

Current Issues in the County Indigent Program

Seth Grigg, Executive Director
Kelli Brassfield, Policy Analyst/CAT Program Coordinator



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1

Agenda

- Current Trends
- House Bill 316
- ARPA and County Indigent/Social Services
- Future of the County Indigent Program



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2

Current Trends in County Indigent Services

Kelli Brassfield

IAC Policy Analyst/CAT
Program Coordinator

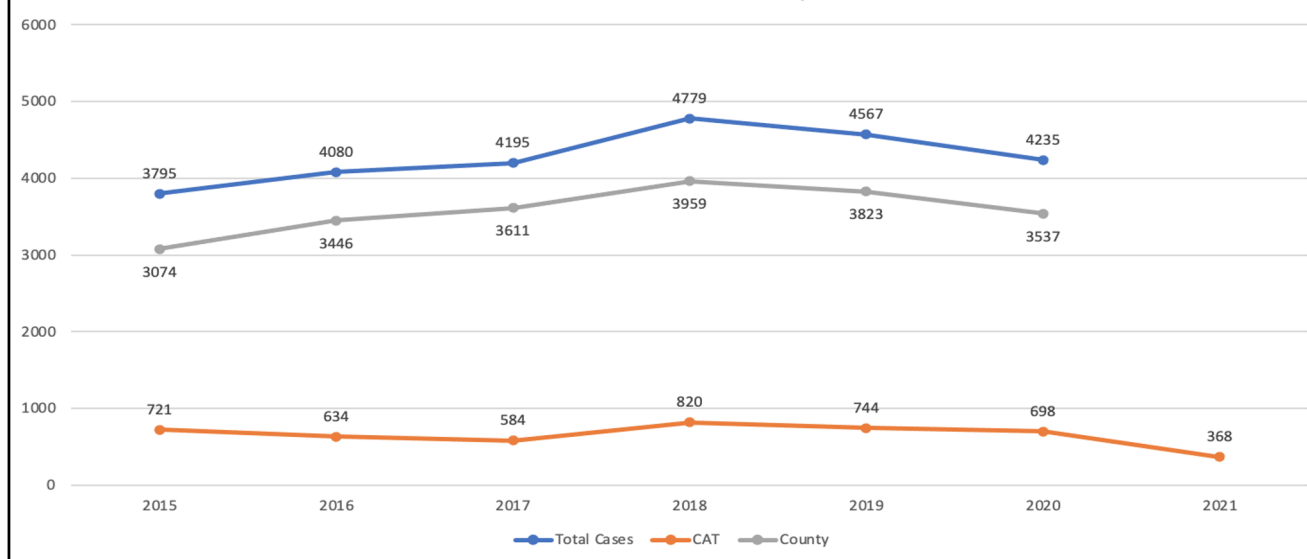


While counties are beginning to experience cost savings due to Medicaid expansion, the overall impact of expansion is yet to be seen.

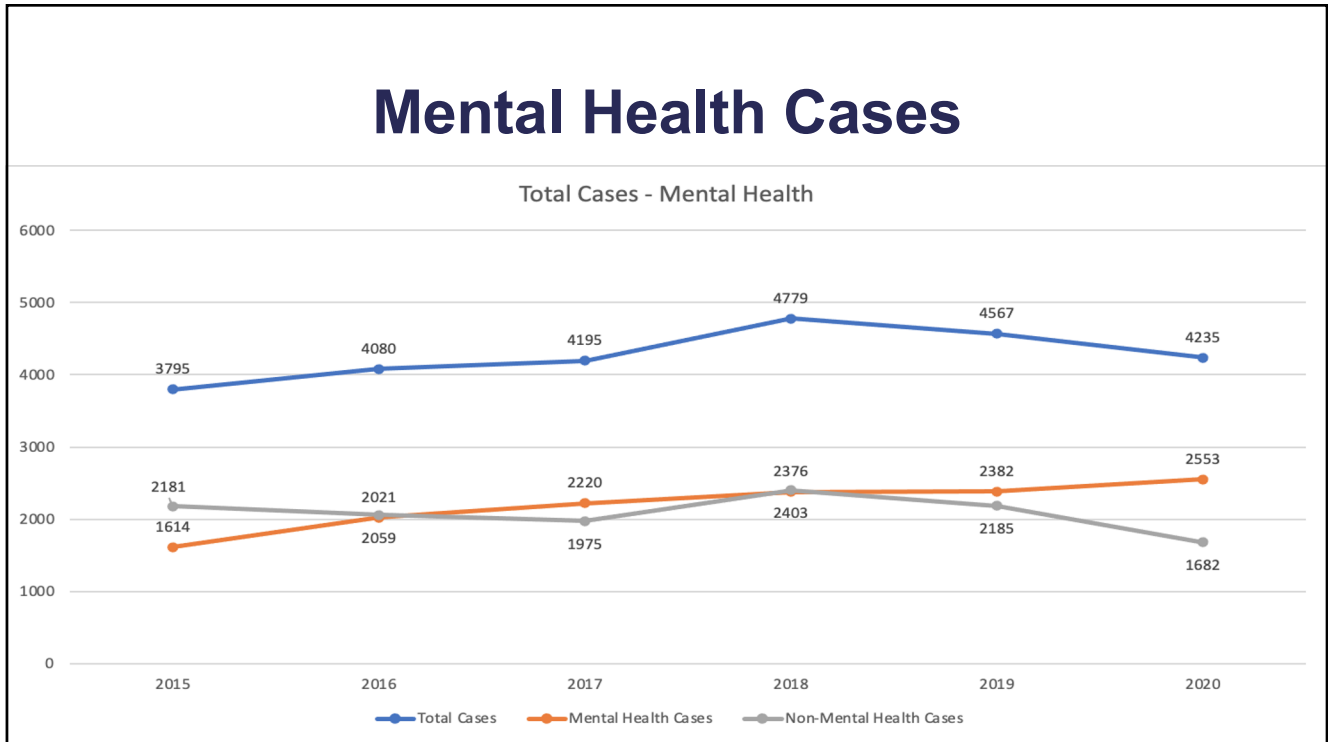
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Total Cases

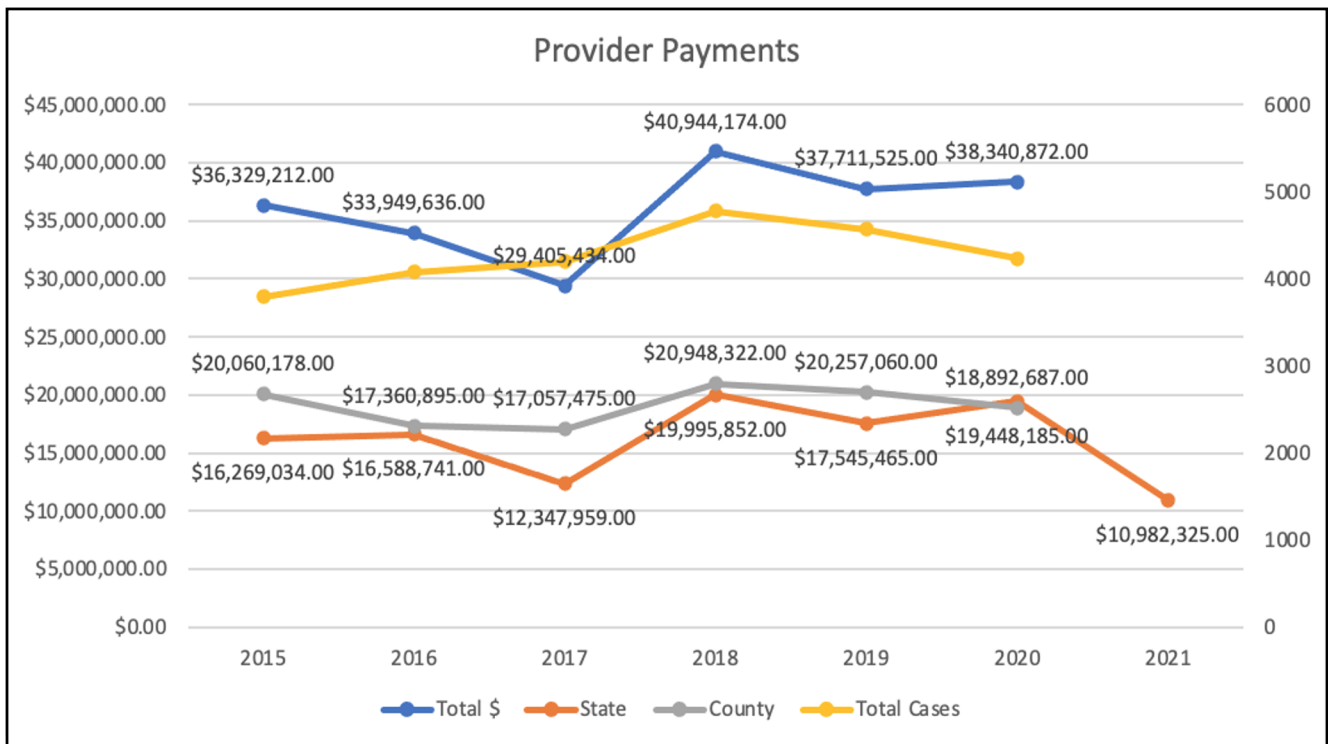
Total Cases - CAT v. County



4



5



6

History of CAT Claims Paid

	FY2016	FY2017	FY2018	FY2019	FY2020	FYTD2021
No. of cases Approved	634	584	820	744	698	314
Provider Payments	\$16,852,239	\$12,352,238	\$19,995,852	\$17,545,465	\$19,448,185	\$10,498,443
Average cost per Case	\$26,155	\$21,151	\$23,730	\$23,541	\$26,149	\$33,435



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7

House Bill 316

Seth Grigg
IAC Executive Director

Big changes are in store for the county medically indigent program, including involuntary commitments as well as the role of counties in overseeing and funding public health districts. The result will be a net cost savings for many counties.



8

HOUSE BILL 316: COUNTY INDIGENT PROGRAM / HEALTH DISTRICTS

Sponsor: Representative John Vander Woude, District 22, Ada

Effective Date: 03/1/2022



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9

H316: COUNTY INDIGENT PROGRAM

- No person eligible for Medicaid or insurance is eligible for assistance through the county indigent program or the state CAT program
- Applications for services received prior to March 1, 2022 may be processed, including suspended applications
- Program remains in place for purposes of collecting and remitting debts owe to county and state
- Nonmedical indigent assistance will continue (i.e.: indigent burial/cremation)



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10

H316: INVOLUNTARY COMMITMENTS

- Effective March 1, 2022, county no longer responsible for the following costs associated with commitment proceedings:
 - Psychiatric expenses
 - Medical expenses
 - Hospital expenses
- Stakeholders will meet during interim on solution to provide assistance for those that do not qualify for Medicaid (likely IDHW).



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11

H316: HEALTH DISTRICTS

- Beginning March 1, 2022, health district will no longer receive state general fund support.
- Counties will be responsible for state general fund contribution.
- Increased county contribution will be no less than FY2021 state general fund appropriation..
- For state fiscal year 2022, the state general fund will provide funds for July-February, counties will provide funds March 2022 and each year thereafter.



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12

H316: HEALTH DISTRICTS

- Health district budget committee responsible for apportioning additional costs among counties.
- State no longer responsible for health district personnel matters, including determining compensation and benefits.
- Health district board fixes salaries/benefits for health district employees.
- Health district has option to retain existing relationships with state (insurance, payroll, bookkeeping, risk management, human resources, etc.).



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13

H316: MEDICAID EXPANSION

- Governor and legislator insisted counties help fund Medicaid expansion.
- Originally wanted to divert revenue sharing away from counties.
- After negotiation, will divert general funds currently dedicated to public health districts away from PHDs to cover the “county share” of Medicaid expansion funding.



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14

ARPA & County Indigent and Public Health Services

Seth Grigg
IAC Executive Director

Counties will receive \$350 million in State and Local Fiscal Recovery funds through the American Rescue Plan Act. Funds may be used on a variety of public health and social service programs including behavioral health, substance misuse, and mental health services.



15

ARPA and Behavioral Health Services

Funding new or enhanced services that meet behavioral health needs exacerbated by the pandemic, as well as related public health needs, such as:

- Mental health treatment
- Substance misuse treatment
- Crisis intervention services
- Primary behavioral health primary care services
- Community violence intervention program



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16

ARPA and General Health Care Services

Funding to enhance health care capacity to treat and provide care and services for near and long-term medical needs for COVID-19 patients, including treatment expenses of the long-term symptoms or effects of COVID-19, including post-intensive care syndrome



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17

ARPA and Nonmedical Indigent Services

Some nonmedical indigent services are eligible uses when provided in a Qualified Census Tract (QCT), to families and populations living in a QCT, or other households or populations disproportionately impacted by the COVID-19 public health emergency. Services may include:

- Food assistance
- Rent, mortgage, and utility assistance
- Indigent burials
- Affordable housing
- Child health and welfare services



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18

ARPA and Public Health Services

ARPA allows for Funding of a broad range of services and programming for prevention and response to COVID-19, such as:

- Vaccination programs
- Testing, monitoring, and contact tracing
- Isolation and quarantine programs
- Public health monitoring and data system enhancements
- COVID prevention and mitigation services in congregate living facilities, including county jails



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The Future of the County Indigent Program

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IAC Policy Analyst/CAT
Program Coordinator

House Bill 316 changes the role of counties in providing indigent services, including indigent medical care and involuntary services.



20

Behavioral Health

- Idaho Behavioral Health Council (IBHC)
 - <https://healthandwelfare.idaho.gov/about-dhw/boards-councils-committees/idaho-behavioral-health-council-ibhc>
- Strategic Plan Recommendations:
 - Infrastructure
 - Promotion
 - Prevention
 - Engagement
 - Treatment
 - Recovery
- Workgroup - to work with the IBHC



Treatment

Improve Idaho civil commitment process and procedures by amending the Mental Health Act to incorporate the action items by December 31, 2021.

- Update definition of Gravely Disabled ([66-317](#))
- Streamline Designated Examiner (DE) process
- Standardize court procedures
- Trained clinicians (Designated Examiners) empowered to initiate holds.
- Substance Use Disorder hold of some sort
- Implement a panel to review and draft edits to the Mental Health Act.
- Address needs for commitment of individuals who do not require hospital level of care.
- Commitment of individuals too dangerous for State Hospital, but not designated as [66-1305](#) Dangerously Mentally Ill, or were refused admission by IDOC.
- The clerk of the court shall provide notification to the court and parties of the location of the patient.
- Revise statute so that physicians can drop inappropriately placed mental health holds after an evaluation by 2 physicians.



Treatment

Improve the efficiency and effectiveness of Idaho's criminal processes related to the determination and restoration of competency to stand trial by June 30, 2023.

- Update Idaho Code 18-[211/212](#).
- Establish training curriculum for restoration which includes a restoration curriculum and competency reports for clinical staff.
- Clarify language around "admission" to a facility.
- Address Commitment of individuals who are unable to be restored due to chronic impairment or as a result of a non-mental illness.
- Address Availability of Facility space for females requiring restoration who are also identified as Dangerously mentally ill.
- The clerk of the court shall provide notification to the court and parties of the location of the patient.
- Consider developing a forensic program for competency restoration and civil commitments that is not under Idaho Department of Correction.
- Explore alternatives to the competency restoration process in misdemeanor cases.
- Standardization of expert opinion and/or report.
- Clarify Idaho Code to provide for suspension of court proceedings to allow for community restoration.
- Research existing systems from other states and evidence informed research.
- Differentiation between misdemeanor and felony processes.
- Clarify Process for Post-Commitment Placement Determinations.
- Standardize court procedures
- Alternatives to commitment: ensure less restrictive options have been exhausted.
- Address needs for commitment of individuals who do not require hospital level of care.



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Treatment

Improve the overall efficiency and effectiveness of Idaho's competency restoration processes for juveniles, including the identification of alternatives to commitments that address a full continuum of needs by June 30, 2023.

- Establish a multidisciplinary group to review statute [I.C.20-519](#), data related to its use, and experiences from stakeholders.
- Develop a Bench Card and Parents Guide for Juvenile I.C.20-519 Competency



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Non-Medical

- Rent Assistance
- Utility Assistance
- Burial/Cremation



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Medical

HB316 Limits Eligibility as of March 1, 2022:

- Medicaid
- Insurance



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News for your household:

We have processed your application for Health Coverage Assistance. The results for the members of your family are summarized below.

Medicaid:

The following individuals are denied for Medicaid retroactively for November, 2019.

Name	Reason (see below for additional information)
[REDACTED]	Failure to Provide Info

Failure to Provide Info: You did not provide the requested information. Rule: 16.03.01.100-199; 16.03.01.500

More Information About Your Coverage:

To be considered for the Advance Payment of Premium Tax Credit you must be a member of a tax filing household where the spouses file taxes together, **and** the household is applying for Health Coverage Assistance, **and** be an individual who is not eligible for Medicaid or any other health coverage, **and** have income between 100% and 400% of the federal poverty limit.



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Your household eligibility

This is an overview of your household benefits

Advance Payment of Premium Tax Credit (APTC)

Name	Program	Status	Reason	Max Monthly Household APTC Amount
[REDACTED]	APTC	Denied or Discontinued	Not Eligible - Non-Applicant	
[REDACTED]	APTC	Denied or Discontinued	Not Eligible - Does Not Meet Income Requirements	



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Income Limit: Your income is over the limit

What we know about your household

This is an overview of the information we used to determine your eligibility.

Name	Tax Filing Status	Income Type	Average Monthly Income Amount	Income Sources
[REDACTED]	Tax Filer	Salary, Wages	\$6,714.53	[REDACTED]
[REDACTED]	Tax Filer	NONE	NONE	NONE
Household Expenses: No allowable expenses reported.				
Household Resources: No countable resources reported.				
Household Property: No countable property reported.				



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29

Thank you!

Questions?



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30