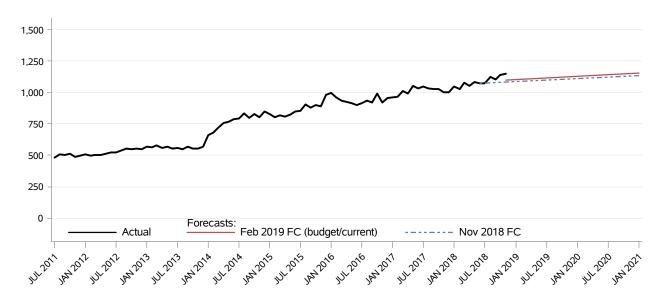
Medical Services Alien Emergency Medical

CFC Monthly Monitoring Report

The **Alien Emergency Medical** covers health care services to treat qualifying emergency medical conditions. To be eligible for AEM, an individual must: • Be categorically relatable to a Medicaid program but not eligible for the Medicaid program solely due to immigration status requirements; and • Have a qualifying emergency medical. Health programs with CN, ABP, or MN scope of care and meet the eligibility criteria for either the Aged, Blind or Disabled–cash or the Housing Essential Needs (HEN) program.



		Forecasts		Budget/Current Forecast and Variance			
Month	Actual	Nov 2018	Feb 2019	Feb 2019	N	%	
JUN 2018	1,073	1,072					
JUL 2018	1,075	1,074					
AUG 2018	1,123	1,077					
SEP 2018	1,102	1,079					
OCT 2018	1,139	1,081					
NOV 2018	1,149	1,083	1,098	1,098	51	4.6%	
DEC 2018		1,085	1,101	1,101			
JAN 2019		1,087	1,103	1,103			
FEB 2019		1,089	1,105	1,105			
MAR 2019		1,092	1,107	1,107			
APR 2019		1,094	1,109	1,109			
MAY 2019		1,096	1,112	1,112			

Data Source: HCA Provider One (last update: 02/06/2019)

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Descriptions:

- **Actual:** The number of clients eligible at any time during the month and are lag adjusted up to 24 months and the most recent two months of data are not shown.
- **Budget Forecast:** Caseload forecast adopted by the Caseload Forecast Council to serve as the basis for the biennial or supplemental budget. The actual budget may incorporate adjustments to this forecast to reflect legislation and policy decisions by the legislature subsequent to the development of the forecast.
- Current Forecast: Most recent forecast adopted by the Caseload Forecast Council; may be the same as the Budget Forecast.

Disclaimer of Liability:

Although the Washington State Caseload Forecast Council does all that it can to assure the accuracy of its forecasts and the data on which its forecasts are based, no warranty expressed or implied is made regarding accuracy, adequacy, completeness, legality, reliability, or usefulness of any information contained herein. This disclaimer applies to both isolated and aggregate uses of the information. If you find any errors or omissions, we encourage you to report them to the Caseload Forecast Council.