

# Multiple Agency Fiscal Note Summary

<b>Bill Number:</b> 1941 S HB	<b>Title:</b> Health home serv./children
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## Estimated Cash Receipts

Agency Name	2023-25			2025-27			2027-29		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	0	0	162,000	0	0	324,000	0	0	324,000
Washington State Health Care Authority	In addition to the estimate above,there are additional indeterminate costs and/or savings. Please see individual fiscal note.								
Department of Social and Health Services	0	0	39,000	0	0	142,000	0	0	142,000
<b>Total \$</b>	<b>0</b>	<b>0</b>	<b>201,000</b>	<b>0</b>	<b>0</b>	<b>466,000</b>	<b>0</b>	<b>0</b>	<b>466,000</b>

## Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	.8	181,000	181,000	343,000	1.5	362,000	362,000	686,000	1.5	362,000	362,000	686,000
Washington State Health Care Authority	In addition to the estimate above,there are additional indeterminate costs and/or savings. Please see individual fiscal note.											
Department of Social and Health Services	.3	38,000	38,000	77,000	1.0	140,000	140,000	282,000	1.0	140,000	140,000	282,000
Department of Children, Youth, and Families	.0	0	0	0	.0	0	0	0	.0	0	0	0
<b>Total \$</b>	<b>1.1</b>	<b>219,000</b>	<b>219,000</b>	<b>420,000</b>	<b>2.5</b>	<b>502,000</b>	<b>502,000</b>	<b>968,000</b>	<b>2.5</b>	<b>502,000</b>	<b>502,000</b>	<b>968,000</b>

## Estimated Capital Budget Expenditures

Agency Name	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Department of Social and Health Services	.0	0	0	.0	0	0	.0	0	0
Department of Children, Youth, and Families	.0	0	0	.0	0	0	.0	0	0
<b>Total \$</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>

# Estimated Capital Budget Breakout

NONE

<b>Prepared by:</b> Jason Brown, OFM	<b>Phone:</b> (360) 742-7277	<b>Date Published:</b> Revised 2/26/2024
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# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1941 S HB	<b>Title:</b> Health home serv./children	<b>Agency:</b> 107-Washington State Health Care Authority
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## Part I: Estimates

☐ No Fiscal Impact

### Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-Federal 001-2		162,000	162,000	324,000	324,000
<b>Total \$</b>		162,000	162,000	324,000	324,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

### Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	1.5	0.8	1.5	1.5
<b>Account</b>					
General Fund-State 001-1	0	181,000	181,000	362,000	362,000
General Fund-Federal 001-2	0	162,000	162,000	324,000	324,000
<b>Total \$</b>	0	343,000	343,000	686,000	686,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. 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: Kim Weidenaar	Phone: 360-786-7120	Date: 02/01/2024
Agency Preparation: Michael Grund	Phone: 360-725-1949	Date: 02/23/2024
Agency Approval: SUMAN MAJUMDAR	Phone: 360-725-1319	Date: 02/23/2024
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 02/26/2024

Part II: Narrative Explanation

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

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

Please see attached.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Please see attached.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Please see attached.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	0	181,000	181,000	362,000	362,000
001-2	General Fund	Federal	0	162,000	162,000	324,000	324,000
Total \$			0	343,000	343,000	686,000	686,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		1.5	0.8	1.5	1.5
A-Salaries and Wages		131,000	131,000	262,000	262,000
B-Employee Benefits		47,000	47,000	94,000	94,000
C-Professional Service Contracts					
E-Goods and Other Services		108,000	108,000	216,000	216,000
G-Travel		4,000	4,000	8,000	8,000
J-Capital Outlays					
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements		53,000	53,000	106,000	106,000
9-					
Total \$	0	343,000	343,000	686,000	686,000

In addition to the estimates above, there are additional indeterminate costs and/or savings. Please see discussion.

III. C - Operating FTE 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 2024	FY 2025	2023-25	2025-27	2027-29
MEDICAL ASSISTANCE PROGRA SPECIALIST 3	87,000		1.5	0.8	1.5	1.5
Total FTEs			1.5	0.8	1.5	1.5

**III. D - Expenditures By Program (optional)**

NONE

**Part IV: Capital Budget Impact**

**IV. A - Capital Budget Expenditures**

NONE

**IV. B - Expenditures by Object Or Purpose**

NONE

**IV. C - Capital Budget Breakout**

*Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.*

NONE

**IV. D - Capital FTE Detail:** *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

**Part V: New Rule Making Required**

*Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.*

Please see attached.

# HCA Fiscal Note

Bill Number: **1941 SHB**

HCA Request #: **24-123**

Title: **Health Home Serv./Children**

## Part I: Estimates

☐ No Fiscal Impact

### Estimated Cash Receipts to:

Non-zero but indeterminate cost and/or savings. Please see discussion.

ACCOUNT	REV SOURCE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Medicaid 001-C	0393	-	162,000	162,000	162,000	162,000	162,000	162,000	324,000	324,000
REVENUE - TOTAL \$		\$ -	\$ 162,000	\$ 162,000	\$ 162,000	\$ 162,000	\$ 162,000	\$ 162,000	\$ 324,000	\$ 324,000

### Estimated Operating Expenditures from:

Non-zero but indeterminate cost and/or savings. Please see discussion.

	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
FTE Staff Years	0.0	1.5	1.5	1.5	1.5	1.5	0.8	1.5	1.5
ACCOUNT									
General Fund-State 001-1	-	181,000	181,000	181,000	181,000	181,000	181,000	362,000	362,000
General Fund-Medicaid 001-C	-	162,000	162,000	162,000	162,000	162,000	162,000	324,000	324,000
ACCOUNT - TOTAL \$	\$ -	\$ 343,000	\$ 343,000	\$ 343,000	\$ 343,000	\$ 343,000	\$ 343,000	\$ 686,000	\$ 686,000

### 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.

# HCA Fiscal Note

Bill Number: **1941 SHB**

HCA Request #: **24-123**

Title: **Health Home Serv./Children**

## Part II: Narrative Explanation

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

*Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.*

This bill relates to providing for health home services for Medicaid-eligible children with medically complex conditions. The Washington State Health Care Authority (HCA) assumes this bill will have an indeterminate fiscal impact.

Section 1. The legislature intends to actively support medically complex children by taking the steps necessary to implement health homes in Washington.

Section 2 adds a new section to RCW 74.09. By January 1, 2025, HCA shall submit a State Plan Amendment (SPA) to the Federal Centers for Medicare and Medicaid Services (CMS) to allow Medicaid-eligible children with medically complex conditions to voluntarily enroll in a health home as provided in section 3 of the Medicaid services investment and accountability act of 2019.

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The substitute bill changes the SPA submittal date from October 1, 2024, to January 1, 2025 (Section 2(1)), and removes HCA's responsibility to submit a status report to the legislature (was Section 2(2)).

### II. B – Cash Receipts Impact

*Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.*

HCA assumes administrative costs would be eligible for a federal match rate of 39.94 percent.

ACCOUNT	REV SOURCE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
General Fund-Medicaid 001-C	0393	-	162,000	162,000	162,000	162,000	162,000	162,000	324,000	324,000
REVENUE - TOTAL \$		\$ -	\$ 162,000	\$ 162,000	\$ 162,000	\$ 162,000	\$ 162,000	\$ 162,000	\$ 324,000	\$ 324,000

### II. C – Expenditures

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

#### Administrative Fiscal Impact

HCA requests 1.5 Full Time Equivalent (FTE) and \$343,000 (\$181,000 GF-S) for administrative costs in state fiscal year 2025 and ongoing.

Due to lack of capacity in the current Health Home program, HCA is requesting an additional 1.5 FTEs for a Health Home program for children with medically complex conditions as this will require a new program in which the current health home IT systems and processes cannot be leveraged.

## HCA Fiscal Note

Bill Number: **1941 SHB**

HCA Request #: **24-123**

Title: **Health Home Serv./Children**

The first 1.0 FTE is for a program/contract manager position who would be responsible for implementation work: develop SPA language and follow the tribal consultation and public comment processes, collaborate with the Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) to establish program criteria, develop a pediatric network, write Washington Administrative Codes (WACs), program guides, implement the SPA, and other project management functions. Post-implementation, this role would manage the program and contracts, would be responsible for network training, program audits, and network management.

To implement a new health home program for children with medically complex conditions, we project at minimum of 5 and up to 12 contracts to serve approximately 43,000 eligible children under the managed care and fee-for-service delivery model. Currently, 1 FTE (contract manager) manages 11 fee-for-service contracts and the health home section for 5 IMC contracts and 1 IFC contract. The contract manager FTE would be responsible for all aspects of contract management: amendments, monitoring, and training.

The second 0.5 FTE is for an enrollment specialist who would be lead on developing and ensuring P1 changes are completed, developing enrollment processes and conducting the actual enrollment assignments (currently a 2-week process). Additionally, this position would develop enrollment reporting; manage inbox requests from Leads, Care Coordination Organizations (CCOs), and clients; monitoring Health Action Plan (HAP) requirements; and develop reports to support the new program.

We anticipate needing this FTE to process enrollment for the new HH program. RDA has identified 43,000 children who meet the eligibility requirements for the ACE Kids Act, approximately 20,000 individuals less than our current HH program (64,000). This FTE would interface with 5-12 leads to ensure data quality, reporting, and to process enrollment.

Also, HCA would need to contract with DSHS RDA for 0.5 FTE to manage CMS reporting and to determine eligibility. This is estimated at \$87,500 per year based on an existing similar contract. PRISM, which is the tool to determine eligibility in the current Health Home program, cannot be used to determine eligibility for children with complex conditions because it cannot determine the number of impacted body systems. The state may incur additional access and licensure costs to support utilization of the Pediatric Medical Complexity Algorithm (PMCA), a model developed by RDA, CMS, and Seattle Children's Hospital that can determine the number of impacted body systems.

Goods and services, travel, and equipment are calculated on actual program averages per FTE. Administrative costs are calculated at \$35,000 per 1.0 FTE. This cost is included in Object T based on HCA's federally approved cost allocation plan.

### Apple Health Services Fiscal Impact

The fiscal impact is greater than \$50,000, but the actual cost is indeterminate.

This bill requires the Health Care Authority (HCA) to submit a state plan amendment to the Centers for Medicare and Medicaid Services (CMS) by January 1, 2025, consistent with the Advancing Care for Exceptional Kids Act of 2019, to allow children with medically complex conditions to enroll in a health home. One of the eligibility criteria for the existing Health Home program is a Predictive Risk Intelligence System (PRISM) risk score of 1.5. Since children with medically complex conditions may have a PRISM risk score less than 1.5, the proposed program is expected to result in an expansion of Apple Health eligibility criteria and, therefore, an increased number of Health Home enrollees. It would also expand services beyond those covered by the current Health Home program



# HCA Fiscal Note

Bill Number: **1941 SHB**

HCA Request #: **24-123**

Title: **Health Home Serv./Children**

to include pediatric emergency services and services provided by out-of-state providers. Therefore, the proposed program is expected to have a fiscal impact on Apple Health service-related expenditures. The fiscal impact is indeterminate because the program design and payment methodology; potential client enrollment and engagement trends; and the utilization of expanded Health Home services are currently unknown.

Based on December 2022 data received from the Research and Data Analysis (RDA) division of the Department of Social and Health Services, it is estimated that approximately 43,000 children aged 0 to 20 years would meet the eligibility criteria for the program proposed by this bill. It is further estimated that approximately 8,700 (about 20 percent) of those children are currently eligible for the Health Home program, of which approximately 820 (about nine percent) engage with the current program. This implies that the potential average monthly additional caseload would be about 3,200. In the calendar year 2022, the annual per capita cost for Health Home clients aged 0 to 20 years was \$1,555.

Assuming that (i) the newly created program costs are similar to the current Health Home program, (ii) the engagement of the new eligibles resembles that of current eligibles, and (iii) the current program structure and payment methodology are used for the expanded program; HCA estimates that the total annual fiscal impact would be about \$5 million. If engaged clients are similarly distributed between eligibility categories as the current Health Home participants, and not accounting for the enhanced federal match that may be available for the initial two quarters of the program, the federal share is estimated to be about 52 percent.

## Part III: Expenditure Detail

### III. A - Operating Budget Expenditure

ACCOUNT	ACCOUNT TITLE	TYPE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
001-1	General Fund	State	-	181,000	181,000	181,000	181,000	181,000	181,000	362,000	362,000
001-C	General Fund	Medicaid	-	162,000	162,000	162,000	162,000	162,000	162,000	324,000	324,000
ACCOUNT - TOTAL \$			\$ -	\$ 343,000	\$ 343,000	\$ 343,000	\$ 343,000	\$ 343,000	\$ 343,000	\$ 686,000	\$ 686,000

### III. B - Expenditures by Object Or Purpose

OBJECT	OBJECT TITLE	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
A	Salaries and Wages	-	131,000	131,000	131,000	131,000	131,000	131,000	262,000	262,000
B	Employee Benefits	-	47,000	47,000	47,000	47,000	47,000	47,000	94,000	94,000
E	Goods and Other Services	-	108,000	108,000	108,000	108,000	108,000	108,000	216,000	216,000
G	Travel	-	4,000	4,000	4,000	4,000	4,000	4,000	8,000	8,000
T	Intra-Agency Reimbursements	-	53,000	53,000	53,000	53,000	53,000	53,000	106,000	106,000
OBJECT - TOTAL \$		\$ -	\$ 343,000	\$ 343,000	\$ 343,000	\$ 343,000	\$ 343,000	\$ 343,000	\$ 686,000	\$ 686,000

**III. C - Operating FTE Detail:** FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.

FTE JOB TITLE	SALARY	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	87,000	0.0	1.5	1.5	1.5	1.5	1.5	0.8	1.5	1.5
ANNUAL SALARY & FTE - TOTAL	\$ 87,000	0.0	1.5	1.5	1.5	1.5	1.5	0.8	1.5	1.5

### III. D - Expenditures By Program (optional)

# HCA Fiscal Note

Bill Number: **1941 SHB**

HCA Request #: **24-123**

Title: **Health Home Serv./Children**

FTE JOB TITLE	SALARY	FY-2024	FY-2025	FY-2026	FY-2027	FY-2028	FY-2029	2023-25	2025-27	2027-29
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	87,000	0.0	1.5	1.5	1.5	1.5	1.5	0.8	1.5	1.5
ANNUAL SALARY & FTE - TOTAL	\$ 87,000	0.0	1.5	1.5	1.5	1.5	1.5	0.8	1.5	1.5

## Part IV: Capital Budget Impact

### IV. A - Capital Budget Expenditures

NONE

### IV. B - Expenditures by Object Or Purpose

NONE

**IV. C - Capital Budget Breakout:** Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

**IV. D - Capital FTE Detail:** FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.

NONE

## Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

There will be a need to revamp the current Health Home model and develop one for children, which includes updates to the State Plan Amendment (SPA), Washington Administrative Code (WAC), policy, billing guide, and contracts.

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1941 S HB	<b>Title:</b> Health home serv./children	<b>Agency:</b> 300-Department of Social and Health Services
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## Part I: Estimates

☐ No Fiscal Impact

### Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
General Fund-Federal 001-2		39,000	39,000	142,000	142,000
<b>Total \$</b>		39,000	39,000	142,000	142,000

### Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.0	0.5	0.3	1.0	1.0
<b>Account</b>					
General Fund-State 001-1	0	38,000	38,000	140,000	140,000
General Fund-Federal 001-2	0	39,000	39,000	142,000	142,000
<b>Total \$</b>	0	77,000	77,000	282,000	282,000

### 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: Kim Weidenaar	Phone: 360-786-7120	Date: 02/01/2024
Agency Preparation: Mitchell Close	Phone: 3600000000	Date: 02/16/2024
Agency Approval: Dan Winkley	Phone: 360-902-8236	Date: 02/16/2024
OFM Review: Breann Boggs	Phone: (360) 485-5716	Date: 02/19/2024

Part II: Narrative Explanation

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

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

The substitute version extends the date the Heath Care Authority (HCA) must submit the state plan amendment to January 1, 2025, and removes the requirement for the report to the legislature. The fiscal impact to the Department of Social and Health Services (DSHS) remains the same as the original bill.

This proposed legislation requires HCA to submit a state plan amendment to the Centers for Medicare and Medicaid Services (CMS) by January 1, 2025, to allow Medicaid-eligible children with medical complexity to receive services through the Health Homes program.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

A portion of the costs incurred to implement this legislation will be funded with federal Title XIX - Medicaid funds.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

This bill’s language makes the Health Home Program voluntary and will increase the number of youth eligible for services as a result. Currently, to be eligible for Health Home services, a client needs to meet a high health risk Pediatric Risk of Mortality (PRISM) score of 1.5; however, with this bill, any child who is considered medically complex can voluntarily enroll into Health Home.

The Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (ALTSA) anticipates the Fostering Well-Being Program (FWB) to increase from the current caseload of 1,479 due to this bill's voluntary enrollment language. This estimate assumes HCA will submit the state plan amendment this summer, and it will be approved by CMS and in place January 2025. ALTSA assumes the FWB workload increase will begin in January 2025.

ALTSA will require 1.0 Social and Health Program Consultant 4 (SHPC4) FTE for the increased workload related to the voluntary enrollment and increase in cases. This position will provide case management and care coordination for children in the FWB program.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	0	38,000	38,000	140,000	140,000
001-2	General Fund	Federal	0	39,000	39,000	142,000	142,000
Total \$			0	77,000	77,000	282,000	282,000

### III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years		0.5	0.3	1.0	1.0
A-Salaries and Wages		49,000	49,000	196,000	196,000
B-Employee Benefits		16,000	16,000	66,000	66,000
C-Professional Service Contracts					
E-Goods and Other Services		3,000	3,000	12,000	12,000
G-Travel					
J-Capital Outlays		6,000	6,000		
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements		3,000	3,000	8,000	8,000
9-					
<b>Total \$</b>	0	77,000	77,000	282,000	282,000

### III. C - Operating FTE 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 2024	FY 2025	2023-25	2025-27	2027-29
Social and Health Program Consultant 4	98,042		0.5	0.3	1.0	1.0
<b>Total FTEs</b>			0.5	0.3	1.0	1.0

### III. D - Expenditures By Program (optional)

Program	FY 2024	FY 2025	2023-25	2025-27	2027-29
Aging and Long-Term Support Administration (050)		77,000	77,000	282,000	282,000
<b>Total \$</b>		77,000	77,000	282,000	282,000

## Part IV: Capital Budget Impact

### IV. A - Capital Budget Expenditures

NONE

### IV. B - Expenditures by Object Or Purpose

NONE

### IV. C - Capital Budget Breakout

*Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.*

NONE

### IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

## Part V: New Rule Making Required

*Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.*

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 1941 S HB	<b>Title:</b> Health home serv./children	<b>Agency:</b> 307-Department of Children, Youth, and Families
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## Part I: Estimates

☒ No Fiscal Impact

### Estimated Cash Receipts to:

NONE

### Estimated Operating Expenditures from:

NONE

### 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: Kim Weidenaar	Phone: 360-786-7120	Date: 02/01/2024
Agency Preparation: Renee Slaybaugh	Phone: 360-688-8714	Date: 02/06/2024
Agency Approval: Sarah Emmans	Phone: 360-628-1524	Date: 02/06/2024
OFM Review: Carly Kujath	Phone: (360) 790-7909	Date: 02/07/2024

Part II: Narrative Explanation

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

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

Comparison of 1941 HB to 1941 SHB:

1941 HB

Section 2(1) requires Health Care Authority to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to allow Medicaid-eligible children with medically complex conditions to voluntarily enroll in a health home.

Section 2 requires Health Care Authority to submit a status report to the appropriate fiscal committees of the legislature with respect to the approval of the state plan amendment.

1941 SHB

Section 2(1) changes the due date for Health Care Authority to submit a status report to the appropriate fiscal committees of the legislature with respect to the approval of the state plan amendment from October 1, 2024, to January 1, 2025, and removes Section 2(2)(a-c).

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

None.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

No impact to the Department of Children, Youth, and Families. This bill requires Healthcare Authority to submit a state plan amendment to the federal centers for Medicare and Medicaid services to allow Medicaid-eligible children with medically complex conditions to voluntarily enroll in a health home and has no fiscal impact to DCYF.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

III. C - Operating FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.

NONE

**III. D - Expenditures By Program (optional)**

NONE

**Part IV: Capital Budget Impact**

**IV. A - Capital Budget Expenditures**

NONE

**IV. B - Expenditures by Object Or Purpose**

NONE

**IV. C - Capital Budget Breakout**

*Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.*

NONE

**IV. D - Capital FTE Detail:** *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

**Part V: New Rule Making Required**

*Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.*