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State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Page with like 179 Form data
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

December 21, 2018

Susan Birch, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 18-0017

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 18-0017. This amendment updates the Medicaid State Plan to integrate physical and behavioral health services under the Health Care Authority.

This SPA is approved with an effective date of July 1, 2018. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If there are additional questions please contact me, or your staff may contact Maria Garza at maria.garza@cms.hhs.gov or (206) 615-2542.

Sincerely



David L. Meacham
Associate Regional Administrator

cc:
Ann Myers, SPA Coordinator

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WA - Submission Package - WA2018MS0007O - (WA-18-0017) - Administration

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CMS-10434 OMB 0938-1188

Package Information

Package ID	WA2018MS0007O	Submission Type	Official
Program Name	N/A	State	WA
SPA ID	WA-18-0017	Region	Seattle, WA
Version Number	5	Package Status	Approved
Submitted By	Ann Myers	Submission Date	9/24/2018
Package Disposition		Approval Date	12/21/2018 11:39 AM EST
Priority Code	P2		

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Date: 12/21/2018

Head of Agency: Sue Birch

Title/Dept : Health Care Authority Director

Address 1: PO Box 45502

Address 2:

City : Olympia WA

State: WA

Zip: 98504

MACPro Package ID: WA2018MS00070

SPA ID: WA-18-0017

Subject

WA 18-0017 updates the single state agency section

Dear Sue Birch

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for Washington TN#18-0017.

Reviewable Unit	Effective Date
Designation and Authority	7/1/2018
Eligibility Determinations and Fair Hearings	7/1/2018
Organization and Administration	7/1/2018
Single State Agency Assurances	7/1/2018

This amendment updates the Medicaid State Plan to integrate physical and behavioral health services under the Health Care Authority.

Sincerely,

Stephanie Kaminsky

Acting Division Director

Approval Documentation

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

Package Header

Package ID WA2018MS00070

SPA ID WA-18-0017

Submission Type Official

Initial Submission Date 9/24/2018

Approval Date 12/21/2018

Effective Date N/A

TN#: 18-0017

Approved: 12/21/18

Effective: 7/1/18

Superseded SPA ID N/A

State Information

State/Territory Name: Washington

Medicaid Agency Name: Health Care Authority

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

Package Header

Package ID	WA2018MS00070	SPA ID	WA-18-0017
Submission Type	Official	Initial Submission Date	9/24/2018
Approval Date	12/21/2018	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID WA-18-0017

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	7/1/2018	WA-15-0041
Eligibility Determinations and Fair Hearings	7/1/2018	WA-15-0041
Organization and Administration	7/1/2018	WA-15-0041
Single State Agency Assurances	7/1/2018	WA-15-0041

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

Package Header

Package ID	WA2018MS00070	SPA ID	WA-18-0017
Submission Type	Official	Initial Submission Date	9/24/2018
Approval Date	12/21/2018	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA describes the organization of Washington's single state agency, the Washington State Health Care Authority (HCA), and the administration of the state's Medicaid program, including the agencies that HCA has delegated authority to administer certain programs and activities.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

Section 1905(a) of the Social Security Act; 42 CFR 431.10

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

Package Header

Package ID	WA2018MS00070	SPA ID	WA-18-0017
Submission Type	Official	Initial Submission Date	9/24/2018
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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Exempt

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

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Superseded SPA ID N/A	

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency


Date of Posting: Jun 12, 2018

Website URL: <https://www.hca.wa.gov/about-hca/news-data-and-reports-hca/public-notices>

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
18-0017-AgencyOrganizationPublicNoticeWSR-18-13-032	9/17/2018 3:35 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

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Superseded SPA ID N/A	

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
3/19/2018	Regarding the implementation of the legislative transfer of behavioral health services from the Dept. of Social and Health Services to the Health Care Authority: Roundtables held March 21, April 5, and April 12, 2018, via in-person, webinar, and telephone participation. Email and hard copy notices sent.
4/30/2018	Consultation held via in-person meeting with webinar and telephone participation. Email and hard copy notices sent.
6/6/2018	Regarding notice of SPA 18-0017 specifically: Email and hard copy notices sent.

All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
3/19/2018	Regarding the implementation of the legislative transfer of behavioral health services from the Dept. of Social and Health Services to the Health Care Authority: Roundtables held March 21, April 5, and April 12, 2018, via in-person, webinar, and telephone participation. Email and hard copy notices sent.
4/30/2018	Consultation held via in-person meeting with webinar and telephone participation. Email and hard copy notices sent.
6/6/2018	Regarding notice of SPA 18-0017 specifically: Email and hard copy notices sent.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
3/19/2018	Regarding the implementation of the legislative transfer of behavioral health services from the Dept. of Social and Health Services to the Health Care Authority: Roundtables held March 21, April 5, and April 12, 2018, via in-person, webinar, and telephone participation. Email and hard copy notices sent.






TN#: 18-0017

Approved: 12/21/18

Effective: 7/1/18

Date of consultation:	Method of consultation:
4/30/2018	Consultation held via in-person meeting with webinar and telephone participation. Email and hard copy notices sent.
6/6/2018	Regarding notice of SPA 18-0017 specifically: Email and hard copy notices sent.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal-Roundtables-BHI-Integration-TribalNoticeDocumentation3-19-18	9/17/2018 4:18 PM EDT	
Tribal Rountable #1-Slides 2018-03-21- HB 1388	9/17/2018 4:19 PM EDT	
18-0017-AgencyOrganizationTribalNoticeDocumentation	9/17/2018 4:20 PM EDT	
Minutes 2018-04-30 Tribal Consultation on House Bill 1388	9/17/2018 4:20 PM EDT	
AgreementFromTribalConsultationReBHI-NotificationDocumentation05-17-18	9/17/2018 4:21 PM EDT	

1 - 5 of 5

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

Package Header

Package ID	WA2018MS00070	SPA ID	WA-18-0017
Submission Type	Official	Initial Submission Date	9/24/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	WA-15-0041		
	User-Entered		

A. Single State Agency

1. State Name: Washington

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).



3. Name of single state agency:

Washington State Health Care Authority

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
18-0017-AgencyOrganization-Att-1.1-A-AG-Certification	11/5/2018 5:05 PM EST	
18-0017-AgencyOrganization-AttorneyGeneralDelegationLetter	12/18/2018 1:30 PM EST	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

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	User-Entered		

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

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Package ID	WA2018MS00070	SPA ID	WA-18-0017
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	User-Entered		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
 - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
 - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
 - iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

Package Header

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	User-Entered		

B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.
 1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
 - a. Medicaid agency
 - c. Local governmental entities
 - d. Delegated governmental agency
 3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):
 - All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

Package Header

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	User-Entered		

C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
- No

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

Package Header

Package ID	WA2018MS00070	SPA ID	WA-18-0017
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	User-Entered		

A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The Health Care Authority (HCA) is designated as the single state agency and has final authority for eligibility determinations. According to Washington State law and as permitted by Medicaid law, HCA & the Department of Social and Health Services (DSHS - the Title IV-A Agency) have established an agreement regarding the provision of certain eligibility determinations for non-MAGI Medicaid programs. This agreement defines the responsibilities of HCA as the administrator of the Medicaid State Plan, and DSHS as the representative of the agency's interest along with HCA, for the Medicaid program. HCA oversees & monitors the program functions delegated to DSHS.

In HCA, the Medical Eligibility Determination Services (MEDS) section in the Medicaid Eligibility and Community Support (MECS) division is responsible for completing MAGI-based eligibility & post-enrollment determination for children & adults in Apple Health (including Alien Emergency Medical services for those eligible for Medicaid but for their immigration & citizenship status, under MAGI-based income methodology), Breast & Cervical Cancer Treatment Program, & family planning programs. The Office of Medicaid Eligibility & Policy (OMEP) in MECS develops Apple Health/Apple Health for Kids eligibility rules & policy, ensures eligibility systems support & enrolls foster care & adoption support children into Medicaid when DSHS has determined they are eligible.

Per agreement, HCA delegates to DSHS the management of non-MAGI-based eligibility determinations for the following programs: SSI & SSI-related programs for the aged, blind and disabled eligibility groups; Alien Emergency Medical services for those eligible for Medicaid but for their immigration & citizenship status, under non-MAGI-based income methodology; the Medicare Savings program; & long-term care programs.

b. Fair Hearings (including expedited fair hearings)

The Office of Legal Affairs (OLA), an office in the Division of Legal Services (DLS), provides legally trained staff to represent HCA in administrative hearings regarding denials of services (medical/dental/transportation/equipment) and provider overpayments, before the state Office of Administrative Hearings (OAH) and the Board of Appeals (BOA), which is a separate office in DLS. The Medical Eligibility Determination Services (MEDS) section in the Medicaid Eligibility & Community Support (MECS) division represents HCA in administrative hearings regarding eligibility for MAGI-based program eligibility (adult/children/family/Alien Emergency Medical), as well as eligibility for the Breast & Cervical Cancer Treatment Program, & family planning programs.

HCA has delegated to DSHS the function of representing the Medicaid agency at administrative hearings (including expedited hearings) regarding decisions made by DSHS related to non-MAGI eligibility determinations.

An individual can request de novo review of any decision (i.e., benefits & services, non-MAGI or MAGI-based eligibility determinations) by the HCA BOA, which is a separate office in DLS, not associated with any other office in DLS.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

Health care delivery is managed in various sections of several divisions:

1. The Division of Behavioral Health and Recovery (DBHR)

- Mental health and substance use disorder treatment
- Medication-assisted treatment
- Emergency services and behavioral health crisis services
- Recovery support, substance use prevention, and mental health promotion services
- * Problem gambling disorders

2. Medicaid Program Operations and Integrity (MPOI)

- Community Services: Manages family health care services, non-emergency medical transportation, & Medicaid outreach conducted by federally recognized tribes, school districts, & local health jurisdictions. Provides management & oversight of the Interpreter Services contractor providing interpreters for medically necessary services
- Managed Care Programs: Coordinates & assures adherence to state & federal law & federal lock-in program rules. Manages & oversees contracted managed care organizations delivering Medicaid services
- Medicaid Program Design & Implementation: Develops and implements new & innovative Medicaid programs such as Health Homes, 1115 waivers, & fully integrated health care services

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Effective: 7/1/18

3. Clinical Quality & Care Transformation (CQCT)

- * Pharmacy Operations: Manages the prescription drug program, directs overall pharmacy coverage policy & conducts pharmacy clinical reviews for fee-for-service prior authorizations.
- * Authorization Services: Processes authorizations for fee-for-service medical, dental, & DME pharmacy. Processes alien emergency medical applications & hospice-related requests.
- * Clinical Strategy & Operations: Provides care transformation, decision & clinical support

Per agreement, HCA delegates the management of the following to DSHS:

- Residential Habilitation Centers/Public Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) (42 CFR 483.400)
- Privately operated, licensed boarding homes or nursing homes that have Medicaid certification as Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) (42 CFR 483.400)
- Home & Community-Based Services (HCBS) programs including Medicaid Personal Care & the Community First Choice Program
- Certain Chronic Care Management services
- Long-term Care (adult family homes, boarding homes, & the community residential services & support programs) & nursing facility services

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Program & policy support is managed in various sections of several divisions:

1. Policy division (POL)

- Paying for Value: Implements value-based purchasing policies
- Legislative Affairs & Analysis: Coordinates legislative activities
- Health Innovation & Reform: Strategy & policy to advance health system transformation & oversees implementation of Healthier Washington.
- Medicaid Transformation: Develops & supports Medicaid transformation within Healthier Washington.
- Analytics, Research & Measurement: Provides data & analytic support to inform & monitor policy & innovation.

2. Clinical Quality & Care Transformation (CQCT)

- * Pharmacy Operations: Manages the prescription drug program, directs overall pharmacy coverage policy & conducts pharmacy clinical reviews for fee-for-service prior authorizations
 - Health Services & Management: Develops Medicaid medical benefit policy & provides utilization management
 - Authorization Services: Processes authorizations for FFS medical, dental, & DME pharmacy. Processes alien emergency medical applications & hospice-related requests.
 - Clinical Strategy & Ops: Provides care transformation & performance measurement leadership, decision & clinical support
 - Health Technology Assessment Program: Reviews selected health technologies to develop coverage & reimbursement policies

3. Medicaid Eligibility and Community Support (MECS)

- Medical Eligibility Determination Services (MEDS): Completes eligibility & post-enrollment determination for children & adults in Apple Health, Breast & Cervical Cancer Treatment Program & Take Charge Family Planning
- Medical Assistance Customer Service Center (MACSC): Helps Apple Health clients & providers with questions & issues about Medicaid coverage, managed care, billing, claims & enrollment
- Office of Medicaid Eligibility & Policy (OMEP): Develops Apple Health/Apple Health for Kids eligibility rules & policy, ensures eligibility systems support, conducts stakeholder outreach, & opens medical coverage for foster care and adoption support children

4. Medicaid Program Operations and Integrity (MPOI)

- Behavioral Health: Manages & monitors contracts for behavioral health services
- Medicaid Compliance Review & Analytics: Monitors fee-for-service & managed care providers to ensure contract compliance; provides clinical-based technical assistance to managed care organizations; investigates & resolves enrollee access to care & quality of care concerns; monitors & improves special programs; & triages critical incidents reported by health plans.
- Medicaid Program Design & Implementation: Develops & implements new & innovative Medicaid programs such as Health Homes, 1115 waivers, & fully integrated health care services.
- Program Integrity: Conducts audits & reviews of fee-for-service & managed care providers to prevent & recover improper payments

5. Division of Behavioral Health and Recovery (DBHR) supports:

- Mental health and substance use disorder treatment
- Medication-assisted treatment
- Emergency services and behavioral health crisis services
- Recovery support, substance use prevention, and mental health promotion services
- * Problem gambling disorders
- * Waiver programs

6. Division of Legal Services

- *Office of Rules & Publications: Manages rule making; maintains the Medicaid State Plan & manages the process to amend it

7. Office of Tribal Affairs & Analysis:

- Advises on government-to-government relationships with tribes
- Conducts training in government-to-government relationships with tribes & the policy reasons for these relationships.
- Works with tribes, the Indian Health Service, & Urban Indian Health Programs on issues and concerns.
- Develops program policies & rules

8. DSHS (per agreement):

- * 1915(b) & (c) waivers
- * Demonstration projects
- * ICF/ID
- * HCBS prgms
- * Long term care
- * Chronic care

e. Administration, including budget, legal counsel

Administration is managed in various sections of several divisions:

1. Financial Services (FS)

TN#: 18-0017

Approved: 12/21/18

Effective: 7/1/18

- Budget preparations & expenditure monitoring
 - Accounting & payroll
 - Per-capita Medicaid forecasting
 - Managed care rate-setting methods for Medicaid clients
 - Setting fee-for-service rate schedules for physicians, dentists, hospitals, clinics, & others
2. The Division of Legal Services (DLS)
- Office of Rules & Publications (ORP): Manages rule making (for Washington Administrative Code)&provider billing guide actions; maintains Medicaid State Plan & the amendment process
 - Office of Legal Affairs (OLA): Handles administrative hearings & appeals for denials of service & provider overpayments
 - Office of Contracts & Procurements (OCP): Provides guidance for contract/procurement/purchasing activities
 - Enterprise Risk Management Office (ERMO): Provides legal services & oversees HCA's risk management programs & the Board of Appeals (BOA)
3. Office of Tribal Affairs & Analysis:
- Advises on government-to-government relationships with tribes in accordance with federal Medicaid requirements & chapter 43.376 RCW.
 - Conducts training in government-to-government relationships with tribes & the policy reasons for these relationships
 - Works with tribes, the Indian Health Service, & Urban Indian Health Programs on issues and concerns
 - Develops program policies & rules

f. Financial management, including processing of provider claims and other health care financing

Financial management is managed by various sections in several divisions:

1. Financial Services (FS)
- Budget preparations & expenditure monitoring
 - Accounting & payroll
 - Per-capita Medicaid forecasting
 - Managed care rate-setting methods for Medicaid clients
 - Setting fee-for-service rate schedules for physicians, dentists, hospitals, clinics, & others
2. Medicaid Program Operations & Integrity (MPOI)
- Business Operations & Claims Support: Provides timely & accurate adjudication of fee-for-service claims
 - Community Services: Medicaid outreach conducted by federally recognized tribes, school districts, & local health jurisdictions

g. Systems administration, including MMIS, eligibility systems

1. ProviderOne Operations & Services (P1OS)
- Office of Medicaid Systems & Data: Operates & maintains ProviderOne (P1) (MMIS), manages the MMIS contract, provides system support to P1 business customers
 - Office of Provider Enrollment: Verifies provider eligibility to offer Medicaid services.
 - Office of Enterprise Data Management & Analytics (EDMA): Responsible for a variety of Medicaid state & federal reporting & enterprise data management/governance processes
 - Medicaid Information & Technology Architecture (MITA): Baselines organizational processes against the CMS MITA framework & develops initiatives intended to modernize WA State Medicaid systems.
 - ProviderOne Enhancement & Contract Performance: Manages the P1 operations & maintenance contract to ensure adherence to all federal/state requirements & manages the life cycle of numerous federal & state initiatives that require P1 enhancements.
2. Enterprise Technology Services (ETS)
- *Provides information technology (IT) supports, installation, ordering & access for services
 - *Helps analyze business needs & recommends solutions
 - *Web & multimedia services, database services, application development & support, Agency networking & infrastructure services, IT portfolio management services, enterprise architecture services, & other strategic planning/decision making services, support for Amazon Web Services utilization, Health Information Technologies, enterprise application systems support, enterprise telephone systems, desktop support, service desk, IT business services, PAY1 & SEBB IT services, & security services.

h. Other functions, e.g., TPL, utilization management (optional)


1. Clinical Quality and Care Transformation (CQCT)
- Health Services and Management: Develops Medicaid medical benefit policy & provides utilization management
 - Clinical Support: Provides care transformation & performance measurement leadership, decision support, clinical analytics, & clinical contract support
 - Prescription Drug Program: Identifies preferred drugs & increases awareness of cost-effective use of prescription drugs. (Non-Medicaid-funded)
 - Shared Decision Making Program: Runs certification process for Patient Decision Aids & leads efforts for statewide spread of shared decision making. (Non-Medicaid-funded)
 - Clinical Quality Performance Measurement: Provides leadership for Agency clinical & value-based measurement strategies, including oversight for Statewide Common Measure Set. (Non-Medicaid-funded)
2. Medicaid Program Operations and Integrity (MPOI)
- Behavioral Health: Manages & monitors contracts with Behavioral Health Organizations, provides contractual oversight for behavioral health services which include mental health, substance use disorder inpatient & outpatient care, crisis response, & many other services.
 - Managed Care Programs: Coordinates & assures adherence to state & federal law, & federal lock-in program rules; manages & oversees contracted managed care organizations delivering Medicaid services.
 - Medicaid Compliance Review & Analytics: Monitors fee-for-service & managed care providers to ensure compliance with contractual requirements; provides clinical-based technical assistance to managed care organizations; investigates & resolves enrollee access to care issues & quality of care concerns; monitors & improves special programs; & triages critical incidents reported by health plans.
 - Program Integrity: Conducts audits & reviews of fee-for-service & managed care providers to ensure compliance with Medicaid laws & contractual requirements & prevent and recover improper payments.
3. Communications (COM): helps with internal & external communications (including client communications), including strategic messaging & communications planning, media relations, & visual communications (including forms & publications); partners with Enterprise Technology Services to oversee HCA's website & intranet.
4. The Office of Audit & Accountability (OAA) provides independent & objective feedback about business operations to help ensure processes & internal controls comply with state & federal requirements; works closely with the Office of the Attorney General to investigate fraud & abuse that could result in higher health care costs.

5. Planning & Performance division (PPD): leads Lean activities, Performance Management Quarterly Target Reviews, sets standards for project management, & conducts Organizational Change Management activities.

6. The Employee Resources Division (ERD) includes:

- Mail & Imaging Services: Processes mail & images paper claims, forms, & eligibility documents to support HCA, the Health Benefit Exchange, & DSHS supporting Medicaid.
- Facilities: Oversees building operations, maintenance, & reception to ensure continued & efficient functioning of infrastructure
- Human Resources: Assists in hiring; provides information & access to employee training & development opportunities, manages performance development programs & collective bargaining agreements
- Safety & Wellness: Oversees security, ergonomics, & the safety and wellness program

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
HCA Organization Chart with Sections	9/24/2018 12:52 PM EDT	

Organization and Administration

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Package Header

Package ID	WA2018MS00070	SPA ID	WA-18-0017
Submission Type	Official	Initial Submission Date	9/24/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	WA-15-0041		
	User-Entered		

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title

Single state agency under Title IV-A (TANF)

Description of the functions the delegated entity performs in carrying out its responsibilities:

According to Washington State law and as permitted by Medicaid law, HCA & the Department of Social and Health Services (DSHS) have established an agreement regarding certain functions. This agreement defines the responsibilities of HCA, the Single State Agency, as the administrator of the Medicaid State Plan, and DSHS, Title IV-A Agency, as the representative of the agency's interest along with HCA, for the Medicaid program. HCA oversees & monitors the program functions delegated to DSHS.

HCA delegates to DSHS the authority to determine eligibility for and to represent HCA's interest at administrative hearings (including expedited hearings) for eligibility regarding non-MAGI programs, including SSI & SSI-related programs for the Aged, Blind, or Disabled eligibility groups, Healthcare for Workers with Disabilities, Alien Emergency Medical for those not eligible under MAGI rules, the Medicare Savings Program, and long-term care programs.

Title

The Social Security Administration

Description of the functions the delegated entity performs in carrying out its responsibilities:

Pursuant to a 1634 agreement, the Department for Social Security Administration determines eligibility for Supplemental Security Income recipients.

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
- No

Name of agency: ↑	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Department of Corrections	Partners with HCA and the Department of Labor & Industries in the HCA-administered Health Technology Assessment program and Prescription Drug Program which set common standards for evidence-based practices.
Department of Health	Regulates provider licensure within scope-of-practice standards set in state law & addresses population-based public health issues.
Department of Social and Health Services	<p>Maintains the eligibility system of record for Medicaid & public assistance programs. In cases where DSHS takes action on behalf of HCA, the DSHS employee acts as an authorized agent (representative) of HCA. HCA delegates to DSHS the authority to administer the programs below. HCA retains policy making authority and responsibility to monitor & oversee DSHS' administration of these Medicaid services:</p> <ul style="list-style-type: none"> * Eligibility determinations for non-MAGI-based programs (SSI & SSI-related programs for the aged, blind & disabled eligibility groups, Alien Emergency Medical for those not eligible under MAGI rules, the Medicare Savings Program, & long-term care programs). • Residential Habilitation Centers/Public Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) (42 CFR 483.400). • Section 1915(b) and 1915(c) waivers (42 CFR 440.180). Note: HCA maintains overall responsibility for all waivers; DSHS manages certain waiver services. • Privately operated, licensed boarding homes or nursing homes that have Medicaid certification as Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) (42 CFR 483.400) • Home and Community-Based Services (HCBS) programs within

<p>Name of agency: ↑</p>	<p>Description of the Medicaid functions or activities conducted or coordinated with another executive agency:</p> <p>the State, including Medicaid Personal Care and the Community First Choice Program</p> <ul style="list-style-type: none"> • Certain Chronic Care Management services • Approved Medicaid grants and demonstration projects. Note: HCA maintains overall responsibility for all Medicaid grants and demonstration projects; DSHS manages certain grant and project services. • Long-term Care (adult family homes, boarding homes, and the community residential services and support programs) and nursing facility services. DSHS will administer and pay for administrative and programmatic services related to long-term care and nursing facility services • HCA recognizes DSHS as the State Survey Agency for Medicare and Medicaid Survey and Certification as described in the Federal State Operations Manual. State Medicaid Agency functions delegated to the DSHS State Survey Agency include: <ul style="list-style-type: none"> o Minimum Data Set (MDS) review & analysis for calculating case mix adjusted Medicaid rates o Administration of Medicaid enforcement & compliance remedies for deficient nursing facilities, including civil fines, collections, and formal & informal hearings o Quality Improvements & Evaluation System o The Quality Assurance Nurses (QAN) program, including case mix accuracy & utilization review of Nurse Aide registry (NATCEP) program o Investigation of allegations of resident/client abuse, neglect, or misappropriation of nursing facility residents, including findings, as appropriate
<p>Office of Administrative Hearings</p>	<p>Conducts all initial (first level) administrative hearings</p>
<p>Office of the Insurance Commissioner</p>	<p>Regulates & oversees Washington State's health insurance industry, including the licensing & oversight of all carriers & assurance of consumer protections.</p>
<p>1 - 5 of 5</p>	

Organization and Administration

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F. Additional information (optional)

Medicaid State Plan Administration

Organization

Single State Agency Assurances

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State WASHINGTON

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Washington State Health Care Authority is the single State agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is:

Chapters 41.05 and 74.09 Revised Code of Washington
(statutory citation)


supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in:

(statutory citation)

The agency's legal authority to make rules that are binding on the political subdivisions administering the plan is:

9-10-18
DATE


Signature

SENIOR COUNSEL, ATTORNEY
Title
GENERAL'S OFFICE