

2022 Grant Work Plan

Department **Human Services** Division 003 Fund 124 Program 511

Program 020, Subprogram 313

Purpose of Grant (Brief description of work to be performed) **Medicaid Transformation Project**

Demonstration – MAC/TSOA Implementation: This Agreement with Washington State Department of Health and Social Services, Aging and Long Term Support Administration (AL TSA), provides funding in support of Long Term Supports and Services (LTSS) for the aging population. Medicaid Alternative Care (MAC) supports unpaid family caregivers, avoiding or delaying the need for more intensive Medicaid-funded services. This benefit package is for individuals who are eligible for Medicaid but not currently accessing Medicaid-funded services. Tailored Supports for Older Adults (TSOA) offers a limited set of services and supports to help individuals avoid or delay the need for Medicaid-funded services. This is an eligibility category and benefit package for people “at risk” of future Medicaid LTSS use, who do not currently meet Medicaid financial eligibility criteria. This is a fee for service agreement with a maximum contract amount. Actual revenues are based on deliverables and actual number of clients served.

Existing/ongoing program Yes New program Yes
Source of grant funding: Federal State Local Other
Grant Term: From 1/1/2022 to 12/31/2022

Grantor: **Department of Social and Health Services, State of WA** Grant Award **\$1,240,000**

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____ DAC _____ Amount _____

| | |
|------------------------|--------------------|
| Total Resources | \$1,240,000 |
|------------------------|--------------------|

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) \$739,000

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

FTEs Classification

Total FTEs _____

2. Pass Thru (Estimated cost) \$501,000

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|---------------------------|--------------------|
| Total Expenditures | \$1,240,000 |
|---------------------------|--------------------|