



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JUL 14 2008

Robin Arnold-Williams, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: TN 07-014

Dear Ms. Arnold-Williams:

The Department of Social and Health Services, Health and Recovery Services Administration, submitted State Plan Transmittal Number 07-014 to the Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office for review. This amendment provides the Medicaid Single State agency the authority to delegate the responsibility for making Medicaid eligibility determinations to the Port Gamble S'Kallam Tribe (the Tribe), as a pilot project for a specified time period. The Tribe will be limited to determining eligibility for the Categorically Needy program for families, children, and pregnant women in households that contain at least one tribal member.

Prior to implementing this State Plan Amendment (SPA), the State must submit to the CMS Regional Office a copy of the agreement to perform Medicaid eligibility determinations between the State and Tribe. In constructing the contract with the Tribe, the State must define the duration of the pilot project and evaluation period. The agreement must provide that the Tribe accepts the State's oversight authority in the administration and supervision of the Medical Assistance program. Acceptance of the State's authority and oversight must extend to all actions taken by the Tribe in carrying out its duties under the agreement. The agreement must describe the staff used by the Tribe to carry out its responsibilities, must describe the functions performed by that staff, and must provide that the Single State Agency will retain ultimate administrative discretion in the administration and supervision of the State Plan, including issuance and interpretation of all policies, rules and regulations. For its part, the State is obligated to assure that the Plan is administered in all localities in accordance with the requirements of 42 CFR 431.10, 431.11 and 431.50.

CMS has completed its review of the amendment including the pen and ink changes provided in the State's response to our request for additional information received via email on April 19, 2008, and subsequent pen and ink changes per emails received on June 13 and June 23, 2008. The SPA is approved effective June 1, 2008, as requested by the State.

Page 2 - Robin Arnold-Williams, Secretary

If you have additional questions or require further assistance, please contact Liz Trias at (206) 615-2400 or via email at Elizabeth.Trias@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara K. Richards". The signature is written in a cursive style with some capital letters.

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

Enclosure

cc:

Doug Porter, Assistant Secretary
Ann Meyers, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 07-014	2. STATE Washington
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE June 1, 2008	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN AMENDMENT <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2008 \$16,666 b. FFY 2009 \$50,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Numbered Page 7 Attachment 1.2-D Page 1		Numbered Page 7	
10. SUBJECT OF AMENDMENT: Tribal Determination of Eligibility			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: ROBIN ARNOLD-WILLIAMS		Ann Myers Department of Social and Health Services Health and Recovery Services Administration 626 8 th Ave SE MS: 45504 Olympia, WA 98504-5504	
14. TITLE: Secretary			
15. DATE SUBMITTED: Dec 28, 2007			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/31/2007		18. DATE APPROVED: JUL 14 2008	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUN - 1 2008		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Barbara K. Richards		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

REVISION: HCFA-AT-80-38
May 22, 1980

(BPP)

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation

42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Health and Recovery Services Administration (formerly known as the Medical Assistance Administration) has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.
- () Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

DESIGNATED LOCAL AGENCY FOR LIMITED MEDICAID ELIGIBILITY DETERMINATIONS

Citation

42 CFR 431.11(d)

- (a) The State agency designates the Port Gamble S'Kallam tribe as the local public agency (known as the "Tribe") to determine eligibility for Categorically Needy: Family, Children's and Pregnant Women's Medicaid programs, for households that include at least one tribal member, in addition to the State agency's determinations. Applications that do not qualify for eligibility determination by the Tribe will be forwarded to the appropriate DSHS-CSO.
- (b) The Tribe completes eligibility determinations using Federal statutory and regulatory requirements and the State agency rules, regulations, policies, and procedures. The Health and Recovery Services Administration (HRSA) will retain ultimate administrative discretion, in administration and supervision of the State plan, including issuance and interpretation of all policies, rules, and regulations.
- (c) The Tribe hires staff according to tribal policy and provides such staff with job protections comparable to the State agency hiring and merit system rules.
- (d) The Tribe uses the State agency's Automated Client Eligibility System (ACES) to record all eligibility determinations and uses the State agency's electronic case management system for record maintenance and retention.
- (e) The Tribe is supervised by the State agency. The State agency provides training for Tribal staff, quality controls including audits, and evaluation.
- (f) This is a pilot project of a specified duration per the contract with the Port Gamble S'Kallam Tribe and will be evaluated by the State with a report of findings to CMS.