

Multiple Agency Fiscal Note Summary

Bill Number: 6430 S SB AMH APP H4640.1	Title: Incarceration/cont. of care
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Estimated Cash Receipts

Agency Name	2015-17		2017-19		2019-21	
	GF- State	Total	GF- State	Total	GF- State	Total
Washington State Health Care Authority	Non-zero but indeterminate cost and/or savings. Please see discussion.					
Department of Social and Health Services	0	157,000	0	0	0	0
Total \$	0	157,000	0	0	0	0

Estimated Expenditures

Agency Name	2015-17			2017-19			2019-21		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Washington State Health Care Authority	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Department of Social and Health Services	.4	557,000	714,000	.0	0	0	.0	0	0
Total	0.4	\$557,000	\$714,000	0.0	\$0	\$0	0.0	\$0	\$0

Estimated Capital Budget Impact

NONE

Prepared by: Robyn Williams, OFM	Phone: (360) 902-0575	Date Published: Final 3/11/2016
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* See Office of the Administrator for the Courts judicial fiscal note

** See local government fiscal note

FNPID: 44509

FNS029 Multi Agency rollup

Individual State Agency Fiscal Note

Bill Number: 6430 S SB AMH APP H4640.1	Title: Incarceration/cont. of care	Agency: 107-Wash State Health Care Authority
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

Non-zero but indeterminate cost. Please see discussion.

Estimated Expenditures from:

Non-zero but indeterminate cost. Please see discussion.

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- ☒ If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- ☐ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact:	Phone:	Date: 03/07/2016
Agency Preparation: Maria Thomas	Phone: 360-725-1447	Date: 03/09/2016
Agency Approval: Carl Yanagida	Phone: 360-725-1033	Date: 03/09/2016
OFM Review: Robyn Williams	Phone: (360) 902-0575	Date: 03/09/2016

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

Please see attached narrative.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

Please see attached narrative.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

Please see attached narrative.

Part III: Expenditure Detail

Part IV: Capital Budget Impact

None.

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

None.

HCA Fiscal Note

Bill Number: 6430 SSB AMH APP H4640.1

HCA Request #: 16-86

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

This the companion bill to HB 2850. This bill intends to improve access to care for mentally ill or chemically dependent people who are incarcerated. This Committee striker version adds a new section (9) specifying that if specific funding is not provided in the budget that this act will be null and void.

If enacted, this bill will continue to support the work being done with the Health Care Authority (HCA) Re-entry workgroup which has focused on Medicaid eligibility for individuals leaving institutions, transitional care coordination and suspension.

This bill requires HCA to:

- (1) Raise awareness of best clinical practices to engage persons with behavioral health disorders and other chronic conditions during periods of incarceration.
- (2) Standardize reporting and payment practices for services reimbursable by federal law that support the safe transition of the person back into the community.
- (3) Suspend, rather than terminate, medical assistance benefits by July 1, 2017, for persons who are incarcerated.
- (4) Allow a person to apply for medical assistance in suspense status during incarceration, regardless of the person's expected release date.
- (5) Provide a progress report describing program design and a detailed fiscal estimate to the governor and relevant committees of the legislature by December 1, 2016.
- (6) Publish written guidance and provide trainings to behavioral health organizations, managed care organizations, and behavioral health providers related to how these organizations may provide outreach, assistance, transition planning, and rehabilitation case management reimbursable under federal law to persons who are incarcerated, involuntarily hospitalized, or in the process of transitioning out of one of these service, and may include cost-justified prevention measures that are not reimbursable under federal law.
- (7) Request expenditure authority from the federal government to provide behavioral health services to people incarcerated in local jails.
- (8) Ask the federal government whether people in a work release program or other partial confinement programs can be excluded from "inmates of a public institution" and report the answer to the legislature and the governor.
- (9) (new) If not funded in the budget this act is null and void.

Prepared by:

HCA Budget Maria Thomas

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HCA Fiscal Note

Bill Number: 6430 SSB AMH APP H4640.1

HCA Request #: 16-86

The effective date for the act of suspension is July 1, 2017. December 1, 2016 a status report is due to the Governor and relevant legislative committees describing program design and a detailed fiscal estimate. December 31, 2016 a status report is due to the legislature regarding development of written guidance and trainings. This is a 90 day bill.

If enacted, this bill will impact ProviderOne, Department of Social and Health Services (DSHS) and Health Benefits Exchange (HBE) automated systems.

II. B - Cash Receipts Impact

Indeterminate.

II. C - Expenditures

Indeterminate.

IT fiscal impact will depend on policy guidance HCA receives from CMS regarding several policy issues including waiver of renewals for incarcerated individuals, and it could impact HCA IT build.

HCA is unable to identify the caseload impact for the following reasons:

1. The number of people in jails who were on Medicaid prior to incarceration is unknown.
2. It is unclear how long it takes for those individuals to reapply for Medicaid after they are released.

HCA is working with Centers for Medicare and Medicaid Services (CMS) on several policy decisions, such as waiver of the 12 month renewal process for incarcerated individuals. This policy guidance is needed to inform what system changes may be required to support suspension in both Washington HealthplanFinder (HPF) and the Eligibility Service (ES) which is maintained by the Department of Social and Health Services. These changes may qualify for 90 percent federal financial participation as an activity that enhances current Medicaid Management Information System (MMIS) Eligibility and Enrollment Systems functionality.

This bill creates additional work for HCA that includes consultation with stakeholders but does not explicitly create a new workgroup or taskforce.

Placing individuals in suspense should have no impact on the Medicaid caseload as only in-patient hospital services will be covered. These services are covered currently under Medicaid.

The policy aspects of the bill can be completed by July 2017. A preliminary cost estimate for one of the systems, ProviderOne, is \$350,000 to \$400,000. ProviderOne vendor cost estimated as a one-time vendor Change Request and includes development of an interface to bring data into ProviderOne related to the status of incarcerated individuals, design of a "suspense" Recipient Aid Category in the system,

HCA Fiscal Note

Bill Number: 6430 SSB AMH APP H4640.1

HCA Request #: 16-86

and how to handle institutional payments (Medicaid) made on behalf of those individuals. This cost estimate includes creation of suspended eligibility for offenders at both DOC and jails; some DOC and jail responsibility for the cost of the enhancements would be assumed.

The substitute SB 6430 requires HCA to suspend, rather than terminate, Medicaid benefits for persons who are incarcerated and persons committed to a state hospital. This adds ProviderOne requirements. In addition to the high level cost estimate above, the estimate for ProviderOne enhancements to develop functionality related to those individuals committed to a state hospital is an additional \$200,000. This assumes identification will come from Automated Client Eligibility System (ACES); ProviderOne will develop functionality for a “suspended” Medicaid benefit plus enhancements to the system’s benefits inquiry functionality to reflect the “suspended” status. To have this functionality fully automated will take several IT release schedules and coordination across administrations, but at this time the extent and complexity of the changes is unclear.

Assumed HBE expenditures related to HPF changes are illustrated in HBE Fiscal Note Narrative attached to HCA Fiscal Note.

The HCA assumes that the changes to ProviderOne and the HPF will be a Medicaid project funded through the Advance Planning Document process which is subject to review and approval by the CMS. Funding of the changes is assumed to reside in the HCA’s budget, as the Single State Agency for Medicaid with no impact to the Health Benefit Exchange budget. Fiscal impact to HCA related to HFP changes will be \$271,000.

Depending on the policy guidance HCA receives from CMS, and the direction we receive from the legislature based on December 2016 report, there may be changes needed to Eligibility System rules, which would require coordination with HCA, DSHS, and HBE systems/release schedules, and other costs. Correspondingly, depending on December 2016 report and CMS requirements, HCA may need additional administrative resources to meet a reasonable timeline. HCA will assess all of the report outcomes and recommendations and policy decisions and may subsequently determine that additional resources may be needed.

Part IV: Capital Budget Impact

None.

Part V: New Rule Making Required

HCA will likely have rules and state plan amendments to update. HCA will need to work closely with CMS to pursue approval for federal claiming for behavioral health services while in an institutional status as well as partially confined individuals.

HBE Fiscal Note

Bill Number: 6430 SSB AMH APP H4640.1

HBE Request #:

Part II: Narrative Explanation

II. A - Brief Description of What the Measure Does That Has Fiscal Impact

This bill intends to improve access to care for mentally ill or chemically dependent people who are incarcerated.

Section 2 Requires HCA to suspend, rather than terminate, medical assistance benefits by July 1, 2017, for persons who are incarcerated. HCA must allow a person to apply for medical assistance in suspense status during incarceration, whether or not the release date of the person is known. HCA must provide a progress report including a detailed fiscal estimate to the Governor and Legislature by December 1, 2016.

Section 3 Requires DSHS and HCA to publish guidance and provide trainings to behavioral health organizations and providers on outreach, assistance, transition planning, and rehabilitation case management reimbursable under federal law to persons who are incarcerated, involuntarily hospitalized, or in the process of transitioning out of one of these services. The purpose of the guidance and training is to champion best clinical practices.

- DSHS and HCA must provide a status update to the Legislature by December 31, 2016.
- Section 4: Requires HCA to collaborate with DSHS, the Washington State Association of Counties, and accountable communities of health to request expenditure authority from the federal government to provide behavioral health services to persons who are incarcerated in local jails.

Section 5 Requires HCA to request permission from CMS to allow the state to cover persons participating in work release or other partial confinement programs at the state, county, or city level under the state Medicaid program.

II. B - Cash Receipts Impact

None.

II. C - Expenditures

The HBE assumes that the changes to HealthplanFinder will be a Medicaid project funded through the Advance Planning Document process which is subject to review and approval by the Centers for Medicare and Medicaid Services (CMS). Funding of the changes is assumed to reside in the Health Care Authority's budget, as the Single State Agency for Medicaid with no impact to the Health Benefit Exchange budget.

The estimated hours required to implement the changes to the system are 1,665 hours at \$125 per hour. To this, the HBE is adding a 10 percent contingency to bring to total estimated hours to 1,832 for a total IT cost of \$229,000 with an additional 550 hours for testing at \$77 per hour for \$42,000 bringing the total IT impact to \$271,000 which would be fully reimbursed by the Health Care Authority.

HBE Fiscal Note

Bill Number: 6430 SSB AMH APP H4640.1

HBE Request #:

Deloitte Estimate for IT System Changes		
1,500-2,000 Hours at \$125 hours		
1,500	2,000	Hourly range estimate
	500	Difference in range estimate
	1,665	Estimates hours will come in at 1/3 of the difference in the range for a total of 1,665
	167	10% Contingency
	1,832	Total Hours
	1,832	total Hours
	\$ 125.00	Hourly Deloitte Rate
	\$ 229,000.00	Total Cost to implement
HBE hours for UAT and TSA support assumed to require 30% of Deloitte's total hours		
	550	UAT and TSA Hours
	\$ 77.00	Average hourly rate for UAT and TSA Support
	\$ 42,000.00	Total TSA and UAT costs
	\$ 271,000	Total Cost to implement bill
	\$ (271,000)	Reimbursement by HCA
	\$ -	Net impact to HBE

HPF functionality change: Currently if an applicant indicates in HPF that they are incarcerated, they cannot enroll in Medicaid or a QHP. Also, currently, if an enrollee indicates that they have become incarcerated, their WAH and QHP benefits are terminated. Section 2 of this bill requires changes to the HealthplanFinder to allow:

- WAH enrollees who become incarcerated to have their benefits suspended rather than terminated (presumably upon release, coverage would be reactivated with the same plan).
- Incarcerated applicants to be found eligible for WAH (presumably they would also be permitted to select a plan and then enter 'suspend' status, so coverage could be activated upon release).

It is expected there will be some additional call center costs to address consumer confusion about this part of the application, however, the HBE assumes calls related to continuity of care will be directed to the HCA's call center.

Eligibility system rules will also be impacted, which would require coordination with HCA, DSHS, and HBE systems/release schedules.

Part IV: Capital Budget Impact

None.

HBE Fiscal Note

Bill Number: 6430 SSB AMH APP H4640.1

HBE Request #:

Part V: New Rule Making Required

None.

Individual State Agency Fiscal Note

Bill Number: 6430 S SB AMH APP H4640.1	Title: Incarceration/cont. of care	Agency: 300-Dept of Social and Health Services
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Part I: Estimates

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No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2016	FY 2017	2015-17	2017-19	2019-21
General Fund-Federal 001-2		157,000	157,000		
Total \$		157,000	157,000		

Estimated Expenditures from:

	FY 2016	FY 2017	2015-17	2017-19	2019-21
FTE Staff Years	0.0	0.8	0.4	0.0	0.0
Account					
General Fund-State 001-1	0	557,000	557,000	0	0
General Fund-Federal 001-2	0	157,000	157,000	0	0
Total \$	0	714,000	714,000	0	0

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- ☒ If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- ☐ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact:	Phone:	Date: 03/07/2016
Agency Preparation: Wendy Polzin	Phone: 360-902-8067	Date: 03/09/2016
Agency Approval: Mickie Coates	Phone: 360-902-8077	Date: 03/09/2016
OFM Review: Rayanna Williams	Phone: (360) 902-0553	Date: 03/09/2016

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

Section (2) - Directs the Washington State Health Care Authority (HCA) to suspend, rather than terminate, medical assistance benefits by July 1, 2017 for persons who are incarcerated or committed to a state hospital. This includes allowing a person to apply for medical assistance in suspense status during incarceration, and may not depend upon the knowledge of the person's release date.

Section (3) - Requires DSHS and HCA to establish written guidance and provide trainings to behavioral health organizations, managed care organizations, and behavioral health providers related to how these organizations may provide outreach, assistance, transition planning, and rehabilitation case management reimbursable under federal law. HCA and DSHS are instructed to construe governing laws liberally to effectuate the remedial purposes of this act and are to provide a status update to the legislature by December 31, 2016.

Section (5) - Adds a new section to 74.09 RCW which states persons in a work release program or other partial confinement programs at the state, county, or city level which allow regular freedom during the day to pursue rehabilitative community activities such as participation in work, treatment, or medical care should not be considered "inmates of a public institution" for the purposes of exclusion from Medicaid coverage under the Social Security Act.

Section (7) Adds a null and void clause.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

The Economic Services Administration (ESA) portion of the fiscal note assumes 22 percent in federal funding because this project falls under the Information Technology cost pool (78 percent GF-State + Temporary Assistance for Needy Families (TANF)) and 22 percent federal). TANF funds are counted as GF-State because it is a fully obligated lidded grant.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

The amendment by the House Appropriations Committee, H4640.1, makes one change to the existing bill. It adds a null and void clause to the bill, stating that if funding is not provided by June 30, 2016, the act is null and void. This amendment does not change the fiscal assumptions related to the bill.

Section 3 requires HCA and DSHS to publish written guidance and provide trainings to behavioral health organizations, managed care organizations, and behavioral health providers related to how they can provide outreach, assistance, transition planning, and rehabilitation case management reimbursable under federal law to persons who are incarcerated, involuntarily hospitalized, or in the process of transitioning out of one of these services.

The Behavioral Health Administration (BHA) within DSHS assumes that it will require approximately 62 staff hours, or less than 0.1 FTE, to prepare a PowerPoint training for providers. As a result, no costs are assumed for

this work in the fiscal note.

Two sections of the bill will drive substantial Information Technology (IT) fiscal impacts for the Economic Services Administration (ESA). Section 2 directs HCA to suspend, rather than terminate, medical assistance benefits by July 1, 2017 for persons who are incarcerated. This includes allowing a person to apply for medical assistance in suspense status during incarceration, and may not depend upon the knowledge of the person's release date. ESA's eligibility systems do not currently include a "suspense" option. Including this option will require substantial IT costs. Section 5 states that a person participating in a work release or other partial confinement program should not be considered "inmates of a public institution" for the purpose of exclusion from Medicaid coverage. ESA provides eligibility services for Medicaid. The Automated Client Eligibility System (ACES) does not currently have an option to show a client as being on work release or partial confinement.

To meet the requirements of the bill, ACES modifications, and modifications to other systems, would be required. To determine the impact of the bill, ESA reviewed the actual time required to add Modified Adjusted Gross Income (MAGI) functionality to ACES, a complex change request that spanned multiple administrations (including HCA and the Health Benefit Exchange), and required upwards of 10,000 hours of contractor time. While the changes required in the bill are less complex than the MAGI change, it will require a review of all points in the system where medical information is mentioned, where a "suspense" designation would be required, and the impact it would have on programming new rules for eligibility determinations. In addition, time will be required for requirements gathering, analysis and design, coding, testing, manual updates, communication to system users, production control and problem reporting assistance. It is estimated that both staff and contractor work will be needed for this project. 0.8 Information Technology Specialist 5 is assumed, at a cost of \$89,000 in Fiscal Year (FY) 2017. Contractor costs are based on a rate of \$125 per hour, and a total of 5,000 hours is assumed, for a cost of \$625,000 for all contracted IT work required by the bill. All costs for ESA are assumed to be one-time and are estimated at \$714,000 in FY 2017.

The provisions of this bill require changes to multiple systems by a specific date. The workload impact and associated cost estimates are provided in this note.

DSHS currently follows a robust governance structure that includes multiple agencies, administrations and divisions. System change requests can originate from many sources such as State legislation, Federal legislation, audit findings or stakeholder requests. Because the ESA information technology department has finite bandwidth for maintenance and operation, change requests in the queue can take several years to be completed based on prioritization, complexity and resource availability. System changes required by legislation are given top priority and require ESA to reevaluate the priority level of other projects in the queue. Current IT work and pending projects in the queue can be delayed, paused or reduced in scope to accommodate unanticipated system changes required by legislation.

The number of clients who would join the caseload is indeterminate, and therefore no workload or caseload estimates are provided.

FY 2017 Costs: \$714,000 (\$557,000 GF-State) and 0.8 FTE

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2016	FY 2017	2015-17	2017-19	2019-21
FTE Staff Years		0.8	0.4		
A-Salaries and Wages		60,000	60,000		
B-Employee Benefits		23,000	23,000		
C-Professional Service Contracts					
E-Goods and Other Services		630,000	630,000		
G-Travel					
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements		1,000	1,000		
9-					
Total:	\$0	\$714,000	\$714,000	\$0	\$0

III. B - Detail: List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA

Job Classification	Salary	FY 2016	FY 2017	2015-17	2017-19	2019-21
IT Specialist 5	89,000		0.8	0.4		
Total FTE's	89,000		0.8	0.4		0.0

III. C - Expenditures By Program (optional)

Program	FY 2016	FY 2017	2015-17	2017-19	2019-21
Economic Services Administration (060)		714,000	714,000		
Total \$		714,000	714,000		

Part IV: Capital Budget Impact

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

New or amended rules may be needed to implement this bill.

LOCAL GOVERNMENT FISCAL NOTE

Department of Commerce

Bill Number: 6430 S SB AMH
APP H4640.1

Title: Incarceration/cont. of care

Part I: Jurisdiction-Location, type or status of political subdivision defines range of fiscal impacts.

Legislation Impacts:

- ☐ Cities:
- ☐ Counties:
- ☐ Special Districts:
- ☐ Specific jurisdictions only:
- ☐ Variance occurs due to:

Part II: Estimates

- ☒ No fiscal impacts.
- ☐ Expenditures represent one-time costs:
- ☐ Legislation provides local option:
- ☐ Key variables cannot be estimated with certainty at this time:

Part III: Preparation and Approval

Fiscal Note Analyst: Amber Siefer	Phone: 360-725-2733	Date: 03/11/2016
Leg. Committee Contact:	Phone:	Date: 03/07/2016
Agency Approval: Steve Salmi	Phone: (360) 725 5034	Date: 03/11/2016
OFM Review: David Dula	Phone: (360) 902-7437	Date: 03/11/2016

Part IV: Analysis

A. SUMMARY OF BILL

Provide a clear, succinct description of the bill with an emphasis on how it impacts local government.

CHANGES BETWEEN THIS AND PREVIOUS BILL VERSION:

The substitute bill provides this bill is null and void unless funded by June 30, 2016, by appropriation, which does not change the fiscal impact to local governments.

SUMMARY OF THE BILL:

This bill directs jails to share information with federal, state, or local agencies to determine eligibility for services such as medical, mental health, chemical dependency, or veterans' services, and to allow for provision of treatment during the jail stay or following release.

Section 2 adds a new section to RCW 74.09. The Health Care Authority (HCA) is directed to suspend, rather than terminate, medical assistance benefits by July 1, 2017, for persons who are incarcerated or committed to a state hospital. This must include the ability for a person to apply for medical assistance in suspense status during incarceration, and may not depend upon knowledge of the release date of the person.

Section 4 adds a new section to RCW 74.09. HCA shall collaborate with stakeholders, including accountable communities of health to improve population health and reduce avoidable use of intensive services and settings by requesting expenditure authority from the federal government to provide behavioral health services to persons who are incarcerated in local jails.

Section 5 adds a new section to RCW 74.09. It is the understanding of the Legislature that persons participating in a work release program or other partial confinement programs at the state, county, or city level which allow regular freedom during the day to pursue rehabilitative community activities such as participation in work, treatment, or medical care should not be considered "inmates of a public institution" for the purposes of exclusion from Medicaid coverage under the Social Security Act.

Section 6 amends RCW 70.48.100. A chief law enforcement officer responsible for the operation of a jail shall maintain a jail register. The records of a person confined in jail shall be held in confidence and made available only to criminal justice agencies or to federal, state, or local agencies to determine eligibility for services such as medical, mental health, chemical dependency treatment, or veterans' services, and to allow for the provision of treatment to inmates during their stay or after release. Records disclosed for eligibility determination or treatment services must be held in confidence by the receiving agency, and the receiving agency must comply with all relevant state and federal statutes regarding the privacy of the disclosed records. Any jail that provides inmate records in accordance with this section is not responsible for any unlawful secondary dissemination of the provided inmate records.

B. SUMMARY OF EXPENDITURE IMPACTS

Briefly describe and quantify the expenditure impacts of the legislation on local governments, identifying the expenditure provisions by section number, and when appropriate, the detail of expenditures. Delineate between city, county and special district impacts.

The null and void clause provided in this substitute bill does not impact local government expenditures. If funds are appropriated for this legislation, there would be no expenditure impact for local government.

The bill, if funded, would direct the HCA to suspend, rather than terminate, medical assistance benefits for incarcerated persons beginning July 1, 2017. Jail costs for medical and behavioral health services would remain the same for this population during the time they were incarcerated.

The bill directs jails to share information with federal, state, or local agencies to determine eligibility for services such as medical, mental health, chemical dependency, or veterans' services, and to allow for provision of treatment during the jail stay or following release. The information that jails would share is already recorded in their registers and available to other agencies. Therefore, this change does not create expenditure impacts for cities and counties.

C. SUMMARY OF REVENUE IMPACTS

Briefly describe and quantify the revenue impacts of the legislation on local governments, identifying the revenue provisions by section number, and when appropriate, the detail of revenue sources. Delineate between city, county and special district impacts.

The legislation would have no revenue impacts for local government.

SOURCES:

Washington State Association of Counties

