Agency 300

# Department of Social and Health Services (cont.) Alcohol & Substance Abuse Recommendation Summary

Dollars in Thousands	Annual FTEs	General Fund State	Other Funds	Total Funds
2017-19 Original Appropriations	81.3	150,150	659,495	809,645
Maintenance Other Changes:				
Mandatory Caseload Adjustments	0.0	(1,215)	(6,386)	(7,601)
2. BHO Rate Adjustment	0.0	1,635	4,391	6,026
3. Public Disclosure Impacts	0.4	50	11	61
4. Technical Corrections	0.0	0	47,736	47,736
Maintenance Other Total	0.4	470	45,752	46,222
Maintenance Comp Changes:				
5. Move Pension Fund Shift to Agencies	0.0	(927)	927	0
6. Updated PEBB Rate	0.0	(42)	(9)	(51)
7. Paid Family LeaveEmployer Premium	0.0	3	1	4
8. Compensation Adjustment	0.0	34	7	41
Maintenance Comp Total	0.0	(932)	926	(6)
Maintenance Central Services Changes:				
9. Workers' Compensation	0.0	1	0	1
Maintenance Central Svcs Total	0.0	1	0	1
Total Maintenance Changes	0.4	(461)	46,678	46,217
2017-19 Maintenance Level	81.7	149,689	706,173	855,862
Policy Other Changes:				
10. Opioid Response	1.3	7,785	2,315	10,100
11. Youth Drug Prevention Services	1.2	0	1,657	1,657
Policy Other Total	2.4	7,785	3,972	11,757
Policy Comp Changes:				
12. PERS & TRS Plan 1 Benefit Increase	0.0	6	1	7
Policy Comp Total	0.0	6	1	7
Policy Transfer Changes:				
13. BH - Integration Transfer	(38.4)	(78,472)	(363,727)	(442,199)
Policy Transfer Total	(38.4)	(78,472)	(363,727)	(442,199)
Total Policy Changes	(36.0)	(70,681)	(359,754)	(430,435)
2017-19 Policy Level	45.7	79,008	346,419	425,427

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# Department of Social and Health Services (cont.) Alcohol & Substance Abuse Recommendation Summary

General

Dollars in Thousands Annual FTEs Fund State Other Funds Total Funds

#### **POLICY CHANGES**

## 1. Mandatory Caseload Adjustments

Funding adjustments are made to reflect changes in the number of Medicaid-eligible clients based on the November 2017 caseload forecast. (General Fund-State; General Fund-Medicaid)

# 2. BHO Rate Adjustment

Appropriations for behavioral health organizations (BHO) are adjusted to reflect cost estimates for community substance use disorder services. The changes in rates are largely due to case mix and utilization factors. (General Fund-State; General Fund-Medicaid)

# 3. Public Disclosure Impacts

Funding is provided for additional public disclosure staffing to accommodate the requirements mandated by Chapter 303, Laws of 2017 (public records administration). (General Fund-State; General Fund-Medicaid)

#### 4. Technical Corrections

Adjustments are made for variances found in the reconciliation of multiple budget steps to correct the federal funding source, provide additional federal and local authority, and make net zero, category transfers between agency programs. (General Fund-Federal; General Fund-Medicaid)

#### 5. Move Pension Fund Shift to Agencies

In the enacted 2017-19 budget, the legislature shifted a portion of General Fund pension costs to the Pension Funding Stabilization Account, and instructed the Office of Financial Management to allocate this change to agency budgets. This item implements that requirement. (General Fund-State; Pension Funding Stabilization Account-State)

### 6. Updated PEBB Rate

The funding rate for the Public Employees' Benefits Board (PEBB) insurance program is adjusted for fiscal year 2019 to reflect updated actuarial projections, administrative costs and payments to third-party administrators. The funding is sufficient for a new virtual diabetes prevention program and a change in the waiting period for dental crown replacements in the Uniform Dental Program (UDP) from seven to five years. The change would bring UDP into alignment with the current waiting period in the managed dental plans. This reduces the fiscal year 2019 funding rate from \$957 per month to \$906. (General Fund-State; General Fund-Federal)

#### 7. Paid Family Leave--Employer Premium

A paid family and medical leave program was created by Chapter 5, Laws of 2017, 3rd Special Session. Beginning January 1, 2019, the state, as an employer, will be responsible for payment of employer premiums for employees not covered by a collective bargaining agreement. This item provides funding for this obligation. (General Fund-State; General Fund-Federal)

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# 8. Compensation Adjustment

This item makes technical adjustments related to compensation steps that were provided in the enacted 2017-19 biennial budget. Staffing models used to calculate costs for additional staff provided in the biennial budget did not account for 2 percent salary increases, health insurance premium increases, and targeted increases for certain positions. (General Fund-State; General Fund-Medicaid)

#### 9. Workers' Compensation

Agency budgets are adjusted to reflect each agency's estimated charges from the Department of Labor and Industries for workers' compensation. (General Fund-State)

### 10. Opioid Response

This step is part of a multi-agency package to expand treatment and prevention services across the state to prevent opioid-related overdose deaths. Specific investments at the Department of Social and Health Services (DSHS) include expanding hub and spoke networks and tribal-specific treatment services, increasing Naloxone distribution, expanding the Parent Child Assistance Program and developing a Medication Assisted Treatment (MAT) capacity tracking tool where providers will report treatment capacity on a regular basis. (General Fund-State; General Fund-Medicaid)

# 11. Youth Drug Prevention Services

Funding is provided to continue youth alcohol, marijuana and opioid prevention services in 40 predominately rural communities beyond the September 2018 expiration of the federal Partnership for Success Grant. (Dedicated Marijuana Account-State)

#### 12. PERS & TRS Plan 1 Benefit Increase

For eligible Public Employees' and Teachers' Retirement System Plan 1 members, this item provides a one-time ongoing increase of 3%, up to a maximum of \$62.50 per month. (General Fund-State; General Fund-Federal)

#### 13. BH - Integration Transfer

Chapter 225, Laws of 2014 requires the Health Care Authority (HCA) and DSHS to fully integrate physical health care and behavioral health care services to Medicaid clients by January 1, 2020. As part of the second phase of behavioral health integration, all community mental health and substance use disorder programs are transferred from DSHS to HCA, with the exception of the licensing and certification program which will transfer to the Department of Health. This whole-person approach to care offers better coordinated care and consolidates the payment and delivery of physical and behavioral health services for individuals enrolled in Medicaid through managed care. (General Fund-State; General Fund-Federal; General Fund-Local; other accounts)