

Supplemental Estimate of Planned Expenditures on Covered Clinical and Oral Health Services

DSHS policy 207.001 requires DSHS to annually calculate estimates of local and statewide planned expenditures on clinical services and oral health services typically covered by health insurance policies. These estimates should be used to make cost comparisons for health insurance assistance.

To provide flexibility and ensure continuity of coverage, DSHS has issued the following program guidance:

- There will be no ‘cap’ on assistance for clients who were enrolled in HIA prior to 09/01/17 **and** have continuously maintained enrollment with no change in their circumstances pertinent to HIA eligibility (e.g. income, dependents) per the enrollee’s eligibility documentation.<sup>1</sup>
- Administrative Agencies (AAs) may use the standardized estimates listed below to make cost comparisons for both health insurance and dental insurance assistance across the state. For otherwise eligible clients who were enrolled after 09/01/17 and for all new or returning clients the amount expended on health insurance and dental insurance assistance can go up to:
  - Statewide standardized estimate for covered clinical services: \$10,000
  - Statewide standardized estimate for oral health services: \$2,000

Consumer HIA Status	Health Insurance Cap	Dental Insurance Cap
Enrolled in HIA prior to 09/01/17 <sup>2</sup>	N/A	N/A
Currently receiving HIA and/or first enrolled after 09/01/17	\$10,000	\$2,000

Statewide HIA cap data was calculated based upon FY 2019 reported allocations submitted by AAs and other directly-funded grantees and may be used when determining the cost effectiveness of insurance enrollment for 2019/2020. Local areas may set a lower cap number using their actual clinical services expenditure data consistent with policy 270.001.

These estimates are intended to offer Planning Bodies and AAs flexibility to craft their local HIA policies and allocations to best meet the need of consumers utilizing or seeking HIA services in their respective areas.

<sup>1</sup> See TDSHS policy 220.001, Eligibility to Receive HIV Services

<sup>2</sup> Only those HIA clients who have been continuously enrolled in HIA services since 09/01/2017 or earlier. For clients enrolled after 9/1/17 and all new or returning HIA clients, the \$10,000 health insurance and \$2,000 dental insurance caps apply.