 2,000	
X64	Assisted Living	\$ (229,000)	\$ 78,000	\$ (307,000)	
X65	Managed Care	\$ 239,000	\$ 118,000	\$ 121,000	
FY14 Subtotal		\$ 9,188,000	\$ 12,528,000	\$ (3,340,000)	\$ -
FY15 - June 2012 Update					
X01	Nursing Facilities	\$ 14,105,000	\$ 10,160,000	\$ 3,945,000	\$ -
X40	Adult Day Health	\$ (245,000)	\$ (192,000)	\$ (53,000)	
X43	NF Discharge	\$ (36,000)	\$ (36,000)	\$ -	
X48	Private Duty Nurse	\$ 975,000	\$ 672,000	\$ 303,000	
X49	Recoveries	\$ -	\$ (5,000)	\$ 5,000	
X61	In-Home	\$ 17,019,000	\$ 9,523,000	\$ 7,496,000	
J85	Caregiver Training	\$ (2,214,000)	\$ (1,659,000)	\$ (555,000)	
J86	Agency Health Insurance	\$ (8,000)	\$ (8,000)	\$ -	
X62	Adult Family Homes	\$ 6,345,000	\$ 3,036,000	\$ 3,309,000	
X63	Adult Residential Centers	\$ 575,000	\$ 597,000	\$ (22,000)	
X64	Assisted Living	\$ (353,000)	\$ 15,000	\$ (368,000)	
X65	Managed Care	\$ 390,000	\$ 194,000	\$ 196,000	
FY15 Subtotal		\$ 36,553,000	\$ 22,297,000	\$ 14,256,000	\$ -
Additional Adjustments outside forecast					
FY14 - June 2012 Update					
J82	AAA Case Management and Nursing Services	\$ (856,000)	\$ (408,000)	\$ (448,000)	
J83	AAA Contract Management - AP	\$ (82,000)	\$ (31,000)	\$ (51,000)	
		\$ (938,000)	\$ (439,000)	\$ (499,000)	
FY15 - June 2012 Update					
J82	AAA Case Management and Nursing Services	\$ (893,000)	\$ (459,000)	\$ (434,000)	
J83	AAA Contract Management - AP	\$ 23,000	\$ 12,000	\$ 11,000	
		\$ (870,000)	\$ (447,000)	\$ (423,000)	
Budget Steps:					
TOTAL FY14		\$ 8,250,000	\$ 12,089,000	\$ (3,839,000)	\$ -
TOTAL FY15		\$ 35,683,000	\$ 21,850,000	\$ 13,833,000	\$ -

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests \$108,043,000 Total Funds, \$54,301,000 GF-State, for changes in the number of clients in the LTC program. This request reflects the June 2012 Forecast produced by the Caseload Forecast Council (CFC).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-1 General Fund - Basic Account-State	17,601,000	36,700,000	54,301,000
001-C General Fund - Basic Account-Medicaid Federal	17,488,000	36,254,000	53,742,000
Total Cost	35,089,000	72,954,000	108,043,000

Staffing

Package Description:

This request reflects the June 2012 Forecast produced by the CFC for Nursing Homes and Home and Community Based Services (HCBS). The HCBS caseload is the driver behind this funding request. The HBCS caseload is expected to increase by about 3,400 cases in the 2013-15 Biennium. The increase in the HCBS caseload is mainly due to the In-Home caseload served by individual and agency providers and Residential caseload served in adult family homes. The monthly per capita in these setting is \$1,493 and \$1,848, respectively.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Carla McKnight (360) 725-2430

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This and other forecast driven caseload changes reflect several agency goals, including:

- A safety net is in place for people of need.
- Clients maintain maximum independence.
- Services are of high quality.
- People participate in choices about their services.
- Clients experience stability.

Performance Measure Detail

Program: 050

Activity: E049 Adult Day Health Community Services
No measures linked to package

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

Activity: E050 Adult Family Home Community Services
No measures linked to package

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

Activity: E051 Program Support for Long Term Care
No measures linked to package

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

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

		Incremental Changes	
		<u>FY 1</u>	<u>FY 2</u>
Activity: E053 In-Home Services	No measures linked to package	0.00	0.00
Activity: E055 Residential Community Services	No measures linked to package	0.00	0.00
Activity: E064 Nursing Home Services	No measures linked to package	0.00	0.00
Activity: E077 Managed Care Services	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 2013-2015 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Goal 1 Strategic Objective - Increase the quality and access to long-term care services to address the demographically-driven increase in the need for services.

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

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 2013-15 Budget development under the strategy:

- Provide for the safety of Washington's vulnerable children and adults
- Where necessary, provide institutional-based and outpatient services
- Provide community-based residential and in-home support services

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

This request reflects changes in caseload forecast that was developed by the CFC in June 2012.

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

No alternatives were considered.

What are the consequences of not funding this package?

This request addresses the forecasted growth of Medicaid clients in the LTC program. If this request is not fully funded, then it is possible that reductions in non-mandatory activities may be necessary to cover the cost of growth within Washington State and Federally mandated activities.

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

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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: LTC M1-93 Mandatory Caseload Adjustments.xlsx.

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

These costs will carry forward into future biennia. Ongoing costs will be determined by future caseload forecast estimates.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
N Grants, Benefits & Client Services	35,089,000	72,954,000	108,043,000

DSHS Source Code Detail

Program 050	<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	17,601,000	36,700,000	54,301,000
<i>Total for Fund 001-1</i>	<u>17,601,000</u>	<u>36,700,000</u>	<u>54,301,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	17,488,000	36,254,000	53,742,000
<i>Total for Fund 001-C</i>	<u>17,488,000</u>	<u>36,254,000</u>	<u>53,742,000</u>
Total Program 050	<u>35,089,000</u>	<u>72,954,000</u>	<u>108,043,000</u>

2013-15 Biennial Budget M1-93 Mandatory Caseload Adjustments

		Due to Caseload Changes			
		<u>Total</u>	<u>State</u>	<u>Federal</u>	<u>Other State</u>
FY14 - June 2012 Update					
X01	Nursing Facilities	\$ 8,989,000	\$ 4,509,000	\$ 4,480,000	\$ -
X40	Adult Day Health	\$ (412,000)	\$ (204,000)	\$ (208,000)	
X43	NF Discharge	\$ 53,000	\$ 53,000	\$ -	
X48	Private Duty Nurse	\$ (1,139,000)	\$ (571,000)	\$ (568,000)	
X49	Recoveries	\$ -	\$ -	\$ -	
X61	In-Home	\$ 14,313,000	\$ 7,059,000	\$ 7,254,000	
J85	Caregiver Training	\$ 264,000	\$ 144,000	\$ 120,000	
J86	Agency Health Insurance	\$ -	\$ -	\$ -	
X62	Adult Family Homes	\$ 5,025,000	\$ 2,599,000	\$ 2,426,000	
X63	Adult Residential Centers	\$ 1,813,000	\$ 919,000	\$ 894,000	
X64	Assisted Living	\$ 1,271,000	\$ 646,000	\$ 625,000	
X65	Managed Care	\$ 3,583,000	\$ 1,792,000	\$ 1,791,000	
FY14 Subtotal		\$ 33,760,000	\$ 16,946,000	\$ 16,814,000	\$ -
FY15 - June 2012 Update					
X01	Nursing Facilities	\$ 5,846,000	\$ 2,929,000	\$ 2,917,000	\$ -
X40	Adult Day Health	\$ (411,000)	\$ (208,000)	\$ (203,000)	
X43	NF Discharge	\$ 53,000	\$ 53,000	\$ -	
X48	Private Duty Nurse	\$ (985,000)	\$ (494,000)	\$ (491,000)	
X49	Recoveries	\$ -	\$ -	\$ -	
X61	In-Home	\$ 44,367,000	\$ 22,180,000	\$ 22,187,000	
J85	Caregiver Training	\$ 786,000	\$ 428,000	\$ 358,000	
J86	Agency Health Insurance	\$ -	\$ -	\$ -	
X62	Adult Family Homes	\$ 8,734,000	\$ 4,517,000	\$ 4,217,000	
X63	Adult Residential Centers	\$ 2,688,000	\$ 1,360,000	\$ 1,328,000	
X64	Assisted Living	\$ 2,527,000	\$ 1,285,000	\$ 1,242,000	
X65	Managed Care	\$ 5,642,000	\$ 2,821,000	\$ 2,821,000	
FY15 Subtotal		\$ 69,247,000	\$ 34,871,000	\$ 34,376,000	\$ -
Additional Adjustments outside forecast					
FY13 - June 2012 Update					
J82	AAA Case Management and Nursing Services	\$ (1,124,000)	\$ (554,000)	\$ (570,000)	
J83	AAA Contract Management - AP	\$ 131,000	\$ 66,000	\$ 65,000	
		\$ (993,000)	\$ (488,000)	\$ (505,000)	
FY14 - June 2012 Update					
J82	AAA Case Management and Nursing Services	\$ 1,091,000	\$ 537,000	\$ 554,000	
J83	AAA Contract Management - AP	\$ 238,000	\$ 118,000	\$ 120,000	
		\$ 1,329,000	\$ 655,000	\$ 674,000	
FY15 - June 2012 Update					
J82	AAA Case Management and Nursing Services	\$ 3,383,000	\$ 1,667,000	\$ 1,716,000	
J83	AAA Contract Management - AP	\$ 324,000	\$ 162,000	\$ 162,000	
		\$ 3,707,000	\$ 1,829,000	\$ 1,878,000	
Budget Steps:					
TOTAL FY14		\$ 35,089,000	\$ 17,601,000	\$ 17,488,000	\$ -
TOTAL FY15		\$ 72,954,000	\$ 36,700,000	\$ 36,254,000	\$ -

Department of Social and Health Services

DP Code/Title: M1-94 Mandatory Workload Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests 34.4 FTEs and \$6,504,000 Total Funds, \$3,503,000 GF State, in the 2013-15 Biennium for mandatory workload adjustments associated with June 2012 caseload forecasts.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-1 General Fund - Basic Account-State	1,054,000	2,449,000	3,503,000
001-C General Fund - Basic Account-Medicaid Federal	894,000	2,107,000	3,001,000
Total Cost	1,948,000	4,556,000	6,504,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 050 FTEs	20.3	48.4	34.4

Package Description:

The Home and Community Services (HCS) and Residential Care Services (RCS) Divisions use caseload projections in conjunction with a system of established workload standards to project staffing needs. The workload standards serve to weigh different service types, ranging from Adult Protective Services (APS) to determination of Medicaid eligibility. Social service staffing needs are determined based on the number of hours needed to complete services for projected clients. Financial, supervisory, clerical, and managerial staffing needs are also factored into the staffing request based on an established ratio to social service staff.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Carla McKnight (360) 725-2430

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Adjusting staffing levels based on a rise in caseload will allow ADSA to maintain current performance with (1) the percentage of compliance with response targets, and (2) the length of time APS cases are left open.

Performance Measure Detail

Program: 050

Activity: E051 Program Support for Long Term Care

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 2013-15 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

Goal 1 Strategic Objective - Increase the quality and access to LTC services to address the demographically-driven increase in the need for services.

Department of Social and Health Services

DP Code/Title: M1-94 Mandatory Workload Adjustments

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Goal 5 Strategic Objective - Recruit, develop, and retain an informed, inspired, diverse, and engaged workforce, and maintain a safe working environment.

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

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 2013-15 Budget development under the strategy:

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

Not funding this request would represent a deviation from established workload standards. Failing to adjust staffing levels due to a rise in caseload would create an increase in caseload ratios. Current staff in HCS and RCS would be asked to perform the same type of services for a greater number of clients. HCS and RCS would need to determine if any of the existing service categories could be eliminated without jeopardizing the health and safety of clients, federal funding, or ADSA priorities.

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: LTC ML 94 Mandatory Workload LTC - Backup with June 12 CFC.xls.

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

These costs will carry forward into future biennia. Ongoing costs will be determined by future caseload forecast estimates.

Department of Social and Health Services

DP Code/Title: M1-94 Mandatory Workload Adjustments

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
A Salaries And Wages	1,060,000	2,571,000	3,631,000
B Employee Benefits	376,000	910,000	1,286,000
E Goods And Services	250,000	596,000	846,000
G Travel	73,000	174,000	247,000
J Capital Outlays	168,000	256,000	424,000
T Intra-Agency Reimbursements	21,000	49,000	70,000
Total Objects	1,948,000	4,556,000	6,504,000

DSHS Source Code Detail

Program 050		<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	1,054,000	2,449,000	3,503,000
<i>Total for Fund 001-1</i>		1,054,000	2,449,000	3,503,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19UL	Title XIX Admin (50%)	894,000	2,107,000	3,001,000
<i>Total for Fund 001-C</i>		894,000	2,107,000	3,001,000
Total Program 050		1,948,000	4,556,000	6,504,000

2013-15 Biennial Budget
M1-94 Mandatory Workload Adjustments

Home and Community Services (HCS)

Revised with June 2012 Forecast

	FTE'S	TOTAL	GF-State	GF-Federal
FY14	20.5 \$	1,948,000 \$	1,052,000 \$	896,000
FY15	45.2 \$	4,187,000 \$	2,261,000 \$	1,926,000
13/15 Biennium	32.9 \$	6,135,000 \$	3,313,000 \$	2,822,000

Residential Care Services (RCS)

	FTE'S	TOTAL	GF-State	GF-Federal
FY 14	(0.2) \$	- \$	2,000 \$	(2,000)
FY 15	3.2 \$	369,000 \$	188,000 \$	181,000
13/15 Biennium	1.5 \$	369,000 \$	190,000 \$	179,000

TOTAL

	FTE'S	TOTAL	GF-State	GF-Federal
FY 14	20.3 \$	1,948,000 \$	1,054,000 \$	894,000
FY 15	48.4 \$	4,556,000 \$	2,449,000 \$	2,107,000
13/15 Biennium	34.4 \$	6,504,000 \$	3,503,000 \$	3,001,000

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests a reduction of (\$6,050,000) Total Funds, (\$3,570,000) GF-State, in the 2013-15 Biennium for the incremental costs of lease changes for offices and client service centers statewide.

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	181,000	192,000	373,000
001-C General Fund - Basic Account-Medicaid Federal	212,000	225,000	437,000
Total Cost	393,000	417,000	810,000

Staffing

Package Description:

DSHS continues to seek opportunities to downsize and collocate offices within the agency as well as other state agencies to maximize the integration of service delivery to clients. This request reduces (\$6,050,000) Total Funds, (\$3,570,000) GF-State, in lease dollars for the 2013-15 Biennium. In the prior 2011-13 Biennial Budget request, DSHS reduced (\$12,138,000) Total Funds, (7,039,000) GF-State, from the lease budget. These reductions will continue to be achieved through collocating, downsizing, and eliminating several leases.

This savings request requires one-time funding, M2-WA One-Time Relocation, in order to achieve the savings and reach the agency's six-year goal of reducing the agency's current leasehold footprint of 3,061,954 square feet by approximately 10 percent by June 30, 2019. Prior to the 2011-13 Biennium, DSHS leased a total of 3,379,000 million square feet.

Agency Contact: Tula Habb (360) 902-8182
Program Contact: Denise Kopel (360) 902-7707

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS is legally obligated to provide services to its estimated 2.5 million clients across the state. To accomplish this mission, DSHS must have accessible American Disability Act (ADA) compliant office locations across the state, which allow staff to meet with clients and provide them services. This request maximizes office space usage and service delivery to clients.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care
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 2013-2015 Strategic Plan:

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

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 2013-15 Budget development under the strategy:

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

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

Funding for one-time costs is required in order to achieve the savings outlined in this decision package. The one-time funding allows DSHS to close, move and collocate, and redesign offices, in turn, decreasing rental costs and placing offices in client communities. The one-time funding request is in decision package M2-WA One-Time Relocation.

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

DSHS must pay legally binding lease obligations, which range from five-year to 15-year terms. The department shares responsibility for renewal of lease costs with the Department of Enterprise Services (DES) and Office of Financial Management (OFM) to establish and negotiate all lease terms.

Each lease renewal is evaluated against options for remodels and/or relocation using the following criteria: efficient use of budget dollars (one-time versus ongoing costs), efficient use of space, service integration opportunities, and improved service delivery through collocation opportunities with other agencies.

What are the consequences of not funding this package?

DSHS will not maximize its use of office space and effective service delivery to clients.

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 attachments: AW M2-8L Lease Rate Adjustments - Attachment 1; AW M2-8L Lease Rate Adjustments - Attachment 2; and AW M2-8L Lease Rate Adjustments - Attachment 3.

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

Lease savings and costs will continue into future biennia.

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	393,000	417,000	810,000
<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	181,000	192,000	373,000
<i>Total for Fund 001-1</i>	181,000	192,000	373,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	212,000	225,000	437,000
<i>Total for Fund 001-C</i>	212,000	225,000	437,000
Total Overall Funding	393,000	417,000	810,000

**2013-15 Biennial Budget
M2-8L Lease Rate Adjustments**

Program	FY 2014 Request			FY 2015 Request			2013-15 Biennium Request			Fund Splits	
	State	Other	Total	State	Other	Total	State	Other	Total	State %	Other %
010 - CA	(\$358,000)	(\$372,000)	(\$730,000)	(\$280,000)	(\$292,000)	(\$572,000)	(\$638,000)	(\$664,000)	(\$1,302,000)	49%	51%
020 - JRA	(\$621,000)	\$0	(\$621,000)	(\$621,000)	\$0	(\$621,000)	(\$1,242,000)	\$0	(\$1,242,000)	100%	0%
030 - MHD	(\$32,000)	(\$10,000)	(\$42,000)	(\$11,000)	(\$3,000)	(\$14,000)	(\$43,000)	(\$13,000)	(\$56,000)	77%	23%
040 - DDD	\$177,000	\$123,000	\$300,000	\$181,000	\$125,000	\$306,000	\$358,000	\$248,000	\$606,000	59%	41%
050 - LTC	\$181,000	\$212,000	\$393,000	\$192,000	\$225,000	\$417,000	\$373,000	\$437,000	\$810,000	46%	54%
060 - ESA	(\$1,086,000)	(\$1,043,000)	(\$2,129,000)	(\$911,000)	(\$875,000)	(\$1,786,000)	(\$1,997,000)	(\$1,918,000)	(\$3,915,000)	51%	49%
070 - ASA	(\$41,000)	(\$45,000)	(\$86,000)	(\$28,000)	(\$31,000)	(\$59,000)	(\$69,000)	(\$76,000)	(\$145,000)	48%	52%
100 - DVR	(\$35,000)	(\$161,000)	(\$196,000)	(\$44,000)	(\$200,000)	(\$244,000)	(\$79,000)	(\$361,000)	(\$440,000)	18%	82%
110 - ADMIN	(\$123,000)	(\$69,000)	(\$192,000)	(\$115,000)	(\$64,000)	(\$179,000)	(\$238,000)	(\$133,000)	(\$371,000)	64%	36%
135 - SCC	(\$1,000)	\$0	(\$1,000)	\$6,000	\$0	\$6,000	\$5,000	\$0	\$5,000	100%	0%
150 - ISSD	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	100%	0%
Total	(\$1,939,000)	(\$1,365,000)	(\$3,304,000)	(\$1,631,000)	(\$1,115,000)	(\$2,746,000)	(\$3,570,000)	(\$2,480,000)	(\$6,050,000)		

Program	2013-15 Biennium Request			2013-15 Biennium Need			2013-15 Carry Forward Level Base		
	FY 2014	FY 2015	Total	FY 2014	FY 2015	Total	FY 2014	FY 2015	Total
010 - CA	(\$730,000)	(\$572,000)	(\$1,302,000)	\$16,048,000	\$16,206,000	\$32,254,000	\$16,778,000	\$16,778,000	\$33,556,000
020 - JRA	(\$621,000)	(\$621,000)	(\$1,242,000)	\$795,000	\$818,000	\$1,613,000	\$1,416,000	\$1,439,000	\$2,855,000
030 - MHD	(\$42,000)	(\$14,000)	(\$56,000)	\$348,000	\$376,000	\$724,000	\$390,000	\$390,000	\$780,000
040 - DDD	\$300,000	\$306,000	\$606,000	\$3,550,000	\$3,591,000	\$7,141,000	\$3,250,000	\$3,285,000	\$6,535,000
050 - LTC	\$393,000	\$417,000	\$810,000	\$7,802,000	\$8,211,000	\$16,013,000	\$7,409,000	\$7,794,000	\$15,203,000
060 - ESA	(\$2,129,000)	(\$1,786,000)	(\$3,915,000)	\$27,877,000	\$28,257,000	\$56,134,000	\$30,006,000	\$30,043,000	\$60,049,000
070 - ASA	(\$86,000)	(\$59,000)	(\$145,000)	\$324,000	\$351,000	\$675,000	\$410,000	\$410,000	\$820,000
100 - DVR	(\$196,000)	(\$244,000)	(\$440,000)	\$2,507,000	\$2,459,000	\$4,966,000	\$2,703,000	\$2,703,000	\$5,406,000
110 - ADMIN	(\$192,000)	(\$179,000)	(\$371,000)	\$366,000	\$375,000	\$741,000	\$558,000	\$554,000	\$1,112,000
135 - SCC	(\$1,000)	\$6,000	\$5,000	\$323,000	\$330,000	\$653,000	\$324,000	\$324,000	\$648,000
150 - ISSD	\$0	\$0	\$0	\$10,000	\$10,000	\$20,000	\$10,000	\$10,000	\$20,000
Total	(\$3,304,000)	(\$2,746,000)	(\$6,050,000)	\$59,950,000	\$60,984,000	\$120,934,000	\$63,254,000	\$63,730,000	\$126,984,000

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests \$516,000 Total Funds, \$286,000 GF-State, in the 2013-15 Biennium for funding the increase in First-Class Mail postage from \$0.44 to \$0.45 that took effect January 22, 2012.

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	7,000	7,000	14,000
001-C General Fund - Basic Account-Medicaid Federal	3,000	3,000	6,000
Total Cost	10,000	10,000	20,000

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 funds a 2.27 percent increase in the First-Class Mail 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: E051 Program Support for Long Term Care
No measures linked to package

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

Activity: E052 Eligibility/Case Management Services
No measures linked to package

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

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults
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 2013-2015 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?

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 2013-15 Budget development under the strategy:

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 this 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?

Not funding this request may decrease 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 2014 and Fiscal Year 2015 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.

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	8,000	8,000	16,000
T Intra-Agency Reimbursements	2,000	2,000	4,000
Total Objects	10,000	10,000	20,000

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	7,000	7,000	14,000
<i>Total for Fund 001-1</i>	7,000	7,000	14,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	3,000	3,000	6,000
<i>Total for Fund 001-C</i>	3,000	3,000	6,000
Total Overall Funding	10,000	10,000	20,000

**2013-15 Biennial Budget
M2-8P Postage Rate Adjustment**

Department of Social & Health Services
2013-15 Biennial Budget Agency Request - 8P Postage Rate Adjustment

Rounded =Round(link,-3)

Program	Year			ISSD - TZ			Total		
	2014	2015	Total	2014	2015	Total	2014	2015	Total
010	14,000	14,000	28,000	3,000	3,000	6,000	17,000	17,000	34,000
020	1,000	1,000	2,000	1,000	1,000	2,000	2,000	2,000	4,000
030	2,000	2,000	4,000	1,000	1,000	2,000	3,000	3,000	6,000
040	5,000	5,000	10,000	1,000	1,000	2,000	6,000	6,000	12,000
050	8,000	8,000	16,000	2,000	2,000	4,000	10,000	10,000	20,000
060	201,000	201,000	402,000	11,000	11,000	22,000	212,000	212,000	424,000
070	0	0	0	0	0	0	0	0	0
100	2,000	2,000	4,000	0	0	0	2,000	2,000	4,000
110	4,000	4,000	8,000	2,000	2,000	4,000	6,000	6,000	12,000
135	0	0	0	0	0	0	0	0	0
145	0	0	0	0	0	0	0	0	0
150	21,000	21,000	42,000	(21,000)	(21,000)	(42,000)	0	0	0
Total	258,000	258,000	516,000	0	0	0	258,000	258,000	516,000

State/Other Split

Program	State			Other			Total		
	2014	2015	Total	2014	2015	Total	2014	2015	Total
010	11,000	11,000	22,000	6,000	6,000	12,000	17,000	17,000	34,000
020	2,000	2,000	4,000	0	0	0	2,000	2,000	4,000
030	3,000	3,000	6,000	0	0	0	3,000	3,000	6,000
040	4,000	4,000	8,000	2,000	2,000	4,000	6,000	6,000	12,000
050	6,000	6,000	12,000	4,000	4,000	8,000	10,000	10,000	20,000
060	112,000	112,000	224,000	100,000	100,000	200,000	212,000	212,000	424,000
070	0	0	0	0	0	0	0	0	0
100	0	0	0	2,000	2,000	4,000	2,000	2,000	4,000
110	5,000	5,000	10,000	1,000	1,000	2,000	6,000	6,000	12,000
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	143,000	143,000	286,000	115,000	115,000	230,000	258,000	258,000	516,000

Department of Social and Health Services

DP Code/Title: M2-9H FMAP Match Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting a placeholder to recognize the adjustment to Federal Medical Assistance Percentage (FMAP) for the 2013-15 Biennial Budget, which will be published in September 2012.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
<i>Program Cost</i>			
Total Cost			

Staffing

Package Description:

For programs that receive federal funds based on the FMAP, their current base is funded at the average rate of 50 percent in Fiscal Year 2012 and Fiscal Year 2013. This request recognizes that the FMAP will be published in September 2012 and could have an impact to several DSHS programs.

The FMAP rate is the federal government share of medical expenditures under each state's Medicaid program. FMAP is determined annually by a formula that compares each states average per capita income level with the national income averages. By law, the FMAP cannot be lower than 50 percent or higher than 83 percent.

Agency contact: Judi Kruller (360) 902-8186

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS accounts for the wise use of public dollars by maximizing federal funding sources.

Performance Measure Detail

Agency Level

Activity: E053 In-Home 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 2013-2015 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: M2-9H FMAP Match Adjustment

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 2013-15 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

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

There would be no impact on clients and services by funding this request.

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

No alternatives were explored. This is an adjustment made each year to align federal and state funding with the new FMAP rate.

What are the consequences of not funding this package?

States are required to provide match for each federal dollar spent under FMAP grants. If state funds are insufficient to match federal funding, DSHS would need to reduce services to eligible clients.

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?

Changes to contracts will need to be made in order to reflect the new federal match rate.

Expenditure and revenue calculations and assumptions

Expenditure calculations will be made available when the new federal match rate is available.

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

All costs are ongoing. The adjustment must be made each year to reflect the most current FMAP rate.

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

State of Washington
Decision Package
Department of Social and Health Services

PLACEHOLDER

DP Code/Title: M2-9H FMAP Match Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund ,			
<u>Sources Title</u>			

Total for Fund

Total Overall Funding

Totals for all funds

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2013-15 Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The DSHS program combine total equals a net zero impact cost; the fiscal detail section amount below reflects an individual program.

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	(322,000)	(395,000)	(717,000)
001-C General Fund - Basic Account-Medicaid Federal	(240,000)	(280,000)	(520,000)
Total Cost	(562,000)	(675,000)	(1,237,000)

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	(6.0)	(6.0)	(6.0)

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, 110, 110, 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 program's TZ budget. Administration will transfer \$653,000 GF-State 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 DSHS programs. PTOA will transfer \$6,737,000 Total Funds, \$5,177,000 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 \$302,000 Total Funds, \$152,000 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 under 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 \$9,510,000 Total Funds, \$5,038,000 GF-State, to Administration.

Carry Forward Level (CFL) Reversal-

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

(Program 145 to Programs 010, 020, 030, 040, 050, 060, 070, 100, 110, and 135):

The 2013-15 CFL biennialized the costs related to the Consolidated Technology Services (CTS) rate reduction and workers' compensation (L&I) adjustments. The CTS rate reduction and L&I adjustment were funded in PTOA from the initial 2011-13 Biennium Budget and were later transferred to the programs in the "Early Action" 2012 Supplemental Budget, where the costs incurred. However, in PTOA, these steps did not biennialize in the 2013-15 CFL; therefore, the transfers in the 2013-15 CFL should not biennialize either. PTOA will transfer \$3,399,000 Total Funds, \$2,477,000 GF-State, to the programs. This reversal will match the CFL for these items in PTOA and in the transfers step.

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 \$436,000 Total Funds, \$226,000 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.

Developmental Disabilities Division (DDD) Category Transfer-

(Category 8000 to Categories 1000 and 2000)

DDD is transferring 136.0 FTEs and 19,773,000 Total Funds, \$9,187,000 GF-State, from Category 8000 to Categories 1000 and 2000. The closure of the Frances Haddon Morgan Center (FHMC) in the 2011-13 Biennium moved FTEs and funding to Category 8000 to help FHMC residents transitioned to the community settings and to the State Operated Living Alternatives (SOLA's). Residents have transitioned from FHMC to the community settings and the SOLA's and this request moves funding where costs are occurring.

These transfers will realign the 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: E051 Program Support for Long Term Care

No measures linked to package

Incremental Changes

FY 1

0.00

FY 2

0.00

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Activity: **E052 Eligibility/Case Management Services**

No measures linked to package

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

Activity: **E054 Investigations/Quality Assurance for Vulnerable Adults**

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 2013-2015 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 2013-15 Budget development under the strategy:

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?

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, 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?

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

The transfer is one time then all costs associated with it will be ongoing and will carry-forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	(240,000)	(240,000)	(480,000)
B Employee Benefits	(72,000)	(72,000)	(144,000)
E Goods And Services	(216,000)	(328,000)	(544,000)
G Travel	(30,000)	(30,000)	(60,000)
J Capital Outlays	(30,000)	(30,000)	(60,000)
T Intra-Agency Reimbursements	26,000	25,000	51,000
Total Objects	(562,000)	(675,000)	(1,237,000)

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 Title</u>			
0011 General Fund State	(322,000)	(395,000)	(717,000)
<i>Total for Fund 001-1</i>	(322,000)	(395,000)	(717,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	(240,000)	(280,000)	(520,000)
<i>Total for Fund 001-C</i>	(240,000)	(280,000)	(520,000)
Total Overall Funding	(562,000)	(675,000)	(1,237,000)

**2013-15 Biennial Budget
M2-9T Transfers**

Program	FTEs			FY 2014			FY 2015			2013-15 Biennium		
	FY14	FY15	Total	001-1	Other	Total	001-1	Other	Total	001-1	Other	Total
010 Children's Administration			0.0			0			0			0
1. ISSD Compensation Adjustments			0.0	50,000		50,000	48,000		48,000	98,000	0	98,000
2. Central Service Reforms Redistribution			0.0	(510,000)	(152,000)	(662,000)	(593,000)	(185,000)	(778,000)	(1,103,000)	(337,000)	(1,440,000)
3. Auditor & Cell Phone Funding			0.0	(12,000)	(12,000)	(24,000)	(12,000)	(12,000)	(24,000)	(24,000)	(24,000)	(48,000)
4. Human Resource Consolidation	(13.0)	(13.0)	(13.0)	(473,000)	(419,000)	(892,000)	(473,000)	(419,000)	(892,000)	(946,000)	(838,000)	(1,784,000)
5. Carry Forward Level Reversal			0.0	109,000	36,000	145,000			0	109,000	36,000	145,000
6. Evidence Based Funding Transfer	1.0	1.0	1.0	57,000	53,000	110,000	57,000	53,000	110,000	114,000	106,000	220,000
			0.0			0			0	0	0	0
010 Total	(12.0)	(12.0)	(12.0)	(779,000)	(494,000)	(1,273,000)	(973,000)	(563,000)	(1,536,000)	(1,752,000)	(1,057,000)	(2,809,000)
020 Juvenile Rehabilitation												
1. ISSD Compensation Adjustments			0.0	8,000		8,000	8,000		8,000	16,000	0	16,000
2. Central Service Reforms Redistribution			0.0	(16,000)		(16,000)	(20,000)		(20,000)	(36,000)	0	(36,000)
3. Auditor & Cell Phone Funding			0.0	(7,000)		(7,000)	(7,000)		(7,000)	(14,000)	0	(14,000)
4. Human Resource Consolidation			0.0	(3,000)		(3,000)	(3,000)		(3,000)	(6,000)	0	(6,000)
5. Carry Forward Level Reversal			0.0	203,000		203,000			0	203,000	0	203,000
			0.0			0			0	0	0	0
020 Total	0.0	0.0	0.0	185,000	0	185,000	(22,000)	0	(22,000)	163,000	0	163,000
030 Mental Health												
1. ISSD Compensation Adjustments			0.0	12,000		12,000	12,000		12,000	24,000	0	24,000
2. Central Service Reforms Redistribution			0.0	(62,000)	(17,000)	(79,000)	(72,000)	(21,000)	(93,000)	(134,000)	(38,000)	(172,000)
3. Auditor & Cell Phone Funding			0.0	(13,000)	(13,000)	(26,000)	(13,000)	(13,000)	(26,000)	(26,000)	(26,000)	(52,000)
4. Human Resource Consolidation	(5.0)	(5.0)	(5.0)	(251,000)	(129,000)	(380,000)	(251,000)	(129,000)	(380,000)	(502,000)	(258,000)	(760,000)
5. Carry Forward Level Reversal			0.0	1,117,000	139,000	1,256,000			0	1,117,000	139,000	1,256,000
6. Evidence Based Funding Transfer	1.0	1.0	1.0	56,000	52,000	108,000	56,000	52,000	108,000	112,000	104,000	216,000
			0.0			0			0	0	0	0
030 Total	(4.0)	(4.0)	(4.0)	859,000	32,000	891,000	(268,000)	(111,000)	(379,000)	591,000	(79,000)	512,000
040 Division of Developmental Disabilities												
1. ISSD Compensation Adjustments			0.0	19,000		19,000	18,000		18,000	37,000	0	37,000
2. Central Service Reforms Redistribution			0.0	(115,000)	(32,000)	(147,000)	(133,000)	(40,000)	(173,000)	(248,000)	(72,000)	(320,000)
3. Auditor & Cell Phone Funding			0.0	(15,000)	(15,000)	(30,000)	(15,000)	(15,000)	(30,000)	(30,000)	(30,000)	(60,000)
4. Human Resource Consolidation	(6.0)	(6.0)	(6.0)	(240,000)	(146,000)	(386,000)	(240,000)	(146,000)	(386,000)	(480,000)	(292,000)	(772,000)
5. Carry Forward Level Reversal			0.0	695,000	666,000	1,361,000			0	695,000	666,000	1,361,000
9. DDD Category Transfers			0.0	0	0	0	0	0	0	0	0	0
Category 1000	66.0	66.0	66.0	2,378,000	2,539,000	4,917,000	2,297,000	2,537,000	4,834,000	4,675,000	5,076,000	9,751,000
Category 2000	70.0	70.0	70.0	2,256,000	2,755,000	5,011,000	2,256,000	2,755,000	5,011,000	4,512,000	5,510,000	10,022,000
Category 8000	(136.0)	(136.0)	(136.0)	(4,634,000)	(5,294,000)	(9,928,000)	(4,553,000)	(5,292,000)	(9,845,000)	(9,187,000)	(10,586,000)	(19,773,000)
			0.0			0			0	0	0	0
040 Total	(6.0)	(6.0)	(6.0)	344,000	473,000	817,000	(370,000)	(201,000)	(571,000)	(26,000)	272,000	246,000
050 Long Term Care												
1. ISSD Compensation Adjustments			0.0	32,000		32,000	31,000		31,000	63,000	0	63,000
2. Central Service Reforms Redistribution			0.0	(173,000)	(49,000)	(222,000)	(201,000)	(60,000)	(261,000)	(374,000)	(109,000)	(483,000)
3. Auditor & Cell Phone Funding			0.0	(6,000)	(8,000)	(14,000)	(6,000)	(8,000)	(14,000)	(12,000)	(16,000)	(28,000)
4. Human Resource Consolidation	(6.0)	(6.0)	(6.0)	(219,000)	(212,000)	(431,000)	(219,000)	(212,000)	(431,000)	(438,000)	(424,000)	(862,000)
5. Carry Forward Level Reversal			0.0	44,000	29,000	73,000			0	44,000	29,000	73,000
			0.0			0			0	0	0	0
050 Total	(6.0)	(6.0)	(6.0)	(322,000)	(240,000)	(562,000)	(395,000)	(280,000)	(675,000)	(717,000)	(520,000)	(1,237,000)
060 Economic Services Administration												
1. ISSD Compensation Adjustments			0.0	202,000		202,000	193,000		193,000	395,000	0	395,000
2. Central Service Reforms Redistribution			0.0	(1,361,000)	(406,000)	(1,767,000)	(1,579,000)	(500,000)	(2,079,000)	(2,940,000)	(906,000)	(3,846,000)
3. Auditor & Cell Phone Funding			0.0	(17,000)	(25,000)	(42,000)	(17,000)	(25,000)	(42,000)	(34,000)	(50,000)	(84,000)
4. Human Resource Consolidation	(38.5)	(38.5)	(38.5)	(1,333,000)	(1,205,000)	(2,538,000)	(1,333,000)	(1,205,000)	(2,538,000)	(2,666,000)	(2,410,000)	(5,076,000)
5. Carry Forward Level Reversal			0.0	174,000	46,000	220,000			0	174,000	46,000	220,000
			0.0			0			0	0	0	0
060 Total	(38.5)	(38.5)	(38.5)	(2,335,000)	(1,590,000)	(3,925,000)	(2,736,000)	(1,730,000)	(4,466,000)	(5,071,000)	(3,320,000)	(8,391,000)
070 Alcohol and Substance Abuse												
1. ISSD Compensation Adjustments			0.0	1,000		1,000	1,000		1,000	2,000	0	2,000
2. Central Service Reforms Redistribution			0.0	(17,000)	(5,000)	(22,000)	(20,000)	(6,000)	(26,000)	(37,000)	(11,000)	(48,000)
3. Auditor & Cell Phone Funding			0.0	(1,000)		(1,000)	(1,000)		(1,000)	(2,000)	0	(2,000)
5. Carry Forward Level Reversal			0.0	3,000	1,000	4,000			0	3,000	1,000	4,000
			0.0			0			0	0	0	0
070 Total	0.0	0.0	0.0	(14,000)	(4,000)	(18,000)	(20,000)	(6,000)	(26,000)	(34,000)	(10,000)	(44,000)
100 Division of Voc. Rehabilitation												
1. ISSD Compensation Adjustments			0.0	7,000		7,000	7,000		7,000	14,000	0	14,000
2. Central Service Reforms Redistribution			0.0	(39,000)	(11,000)	(50,000)	(45,000)	(14,000)	(59,000)	(84,000)	(25,000)	(109,000)
3. Auditor & Cell Phone Funding			0.0	(1,000)	(2,000)	(3,000)	(1,000)	(2,000)	(3,000)	(2,000)	(4,000)	(6,000)
4. Human Resource Consolidation	(2.0)	(2.0)	(2.0)		(125,000)	(125,000)		(125,000)	(125,000)	0	(250,000)	(250,000)
5. Carry Forward Level Reversal			0.0	18,000		18,000			0	18,000	0	18,000
			0.0			0			0	0	0	0
100 Total	(2.0)	(2.0)	(2.0)	(15,000)	(138,000)	(153,000)	(39,000)	(141,000)	(180,000)	(54,000)	(279,000)	(333,000)
110 Administration & Supporting Services												
1. ISSD Compensation Adjustments			0.0	(333,000)		(333,000)	(320,000)		(320,000)	(653,000)	0	(653,000)
2. Central Service Reforms Redistribution			0.0	(84,000)	(28,000)	(112,000)	(96,000)	(34,000)	(130,000)	(180,000)	(62,000)	(242,000)
3. Auditor & Cell Phone Funding			0.0	76,000	75,000	151,000	76,000	75,000	151,000	152,000	150,000	302,000
4. Human Resource Consolidation	71.5	71.5	71.5	2,519,000	2,236,000	4,755,000	2,519,000	2,236,000	4,755,000	5,038,000	4,472,000	9,510,000

**2013-15 Biennial Budget
M2-9T Transfers**

	Program	FTEs			FY 2014			FY 2015			2013-15 Biennium		
		FY14	FY15	Total	001-1	Other	Total	001-1	Other	Total	001-1	Other	Total
	5. Carry Forward Level Reversal			0.0	21,000	5,000	26,000			0	21,000	5,000	26,000
	6. Evidence Based Funding Transfer	(2.0)	(2.0)	(2.0)	(113,000)	(105,000)	(218,000)	(113,000)	(105,000)	(218,000)	(226,000)	(210,000)	(436,000)
	8. Cost Allocation Funding Adjustment			0.0	(500,000)	500,000	0	(500,000)	500,000	0	(1,000,000)	1,000,000	0
				0.0			0			0	0	0	0
	110 Total	69.5	69.5	69.5	1,586,000	2,683,000	4,269,000	1,586,000	2,672,000	4,238,000	3,152,000	5,355,000	8,507,000
135	Special Commitment Center												
	1. ISSD Compensation Adjustments			0.0	2,000		2,000	2,000		2,000	4,000	0	4,000
	2. Central Service Reforms Redistribution			0.0	(19,000)		(19,000)	(22,000)		(22,000)	(41,000)	0	(41,000)
	3. Auditor & Cell Phone Funding			0.0	(4,000)		(4,000)	(4,000)		(4,000)	(8,000)	0	(8,000)
	5. Carry Forward Level Reversal			0.0	93,000		93,000			0	93,000	0	93,000
	7. SCC and CFS FTE Transfer	(3.7)	(3.7)	(3.7)			0			0	0	0	0
				0.0			0			0	0	0	0
	135 Total	(3.7)	(3.7)	(3.7)	72,000	0	72,000	(24,000)	0	(24,000)	48,000	0	48,000
145	Payments to Other Agencies												
	2. Central Service Reforms Redistribution			0.0	2,396,000	700,000	3,096,000	2,781,000	860,000	3,641,000	5,177,000	1,560,000	6,737,000
	5. Carry Forward Level Reversal			0.0	(2,477,000)	(922,000)	(3,399,000)			0	(2,477,000)	(922,000)	(3,399,000)
	8. Cost Allocation Funding Adjustment			0.0	500,000	(500,000)	0	500,000	(500,000)	0	1,000,000	(1,000,000)	0
				0.0			0			0	0	0	0
	145 Total	0.0	0.0	0.0	419,000	(722,000)	(303,000)	3,281,000	360,000	3,641,000	3,700,000	(362,000)	3,338,000
150	Information System Services Division												
	4. Human Resource Consolidation	(1.0)	(1.0)	(1.0)			0			0	0	0	0
				0.0			0			0	0	0	0
	145 Total	(1.0)	(1.0)	(1.0)	0								
160	Consolidated Field Services												
	7. SCC and CFS FTE Transfer	3.7	3.7	3.7			0			0	0	0	0
				0.0			0			0	0	0	0
	150 Total	3.7	3.7	3.7	0								
	Agency-Wide Total:	0	0	0.0	0								

NOTES:

1. Information System Services Division (ISSD) compensation adjustments from Administration & Supporting Services (Admin). Item adjusts object TZ costs and carries forward into the 2015-17 biennium but there is not biennialized adjustment between years.
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. Step does not required biennialization adjustment between years in the 2015-17 biennium budget.
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. Carry Forward Level Reversal. Item reverses the biennialization of DIS rate reduction and L&I funding from step 9T in the 2013-15 CFL. The correction is only required in FY 2014 and does not biennialized between years in the 2015-17 CFL.
6. Evidenced Based Funding Transfer from Admin to Children's Administration (CA) and Mental Health (MH). Funding intended for CA and MH not Admin.
7. 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.
8. Cost Allocation Funding Adjustment between Admin and PTOA. Adjusts state and federal funding between programs to align with anticipated federal earnings for the TANF program.
9. DDD Category Transfer - DDD is transferring FTEs and dollars from category 8000 to categories 1000 and 2000 to reflect costs incurred due to FHMC closure.

Department of Social and Health Services

DP Code/Title: M2-EM Transfer between DVA and DSHS
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Long Term Care (LTC) requests a transfer of \$7,785,000 GF-State in the 2013-15 Biennium from the Department of Veterans Affairs (DVA) to include the Medicaid Nursing Home (NH) clients at Orting and Retsil in the ADSA caseload forecast.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	4,133,000	3,652,000	7,785,000
Total Cost	4,133,000	3,652,000	7,785,000

Staffing

Package Description:

This request is a net zero transfer between DVA and DSHS. The skilled nursing facilities operated by DVA at Orting and Retsil claim federally matched Medicaid funds for eligible clients. The state fund portion of the Orting and Retsil NH operating funds is transferred to DSHS to be included in the Aging and Disability Services Administration (ADSA) Medicaid caseload forecast, where the federal portion of the rate is already included in the ADSA budget.

Under the current process, the federal Medicaid funds are received by DSHS and an intergovernmental transfer reconciles the GF-State and GF-Federal funds between DSHS and DVA. This transfer would align the Orting and Retsil funding process with all other Washington state NHs, including the Spokane and pending Walla Walla Veteran homes, eliminating the need for the current accounting reconciliations between DVA, DSHS and Office of Financial Management (OFM) to meet federal Medicaid requirements.

Agency Contact: Edd Giger, (360)902-8067
Program Contact: Eric Mandt, (360) 725-2579

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This transfer will not eliminate the need for additional GF-State funds to satisfy Medicaid match requirements. However, it will centralize all Medicaid NH billings under one process.. This will eliminate the manual reconciliation process between DVA and DSHS and maintain compliance with CMS rules regarding Medicaid reimbursements and intergovernmental transfers.

Performance Measure Detail

Agency Level

Activity: E064 Nursing Home 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 2013-15 Strategic Plan:

Department of Social and Health Services

DP Code/Title: M2-EM Transfer between DVA and DSHS

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

-- 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 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 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults

- Provide support services to families
- Ensure efficiency, performance, and accountability to clients and the public

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

This request will simplify accounting operations for DSHS, DVA, and OFM. This request will also support the shortened timelines for fiscal year close process.

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

No other alternatives were considered.

What are the consequences of not funding this package?

DSHS, DVA, and OFM would continue to spend more time and effort than is necessary to pay for veterans in two NHs entitled to Medicaid funding for their care.

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?

There would no longer be a need for an interagency contract between DSHS and DVA regarding the transfer of funds.

Expenditure and revenue calculations and assumptions

See attachment LTC M2-EM Transfer between DVA and DSHS (1)

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

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

Department of Social and Health Services

DP Code/Title: **M2-EM Transfer between DVA and DSHS**

Program Level - **050 Long Term Care Services**

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	4,133,000	3,652,000	7,785,000

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	4,133,000	3,652,000	7,785,000
<i>Total for Fund 001-1</i>		4,133,000	3,652,000	7,785,000
Total Overall Funding		4,133,000	3,652,000	7,785,000

**2012 Supplemental Budget
M2-EM Transfer Between DVA and DSHS**

1	Veteran's Homes 13-15 Revenue Projections (Full TXIX Payments All Homes)	FY 14	FY 15	Bien
	Federal	25,221,871	27,481,121	52,702,993
	Local	22,238,529	21,271,734	43,510,263
	Total	<u>47,460,400</u>	<u>48,752,855</u>	<u>96,213,256</u>

2	Veteran's Homes 13-15 Revenue Projections (Retsil & Orting at FMAP, Spokane Full TXIX Payment)	FY 14	FY 15	Bien
	Federal	29,355,283	31,132,887	60,488,170
	Local	13,971,705	13,968,203	27,939,908
	Total	<u>43,326,988</u>	<u>45,101,090</u>	<u>88,428,078</u>

4,133,412 3,651,766 7,785,178

Forecast using operating revenues recorded from Jan 1, 2012 through Jul 31, 2012.

(4,133,412)	(3,651,766)	(7,785,178)
8,266,824	7,303,532	15,570,355
		<u>7,785,178</u>

Department of Social and Health Services

DP Code/Title: M2-EN ACA-Mandatory Provider Revalidation
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 other new requirements.

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

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

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-EN ACA-Mandatory Provider Revalidation
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

-- 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

Program: 050

Activity: E064 Nursing Home 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 2013-2015 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 2013-15 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-EN ACA-Mandatory Provider Revalidation
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

WACs would need to be updated for DSHS.

Expenditure and revenue calculations and assumptions

Estimates are currently under development.

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

Estimates are currently under development.

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

DSHS Source Code Detail

Fund , <u>Sources Title</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
<i>Total for Fund</i>			
Total			
Totals for all funds			

Department of Social and Health Services

DP Code/Title: M2-EP Fiscal Employer Agent
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request for operational funding requirements to pay individual providers through a fiscal employer agent. With ProviderOne, all W-2 paid providers will be paid through fiscal employer agent. This change will bring Washington into compliance with Medicaid rules regarding time reporting for W-2 providers and federal financial participation requirements for federal matching funds. This change will improve payment integrity and provide a more flexible payment system for individual providers.

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

Overall Funding

Program Cost

Total Cost

Staffing

Package Description:

DSHS has been working on the consolidation of all Medicaid payments to one payment system. Phase 2 will bring social service payments into the ProviderOne system which will greatly improve program integrity through reduced duplicate payments, payments to ineligible providers, and payments to clients. Phase 2 will also provide a system capable of meeting collective bargaining requirements for individual providers and increase the frequency with which they are currently paid from once a month to twice a month. This new system will ensure Washington is compliant with time reporting and Medicaid payment requirements regarding date of service and billing within 15 minute increments. Currently, Washington has incurred a deficiency finding for three consecutive years, 2009, 2010, and 2011 from the State Auditor regarding time reporting for individual providers and there is currently a request from the Office of Inspector General (OIG) to refund more than \$19 million in questioned costs. The current Social Service Payment System does not have the capacity to meet these requirements.

The Phase 2 project was suspended last year pending a decision by the Legislature regarding continued funding. The Legislature reinstated funding for the 2011-13 Biennium only and the goal is now to achieve agency objectives in a shortened time-frame. Accordingly, the department has developed a revised implementation strategy that seeks to implement Phase 2 functionality with Aging and Disability Services Administration (ADSA) providers transitioning to ProviderOne no later than December 31, 2013. Although the implementation strategy has changed, our objectives remain the same:

- Consolidate Medicaid services into a single payment system which includes consolidating data with enhanced reporting and decision support tools
- Enhance payment accuracy and compliance for \$7 billion in annual Medicaid total fund expenditures
- Support a holistic approach to the coordination and delivery of care
- Address Office of Inspector General (OIG) audit findings and provide a modern payment system for Service Employees International Union (SEIU) 775NW members

The revised implementation strategy includes two implementation groups depending on the provider tax type as follows:

- Group 1 - 1099 Providers: Residential facilities, home care agencies and other 1099 providers will be implemented first. The team is working on simplified methods for 1099 providers to request payment from ProviderOne that align with current provider business models.

Department of Social and Health Services

DP Code/Title: M2-EP Fiscal Employer Agent
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

-- Group 2 - W-2 Providers: The department will conduct a separate procurement for a Fiscal/Employer Agent (F/EA) to implement a system that meets the requirements of the Collective Bargaining Agreement (CBA) with SEIU 775NW and the OIG. There are several F/EA vendors in the industry experienced with implementing similar systems for Medicaid organizations in the time-frame allotted for Phase 2. The F/EA system and ProviderOne will share data via interfaces as needed to meet business needs.

Moving forward with the F/EA model will help ensure the Department will meet our goal of December 2013 and ensure that this flexible system will have the capacity to meet future CBA requirements in an efficient a manner.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Bill Moss (360) 725-2311

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This placeholder request will bring more social services payments into the ProviderOne system. This will improve program integrity through reduced duplicate payments, payments to ineligible providers and payments to clients. This request will also provide a system capable of meeting collective bargaining requirements for Individual Providers and increase the frequency with which they are currently paid from once a month to twice a month. Finally, this request will ensure Washington is compliant with time reporting and Medicaid payment requirements regarding date of service and billing within 15 minute increments.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care

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 2013-2015 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 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

- Provide objective data and information for the public and elected decision makers
- Ensure efficiency, performance, and accountability to the public

Department of Social and Health Services

DP Code/Title: M2-EP Fiscal Employer Agent
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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

This request will ensure there is a single source for paying Washington States Consolidated Medicaid services.

This request will also address OIG audit findings and provide a modern payment system for Service Employees International Union (SEIU) 775NW members.

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

DSHS considered not using ProviderOne and instead building a separate Provider Compensation System. This was deemed to be too costly and time consuming.

What are the consequences of not funding this package?

If this request is not funded, then DSHS will be out of compliance with CMS time reporting and Medicaid payment requirements regarding date of service and billing within 15 minute increments. The department will not meet the collective bargaining agreement for individual providers and increase the frequency with which they are currently paid from once a month to twice a month.

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

Estimates are currently under development.

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

Estimates are currently under development.

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

<u>DSHS Source Code Detail</u>			
<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund ,			
<u>Sources Title</u>			

Total for Fund

Total Overall Funding

Totals for all funds

Department of Social and Health Services

DP Code/Title: M2-EZ Foster Well-Being from HCA to LTC
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests to transfer 10.5 FTEs and \$2,148,000 Total Funds, \$1,074,000 GF-State from the Health Care Authority (HCA) in the 2013-15 Biennium to align FTEs and funds for the Fostering Well-Being (FWB) program to LTC where the costs are incurred. The net impact between agencies is zero.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-1 General Fund - Basic Account-State	537,000	537,000	1,074,000
001-C General Fund - Basic Account-Medicaid Federal	537,000	537,000	1,074,000
Total Cost	1,074,000	1,074,000	2,148,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 050 FTEs	10.5	10.5	10.5

Package Description:

The FWB is a DSHS organizational framework for delivering person-centered health care services to children in out-of-home placement. This transfer moves medical staff from HCA to DSHS. The eligibility staff will remain at HCA.

FWB program goals include:

- 1) Improve the health outcomes of children in out-of-home placement through coordination of appropriate, timely, and accessible health care services.
- 2) Improve Early and Periodic Screening Diagnostic and Treatment (EPSDT) examination rates.
- 3) Process and maintain Medicaid eligibility.
- 4) Develop care coordination summaries for medically complex children in out-of-home placement
- 5) Increase the availability of medical records and health care information to caregivers, social workers, health care providers, and others.
- 6) Identify and develop strategies to improve behavioral health services for children in out-of-home placement.

The FWB Coordinated Care Unit (CCU) provides health care coordination services for children in out-of-home placement to ensure optimal health and well-being of this vulnerable population. The FWB CCU was originally placed within the Medicaid Purchasing Administration (MPA). The children served by this program are dependents of the state and are served by the Children's Administration (CA) and the Division of Developmental Disabilities (DDD). When MPA was transferred to HCA in 2011 (Engrossed Substitute House Bill 2082), the FWB CCU was moved to DSHS to retain the program management and service delivery within DSHS. In addition, program management of the FWB CCU resides within Aging and Disability Services Administration (ADSA) along with the availability of clinical expertise and nursing leadership in implementation and management of nursing services in home and community based care settings; health care coordination; and chronic care management of high-risk populations. ADSA FWB CCU program staff (nurses, program specialists and pediatricians) collaborates with health care providers, CA case workers, caregivers, HCA, Department of Health (DOH), Office of the Superintendent of Public Instruction (OSPI), and others as needed on the delivery of coordinated health care services for children in foster care.

Department of Social and Health Services

DP Code/Title: M2-EZ Foster Well-Being from HCA to LTC
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Candace Goehring (360) 725-2562

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Foster Well-Being fits into the DSHS strategic and organizational framework for delivering person-centered health care services to children in out-of-home placement.

Performance Measure Detail

Program: 050

Activity: E052 Eligibility/Case Management 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 2013-15 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Goal 1 Strategic Objective - Increase the quality and access to LTC services to address the demographically-driven increase in the need for services.

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

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 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults

--Where necessary, provide institutional-based and outpatient services

--Provide community-based residential and in-home support services

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

Department of Social and Health Services

DP Code/Title: M2-EZ Foster Well-Being from HCA to LTC
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

What are the consequences of not funding this package?

The funding will continue to be transferred from HCA to DSHS. This will not account for any changes in client services and/or program support, including program expenses, employee salary adjustments, or program staffing level. Having all program aspects (case management, FTEs, and funding) in one program will increase the efficiency and client experience of the FWB 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?

None

Expenditure and revenue calculations and assumptions

See attachment: LTC M2-EZ Foster Well-Being from HCA to LTC.xlsx.

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

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

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
A Salaries And Wages	742,000	742,000	1,484,000
B Employee Benefits	214,000	214,000	428,000
E Goods And Services	92,000	92,000	184,000
G Travel	4,000	4,000	8,000
J Capital Outlays	14,000	14,000	28,000
T Intra-Agency Reimbursements	8,000	8,000	16,000
Total Objects	1,074,000	1,074,000	2,148,000

DSHS Source Code Detail

<u>Program 050</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	537,000	537,000	1,074,000
<i>Total for Fund 001-1</i>	537,000	537,000	1,074,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	537,000	537,000	1,074,000
<i>Total for Fund 001-C</i>	537,000	537,000	1,074,000
Total Program 050	1,074,000	1,074,000	2,148,000

Department of Social and Health Services

DP Code/Title: M2-FK ACA - Health Care Reform Implement
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to modifications for enrollment and eligibility of low income clients for health care as a result of the implementation of the Affordable Care Act (ACA).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
<i>Program Cost</i>			
Total Cost			

Staffing

Package Description:

With the passage of the ACA, states are required to implement a new, simplified methodology to determine Medicaid eligibility. This new methodology is called Modified Adjusted Gross Income (MAGI). It requires states to use, with few exceptions, the federal tax filing rules for determining household composition and countable income for Medicaid. The ACA also requires the MAGI methodology method to be used when determining eligibility for health insurance coverage offered through the Health Benefit Exchange (HBE). The HBE was created as a result of legislation passed in Chapter 87, 2012 Laws (ESSHB 2319). The Exchange is a public-private partnership that will provide another means for citizens to apply for Medicaid benefits.

The streamlining of the Medicaid eligibility process, together with the attention on obtaining health insurance coverage that accompanies implementation of the Affordable Care Act, is expected to increase Medicaid by people who are eligible under current rules but have chosen not to apply. In what is known as the "Welcome Mat" effect, those new enrollees are expected to have non-medical needs and a collateral effect will be an increased demand for other support programs at DSHS.

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 expects an increase in Medicaid clients who are eligible under current rules, but have chosen not to apply.

Performance Measure Detail

Agency Level

Activity: E050 Adult Family Home Community Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E052 Eligibility/Case Management Services No measures linked to package	Incremental Changes <u>FY 1</u> <u>FY 2</u> 0.00 0.00
Activity: E053 In-Home Services	Incremental Changes <u>FY 1</u> <u>FY 2</u>

Department of Social and Health Services

DP Code/Title: M2-FK ACA - Health Care Reform Implement
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

No measures linked to package	0.00	0.00
	Incremental Changes	
Activity: E054 Investigations/Quality Assurance for Vulnerable Adults	<u>FY 1</u>	<u>FY 2</u>
No measures linked to package	0.00	0.00
	Incremental Changes	
Activity: E055 Residential Community Services	<u>FY 1</u>	<u>FY 2</u>
No measures linked to package	0.00	0.00
	Incremental Changes	
Activity: E064 Nursing Home Services	<u>FY 1</u>	<u>FY 2</u>
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 2013-2015 Strategic Plan:

--Goal 1 Improve 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 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

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

--Provide access to quality health care

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

This placeholder will impact the Health Care Authority (HCA), Economic Services Administration (ESA), and Aging and Disability Services Administration (ADSA) programs; Long Term Care (LTC), Developmental Disabilities Division (DDD), and Division of Behavioral Health and Recovery (DBHR) Mental Health (MH) and Alcohol and Substance Abuse (ASA).

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

No other alternatives were considered.

What are the consequences of not funding this package?

DSHS and HCA would not be able to meet the requirements of the ACA.

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?

WAC revisions may be necessary for HCA and DSHS.

Department of Social and Health Services

DP Code/Title: M2-FM ACA - Eligibility Determination
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests a placeholder in the 2013-15 Biennium to address staffing and funding adjustments needed to implement the new enrollment and eligibility requirements of the Affordable Care Act (ACA).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			

Program Cost

Total Cost

Staffing

Package Description:

With the passage of the Affordable Care Act (ACA), states are required to implement a new methodology to determine Medicaid eligibility for individuals who are eligible for coverage under the existing Family, Children or Pregnancy programs. This new methodology is called Modified Adjusted Gross Income (MAGI). It requires states to use, with few exceptions, the federal tax filing rules for determining household composition and countable income for Medicaid. The ACA also requires the MAGI methodology method to be used when determining eligibility for health insurance coverage offered through the Health Benefit Exchange (HBE). The HBE was created as a result of legislation passed in Chapter 87, 2012 Laws (ESSHB 2319). The HBE is a public-private partnership that will provide another means for citizens to apply for Medicaid benefits. To help ensure a simple and streamlined health insurance application process for Washington families, MAGI Medicaid programs are being integrated into the HBE.

This change in how eligibility for Medicaid is determined has impact on workload, processes and technology for DSHS staff currently engaged in eligibility processing. It also affects eligibility processing for other DSHS programs that have historically been linked to the Medicaid eligibility process. A workgroup has been tasked to look at staff resources and processes that currently exist between DSHS and the Health Care Authority (HCA) and make a recommendation for how those resources and processes should exist post ACA implementation. The recommendation is due to key stakeholder by October 2012.

Agency Contact: Ginger Stewart (360) 902-7769
Program Contact: Judy Fitzgerald (360) 725-4642

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Implementation of the cross-agency workgroup's proposal on eligibility processing.

Performance Measure Detail

Agency Level

Activity: E052 Eligibility/Case Management 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?

Department of Social and Health Services

DP Code/Title: M2-FM ACA - Eligibility Determination
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 1 Improve 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 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

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

--Provide access to quality health care

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

This placeholder will impact the Health Care Authority (HCA), Economic Services Administration (ESA), and Aging and Disability Services Administration (ADSA).

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

No other alternatives were considered.

What are the consequences of not funding this package?

DSHS and HCA would not be able to meet the requirements of the ACA.

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?

WAC revisions may be necessary for HCA and DSHS.

Expenditure and revenue calculations and assumptions

Estimates are currently under development.

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

Estimates are currently under development.

Department of Social and Health Services

DP Code/Title: M2-FM ACA - Eligibility Determination

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Object Detail

FY 1

FY 2

Total

Overall Funding

Program Totals

DSHS Source Code Detail

Overall Funding

FY 1

FY 2

Total

Fund

Sources Title

Total for Fund

Total Overall Funding

Totals for all funds

Department of Social and Health Services

DP Code/Title: M2-WA One-Time Relocation
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests one-time funding of \$6,103,000 Total Funds, \$3,014,000 GF-State, in the 2013-15 Biennium for one-time relocation and project costs to support DSHS' Lease Facilities Strategic Plan.

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	213,000	86,000	299,000
001-C General Fund - Basic Account-Medicaid Federal	251,000	100,000	351,000
Total Cost	464,000	186,000	650,000

Staffing

Package Description:

The DSHS Leased Facilities Strategic Plan was developed in Spring 2012 for inclusion to the Office of Financial Management's (OFM) 2013-2019 Six-Year Facilities Plan as defined by RCW 43.82.055, which is due to the legislature January 1, 2013. DSHS long-range strategies reduce the agency's current leasehold footprint of 3,061,954 square feet (SF) by 10 percent by June 30, 2019. The department requests \$6,103,000 Total Funds, \$3,014,000 GF-State, in the 2013-15 Biennium for one-time relocation and project costs to reach the long-term goal. The one-time funding request decreases the department's lease footprint each year for the next six years and keeps lease costs steady when costs in the leasing business are increasing. The one-time funding also supports and is required in order for the department to achieve the lease savings of (\$6,050,000) Total Funds, (\$3,570,000) GF-State, in the 2013-15 Biennium that is in decision package M2-8L Lease Rate Adjustments.

The DSHS plan reduces excess space, minimizes the effect of deteriorating buildings, allows for more efficient use of space, and maximizes the integration of service delivery to clients through opportunities to collocate offices within the agency as well as other state agencies.

Projects and Anticipated Outcomes:

1. Spokane - Downsize and consolidate offices by September 30, 2013. One-time project costs are \$105,900 total funds in Fiscal Year 2014. Project reduces square footage by 8,000 SF. Lease savings reflected in the lease model are (\$81,151) total funds per year.
2. Vancouver - Replace and consolidate four offices by October 31, 2013. One-time project and relocation costs are \$1,455,550 total funds in Fiscal Year 2014. Project reduces square footage by 14,707 SF. Lease savings reflected in the lease model are (\$104,865) total funds per year.
3. Kent - Expansion to accommodate a 20-person Developmental Disability Division training center by May 31, 2014. One time project and relocation costs are \$61,640 total funds in Fiscal Year 2014. Project increases square footage by 2,464 SF.
4. North Seattle - Relocate by June 30, 2014. One-time project and relocation costs are \$294,250 total funds in Fiscal Year 14. Project reduces square footage in Fiscal Year 2013 by 31,310 SF and an additional 13,000 SF in Fiscal Year 14. Lease savings reflected in the lease model are (\$813,614) per year.
5. Walla Walla - Consolidate offices by June 30, 2014. One-time project and relocation costs are \$105,900 total funds in Fiscal Year 2014. Project reduces square footage by 11,720 SF. Lease savings reflected in the lease model are (\$175,551) total funds per year.

Department of Social and Health Services

DP Code/Title: M2-WA One-Time Relocation
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

6. Kent - Replace and consolidate by August 31, 2014. One-time project and relocation costs are \$1,130,200 total funds in Fiscal Year 2015. Project reduces square footage by 9,674 SF. Lease savings reflected in the lease model are (\$72,528) total funds per year.

7. Monroe - Replace and consolidate offices by December 31, 2014. One-time project and relocation costs are \$458,500 total funds in Fiscal Year 2015. Project reduces square footage by 14,000 SF. Lease savings reflected in the lease model are (\$270,240) total funds per year.

8. Toppenish/Wapato - Replace and consolidate offices by December 31, 2014. One-time project and relocation costs are \$430,200 total funds in Fiscal Year 2015. Project reduces square footage by 8,000 SF. Lease savings reflected in the lease model are (\$85,430) total funds per year.

9. Yakima - Consolidate offices by December 31, 2014. One time project and relocation costs are \$822,300 total funds in Fiscal Year 2015. Project reduces square footage by 11,805 SF. Lease savings reflected in the lease model are (\$200,898) total funds per year.

10. Lakewood - Relocate facility by January 31, 2015. One time project and relocation costs are \$412,800 total funds in Fiscal Year 2015. Project increases square footage by 22,000 SF and increases lease costs by \$532,180 total funds per year as reflected in the lease model. This project is dependent on project number 12.

11. Port Townsend - Relocate by May 31, 2015. One-time project and relocation costs are \$262,690 total funds in Fiscal Year 2015. The building is under new ownership and DSHS anticipates there will not be an option to renew this lease when it expires May 31, 2015.

12. Tacoma - Consolidate and reconfigure offices in Fiscal Years 2014, 2015 and 2016. One-time project and relocation costs are \$312,819 in Fiscal Year 2014, \$312,819 in Fiscal Year 2015 and \$312,820 in Fiscal Year 2016. Lease savings reflected in the lease model are (\$738,021) total funds per year. This project is dependent on project number 10.

The DSHS long-term strategy is to find efficiencies in space usage and maximize the effectiveness of service delivery to Washington State's most vulnerable population.

Agency Contact: Tula Habb (360) 902-8182
Program Contact: Denise Kopel (360) 902-7707

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS is legally obligated to provide services to its estimated 2.5 million clients across the state. To accomplish this mission, DSHS must have accessible American Disability Act (ADA) compliant office locations across the state, which allow staff to meet with clients and provide them services. This request maximizes office space usage and service delivery to clients.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care
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-WA One-Time Relocation
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

This request supports the following goals identified in the DSHS 2013-2015 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 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

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

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

Funding for one-time costs is required in order to achieve the savings of (\$6,050,000) Total Funds, (\$3,570,000) GF-State, outlined in the decision package M2-8L Lease Rate Adjustments. This funding request is also required for the department to decrease lease space by ten percent and keep lease costs steady for the next six years. The one-time funding allows DSHS to close, move and collocate, and redesign offices in order to decrease rental costs and place offices in client communities.

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

DSHS must pay legally binding lease obligations, which range from five-year to 15-year terms. The department shares responsibility for renewal of lease costs with the Department of Enterprise Services (DES) and OFM to establish and negotiate all lease terms.

Each lease renewal is evaluated against options for remodels and/or relocation using the following criteria: efficient use of budget dollars (one-time versus ongoing costs), efficient use of space, service integration opportunities, and improved service delivery through collocation opportunities with other agencies.

What are the consequences of not funding this package?

DSHS will not maximize office space utilization and provide effective service delivery to clients.

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 attachments: M2-WA One-Time Relocation - Attachment 1; M2-WA One-Time Relocation - Attachment 2; and M2-WA One-Time Relocation - Attachment

Department of Social and Health Services

**DP Code/Title: M2-WA One-Time Relocation
Program Level - 050 Long Term Care Services**

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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

The funding request in this package is one-time.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	464,000	186,000	650,000

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	213,000	86,000	299,000
<i>Total for Fund 001-1</i>	213,000	86,000	299,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	251,000	100,000	351,000
<i>Total for Fund 001-C</i>	251,000	100,000	351,000
Total Overall Funding	464,000	186,000	650,000

**2013-15 Biennial Budget
M2-WA One-Time Relocation**

Program	FY 2014			FY 2015			2013-15 Biennium		
	State	Other	Total	State	Other	Total	State	Other	Total
010	\$ 298,000	\$ 311,000	\$ 609,000	\$ 862,000	\$ 898,000	\$ 1,760,000	\$ 1,160,000	\$ 1,209,000	\$ 2,369,000
020	\$ 16,000	-	\$ 16,000	\$ 21,000	-	\$ 21,000	\$ 37,000	-	\$ 37,000
040	\$ 5,000	\$ 4,000	\$ 9,000	\$ 137,000	\$ 95,000	\$ 232,000	\$ 142,000	\$ 99,000	\$ 241,000
050	\$ 213,000	\$ 251,000	\$ 464,000	\$ 86,000	\$ 100,000	\$ 186,000	\$ 299,000	\$ 351,000	\$ 650,000
060	\$ 584,000	\$ 561,000	\$ 1,145,000	\$ 750,000	\$ 721,000	\$ 1,471,000	\$ 1,334,000	\$ 1,282,000	\$ 2,616,000
070	\$ -	-	\$ -	\$ 4,000	\$ 4,000	\$ 8,000	\$ 4,000	\$ 4,000	\$ 8,000
100	\$ 15,000	\$ 71,000	\$ 86,000	\$ 15,000	\$ 68,000	\$ 83,000	\$ 30,000	\$ 139,000	\$ 169,000
110	\$ -	-	\$ -	\$ 8,000	\$ 5,000	\$ 13,000	\$ 8,000	\$ 5,000	\$ 13,000
Total	\$ 1,131,000	\$ 1,198,000	\$ 2,329,000	\$ 1,883,000	\$ 1,891,000	\$ 3,774,000	\$ 3,014,000	\$ 3,089,000	\$ 6,103,000

Program	FY 2014	FY 2015	2013-15	State %
010	\$ 609,000	\$ 1,760,000	\$ 2,369,000	49%
020	\$ 16,000	\$ 21,000	\$ 37,000	100%
040	\$ 9,000	\$ 232,000	\$ 241,000	59%
050	\$ 464,000	\$ 186,000	\$ 650,000	46%
060	\$ 1,145,000	\$ 1,471,000	\$ 2,616,000	51%
070	\$ -	\$ 8,000	\$ 8,000	48%
100	\$ 86,000	\$ 83,000	\$ 169,000	18%
110	\$ -	\$ 13,000	\$ 13,000	64%
DEL	\$ 7,000	\$ 55,000	\$ 62,000	
Total	\$ 2,336,000	\$ 3,829,000	\$ 6,165,000	
Total no DEL	\$ 2,329,000	\$ 3,774,000	\$ 6,103,000	

Notes:

Department of Early Learning (DEL)'s costs are not reflected in DSHS' funding request, but funding for DEL is required as DSHS will be obligated to their space costs.

Department of Social and Health Services

DP Code/Title: M2-WB Federal Funds Technical Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests adjustments between types of federal funds, within the current GF-Federal spending authority, to accurately reflect expected types of federal earnings in the 2013-15 Biennium.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-2 General Fund - Basic Account-Federal	(786,000)	(1,079,000)	(1,865,000)
001-C General Fund - Basic Account-Medicaid Federal	786,000	1,079,000	1,865,000
Total Cost	0	0	0

Staffing

Package Description:

This adjustment realigns federal funds between fund types that DSHS will be able to earn in the 2013-15 Biennium. This decision package nets to zero and impacts programs 010, 030, 050, 060, and 070.

Agency Contact: Jialing Huang (360) 902-7831

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

To align budgeted federal funding sources with projected federal earnings.

Performance Measure Detail

Program: 050

Activity: E051 Program Support for Long Term Care
No measures linked to package

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

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults
No measures linked to package

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

Activity: E064 Nursing Home 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 2013-15 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 access to high-quality, affordable health care for all Washingtonians.

Department of Social and Health Services

DP Code/Title: M2-WB Federal Funds Technical Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 2013-15 Budget development under the strategy:

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?

This request aligns federal funding sources with projected federal earnings.

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

Not applicable

What are the consequences of not funding this package?

Not realigning federal funds will result in less accurate information on fund sources that will be earned.

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

Not applicable

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 attachments: AW M2-WB Federal Funds Technical Adjustment.xls and AW M2-WB Federal Funds Technical Adjustment.docx.

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

The budget impacts will carry forward.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
----------------------	-------------	-------------	--------------

Program Totals

Department of Social and Health Services

DP Code/Title: M2-WB Federal Funds Technical Adjustment
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

DSHS Source Code Detail

Program 050		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-2, General Fund - Basic Account-Federal				
<u>Sources</u>	<u>Title</u>			
ZZ04	001-2 s/b 001-C 19TA	(5,000)	0	(5,000)
ZZ06	001-2 s/b 001-C 19UL	(781,000)	(1,079,000)	(1,860,000)
<i>Total for Fund 001-2</i>		<u>(786,000)</u>	<u>(1,079,000)</u>	<u>(1,865,000)</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	5,000	0	5,000
19UL	Title XIX Admin (50%)	781,000	1,079,000	1,860,000
<i>Total for Fund 001-C</i>		<u>786,000</u>	<u>1,079,000</u>	<u>1,865,000</u>
Total Program 050		<u>0</u>	<u>0</u>	<u>0</u>

**2013-15 Biennial Budget
AW M2-WB Federal Funds Technical Adjustment**

Program	Fund Given As	2014	2015
010	001-2	953,000	1,262,000
	001-A	4,970,000	4,942,000
	001-C	36,000	139,000
	001-D	-	(1,000)
030	001-2	104,000	-
050	001-2	786,000	1,079,000
060	001-2	394,000	743,000
	001-C	966,000	1,030,000
		(180,000)	(132,000)
		(48,000)	(95,000)
070	001-2	8,000	6,000
Grand Total		7,989,000	8,973,000

Fund Shoud Be	2014	2015
001-A	(953,000)	(1,262,000)
001-C	(4,970,000)	(4,942,000)
001-A	(36,000)	(139,000)
001-A	-	1,000
001-C	(104,000)	-
001-C	(786,000)	(1,079,000)
001-A	(394,000)	(743,000)
001-C	(966,000)	(1,030,000)
001-2	180,000	132,000
001-A	48,000	95,000
001-C	(8,000)	(6,000)
Grand Total	(7,989,000)	(8,973,000)

Net Impact of DP	2014	2015
	-	-

**2013-15 Biennial Budget
M2-WB Federal Funds Technical Adjustment**

FEDERAL FUNDS TECHNICAL ADJUSTMENT
M2 – WB
PROGRAM 110 AND 145

As part of the development of the biennial budget for Administration and Supporting Services (Program 110) and Payments to Other Agencies (Program 145), programs 110 & 145 review the federal earnings for each program.

This is done by contacting the DSHS programs concerning the lidded grants that programs 110 & 145 are earning federal revenue on. The amounts of the grants are input into the Lidded Revenue table and the amount of earnings for the next biennium is determined. In addition to the lidded grant revenue programs 110 and 145 also look at the earnings for the entitlement programs, such as Food Stamps, Foster Care, Support Enforcement, Adoption Assistance and Title 19. Once both of these items are completed a comparison of the CFL federal amounts to the projected revenue by revenue source code is made.

The result of this comparison is the need to adjust the federal revenue sources in the Federal Funds Technical Adjustment step M2-WB. The adjustment does not result in an increase nor a decrease in the amount of federal authority for the programs. The following is a summary of the adjustments by program for the 2013-15 Biennium.

PROGRAM 110	FY 14	FY15
001-2	(4,000)	(4,000)
001-A	4,000	4,000
TOTAL	-0-	-0-

PROGRAM 145	FY 14	FY15
001-2	(64,000)	(64,000)
001-A	64,000	64,000
TOTAL	-0-	-0-

Department of Social and Health Services

DP Code/Title: M2-WM Technical Corrections
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests (0.4) FTEs and \$(5,232,000) Total Funds in the 2013-15 Biennium to make technical corrections throughout the department.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			

Program Cost

Total Cost

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	3.4	3.4	3.4

Package Description:

Aging and Disability Services Administration (ADSA):

ADSA requests 8.6 FTEs for background checks related to Initiative 1163. Funding was provided for the background checks of long term care and developmental disability workers, a required provision in the initiative, but FTEs were not provided. FTE authority is needed to meet the appropriated funding level.

Administration and Supporting Services (ADMIN):

The Mental Health Transformation Grant (MHTG) was included in the Administration and Supporting Services (Program 110) budget. The MHTG was a five-year grant with a one-year extension that ended on September 30, 2011. This technical correction will eliminate (9.0) FTEs and \$(5,232,000) GF-Federal from ADMIN budget for the grant.

Agency Contact: Dan Winkley (360) 902-8179

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS accounts for the wise use of public dollars by maximizing federal funding sources.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care

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 2013-2015 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?

Department of Social and Health Services

DP Code/Title: M2-WM Technical Corrections
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 2013-15 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

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?

DSHS will lack the appropriate mix of fund and FTE authority to meet expected costs.

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

Not applicable

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-WM Technical Corrections.xlsx.

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

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

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

Department of Social and Health Services

DP Code/Title: M2-WM Technical Corrections

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund ,			
<u>Sources Title</u>			

Total for Fund

Total Overall Funding

Totals for all funds

**2013-15 Biennial Budget
M2-WM Technical Corrections**

Administration and Supporting Services

A80 - SPECIAL PROJECTS

	YR 1	YR 2
FTE	(13.50)	(13.50)
A	(723,000)	(723,000)
B	(181,000)	(172,000)
C	(1,302,000)	(1,302,000)
		-
EA	(10,000)	(10,000)
EB	(14,000)	(14,000)
EF	(18,000)	(18,000)
ER	(115,000)	(124,000)
EZ	(2,000)	(2,000)
		-
G	(230,000)	(230,000)
TZ	(21,000)	(21,000)

TOTAL (2,616,000) (2,616,000)

243B	(2,625,000)	(2,617,000)
E61L	9,000	1,000
TOTAL	(2,616,000)	(2,616,000)

This entry is to reduce the MHTG funding since the grant has ended. See step table and Enterprise report.

A93 - SUSPENSE

243B	(105,000)	(105,000)
E61	105,000	105,000
TOTAL	-	-

This entry is to reduce the MHTG funding in the Suspense account without reducing the overall federal funding.

A15 - ADMINISTRATION & SUPPORTING SERVICES

FTE	4.80	4.80
-----	------	------

This entry is to retain several of the MHTG FTEs for; Enterprise Risk Management, Operations Support & Services Division, and Public Affairs rather than transfer FTEs from the programs.

C13 - FAMILY POLICY COUNCIL (FPC)

FTE	(0.50)	-
-----	--------	---

This entry is to clear out the FTE remaining in the FPC budget unit.

Aging and Disability Services Administration (ADSA)

	FTE Impact	
	YR 1	Yr 2
DDD	5.2	5.2
LTC	3.4	3.4
TOTAL	8.6	8.6

Recommendation Summary

Budget Period: 2013-15

Version: E1 - 050 2013-15 2-YR Agency Req

Budget Level Criteria: PL Only

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds	
Program 050 - Long Term Care Services						
PL - Performance Level						
EQ	ACA - Dual Eligible Clients	0	0.0	0	0	
ER	ACA - Health Care Reform Expansion	0	0.0	0	0	
ET	Nursing Home Investigations	0	1.5	0	585	
EU	Supported Living Investigations	0	6.0	0	1,646	
EV	Resident and Client Protection	0	2.8	0	1,158	
EW	Fostering Well Being Nurses	0	6.0	386	1,159	
EY	Community LTC Behavior Support	0	2.5	1,414	1,414	
FP	Federal Sequester	0	0.0	0	0	
PX	Upgrade Network Capacity	0	0.0	46	46	
PY	Support Wi-Fi in Offices	0	0.0	55	54	
SubTotal PL			18.7	1,901	6,062	7,963
Total Proposed PL Only Budget for Program 050 - Long Term Care Services			18.7	1,901	6,062	7,963

Recommendation Summary Text

EQ - ACA - Dual Eligible Clients

(PL) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to implementation of the Health Path Washington proposal for improved programmatic and financial coordination of Medicare and Medicaid services for people who are eligible for both. The Health Path proposal is Washington's response to an opportunity created by the Affordable Care Act (ACA).

ER - ACA - Health Care Reform Expansion

(PL) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to expansion of Medicaid eligibility to include people incomes that are at 138 percent of the federal poverty level or less, as allowed by the Affordable Care Act (ACA).

ET - Nursing Home Investigations

(PL) The Department of Social and Health Services (DSHS), Long Term Care (LTC) requests 1.5 FTEs and \$585,000 total funds, \$293,000 GF-Local, to allow Residential Care Services (RCS) to complete additional provider practice investigations of abuse and neglect complaints in nursing homes (NH). This would allow LTC to intervene for residents in a timely manner when there is possible abuse or neglect. The NH license fee increase would cover the cost of the new FTEs needed for the additional complaint investigators.

EU - Supported Living Investigations

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), requests 6.0 FTEs and \$3,280,000 Total Funds to allow Residential Care Services (RCS) to do additional investigations of abuse and neglect complaints in Certified Community Residential Services and Supports (CCRSS) settings for clients with developmental disabilities. This would allow ADSA to intervene for clients in a timely manner when there is possible abuse or neglect.

EV - Resident and Client Protection

Recommendation Summary

Budget Period: 2013-15

Version: E1 - 050 2013-15 2-YR Agency Req

Budget Level Criteria: PL Only

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
----------------------	---------------------	--------------------	-----------------------	-------------	-------------

EV - Resident and Client Protection

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), requests 2.8 FTEs and \$1,186,000 Total Funds to allow Residential Care Services (RCS) to complete additional investigations to determine if specifically named individuals have abused or neglected a resident in any of our long-term care programs, including adult family homes (AFHs), assisted living facilities (ALs), and nursing homes (NHs). This would allow ADSA to intervene on behalf of residents in a timely manner when there is possible abuse or neglect.

EW - Fostering Well Being Nurses

(PL) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests 6.0 FTEs and \$1,545,000 Total Funds, \$386,000 GF-State, in the 2013-15 Biennium for the Fostering Well Being Care Coordination Unit (FWB CCU) to develop a nursing services care delivery model to support Children's Administration (CA) social workers to ensure the health and well-being of approximately 10,000 children in dependency foster placement.

EY - Community LTC Behavior Support

(PL) The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests 2.5 FTEs and \$2,828,000 Total Funds, \$1,414,000 GF-State, in the 2013-15 Biennium for the creation of Enhanced Services Facilities (ESF).

FP - Federal Sequester

(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.

PX - Upgrade Network Capacity

(PL) The Department of Social and Health Services (DSHS) requests \$780,000 Total Funds, \$456,000 GF-State, in the 2013-15 Biennium. This request will fund upgrades to network capacity at approximately 130 of the 200 DSHS remote field locations, upgrading network circuits from T1 to Ethernet to support capacity demands.

PY - Support Wi-Fi in Offices

(PL) The Department of Social and Health Services (DSHS) requests \$925,000 Total Funds, \$542,000 GF-State, in the 2013-2015 Biennium, to provide DSHS field offices with network connections using digital subscriber lines (DSL) for non-critical mission data traffic. It will also fund a pilot for selected DSHS offices for wireless network assessment, design and implementation.

Department of Social and Health Services

DP Code/Title: PL-EQ ACA - Dual Eligible Clients
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to implementation of the Health Path Washington proposal for improved programmatic and financial coordination of Medicare and Medicaid services for people who are eligible for both. The Health Path proposal is Washington's response to an opportunity created by the Affordable Care Act (ACA).

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

Overall Funding

Program Cost

Total Cost

Staffing

Package Description:

ACA created the Federal Coordinated Health Care Office to improve coordination and integration of Medicare and Medicaid services and funding that support individuals who are eligible for both. Washington was one of thirteen states awarded a developmental grant to design an approach that would:

- Decrease fragmentation of service delivery and increase accountability for overall costs and outcomes
- Comprehensively address the needs of people with the greatest degree of illness and functional impairment
- Slow the rate of health care cost increases
- Coordinate medical, mental health, chemical dependency, long term service supports to create better cost and health outcomes
- Allow for any cost savings to be shared between the state and federal government

Washington's resulting proposal, Health Path Washington, presented two strategies for a three-year pilot that is currently under negotiation with federal representatives. They are:

- Strategy One - would implement coordinative health homes for people at high risk to generate high medical costs. Under this strategy, a "health home coordinator" would establish health action plans that would engage clients in better managing their health and health care and allow better coordination of medical, mental health, chemical dependency and long-term services and supports.
- Strategy Two - would transfer medical, mental health, chemical dependency, and long-term services and support funding from the Health Care Authority and DSHS into a single capitation that would be paid to selected health plan providers. These providers would be contractually bound to provide coordinated services to enrolled beneficiaries and to achieve specific health outcomes.

If these strategies are approved, they will require reinvestment of state savings to support the strategies during the pilot period, transfer of funds between DSHS and HCA to provide for funding integration and flexibility, and increased spending and FTE authority to support implementation.

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

Narrative Justification and Impact Statement

Department of Social and Health Services

DP Code/Title: PL-EQ ACA - Dual Eligible Clients
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

What specific performance outcomes does the agency expect?

DSHS expects an increase in Medicaid clients who are eligible under current rules, but have chosen not to apply.

Performance Measure Detail

Agency Level

Activity: E050 Adult Family Home Community Services

No measures linked to package

Incremental Changes

FY 1 FY 2

0.00 0.00

Incremental Changes

FY 1 FY 2

0.00 0.00

Activity: E052 Eligibility/Case Management Services

No measures linked to package

Activity: E053 In-Home Services

No measures linked to package

Incremental Changes

FY 1 FY 2

0.00 0.00

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

No measures linked to package

Incremental Changes

FY 1 FY 2

0.00 0.00

Activity: E055 Residential Community Services

No measures linked to package

Incremental Changes

FY 1 FY 2

0.00 0.00

Activity: E064 Nursing Home 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 2013-2015 Strategic Plan:

--Goal 1 Improve 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 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

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

--Provide access to quality health care

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

This placeholder will impact the Health Care Authority (HCA), Economic Services Administration (ESA), and Aging and Disability Services Administration (ADSA) programs; Long Term Care (LTC), Developmental Disabilities Division (DDD), and Division of Behavioral Health and Recovery (DBHR) Mental Health (MH) and Alcohol and Substance Abuse (ASA).

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

Department of Social and Health Services

DP Code/Title: PL-EQ ACA - Dual Eligible Clients

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

No other alternatives were considered.

What are the consequences of not funding this package?

DSHS and HCA would not be able to meet the requirements of the ACA.

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?

WAC revisions may be necessary for HCA and DSHS.

Expenditure and revenue calculations and assumptions

Estimates are currently under development.

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

Estimates are currently under development.

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

<u>DSHS Source Code Detail</u>			
Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund ,			
Sources Title			

Total for Fund

Total Overall Funding

Totals for all funds

Department of Social and Health Services

DP Code/Title: PL-ER ACA - Health Care Reform Expansion
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to expansion of Medicaid eligibility to include people incomes that are at 138 percent of the federal poverty level or less, as allowed by the Affordable Care Act (ACA).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
	<i>Program Cost</i>		
	Total Cost		

Staffing

Package Description:

ACA creates an option for states to expand Medicaid eligibility for adults with income up to 138 percent of the federal poverty level who are not otherwise categorically eligible for Medicaid or who are not eligible for Medicare. It is expected this newly eligible group would be comprised primarily of childless adults. The cost for this newly eligible group would be fully paid by federal funding through 2016.

HCA and DSHS are currently developing the following estimates of the impacts:

- Medical, mental health, chemical dependency, and long-term caseload impacts
- Impact on per-capita costs in those areas, including impacts from potential changes in benefit package requirements
- Potential savings from refinancing services for current services through waivers and optional Medicaid programs at lower levels of federal match
- Potential savings from refinancing state-only programs that serve individuals who would be newly eligible

The results of that analysis will identify potential costs, necessary investments, necessary funding transfers, and potential areas for reduced state expenditures.

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 expects an increase in Medicaid clients who are eligible under current rules, but have chosen not to apply.

Performance Measure Detail

Agency Level

Activity: E050 Adult Family Home Community Services
No measures linked to package

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

Department of Social and Health Services

DP Code/Title: PL-ER ACA - Health Care Reform Expansion
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Activity: E053 In-Home Services
No measures linked to package

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

Activity: E055 Residential Community Services
No measures linked to package

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

Activity: E064 Nursing Home 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 2013-2015 Strategic Plan:

--Goal 1 Improve 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 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

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

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

The possibility that services provided under several optional or state-funded medical programs could be delivered as a benefit under the expansion and attract more beneficial federal match has motivated review of optional programs for modification or possible elimination. Those include: Medical Care Services, ADATSA, Presumptive SSI, Basic Health, Family Planning, Breast and Cervical Cancer Treatment, Kidney Disease Program, State-only Involuntary Treatment Act funding, Psychiatric Indigent Inpatient Program. While many of the beneficiaries of those programs could receive services under expanded Medicaid, others may not qualify. Analysis is underway to identify any gaps that may be created by potential change or elimination of optional programs. That analysis will inform policy and investment options to address those gaps.

This placeholder will impact the Health Care Authority (HCA), Economic Services Administration (ESA), and Aging and Disability Services Administration (ADSA) programs; Long Term Care (LTC), Developmental Disabilities Division (DDD), and Division of Behavioral Health and Recovery (DBHR) Mental Health (MH) and Alcohol and Substance Abuse (ASA).

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

No other alternatives were considered.

What are the consequences of not funding this package?

DSHS and HCA would not be able to meet the requirements of the ACA.

Department of Social and Health Services

DP Code/Title: PL-ER ACA - Health Care Reform Expansion
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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?

WAC revisions may be necessary for HCA and DSHS.

Expenditure and revenue calculations and assumptions

Estimates are currently under development.

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

Estimates are currently under development.

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

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund ,			
<u>Sources Title</u>			

Total for Fund

Total Overall Funding

Totals for all funds

Department of Social and Health Services

DP Code/Title: PL-ET Nursing Home Investigations
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Long Term Care (LTC) requests 1.5 FTEs and \$585,000 total funds, \$293,000 GF-Local, to allow Residential Care Services (RCS) to complete additional provider practice investigations of abuse and neglect complaints in nursing homes (NH). This would allow LTC to intervene for residents in a timely manner when there is possible abuse or neglect. The NH license fee increase would cover the cost of the new FTEs needed for the additional complaint investigators.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-7 General Fund - Basic Account-Private/Local	135,000	158,000	293,000
001-C General Fund - Basic Account-Medicaid Federal	135,000	157,000	292,000
Total Cost	270,000	315,000	585,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	1.3	1.6	1.5

Package Description:

The Department has oversight authority and responsibilities over licensed and certified LTC programs, including nursing homes (NH), adult family homes (AFH), and assisted living facilities (AL). Department oversight includes both initial and periodic surveys/inspections to ensure programs comply with requirements, and investigating allegations of resident abuse and neglect reported by the public or the provider. Complaint investigations are essential to early detection and prevention of abuse and neglect of vulnerable adults.

This request is for additional resources for "provider practice" investigations in NHs. This investigation type determines if the provider handled the situation in accordance with the program requirements. Follow-up investigations are completed to ensure that providers comply with program requirements.

Historically, the complaint workload was determined by the number of NHs in the state. The number of NHs has remained stable at approximately 245 for several years. The number of complaints has risen, but since the number of NHs has not increased, no additional complaint investigators have been funded. Since Fiscal Year 2007 complaints have increased from 4,061 to 4,550, a increase of 11 percent. LTC believes that complaints have increased due to better community awareness of abuse/neglect through educational efforts and better compliance with mandated reporting.

During Fiscal Year 2011, to address the growth, LTC reallocated two additional investigators to complete this type of investigation in NHs There are a total of 18 investigators assigned to this role.

The workload standard for NH complaints is 25 new complaints each month for each investigator. NHs are required to do a thorough investigation, which provides the LTC investigator with information they do not have in other settings. Therefore the workload standard is higher than that used for Adult Protective Services (APS) or other Community Residential settings. Currently, LTC has 18 FTEs for NH complaint investigations, and is therefore, unable to investigate all complaints assigned in a timely matter (between 2 and 45 days, depending on the severity of the complaint). As a result, complaints are prioritized and those that appear to involve higher risks for residents are completed before those that appear to involve less risk. To complete all investigations in a timely matter, LTC requests to add 3.1 FTE investigators (or 1.5 FTEs for the 2013-15 Biennium and 1.6 FTEs for 2015-17 Biennium as a phased in approach) to complete NH complaint investigations.

Under current statute, the Legislature establishes the per-bed license fee for NHs in the budget bill. Revenue from this fee would

Department of Social and Health Services

DP Code/Title: PL-ET Nursing Home Investigations

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

cover the enhanced investigatory resources described above (3.1 FTEs), to ensure that complaints can be addressed promptly and thoroughly. Nursing facilities required to pay a license fee will see an increase from \$359 to \$367 per bed in Fiscal Year 2014, and to \$368 per bed in Fiscal Year 2015.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Irene Owens (360) 725-2489

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

LTC will be able to provide more timely intervention related to the health and safety of residents in this program. Multiple performance measures, including conducting assigned complaint investigations in a timely manner should improve.

Aging and Disability Services Administration's (ADSA) ability to meet Centers for Medicaid and Medicare Services (CMS) requirements related to waiver management, and the ability to address vulnerable adult safety are key components of improving this performance measure.

Performance Measure Detail

Agency Level

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

Incremental Changes

FY 1

FY 2

Outcome Measures

001604	Monthly Percentage of Timely Responses to RCS Complaint Investigations.	0.00%	0.00%
001918	Timely Completion of Adult Protective Services (APS) Investigations	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 2013-15 Strategic Plan:

- Goal 1 Improve the health status of vulnerable populations
- Goal 3 Improve individual and public safety

Goal 1 Strategic Objective - Increase the quality and access to LTC services to address the demographically-driven increase in the need for services.

Goal 3 Strategic Objectives - Improve safety through effective and timely investigation of and response to allegations of abuse and neglect and ensure client safety within DSHS and provider operated facilities.

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

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 2013-15 Budget development under the strategy:

Department of Social and Health Services

DP Code/Title: PL-ET Nursing Home Investigations

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Provide for the safety of Washington's vulnerable children and adults
--Provide timely and quality responses to allegations of abuse and/or neglect
--Ensure efficiency, performance, and accountability to clients and the public

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

LTC will continue to coordinate with law enforcement if allegations are suspected to be criminal in nature. LTC will also continue to coordinate with the Department of Health (DOH) to collaborate on cases involving licensed, certified or registered staff.

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

The only alternative is that the investigation of an intake with a lower priority may be delayed longer. LTC may not be able to investigate these intakes within the expected time frames.

What are the consequences of not funding this package?

If this request is not funded, LTC will be unable to meet the need for timely NH investigations (within 2 to 45 days of receiving the complaint). LTC will have to continue to triage complaint intakes since it will not be able to meet the increasing workload demand. Vulnerable adults will be at increased risk of harm.

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: LTC PL-ET Nursing Home Investigations.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.

Object Detail	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	117,000	142,000	259,000
B Employee Benefits	34,000	44,000	78,000
E Goods And Services	20,000	25,000	45,000
G Travel	5,000	6,000	11,000
J Capital Outlays	10,000	3,000	13,000
N Grants, Benefits & Client Services	82,000	93,000	175,000
T Intra-Agency Reimbursements	2,000	2,000	4,000
Total Objects	270,000	315,000	585,000

Department of Social and Health Services

DP Code/Title: PL-ET Nursing Home Investigations

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-7, General Fund - Basic Account-Private/Local				
<u>Sources</u> <u>Title</u>				
5417	Contributions & Grants	135,000	158,000	293,000
<i>Total for Fund 001-7</i>		135,000	158,000	293,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u> <u>Title</u>				
19TA	Title XIX Assistance (FMAP)	41,000	46,000	87,000
19UL	Title XIX Admin (50%)	94,000	111,000	205,000
<i>Total for Fund 001-C</i>		135,000	157,000	292,000
Total Overall Funding		270,000	315,000	585,000

**2013-15 Biennial Budget
PL-ET Nursing Home Investigations**

	FY13	FY14	2013-15
FTE	1.3	1.6	1.5
GF-State	\$ -	\$ -	\$ -
GF-Local	\$ 135,000	\$ 158,000	\$ 293,000
GF-Federal	\$ 135,000	\$ 157,000	\$ 292,000
Total	\$ 270,000	\$ 315,000	\$ 585,000
Rate Impact	\$ 82,000	\$ 93,000	\$ 175,000
Investigation Impact	\$ 188,000	\$ 222,000	\$ 410,000
Total	\$ 270,000	\$ 315,000	\$ 585,000

Department of Social and Health Services

DP Code/Title: PL-EU Supported Living Investigations
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), requests 6.0 FTEs and \$3,280,000 Total Funds, \$1,640,000 GF-State to allow Residential Care Services (RCS) to do additional investigations of abuse and neglect complaints in Certified Community Residential Services and Supports (CCRSS) settings for clients with developmental disabilities. This would allow ADSA to intervene for clients in a timely manner when there is possible abuse or neglect.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-7 General Fund - Basic Account-Private/Local	390,000	433,000	823,000
001-C General Fund - Basic Account-Medicaid Federal	390,000	433,000	823,000
Total Cost	780,000	866,000	1,646,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	5.5	6.4	6.0

Package Description:

The Department has oversight authority and responsibilities over licensed and certified long-term care settings, including nursing homes (NH), adult family homes (AFH), assisted living facilities (AL) and CCRSS. CCRSS is a service provided to clients with developmental disabilities by certified providers, in the clients' own home (vs. living with their parents or other relatives), and is more commonly known by the term "Supported Living". ADSA oversight includes both initial and periodic certification evaluations to ensure programs comply with requirements and investigating allegations of client abuse and neglect reported by the public or provider. Complaint investigations are essential to early detection and prevention of abuse and neglect of vulnerable adults.

There are two types of complaint allegations reported by the public or by providers. This request is for additional resources for both types of complaint investigations done by ADSA for the CCRSS program. One investigation type determines if the provider handled the situation in accordance with the program requirements, called "provider practice". Follow up is done to ensure that providers comply with program requirements. The other investigation type is to determine if a specific named individual abused or neglected a client. This investigation is done by the "Resident and Client Protection Program" or RCPP. RCPP is designed to both protect clients and prevent perpetrators from moving to other ADSA programs.

ADSA believes that complaints have increased due to better community awareness of abuse/neglect through educational efforts, and better compliance with mandated reporting. The numbers of complaints have increased over several years, as shown below:

- Fiscal Year 2008 - 779 complaints were assigned to three investigators
- Fiscal Year 2009 - 1,218 complaints were assigned, for an increase of 56 percent
- Fiscal Year 2010 - 1,321 complaints were assigned, for an increase of 8 percent

During Fiscal Year 2011, to address the growth, ADSA reallocated two additional investigators to complete the investigations, so that a total of 5 investigators are assigned to this role. With 5.0 FTEs assigned to CCRSS, ADSA is unable to investigate the number of complaints assigned. Due to this, ADSA prioritizes complaints, and those that appear to involve higher risks for clients are done before those that appear to involve less risk. ADSA requests to add seven nurse consultant investigators (6.0 FTEs for the 2013-15 Biennium and 7.0 FTEs for the 2015-17 Biennium as a phase-in approach) to CCRSS complaints investigations, to keep up with the increasing workload. This request will help develop a workload standard for both types of investigations done by ADSA.

Department of Social and Health Services

DP Code/Title: PL-EU Supported Living Investigations
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

The workload standard for CCRSS is 15 new complaints each month for each investigator, for both provider practice and RCPP investigations. This is comparable to the current workload standard for Adult Protective Services (APS). As ADSA pursues its strategic goal of expanding its ability to serve individuals in or near their home and communities, quality of life and care must be a focus and oversight must evolve to meet both workload and case complexity.

Chapter 71A.12 RCW authorizes ADSA to adopt rules related to licensure or certification and inspection of the program. Under the authority of chapter 388-101 WAC, ADSA certifies the CCRSS program before they serve clients and do routine unannounced certification evaluations and complaint investigations. Unlike other providers, CCRSS providers currently do not pay any fees to be certified or to offset the cost of their oversight. Also, unlike other long-term care programs, such as NH, AFH, and AL, CCRSS programs are based "in the client's home" and the providers generally do not have "private pay" residents. All CCRSS clients are Medicaid and clients of the Division of Developmental Disabilities (DDD).

ADSA is proposing legislation to authorize a new initial and annual certification fee of \$215 per client for Fiscal Year 2014 and \$240 per client in Fiscal Year 2015 in the Omnibus Biennial Appropriations Act. Revenue from this fee would cover the additional staff to ensure that complaints can be addressed promptly and thoroughly as workload grows. This will also help ADSA develop CCRSS complaint investigation workload standards similar to those currently used for APS investigations.

The request legislation also includes a provision that the fee would include all of ADSA's cost of paying providers for the amount of the certification fee attributed to Medicaid clients. This is consistent with approaches currently used to pay providers to reimburse for fees for Medicaid clients in NHs, AFHs and AL facilities.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Irene Owens (360) 725-2489

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

ADSA would provide more timely intervention related to the health and safety of clients in this program. This would also give ADSA the ability to address complaint investigation quality and workload standards for the CCRSS program. Multiple performance measures, including conducting assigned complaint investigations in a timely manner (between 2 and 45 days, depending on the severity of the complaint).

One of ADSA key performance measures for Government Management Accountability and Performance (GMAP) is to increase the proportion of clients served in home and community-based settings rather than institutional settings. ADSA's ability to meet Centers of Medicaid and Medicare (CMS) requirements related to waiver management and the ability to address vulnerable adult safety are key components of improving this performance measure.

Performance Measure Detail

Agency Level

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

Incremental Changes

FY 1

FY 2

Outcome Measures

001604	Monthly Percentage of Timely Responses to RCS Complaint Investigations.	0.00%	0.00%
001918	Timely Completion of Adult Protective Services (APS) Investigations	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 2013-15 Strategic Plan:

Department of Social and Health Services

DP Code/Title: PL-EU Supported Living Investigations
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

- Goal 1 Improve the health status of vulnerable populations
- Goal 3 Improve individual and public safety

Goal 1 Strategic Objective - Increase the quality and access to LTC services to address the demographically-driven increase in the need for services.

Goal 3 Strategic Objectives - Improve safety through effective and timely investigation of and response to allegations of abuse and neglect and ensure client safety within DSHS and provider operated facilities.

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

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 2013-15 Budget development under the strategy:

- Provide for the safety of Washington's vulnerable children and adults
- Provide timely and quality responses to allegations of abuse and/or neglect
- Ensure efficiency, performance, and accountability to clients and the public

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

ADSA is proposing legislation to implement this request. There would be no long-term impact to CCRSS providers. All CCRSS providers would receive new funding in their Medicaid payment rates to offset the cost of the fee over the course of the year. Federal funds assist in paying the providers and local funds (from the fee) are used as state match.

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

The alternative is for state funds to continue to subsidize the cost of oversight.

ADSA did review other fee mechanisms. These were rejected as problematic due to a high administrative burden, their lack of ability to support ongoing oversight costs, or for their potential to reduce mandated reporting (i.e. refunding fees for service providers with no complaints, or charging service providers extra only when they have complaints). Fee revenue should be predictable and independent of reporting in order to ensure stable and quality oversight. ADSA believes the best way to do that is to have a fee mechanism that is similar between all long-term care programs with similar fee levels for initial licensing, certification and renewals.

What are the consequences of not funding this package?

If this request is not funded, ADSA will be unable to meet the CCRSS complaint investigation need. ADSA will continue to triage complaint intakes to manage the increased workload demand within current resources. Vulnerable adults will be at an increased risk of harm. This will put at risk ADSAs priorities for a robust home and community-based system.

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

None

Department of Social and Health Services

DP Code/Title: PL-EU Supported Living Investigations
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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

ADSAs request legislation has been submitted to help establish workload standards for CCRSS and to establish an initial and annual certification fee to be set in the Omnibus Biennial Appropriations Act.

Expenditure and revenue calculations and assumptions.

See attachment: ADSA PL-EU Supported Living Investigations.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.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	488,000	569,000	1,057,000
B Employee Benefits	141,000	166,000	307,000
E Goods And Services	81,000	93,000	174,000
G Travel	19,000	21,000	40,000
J Capital Outlays	44,000	10,000	54,000
T Intra-Agency Reimbursements	7,000	7,000	14,000
Total Objects	780,000	866,000	1,646,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-7, General Fund - Basic Account-Private/Local			
<u>Sources Title</u>			
5417 Contributions & Grants	390,000	433,000	823,000
<i>Total for Fund 001-7</i>	390,000	433,000	823,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	390,000	433,000	823,000
<i>Total for Fund 001-C</i>	390,000	433,000	823,000
Total Overall Funding	780,000	866,000	1,646,000

**2013-15 Biennial Budget
PL-EU Supporting Living Investigations**

Total Impact	FY13	FY14	2013-15
FTE	5.5	6.4	6.0
GF-Local	\$ 776,000	\$ 864,000	\$ 1,640,000
GF-Federal	\$ 776,000	\$ 864,000	\$ 1,640,000
Total	\$ 1,552,000	\$ 1,728,000	\$ 3,280,000
Rate Impact	\$ 772,000	\$ 862,000	\$ 1,634,000
Investigation Impact	\$ 780,000	\$ 866,000	\$ 1,646,000
Total	\$ 1,552,000	\$ 1,728,000	\$ 3,280,000
DDD Impact	FY13	FY14	2013-15
FTE	0.0	0.0	0.0
GF-Local	\$ 386,000	\$ 431,000	\$ 817,000
GF-Federal	\$ 386,000	\$ 431,000	\$ 817,000
Total	\$ 772,000	\$ 862,000	\$ 1,634,000
LTC Impact	FY13	FY14	2013-15
FTE	5.5	6.4	6.0
GF-Local	\$ 390,000	\$ 433,000	\$ 823,000
GF-Federal	\$ 390,000	\$ 433,000	\$ 823,000
Total	\$ 780,000	\$ 866,000	\$ 1,646,000

Department of Social and Health Services

DP Code/Title: PL-EV Resident and Client Protection
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), requests 2.8 FTEs and \$1,186,000 Total Funds to allow Residential Care Services (RCS) to complete additional investigations to determine if specifically named individuals have abused or neglected a resident in any of our long-term care programs, including adult family homes (AFHs), assisted living facilities (ALs), and nursing homes (NHs). This would allow ADSA to intervene on behalf of residents in a timely manner when there is possible abuse or neglect.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-7 General Fund - Basic Account-Private/Local	271,000	308,000	579,000
001-C General Fund - Basic Account-Medicaid Federal	271,000	308,000	579,000
Total Cost	542,000	616,000	1,158,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 050 FTEs	2.5	3.0	2.8

Package Description:

ADSA has oversight authority and responsibilities over licensed and certified long-term care programs, including NHs, AFHs, and ALs. ADSA oversight includes both initial and periodic surveys and inspections to ensure facilities comply with requirements while investigating allegations of resident abuse and neglect reported by the public or the provider. Complaint investigations are essential to early detection and prevention of abuse and neglect of vulnerable adults.

This request addresses the type of investigation that determines whether a specific named individual abused or neglected a resident as alleged. This investigation is conducted by the Resident and Client Protection Program (RCPP). RCPP is designed to both protect residents/clients and prevent perpetrators from moving to other long-term care programs.

Growth in complaints reported to the RCPP has increased every year, as shown below. ADSA believes that complaints have increased due to better community awareness of abuse/neglect through education efforts and better compliance with mandated reporting.

- Fiscal Year 2008 - 845 complaints were assigned to eight investigators
- Fiscal Year 2009 - 1,671 complaints were assigned, for an increase of 98 percent
- Fiscal Year 2010 - 2,438 complaints were assigned, for an increase of 46 percent
- Fiscal Year 2011 - 2,759 complaints were assigned, for an increase of 13 percent

With only 8 assigned FTEs, ADSA is unable to investigate all of the complaints assigned. Due to this, complaints are prioritized and those that appear to involve higher risks for residents are done before those that appear to involve less risk.

ADSA requests an additional 6 FTE nurse consultant investigators (2.8 FTEs for the 2013-15 Biennium and 3.0 FTEs for 2015-17 Biennium as a phase-in approach) for RCPP complaint investigations to keep up with the increasing workload and complete the investigations on all reported complaints.

The workload standard for RCPP is 15 new complaints each month for each investigator. This is comparable to the current workload standard for Adult Protective Services (APS).

As ADSA pursues its strategic goal of expanding its ability to serve individuals in or near their home and communities, the quality

Department of Social and Health Services

DP Code/Title: PL-EV Resident and Client Protection

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

of life and care must remain a focus. ADSA oversight must evolve to meet both workload and case complexity.

The Legislature establishes the per bed license fee in the Omnibus Biennial Appropriations Act for NHs, AFHs, and ALs. Revenue from these fees would cover the enhanced investigatory resources described above to insure that complaints can be addressed promptly and thoroughly as workload grows.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Irene Owens (360) 725-2489

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

ADSA will be able to provide more timely intervention related to the health and safety of residents in ADSA programs. It will prevent perpetrators from moving from one setting to another. Multiple performance measures, including conducting assigned complaint investigations in a timely manner (between 2 to 45 days, depending on the severity of the complaint), should improve.

One of ADSA key performance measures for Government Management Accountability and Performance (GMAP) is to increase the proportion of residents served in home and community-based settings rather than institutional settings. ADSA's ability to meet CMS requirements related to waiver management and the ability to address vulnerable adult safety are key components of improving this performance measure.

Performance Measure Detail

Program: 050

Activity: E054 Investigations/Quality Assurance for Vulnerable Adults

Incremental Changes

Outcome Measures

		<u>FY 1</u>	<u>FY 2</u>
001604	Monthly Percentage of Timely Responses to RCS Complaint Investigations.	0.00%	0.00%
001918	Timely Completion of Adult Protective Services (APS) Investigations	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 2013-15 Strategic Plan:

- Goal 1 Improve the health status of vulnerable populations
- Goal 3 Improve individual and public safety

Goal 1 Strategic Objective - Increase the quality and access to ADSA services to address the demographically-driven increase in the need for services.

Goal 3 Strategic Objectives - Improve safety through effective and timely investigation of and response to allegations of abuse and neglect and ensure client safety within DSHS and provider operated facilities.

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

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

Department of Social and Health Services

DP Code/Title: PL-EV Resident and Client Protection

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults
--Provide timely and quality responses to allegations of abuse and/or neglect
--Ensure efficiency, performance, and accountability to clients and the public

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

ADSA will continue to coordinate with law enforcement if allegations are of a found criminal nature. ADSA and the Department of Health (DOH) work closely to ensure clients are protected and only appropriate individuals are licensed to provide care.

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

The intakes of allegations against individuals are prioritized into four classifications setting time frames of when investigations will be initiated. The only alternative to more FTEs and funding is that the investigation of an intake with a lower priority (currently with a 30 day and 60 day timing for initiation of an investigation) may be delayed further. ADSA investigative timelines will continue to lengthen with increased complaints.

What are the consequences of not funding this package?

If this request is not funded, ADSA will be unable to meet the RCPP complaint investigation need and will continue to prioritize the investigation timelines of complaint intakes. Vulnerable adults will be at increased risk of harm. Perpetrators will be more likely to continue to work in long-term care settings and less likely to be investigated.

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: ADSA PL-EV Resident and Client Projection.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.

Department of Social and Health Services

DP Code/Title: PL-EV Resident and Client Protection

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
A Salaries And Wages	214,000	255,000	469,000
B Employee Benefits	76,000	92,000	168,000
E Goods And Services	45,000	55,000	100,000
G Travel	11,000	12,000	23,000
J Capital Outlays	20,000	6,000	26,000
N Grants, Benefits & Client Services	172,000	192,000	364,000
T Intra-Agency Reimbursements	4,000	4,000	8,000
Total Objects	542,000	616,000	1,158,000

DSHS Source Code Detail

<u>Program 050</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-7, General Fund - Basic Account-Private/Local			
<u>Sources Title</u>			
5417 Contributions & Grants	271,000	308,000	579,000
<i>Total for Fund 001-7</i>	271,000	308,000	579,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	86,000	96,000	182,000
19UL Title XIX Admin (50%)	185,000	212,000	397,000
<i>Total for Fund 001-C</i>	271,000	308,000	579,000
Total Program 050	542,000	616,000	1,158,000

**2013-15 Biennial Budget
PL-EV Resident and Client Protection**

TOTAL - DD & LTC		FY14				FY15				Total						
	RCPP NH	RCPP AL	RCPP AFH	Grand Total	RCPP NH	RCPP AL	RCPP AFH	Grand Total	RCPP NH	RCPP AL	RCPP AFH	Grand Total	RCPP NH	RCPP AL	RCPP AFH	Grand Total
GF-S	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GL-F	152,000	59,000	67,000	278,000	191,000	58,000	66,000	315,000	343,000	117,000	133,000	593,000	343,000	117,000	133,000	593,000
GF-L	152,000	59,000	67,000	278,000	191,000	58,000	66,000	315,000	343,000	117,000	133,000	593,000	343,000	117,000	133,000	593,000
Total	304,000	118,000	134,000	556,000	382,000	116,000	132,000	630,000	686,000	234,000	266,000	1,186,000	686,000	234,000	266,000	1,186,000

DD		FY14				FY15				Total						
	RCPP NH	RCPP AL	RCPP AFH	Grand Total	RCPP NH	RCPP AL	RCPP AFH	Grand Total	RCPP NH	RCPP AL	RCPP AFH	Grand Total	RCPP NH	RCPP AL	RCPP AFH	Grand Total
GF-S	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GL-F	-	1,000	6,000	7,000	-	1,000	6,000	7,000	-	2,000	12,000	14,000	-	2,000	12,000	14,000
GF-L	-	1,000	6,000	7,000	-	1,000	6,000	7,000	-	2,000	12,000	14,000	-	2,000	12,000	14,000
Total	-	2,000	12,000	14,000	-	2,000	12,000	14,000	-	4,000	24,000	28,000	-	4,000	24,000	28,000

LTC		FY14				FY15				Total						
	RCPP NH	RCPP AL	RCPP AFH	Grand Total	RCPP NH	RCPP AL	RCPP AFH	Grand Total	RCPP NH	RCPP AL	RCPP AFH	Grand Total	RCPP NH	RCPP AL	RCPP AFH	Grand Total
GF-S	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GL-F	152,000	58,000	61,000	271,000	191,000	57,000	60,000	308,000	343,000	115,000	121,000	579,000	343,000	115,000	121,000	579,000
GF-L	152,000	58,000	61,000	271,000	191,000	57,000	60,000	308,000	343,000	115,000	121,000	579,000	343,000	115,000	121,000	579,000
Total	304,000	116,000	122,000	542,000	382,000	114,000	120,000	616,000	686,000	230,000	242,000	1,158,000	686,000	230,000	242,000	1,158,000

Department of Social and Health Services

DP Code/Title: PL-EW Fostering Well Being Nurses
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests 6.0 FTEs and \$1,545,000 Total Funds, \$386,000 GF-State, in the 2013-15 Biennium for the Fostering Well Being Care Coordination Unit (FWB CCU) to develop a nursing services care delivery model to support Children's Administration (CA) social workers to ensure the health and well-being of approximately 10,000 children in dependency foster placement.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-1 General Fund - Basic Account-State	193,000	193,000	386,000
001-C General Fund - Basic Account-Medicaid Federal	599,000	560,000	1,159,000
Total Cost	792,000	753,000	1,545,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 050 FTEs	6.0	6.0	6.0

Package Description:

LTC requests staffing and funding for the FWB CCU to develop a nursing services care delivery model to support CA social workers to ensure the health and well-being of approximately 10,000 children in dependency foster placement.

The requested six registered nurse FTEs will provide nursing assessment, consultation, and file reviews with social workers and other staff as appropriate, including joint home visits or medical provider visits. This will help address several agency goals such as the Braam benchmark for Medically Fragile children; trauma screening and oversight of prescription medications as required by Annual Performance and Services Review; providing health information to adoptive families; and improving health and well-being outcomes for children in foster care.

Existing program management of the FWB CCU resides with LTC, secondary to the availability of clinical expertise and nursing leadership in implementation and management of; 1) nursing services within home and community based care settings and; 2) health care coordination and chronic care management of high-risk populations. The FWB CCU program staff (nurses, program specialists and pediatricians) collaborate with health care providers, CA case workers, caregivers, and others as needed on the delivery of coordinated health care services for children in foster care.

Children in foster care have high rates of acute and chronic medical, mental health, and developmental problems. Approximately 60 percent of children in foster care have a chronic medical condition and 25 percent have three or more chronic health problems. Children in foster care utilize mental health services, both inpatient and outpatient, at a rate 15-20 times higher than the general pediatric population. Many children enter placement with unmet health needs because they have not received adequate health services given pre-placement family difficulties.

A Nursing Services model of care delivery to support CA social workers would help ensure the health and well-being of children in dependency foster placement. Six registered nurse FTEs will be stationed in CA regional offices and will be available to support CA caseworkers. They could also assist CA staff with completion of Caregiver Support Plans for medically fragile children, education and support of foster parents, liaison with medical providers in the community on behalf of the child and social worker, and attend the 17-½-year-old Transition Staffing when requested. LTC plans to utilize these FTEs to improve the oversight of psychotropic medications by children in foster care.

Under the Revised Braam Settlement and Exit Agreement of 2011, CA must ensure that all medically fragile children in foster care receive appropriate and follow-up care. The goal is to have a nurse in the regional office assist in the identification of all medically

Department of Social and Health Services

DP Code/Title: PL-EW Fostering Well Being Nurses
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

fragile children, and ensure these children receive appropriate treatment and follow-up. In addition, having locally based nurses will provide a local contact for medical providers to discuss cases and gaps providers see in follow-up care and missed appointments. The nurses can staff cases with CA social workers and advise accordingly. More complex cases can be taken by the nurses to the Regional Medical Consultants (RMC). Nurses would also assist ongoing efforts to improve the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) rates by supporting social workers and caregivers in assuring understanding of when children need to be seen and working with physicians on age appropriate screenings.

In the event of a public health crisis, like this year's pertussis epidemic, these nurses could identify through CHILD Profile (Washington State's Health Promotion and Immunization Registry system) the children in the region who are not up-to-date on their immunizations and could provide health related resources for licensing issues with caregiver families who are not immunized.

Having nurses in CA offices can help DSHS in our federal Annual Performance and Services Review (APSR) - Health Care Oversight and Coordination Plan in the following ways:

- The APSR requires state child welfare systems to screen children for trauma and use the screening to inform case planning and referrals for services. Having nurses available to advise case planning and resources will ensure CA is addressing federal expectations for children in foster care.
- The APSR requires states to have a plan for oversight of prescription medications including psychotropic medications. These nurses would be available to advise social workers regarding poly pharmacy and adherence to medication protocols.

Federal agencies also require CA to provide transition services for youth aging out of foster care. ADSA and CA have a pilot program for supporting the health care of youth transitioning out of care, but on-site nurses would add a resource and enable LTC to activate the pilot program statewide. The pilot program supports healthy youth in attending school intending to graduate and secure a job rather than live on the street.

States are required to provide all known health and mental health information to adoptive families. The nurses would provide consultation regarding children with complex and chronic health/mental health issues to ensure our adoptive families are well informed about the child prior to adoption. This promotes permanency and reduces the number of failed adoptions.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Candace Goehring (360) 725-2562

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This request places nurses in an active and coordinated role with CA case workers, caregivers, youth, and health and mental health providers to assist in better case planning for the child. Efficiencies in getting the right care to the child at the right time is the intended outcome.

The expected impacts will be to improve the health care delivery and coordination to children in foster care through the provision of Nursing Services.

The following desired results will be achieved:

- Improved access to health related expertise for CA staff to improve information gathered at the required monthly health and safety visits.
- Increased contact with foster caregivers to assure health care needs of children are understood and being met.

Department of Social and Health Services

DP Code/Title: PL-EW Fostering Well Being Nurses
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

- Support to CA social workers with increased identification of children who are medically fragile and medically complex to ensure the children receive on-going and appropriate health care and through referrals to the FWB CCU and the RMCs.
- Assistance with completion of the Caregiver Support Plan for medically fragile children.
- Reduced use of emergency room and hospital care.
- Office visits to medical providers with foster children and caregivers as needed to improve health navigation and literacy for all parties involved in the child's care.
- Promoting the child's maximum health and well-being through providing health related expertise.
- Increased support to foster caregivers in health care decision making, including medication management, EPSDT exams and immunization rates.

Performance Measure Detail

Program: 050

Activity: A007 Behavioral Rehabilitative Services (BRS)

Outcome Measures

000307 Percentage of foster children placed with extended family members

Incremental Changes
FY 1 **FY 2**

0.00% 0.00%

Activity: A027 Child Welfare Licensed Resources

Output Measures

000306 Number of child abuse/neglect referrals accepted for investigation

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 2013-2015 Strategic Plan:

- Goal 1 Improve the health status of vulnerable populations
- Goal 3 Improve individual and public safety

Goal 1 Strategic Objective - Increase the quality and access to long-term care services to address the demographically-driven increase in the need for services.

Goal 3 Strategic Objectives - Improve safety through effective and timely investigation of and response to allegations of abuse and neglect; and Ensure client safety within DSHS and provider operated facilities.

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

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 2013-15 Budget development under the strategy:

Department of Social and Health Services

DP Code/Title: PL-EW Fostering Well Being Nurses

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Provide for the safety of Washington's vulnerable children and adults
--Provide community-based residential and in-home support services
--Provide support services to families

Improve the health of Washingtonians
--Identify and mitigate health risk factors
--Provide access to quality health care
--Ensure efficiency, performance, and accountability to clients and the public

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

These nurses will provide the local and accessible health related expertise needed by CA social workers and children in our care. The following stakeholders support this work by LTC Nurses: Foster Parents and Relative Caregivers, Private Child Placing Agencies (contracted), Behavioral Rehabilitation Services Providers (contracted), Tribes, Passion to Action (current and former foster youth advisory council to CA), Court Appointed Special Advocates (CASA) and Guardian ad Litem (GAL), Foster Parent 1624 (advisory council to CA), and Assistant Attorney Generals.

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

There is no current alternative that exists to provide this kind of nursing resource in Washington State. The Texas STAR program, for example, has nurse availability 24/7. While we are not requesting this level of availability, we will be able to have a presence in the local offices with the care team providing services to the foster children.

What are the consequences of not funding this package?

If this request is not funded current practice would continue. With current practice, there is the possibility of children receiving inappropriate and untimely care, possible gaps in care delivery, and no medication oversight.

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: LTC PL-EW Fostering Well Being Nurses.xlsx.

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

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

Department of Social and Health Services

DP Code/Title: PL-EW Fostering Well Being Nurses

Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
A Salaries And Wages	498,000	498,000	996,000
B Employee Benefits	138,000	138,000	276,000
E Goods And Services	83,000	83,000	166,000
G Travel	18,000	18,000	36,000
J Capital Outlays	49,000	10,000	59,000
T Intra-Agency Reimbursements	6,000	6,000	12,000
Total Objects	792,000	753,000	1,545,000

DSHS Source Code Detail

Program 050		<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	193,000	193,000	386,000
<i>Total for Fund 001-1</i>		193,000	193,000	386,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources Title</u>				
19UG	Title XIX Admin (75%)	599,000	560,000	1,159,000
<i>Total for Fund 001-C</i>		599,000	560,000	1,159,000
Total Program 050		792,000	753,000	1,545,000

**2013-15 Biennial Budget
PL-EW Fostering Well Being Nurses**

	FY13	FY14	2013-15
FTE	6.0	6.0	6.0
GF-State	\$ 193,000	\$ 193,000	\$ 386,000
GF-Federal	\$ 599,000	\$ 560,000	\$ 1,159,000
Total	\$ 792,000	\$ 753,000	\$ 1,545,000
Objects			
Salaries	\$ 498,000	\$ 498,000	\$ 996,000
Benefits	\$ 138,000	\$ 138,000	\$ 276,000
Goods and Services	\$ 83,000	\$ 83,000	\$ 166,000
Travel	\$ 18,000	\$ 18,000	\$ 36,000
Equipment	\$ 49,000	\$ 10,000	\$ 59,000
ISSD	\$ 6,000	\$ 6,000	\$ 12,000
Total	\$ 792,000	\$ 753,000	\$ 1,545,000

Department of Social and Health Services

DP Code/Title: PL-EY Community LTC Behavior Support
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Long Term Care (LTC), requests 2.5 FTEs and \$2,828,000 Total Funds, \$1,414,000 GF-State, in the 2013-15 Biennium for the creation of Enhanced Services Facilities (ESF).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-1 General Fund - Basic Account-State	291,000	1,123,000	1,414,000
001-C General Fund - Basic Account-Medicaid Federal	291,000	1,123,000	1,414,000
Total Cost	582,000	2,246,000	2,828,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 050 FTEs	2.0	3.0	2.5

Package Description:

The cost of serving individuals in state hospitals who do not require ongoing active psychiatric treatment is borne entirely by the state of Washington. Individuals suffering from cognitive impairments related to brain injury, dementia, or neurological disorders tend not to respond to psychiatric interventions. These individuals have been deemed by the federal Centers for Medicare and Medicaid Services (CMS) as not appropriate for active treatment, and therefore, are ineligible for federal matching funds.

There is a shortage of community placement options for these individuals who are vulnerable because of the need for specialized clinical and behavioral support specific to their conditions. The RCW 70.97 authorizes LTC to develop a new category of licensed residential facility, ESF. ESFs will use high staffing ratios and behavioral and environmental interventions to serve individuals who do not need active treatment at the state psychiatric hospitals, but require a higher level of intervention than is generally provided in adult family homes (AFH), assisted living facilities (AL), or other community residential settings.

ESFs will allow LTC to receive federal match funding and will be available both for those individuals currently in decertified beds at the state hospitals and for those who otherwise would be admitted to the hospital due to a lack of support in current licensed settings.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Traci Adair (360) 725-2455

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

In the 2013-15 Biennium, Aging and Disability Services Administration (ADSA) will create in Washington Administrative Code (WAC) the license for these facilities, establish a Request for Proposal (RFP) process, and develop a number of ESFs across the state. Each facility will serve 4 to 16 individuals. The goal is to serve a total of 32 individuals in ESF settings by the end of the 2013-15 Biennium, and expanding to 64 clients by the end of the 2015-17 Biennium.

Performance Measure Detail

Program: 050

Activity: E055 Residential Community Services

Incremental Changes
FY 1 FY 2

Department of Social and Health Services

DP Code/Title: PL-EY Community LTC Behavior Support
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Outcome Measures

001345	Monthly percentage of LTC client caseload living in the community.	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 2013-2015 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Goal 1 Strategic Objectives - Increase the use and coordination of person centered, chronic care management services to improve health outcomes for DSHS clients; and Increase the availability of specialized services in community-based settings that address the increasingly complex needs of populations served.

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

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 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults
--Provide community-based residential and in-home support services
--Ensure efficiency, performance, and accountability to clients and the public

Improve the health of Washingtonians
--Prevent and mitigate environmental hazards
--Identify and mitigate health risk factors

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

This request will allow Home and Community Services (HCS) to provide a higher level of care for some individuals who need high levels of support and who do not meet an inpatient level of psychiatric care. This type of community residential facility does not exist today. Instead, these services are being provided in state psychiatric hospitals and correctional facilities, or individuals remain in local psychiatric or medical hospital beds far past the time when they're clinically ready for discharge. An ESF is designed to meet the needs of individuals who have many challenges to placement and still protect others who are vulnerable. Stakeholders in support of this program include residential and behavioral health providers, department representatives, legislators, and some client advocates.

The state of Washington will ultimately achieve savings in the hospitals in the 2015-17 Biennium by moving people who are not receiving active treatment, and are supported entirely by the state funds, out of the hospitals and into the community. This will allow civil wards that are currently operated entirely with state funds to be re-certified and, therefore, the state could earn federal or local revenue for patient care.

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

HCS has explored the option of providing an enhanced contract in the current licensed settings available for long-term care. However, administrative codes related to current licensed options do not provide for the level of expert and professional

Department of Social and Health Services

DP Code/Title: PL-EY Community LTC Behavior Support
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

staffing and other supports found in ESFs.

What are the consequences of not funding this package?

Not funding this request will result in the lack of community placement options for many individuals with complex medical needs and challenging behaviors who need personal care. State psychiatric hospital beds will fill up with individuals who are no longer in need of this inpatient level of care. In addition, if state psychiatric hospital beds are filled with individuals no longer needing this level of treatment, then the beds are not available for individuals who do need this level of care.

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?

Rule development would be required to establish licensing and certification standards for the program.

Expenditure and revenue calculations and assumptions

See attachment: LTC PL-EY Community LTC Behavior Support.xlsx.

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

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

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
A Salaries And Wages	124,000	186,000	310,000
B Employee Benefits	42,000	63,000	105,000
E Goods And Services	26,000	39,000	65,000
G Travel	6,000	6,000	12,000
J Capital Outlays	16,000	4,000	20,000
N Grants, Benefits & Client Services	366,000	1,945,000	2,311,000
T Intra-Agency Reimbursements	2,000	3,000	5,000
Total Objects	582,000	2,246,000	2,828,000

DSHS Source Code Detail

<u>Program 050</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
Sources Title			
0011 General Fund State	291,000	1,123,000	1,414,000
<i>Total for Fund 001-1</i>	291,000	1,123,000	1,414,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
Sources Title			
19UL Title XIX Admin (50%)	291,000	1,123,000	1,414,000
<i>Total for Fund 001-C</i>	291,000	1,123,000	1,414,000
Total Program 050	582,000	2,246,000	2,828,000

2013-15 Biennial Budget PL-EY Community LTC Behavior Support

Cost Breakdown	FY14	FY15	FY16	FY17
FTE	2.0	3.0	3.0	3.0
Salary	124,000	186,000	186,000	186,000
Benefits	42,000	63,000	63,000	63,000
Goods and Services	26,000	39,000	39,000	39,000
Travel	6,000	6,000	6,000	6,000
Equipment	16,000	4,000	4,000	4,000
ISSD	2,000	3,000	3,000	3,000
Rate add One	366,000	1,945,000	2,953,000	3,753,000
Total	582,000	2,246,000	3,254,000	4,054,000
FMAP	50.00%	50.00%	50.00%	50.00%
State	291,000	1,123,000	1,627,000	2,027,000
Federal	291,000	1,123,000	1,627,000	2,027,000
Total	582,000	2,246,000	3,254,000	4,054,000

Assumptions:

Staff Assumptions:

1. HCS - Contract and Resource Development in Fiscal Year 2014, will become a Program Manager in subsequent years.
2. HCS - Contract Monitor beginning on Fiscal Year 2015
3. RCS - Development, Licensing, and Ongoing Review Program Manager

Rate Add On Assumptions:

1. Add on of \$216.26 per day per resident
2. Fiscal Year 2014 growth of 8 clients a quarter, Fiscal Year 2015 growth of 4 clients a quarter, and 10 clients each subsequent year.

Department of Social and Health Services

DP Code/Title: PL-FP Federal Sequester
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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, 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: E053 In-Home 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 2013-2015 Strategic Plan:

- Goal 1 Improve the health status of vulnerable populations
- Goal 2 Improve 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-FP Federal Sequester
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 2013-15 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, 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-PX Upgrade Network Capacity
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests \$780,000 Total Funds, \$456,000 GF-State, in the 2013-15 Biennium. This request will fund upgrades to network capacity at approximately 130 of the 200 DSHS remote field locations, upgrading network circuits from T1 to Ethernet to support capacity demands.

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	23,000	23,000	46,000
001-C General Fund - Basic Account-Medicaid Federal	23,000	23,000	46,000
Total Cost	46,000	46,000	92,000

Staffing

Package Description:

Consolidated Technology Services (CTS) manages the core state network. DSHS manages connections from this core network to local end points located at remote DSHS offices. There are approximately 200 local DSHS sites. DSHS has experienced a 950 percent increase in network traffic over the last five years resulting in over utilization of legacy circuits, which uses T1 technology. This funding will enable replacement of legacy circuits at approximately 65 percent (130 remote field locations) of DSHS' Wide Area Network (WAN) sites. Upgrading the legacy network circuits will address immediate site performance issues and enable DSHS to plan for disaster recovery, cloud computing, and adoption of other leading technologies.

The design of these legacy network circuits were introduced in 1970 and have limited capacity to meet current network demands, e.g., running both critical and non-critical Information Technology (IT) applications on the WAN network. Currently, DSHS locations supported by these types of network circuits are often over utilized resulting in network outages and congestion, e.g., overcrowded data traffic on a network. Agency emerging business requirements are reliant on video and cloud computing services which also require significant network capacity. These locations cannot support these technology solutions without upgrades to the WAN's network circuits.

Telecommunications tariff regulations require the legacy network circuits to have defined local access transport areas (LATA). These LATAs are based on 1970s regional Bell telephone geographical telecommunication service areas. These DSHS legacy network circuits must remain within the originating LATA. The State of Washington has three state geographical LATAs. Currently, CTS aggregates these legacy network circuits for DSHS in each LATA and transports them across LATAs to the WAN's core connection in Olympia. The outcome of the CTS WAN Consolidation Project will remove regional network node sites throughout the state. Once CTS completes the WAN Consolidation Project removing regional network node sites aggregating legacy T1 circuits, CTS will no longer offer that as a service. If state agencies still are using these legacy circuits and need to cross LATAs, the state agencies will need to either aggregate these circuits themselves by procuring additional non tariff type circuits and equipment and managing these circuits in remote locations from Olympia, or hiring an outside vendor to perform this service for the agency. This would significantly increase costs for agencies.

The most up-to-date circuit design option is an Ethernet circuit. This funding will support the upgrade to the Ethernet circuit model. These network upgrades represent a significant increase in network capacity. Ethernet circuits will support both critical and non-critical IT applications running on the WAN network and position the department for new technologies such as cloud computing. Ethernet circuits do not have tariff regulations and can be connected anywhere in the state without restrictions. This upgrade will also facilitate the implementation of a disaster recovery plan for DSHS. The current legacy circuit capacity and design does not have a cost effective disaster recovery option.

Department of Social and Health Services

DP Code/Title: PL-PX Upgrade Network Capacity
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

The circuit upgrades will be coordinated with CTS and local telecommunication providers. A coordinated and agency-wide approach to upgrades (130 offices) will save approximately 50 percent over independent upgrades (single office). Upgrades will complete within the 2013-15 Biennium.

Additionally, these Ethernet circuits will reduce the funding need requests for digital subscriber lines (DSL) in the decision package PL-PY Support Wi-Fi in Offices. PL-PY requests \$723,000 Total Funds in the 2013-15 Biennium for DSL. The DSL funding need will decrease by 80 percent if funding is provided in this package for Ethernet circuit upgrades.

Agency Contact: Tula Habb (360) 902-8182
Program Contact: Cheryl Adams (360) 902-7551

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS will see increased efficiencies in the following areas:

- Increased network capacity to run newer graphical applications (e.g., video card and 3D).
- Faster network response time for existing business applications resulting in increased staff productivity and improved customer service.
- Lower overall future support costs with additional capacity to converge voice and data network traffic on a single network infrastructure (e.g., the converged networks reduce support and maintenance costs on duplicate network infrastructures).
- Ability to facilitate the implementation of a disaster recovery plan for the DSHS network.
- Capability to use video technologies to increase staff productivity and agency communication.
- Allow future efficiencies with increased capacity to use new cloud based technologies.
- Allow for state agencies sharing buildings to also share network circuits at those locations resulting in future cost savings by eliminating duplicate network circuits to the same buildings for multiple agencies.
- Upgraded Ethernet circuits will provide a scalable growth option adding additional capacity to meet the agency's business requirements.

Performance Measure Detail

Agency Level

Activity: E050 Adult Family Home Community Services

No measures linked to package

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

0.00 0.00

Activity: E051 Program Support for Long Term Care

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 2013-2015 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: PL-PX Upgrade Network Capacity
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 2013-15 Budget development under the strategy:

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?

A separate decision package, PL-PY Support Wi-Fi in Offices, requests \$723,000 Total Funds in the 2013-15 Biennium for digital subscriber lines (DSL). The DSL funding need will decrease by 80 percent if funding is provided in this package for Ethernet circuit upgrades. ("PL-PY" requests funding to move non-critical IT applications off the WAN network to DSL decreasing data congestion for critical IT applications. However, this request upgrades the WAN circuits to Ethernet, which will support data traffic for both critical and non-critical IT applications.)

A coordinated and agency-wide approach to upgrades will save approximately 50 percent over independent upgrades. Vendors will combine fiber installation as a package in areas to facilitate all DSHS offices rather than individually installing fiber as needed if these upgrades are done independently of each other.

Current IT systems will not require modification as a result of this investment. This investment would resolve issues currently faced by users of agency IT systems in field offices. Currently, DSHS staff experience network congestion and service outages due to over utilization of network capacity on these legacy network circuits.

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

Two alternatives were explored:

1. Continue with the current infrastructure.

- The agency's current and near future business requirements will be unmet as more demands and requirements are expected of the network.
- DSHS could potentially pay more for a limited network connection based on CTS network changes to the statewide infrastructure.

2. Implement a coordinated and agency-wide upgrade.

- The shared bandwidth will be consolidated into a more cost effective, expandable resource for all DSHS program areas statewide. This option will allow DSHS to scale the network to fit current demands and allows for cost effective growth as required.
- The DSHS preferred solution is to upgrade approximately 130 legacy network circuits providing a consistent and adequate capacity for current and future business requirements of the network infrastructure. This also immediately resolves existing over utilized network capacity and increases productivity for all DSHS offices.

What are the consequences of not funding this package?

DSHS will face future cost increases in maintaining a legacy technology, e.g., T1 circuits, that are or soon will be non-supported technology. In addition, as more customers migrate away from this outdated technology, the remaining customers will incur increased costs. It will also cost more to support both Ethernet circuits and T1 circuits in a single environment rather than managing a common Ethernet network infrastructure. DSHS' T1 circuits will continue to be over utilized resulting in network outages and congestion.

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

Department of Social and Health Services

DP Code/Title: PL-PX Upgrade Network Capacity
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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 PL-PX Upgrade Network Capacity.xlsx.

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

The funding requested is all one-time funding. This request avoids all future increased annual support costs for legacy network circuits. The future ongoing costs of the upgraded circuits should be the same as the current ongoing costs of the legacy network circuits. This package will also decrease DSL funding in request PL-PY Wi-Fi in Offices by 80 percent. No additional FTEs are required.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	46,000	46,000	92,000

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 Title</u>				
0011	General Fund State	23,000	23,000	46,000
<i>Total for Fund 001-1</i>		23,000	23,000	46,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources Title</u>				
19TA	Title XIX Assistance (FMAP)	23,000	23,000	46,000
<i>Total for Fund 001-C</i>		23,000	23,000	46,000
Total Overall Funding		46,000	46,000	92,000

2013-15 Biennial Budget PL-PX Upgrade Network Capacity

Upgrade 130 Sites from T1 circuits to Ethernet

Build out and installation

- cost includes: site assessment, design, cabling, equipment, installation & service fees.

	FY 2014	FY 2015	Total
	\$ 390,000	\$ 390,000	\$ 780,000

Calculations:

Average vendor quote for single site build out and installations:

	Per Site Cost	# of Sites	Total Cost
	\$ 12,000	130	\$ 1,560,000

Less 50% discount provided by vendor for committing to 130 sites in 2 years:

	\$ 6,000		\$ 780,000
--	----------	--	------------

DSHS Total	FY 2014	FY 2015	Biennium
State	\$228,000	\$228,000	\$456,000
Other	\$162,000	\$162,000	\$324,000
Total	\$390,000	\$390,000	\$780,000
Program 010 - Children's Administration	FY 2014	FY 2015	Biennium
State	\$31,000	\$31,000	\$62,000
Other	\$33,000	\$33,000	\$66,000
Total	\$64,000	\$64,000	\$128,000
Program 020 - Juvenile Rehabilitation	FY 2014	FY 2015	Biennium
State	\$12,000	\$12,000	\$24,000
Other			\$0
Total	\$12,000	\$12,000	\$24,000
Program 030 - Mental Health	FY 2014	FY 2015	Biennium
State	\$34,000	\$34,000	\$68,000
Other			\$0
Total	\$34,000	\$34,000	\$68,000
Program 040 - Developmental Disabilities	FY 2014	FY 2015	Biennium
State	\$24,000	\$24,000	\$48,000
Other	\$8,000	\$8,000	\$16,000
Total	\$32,000	\$32,000	\$64,000
Program 050 - Long Term Care	FY 2014	FY 2015	Biennium
State	\$23,000	\$23,000	\$46,000
Other	\$23,000	\$23,000	\$46,000
Total	\$46,000	\$46,000	\$92,000
Program 060 - Economic Services Administration	FY 2014	FY 2015	Biennium
State	\$90,000	\$90,000	\$180,000
Other	\$80,000	\$80,000	\$160,000
Total	\$170,000	\$170,000	\$340,000
Program 070 - Alcohol & Substance Abuse	FY 2014	FY 2015	Biennium
State	\$2,000	\$2,000	\$4,000
Other	\$1,000	\$1,000	\$2,000
Total	\$3,000	\$3,000	\$6,000
Program 100 - Division of Vocational Rehabilitation	FY 2014	FY 2015	Biennium
State			\$0
Other	\$14,000	\$14,000	\$28,000
Total	\$14,000	\$14,000	\$28,000
Program 110 - Administration & Supporting Services	FY 2014	FY 2015	Biennium
State	\$6,000	\$6,000	\$12,000
Other	\$3,000	\$3,000	\$6,000
Total	\$9,000	\$9,000	\$18,000
Program 135 - Special Commitment Center	FY 2014	FY 2015	Biennium
State	\$6,000	\$6,000	\$12,000
Other			\$0
Total	\$6,000	\$6,000	\$12,000

Department of Social and Health Services

DP Code/Title: PL-PY Support Wi-Fi in Offices
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests \$925,000 Total Funds, \$542,000 GF-State, in the 2013-2015 Biennium, to provide DSHS field offices with network connections using digital subscriber lines (DSL) for non-critical mission data traffic. It will also fund a pilot for selected DSHS offices for wireless network assessment, design and implementation.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	36,000	19,000	55,000
001-C General Fund - Basic Account-Medicaid Federal	36,000	18,000	54,000
Total Cost	72,000	37,000	109,000

Staffing

Package Description:

DSHS requests funding for DSL circuits and to support implementation of wireless network connections in DSHS field offices. The DSL circuits allow DSHS to transport data from non-critical Information Technology (IT) applications off the Wide Area Network (WAN), which is supported by T1 circuits. The WAN cannot support both critical and non-critical IT applications because of the T1 circuits. Removal of the non-critical IT applications off the WAN will improve performance and decrease network outages. The DSL circuits will support non-critical IT applications and relieve data traffic on the WAN and also support other technologies that will benefit programs like cloud and video.

This package also requests wireless network connectivity in the client offices to avoid future costs of building wiring installations, provide network access for a mobile workforce, provide access to interpreters, and provide network access for clients looking for DSHS services and jobs. The wireless network also relieves data congestion, i.e., overcrowded data traffic on the WAN network, by removing non-mission critical data traffic off the WAN. The DSL and wireless connections will support video technology, which will support agency communications and cost avoidance for time and travel to attend meetings and training.

DSHS will contract with a wireless network provider to complete an assessment for a wireless implementation that will meet both the state's enterprise wireless security and performance requirements. The contract would provide the assessment, design, implementation plan, and a pilot of wireless deployment for selected DSHS offices. Once the pilot is completed, DSHS will have a better understanding of requirements and costs for a completely wireless solution.

Additionally, the DSL funding need will reduce by 80 percent if the Ethernet circuits upgrade is funded in the decision package PL-PX Upgrade Network Capacity. Ethernet circuits will support both critical and non-critical IT applications avoiding network outages and improving performance on the WAN network.

Agency Contact: Tula Habb (360) 902-8182
Program Contact: Cheryl Adams (360) 902-7551

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This request would increase efficiencies in the following areas:

- The addition of DSL circuits will provide increased network capacity to run video and cloud-based traffic on the Internet to

Department of Social and Health Services

DP Code/Title: PL-PY Support Wi-Fi in Offices
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

meet program needs for increased use of video meetings and other video based solutions. Cloud computing is economical, flexible and fast, meets a variety of the agency's business needs and supports the state's technology strategy in adopting cloud technology.

- The removal of traffic from WAN circuits will allow faster network response time for existing business applications (e.g. mission critical systems) resulting in increased staff productivity, improved customer service, and reduction of system unavailability.
- The DSL circuits provide an easily scalable growth option for additional capacity if the business requirements require more capacity in the future.
- Implementation of wireless will avoid future building infrastructure costs to install wiring. Current wiring installing costs average approximately \$400 per wire, while on average, a single wireless access point could service up to 60 work areas.
- Wireless will allow DSHS to have a more mobile workforce with caseworkers being able to connect to the DSHS network from any DSHS building as they travel, creating efficiency for traveling DSHS workers.
- Wireless access in DSHS buildings will increase the ability of DSHS clients to access the Internet increasing their ability to apply for benefits and search for jobs.

Performance Measure Detail

Agency Level

Activity: E051 Program Support for Long Term Care

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Activity: E052 Eligibility/Case Management 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 2013-2015 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 2013-15 Budget development under the strategy:

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

Department of Social and Health Services

DP Code/Title: PL-PY Support Wi-Fi in Offices
Program Level - 050 Long Term Care Services

Budget Period: 2013-15 Version: E1 050 2013-15 2-YR Agency Req

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

A separate request, PL-PX Upgrade Network Capacity, requests funding for updating T1 circuits to Ethernet, which supports data traffic from both critical and non-critical IT applications. The need for DSL funding in this request will decrease by 80 percent if Ethernet upgrades are funded.

Current IT systems will not require modification as a result of this investment. This investment would resolve issues currently faced by users of agency IT systems in field offices. Currently, DSHS staff experience network congestion resulting in service outages due to over utilization of network capacity on the WAN, which is supported by the limited data capacity of the T1 circuits. The WAN network operations are considered critical and supporting mission critical IT systems. This over utilization of the WAN results in increased system failure. The DSL circuits will minimize the WAN's network outages and over utilization resulting in more reliable, robust, and consistent client service.

Wireless access will give DSHS workers better access to DSHS applications by allowing access anywhere in DSHS buildings and allowing traveling DSHS staff to work in conference rooms and lobbies without creating additional workstations.

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

The available options are:

1. Continue with the current infrastructure. DSHS is unable to meet the agency's current and near future business requirements as more demands and requirements are dependent on the network.
2. Implement the upgrades as proposed. Non-critical network traffic and cloud-based Internet traffic can be offloaded from the DSHS WAN, reducing network congestion and extending the life of current WAN circuits. An enterprise wireless deployment will provide a more cost effective, expandable resource for all DSHS staff as the workforce continues to become more mobile and efficient. This allows DSHS to scale the network to fit current demands and allows for cost effective growth as required.

What are the consequences of not funding this package?

Many new applications are being implemented that will not run on the current system. Video and cloud-based technologies are increasing, which provide cost savings in travel, but the current system cannot take advantage of these technologies.

DSHS staff and clients would be limited to network access without having dedicated workstations or work areas if wireless options are not available. This would minimize any potential gains using mobile devices.

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

Potential future cost avoidance in the wiring installation in conference rooms, lobby areas, and other temporary work areas for a mobile workforce and for DSHS clients. Longer term potential cost avoidance would be savings for building infrastructure wiring in new or completely remodeled buildings.

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 PL-PY Support Wi-Fi in Offices.xlsx.

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

**2013-15 Biennial Budget
PL-PY Support Wi-Fi in Offices**

	FY 2014	FY 2015	Biennium	One-Time / Ongoing	DSL / Wi-Fi
Install Circuits & Wi-Fi Feasibility Pilot					
Equipment					
DSL router/firewall	75,000		75,000	One-time	DSL
Wireless Vendor Package	75,000		75,000	One-time	Wi-Fi
Wireless Access Points	2,000		2,000	One-time	Wi-Fi
Wireless Installation	5,000		5,000	One-time	Wi-Fi
Wireless Controller	8,000		8,000	One-time	Wi-Fi
Wireless Core Controller	100,000		100,000	One-time	Wi-Fi
UPS, Rack, Miscellaneous	2,000		2,000	One-time	DSL
Maintenance	12,000		12,000	One-time	Wi-Fi
Equipment Maintenance	23,000		23,000	One-time	DSL
Circuit Costs & Support	311,000	312,000	623,000	Ongoing	DSL
Total	613,000	312,000	925,000		

DSHS Total	FY 2014	FY 2015	Biennium
State	\$359,000	\$183,000	\$542,000
Other	\$254,000	\$129,000	\$383,000
Total	\$613,000	\$312,000	\$925,000
Program 010 - Children's Administration	FY 2014	FY 2015	Biennium
State	\$49,000	\$25,000	\$74,000
Other	\$52,000	\$26,000	\$78,000
Total	\$101,000	\$51,000	\$152,000
Program 020 - Juvenile Rehabilitation	FY 2014	FY 2015	Biennium
State	\$19,000	\$10,000	\$29,000
Other			\$0
Total	\$19,000	\$10,000	\$29,000
Program 030 - Mental Health	FY 2014	FY 2015	Biennium
State	\$54,000	\$27,000	\$81,000
Other			\$0
Total	\$54,000	\$27,000	\$81,000
Program 040 - Developmental Disabilities	FY 2014	FY 2015	Biennium
State	\$38,000	\$19,000	\$57,000
Other	\$12,000	\$6,000	\$18,000
Total	\$50,000	\$25,000	\$75,000
Program 050 - Long Term Care	FY 2014	FY 2015	Biennium
State	\$36,000	\$19,000	\$55,000
Other	\$36,000	\$18,000	\$54,000
Total	\$72,000	\$37,000	\$109,000
Program 060 - Economic Services Administration	FY 2014	FY 2015	Biennium
State	\$142,000	\$72,000	\$214,000
Other	\$125,000	\$64,000	\$189,000
Total	\$267,000	\$136,000	\$403,000
Program 070 - Alcohol & Substance Abuse	FY 2014	FY 2015	Biennium
State	\$3,000	\$2,000	\$5,000
Other	\$2,000	\$1,000	\$3,000
Total	\$5,000	\$3,000	\$8,000
Program 100 - Division of Vocational Rehabilitation	FY 2014	FY 2015	Biennium
State			\$0
Other	\$22,000	\$11,000	\$33,000
Total	\$22,000	\$11,000	\$33,000
Program 110 - Administration & Supporting Services	FY 2014	FY 2015	Biennium
State	\$9,000	\$4,000	\$13,000
Other	\$5,000	\$3,000	\$8,000
Total	\$14,000	\$7,000	\$21,000
Program 135 - Special Commitment Center	FY 2014	FY 2015	Biennium
State	\$9,000	\$5,000	\$14,000
Other			\$0
Total	\$9,000	\$5,000	\$14,000

Special Reports

B9 Revenue Estimate System

Long Term Care

DSHS Budget Division

Agency Revenues - Details for Program 050

Budget Period: 2013-15

Version: E1 050 2013-15 2-YR Agency Req

Program: 050 - Long Term Care Services

Show DP Detail

Supporting and Non Supporting Revenue

FUND	SOURCE	CODES	DECISION PACKAGE	CURRENT BIENNIUM			ENSUING BIENNIUM					
				FY 2012	FY 2013	FY 2014	FY 2014	FY 2015	FY 2015			
				MAINTENANCE LEVEL/ CARRY FORWARD LEVEL			PERFORMANCE LEVEL					
001												
001-2	0317	Department of Labor										
001-2	235	Senior Comm Sys Employ Prog (A,B) (100%) - 235B		1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000	1,306,000
001-2	0393	Depart of Health & Human Serv										
001-2	005	Nutrition - 005B		272,000		272,000		272,000		272,000		
001-2	041	Title VII Chapter 3 - Elder Abuse Prev (100%) - 041B		86,000	86,000	86,000	86,000	86,000	86,000	86,000	86,000	86,000
001-2	042	Title VII Chapter 2 - Ombudsman (100%) - 042B		232,000	232,000	232,000	232,000	232,000	232,000	232,000	232,000	232,000
001-2	043	Title III, Part F - Prev Health Svcs (100%) - 043B		2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000	2,644,000
001-2	044	Title III-B - Supp Sys & Senior Cntrs(A) (100%) - 044B		4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000	4,748,000
001-2	045	Title III-C - Nutrition Services (A) (100%) - 045B		11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000	11,152,000
001-2	053	Nutrition Service Incentive (100%) - 053B		1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000	1,962,000
001-2	234	Alzheimer - 234B		88,000		88,000		88,000		88,000		
001-2	777	TXVIII & TXIX Survey & Certification (100%) - 777B		2,920,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000	2,920,000
001-2	777	TXVIII & TXIX Survey & Certification (75%) - 777G		3,146,000	2,787,000	3,146,000	2,787,000	3,146,000	2,787,000	3,146,000	2,787,000	2,787,000
Subtotal Subsource 777				6,066,000	5,707,000	6,066,000	5,707,000	6,066,000	5,707,000	6,066,000	5,707,000	5,707,000
001-2	779	Aging and Disability Resource Center(100%) - 779B		142,000	281,000	142,000	281,000	142,000	281,000	142,000	281,000	281,000
001-2	999	001-2 s/b 001-C 191A - ZZ04	CL-ZE			5,000						

Agency Revenues - Details for Program 050

Budget Period: 2013-15

Version: E1 050 2013-15 2-YR Agency Req

Show DP Detail

Program: 050 - Long Term Care Services

Supporting and Non Supporting Revenue

FUND	SOURCE	CODES	DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM		PERFORMANCE LEVEL	
				FY 2012	FY 2013	FY 2014	FY 2015		FY 2014
001-2	999	001-2 s/b 001-C 19TA - ZZ04	M2-WB			(5,000)			FY 2015
		Subtotal for DSHS Source ZZ04							
001-2	999	001-2 s/b 001-C 19UL - ZZ06	CL-ZE			781,000	1,079,000		
001-2	999	001-2 s/b 001-C 19UL - ZZ06	M2-WB			(781,000)	(1,079,000)		
		Subtotal for DSHS Source ZZ06							
		Subtotal Subsource 999							
001-C	778	Title XIX Assistance (FMAP) - 19TA		718,783,000	735,538,000	718,783,000	735,538,000	768,389,000	795,243,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	CL-ZE			35,415,000	9,081,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M1-0U			(3,839,000)	13,833,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M1-93			17,488,000	36,254,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-EZ			537,000	537,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-WB			5,000			
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-ET					41,000	46,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-EV					86,000	96,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-PX					23,000	23,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-PY					36,000	18,000
		Subtotal for DSHS Source 19TA		718,783,000	735,538,000	768,389,000	795,243,000	768,575,000	795,426,000

Agency Revenues - Details for Program 050

Budget Period: 2013-15

Version: E1 050 2013-15 2-YR Agency Req

Show DP Detail

Program: 050 - Long Term Care Services

Supporting and Non Supporting Revenue

FUND	SOURCE	CODES	DECISION PACKAGE	CURRENT BIENNIUM			ENSUING BIENNIUM						
				FY 2012	FY 2013	FY 2014	FY 2015	FY 2014	FY 2015				
		SOURCE TITLE		MAINTENANCE LEVEL/ CARRY FORWARD LEVEL			PERFORMANCE LEVEL						
001	0405	Fines, Forfeits and Seizures											
001	0405	State & Misc Revenue											42,000
001	0405	State & Misc Revenue	CL-YX			42,000		42,000					
		Subtotal for DSHS Source				42,000		42,000					42,000
		Subtotal Subsource						42,000					42,000
		Subtotal Source 0405						42,000					42,000
001	0409	Local Investment/Interest Income											
001	0409	State & Misc Revenue								162,000			162,000
001	0409	State & Misc Revenue	CL-YX			162,000		162,000					
		Subtotal for DSHS Source						162,000					162,000
		Subtotal Subsource						162,000					162,000
		Subtotal Source 0409						162,000					162,000
001	0421	Publications and Documents											
001	0421	State & Misc Revenue											3,000
001	0421	State & Misc Revenue	CL-YX			3,000		3,000					
		Subtotal for DSHS Source						3,000					3,000

Agency Revenues - Details for Program 050

Budget Period: 2013-15

Version: E1 050 2013-15 2-YR Agency Req

Program: 050 - Long Term Care Services

Show DP Detail

Supporting and Non Supporting Revenue

FUND	SOURCE	CODES	DECISION PACKAGE	CURRENT BIENNIUM			ENSUING BIENNIUM			
				FY 2012	FY 2013	FY 2014	FY 2015	FY 2014	FY 2015	
		SOURCE TITLE		MAINTENANCE LEVEL/ CARRY FORWARD LEVEL			PERFORMANCE LEVEL			
		Subtotal Subsource				3,000	3,000	3,000	3,000	
		Subtotal Source 0421				3,000	3,000	3,000	3,000	
001	0486	Recov of Prior Exp Authority Exp								
001	0486	State & Misc Revenue						263,000		263,000
001	0486	State & Misc Revenue	CL-YX			263,000		263,000		
		Subtotal for DSHS Source				263,000		263,000		263,000
		Subtotal Subsource				263,000		263,000		263,000
		Subtotal Source 0486				263,000		263,000		263,000
001-7	0541	Contributions and Grants								
001-7	000	Contributions & Grants - 5417		13,073,000	14,444,000	13,073,000	14,444,000	14,409,000	14,444,000	14,444,000
001-7	000	Contributions & Grants - 5417	CL-ZE			1,336,000				
001-7	000	Contributions & Grants - 5417	PL-ET					135,000		158,000
001-7	000	Contributions & Grants - 5417	PL-EU					390,000		433,000
001-7	000	Contributions & Grants - 5417	PL-EV					271,000		308,000
		Subtotal for DSHS Source 5417		13,073,000	14,444,000	14,409,000	14,444,000	15,205,000	14,444,000	15,343,000
		Subtotal Subsource 000		13,073,000	14,444,000	14,409,000	14,444,000	15,205,000	14,444,000	15,343,000

Agency Revenues - Details for Program 050

Budget Period: 2013-15

Version: E1 050 2013-15 2-YR Agency Req

Show DP Detail

Program: 050 - Long Term Care Services

Supporting and Non Supporting Revenue

FUND	SOURCE	CODES	DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
				FY 2012	FY 2013	FY 2014	FY 2015	FY 2014	FY 2015
				MAINTENANCE LEVEL/ CARRY FORWARD LEVEL			PERFORMANCE LEVEL		
		Subtotal Source 0541		13,073,000	14,444,000	14,409,000	14,444,000	15,205,000	15,343,000
		Total Fund 001		846,992,000	871,518,000	900,460,000	935,140,000	903,001,000	938,661,000
12E									
12E	0405	Fines, Forfeits and Seizures							
12E	0405	State & Misc Revenue						80,000	80,000
12E	0405	State & Misc Revenue	CL-YX			80,000	80,000		
		Subtotal for DSHS Source				80,000	80,000	80,000	80,000
		Subtotal Subsource				80,000	80,000	80,000	80,000
		Subtotal Source 0405				80,000	80,000	80,000	80,000
		Total Fund 12E				80,000	80,000	80,000	80,000
GRAND TOTAL				846,992,000	871,518,000	900,540,000	935,220,000	903,081,000	938,741,000

Special Reports

Federal Funding Estimates

Long Term Care

DSHS Budget Division

Department of Social and Health Services

Federal Funding Estimates Summary(Maintenance Level) by Program

Version: 11		Federal Fiscal Year (Federal \$)	State Fiscal Year (Federal \$)	State Fiscal Year (State Share \$)
Program: 050 Long Term Care Services				
Dept of Labor				
17.235	Sen Empl (100%)			
	FY 2012	\$1,306,000	\$1,306,000	\$0
	FY 2013	\$1,306,000	\$1,306,000	\$0
	FY 2014	\$1,306,000	\$1,306,000	\$0
	FY 2015	\$1,306,000	\$1,306,000	\$0
Health & Human Svc				
93.005	Nutrition			
	FY 2012	\$204,000	\$272,000	\$0
	FY 2013	\$68,000	\$0	\$0
	FY 2014	\$204,000	\$272,000	\$0
	FY 2015	\$0	\$0	\$0
93.041	T7 Eldr Abu (100%)			
	FY 2012	\$86,000	\$86,000	\$0
	FY 2013	\$86,000	\$86,000	\$0
	FY 2014	\$86,000	\$86,000	\$0
	FY 2015	\$86,000	\$86,000	\$0
93.042	T7 Ombdsm (100%)			
	FY 2012	\$232,000	\$232,000	\$0
	FY 2013	\$232,000	\$232,000	\$0
	FY 2014	\$232,000	\$232,000	\$0
	FY 2015	\$232,000	\$232,000	\$0
93.043	T3F Hlth Prm (100%)			
	FY 2012	\$2,644,000	\$2,644,000	\$0
	FY 2013	\$2,644,000	\$2,644,000	\$0
	FY 2014	\$2,644,000	\$2,644,000	\$0
	FY 2015	\$2,644,000	\$2,644,000	\$0
93.044	T3B (100%)			
	FY 2012	\$4,748,000	\$4,748,000	\$0
	FY 2013	\$4,748,000	\$4,748,000	\$0
	FY 2014	\$4,748,000	\$4,748,000	\$0
	FY 2015	\$4,748,000	\$4,748,000	\$0
93.045	T3C Meals (100%)			
	FY 2012	\$11,152,000	\$11,152,000	\$0
	FY 2013	\$11,152,000	\$11,152,000	\$0
	FY 2014	\$11,152,000	\$11,152,000	\$0
	FY 2015	\$11,152,000	\$11,152,000	\$0
93.053	Nutri Sv Incen(100%)			
	FY 2012	\$1,962,000	\$1,962,000	\$0
	FY 2013	\$1,962,000	\$1,962,000	\$0
	FY 2014	\$1,962,000	\$1,962,000	\$0
	FY 2015	\$1,962,000	\$1,962,000	\$0
93.234	Alzheimer			
	FY 2012	\$66,000	\$88,000	\$0
	FY 2013	\$22,000	\$0	\$0
	FY 2014	\$66,000	\$88,000	\$0
	FY 2015	\$0	\$0	\$0

Department of Social and Health Services

Federal Funding Estimates Summary(Maintenance Level) by Program

Version: 11		Federal Fiscal Year (Federal \$)	State Fiscal Year (Federal \$)	State Fiscal Year (State Share \$)
Report Totals:	FY 2012	<u>\$839,707,750</u>	<u>\$833,919,000</u>	<u>\$772,289,973</u>
	FY 2013	<u>\$864,200,750</u>	<u>\$857,074,000</u>	<u>\$795,719,196</u>
	FY 2014	<u>\$894,242,250</u>	<u>\$885,581,000</u>	<u>\$817,139,978</u>
	FY 2015	<u>\$920,226,000</u>	<u>\$920,226,000</u>	<u>\$848,442,422</u>

