



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

AUG 19 2008

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

RE: Washington State Plan Amendment 08-011

Dear Ms. Arnold-Williams:

The Centers for Medicare & Medicaid Services has completed our review of State Plan Transmittal Number 08-011.

This amendment updates Washington's benchmark benefits package, which provides disease management services to adult Medicaid recipients with complex medical needs who are diagnosed with certain chronic medical conditions. Specifically, it aligns the language of the State Plan Amendment (SPA) with the language of the Prepaid Ambulatory Health Plan (PAHP) contracts between Washington State and both United Healthcare Services, Inc., and the City of Seattle. All other services under this program are provided via fee-for-service and reimbursed as described in Washington's Medicaid State Plan.

This Plan amendment is approved effective April 1, 2008, as requested by the State.

If you have any questions concerning this SPA, please contact Jan Mertel at (206) 615-2317 or via email at Jan.Mertel@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Barbara K. Richards".

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

cc:

Douglas Porter, Assistant Secretary
Ann Myers, Medicaid State Plan Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 08-011	2. STATE Washington
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 1, 2008	

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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 \$0 b. FFY 2009 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-C pages 3 through 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-C pages 3 through 6

10. SUBJECT OF AMENDMENT:

Disease Management

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Robin Arnold-Williams</i>	16. RETURN TO: Ann Myers Department of Social and Health Services Health and Recovery Services Administration 626 8 th Ave SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: ROBIN ARNOLD-WILLIAMS	
14. TITLE: Secretary	
15. DATE SUBMITTED: June 23, 2008	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 23 2008	18. DATE APPROVED: AUG 19 2008
-----------------------------------	-----------------------------------

August 19, 2008 (pm)

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Barbara K. Richards</i>
21. TYPED NAME: Barbara K. Richards	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON**ALTERNATIVE BENEFITS****BENCHMARK BENEFIT PACKAGE/BENCHMARK EQUIVALENT BENEFIT PACKAGE****A. Populations (contd)**

For the opt-in populations/individuals, describe the manner in which the State will inform each individual that such enrollment is voluntary, that such individual may opt out of such alternative benefit package at any time and regain immediate eligibility for the regular Medicaid program under the State plan.

Eligible individuals are encouraged to participate in the program through mailings from the state and the Disease Management (DM) contractors, and telephonic outreach by the DM contractors. Individuals who choose to participate in the opt-in program maintain eligibility for the regular Medicaid benefits at all times. The opt-in program adds additional disease management services for individuals determined to be in the high-risk group described above.

For the opt-in populations/individuals, provide a description of the benefits available under the alternative benefit package and a comparison of how they differ from the benefits available under the regular Medicaid program, as well as an assurance that the State will inform each individual of this information.

In addition to all regular Medicaid program benefits, the alternative benefit package includes disease management interventions, provided either face-to-face, or telephonically, by a Registered Nurse Care Manager, or Licensed Master's Level Social Worker (hereinafter referred to as "the Care Manager"). Individuals who provide these services must meet all Washington state licensing and/or certification requirements for their position. Whether services are provided face-to-face or telephonically is determined in the initial assessment. If the newly enrolled client is unable to interact with the Care Manager telephonically, arrangements are made for the Care Manager to visit with the enrollee on a face-to-face basis. The standard call frequency is once per month; however, schedules for calls and for face-to-face visits are based on enrollee need and may occur more frequently. Interventions provided by the Care Manager include:

- 1. Assessment of new enrollees for risk factors, health status, self-management skills, adherence to the enrollee's treatment plan, knowledge of and adherence to prescribed medications;*
- 2. Development of a six month care plan in coordination with the client's caregivers and Primary Care Provider. The plan is based on the client's specific needs, including language barriers, mental health needs, multiple medications and others.*

The plan includes education about self-management, appropriate use of resources, how to navigate the health care system and how to work with the client's provider to develop a plan of care and adhere to that plan, and is developed in coordination with the client and the client's family/caregivers and provider.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON**ALTERNATIVE BENEFITS****BENCHMARK BENEFIT PACKAGE/BENCHMARK EQUIVALENT BENEFIT PACKAGE****A. Populations (cont)**

3. *After the care plan has been developed and agreed to by the enrollee, the Care Manager monitors the client via telephone and/or face-to-face visits (if necessary) to ensure the enrollee understands the plan and is adhering to it and to provider instructions for care.*
4. *The Care Manager will ensure that the enrollee's PCP and other provider are aware of the care plan and will update providers about the enrollee's progress in adhering to the plan.*
5. *If the enrollee needs help in accessing services through another service system, such as mental health or chemical dependency, the Care Manager will provide assistance to the enrollee in accessing such services by coordinating with providers in the other system.*
6. *Care Managers (as defined above) will provide all disease management interventions. However, lay health workers provide some non-clinical services to enrollees, including: locating the enrollee if contact information provided by the state is incorrect; conducting the initial enrollment screening; mailing health information (brochures, etc) to enrollees; and arranging for transportation to medical and other appointments arranged for by the Care Manager.*

All disease management interventions, including the health risk assessment, care plan development, education and monitoring, and assistance in coordinating services with other systems, will be provided by the Care Manager. All Care Managers (Registered Nurses and licensed Social Workers) are employed by either the Statewide or the Local Disease Management Contractors. Additionally, the Local Disease Management Project subcontracts with the local Information and Assistance Agency to provide services such as client location, initial screenings and program information.

Both the Statewide and Local Disease Management projects provide Care Management services described above; however, in the local disease management program, the Care Manager is required to accompany each enrollee to at least one doctor visit to ensure the enrollee knows how to ask appropriate questions and how to use the information provided by the doctor.

Additionally, the local disease management program includes a medical home program component that consists of a network of primary care providers who are trained in the chronic care model of disease management. This includes using a health care team to most efficiently and effectively manage a client's chronic condition. This includes the client's self management of their disease condition.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON**ALTERNATIVE BENEFITS****BENCHMARK BENEFIT PACKAGE/BENCHMARK EQUIVALENT BENEFIT PACKAGE****A. Populations (contd)**c. Geographical Classification

States can provide for enrollment of populations on a statewide basis, regional basis, or county basis.

Services under this alternative benefit package are available statewide

List any geographic variations:

The State intends to contract with one Statewide Care Management (SCM) contractor, who will identify eligible clients using predictive modeling and will provide nurse care management and medical home assistance to high-risk clients. Additionally, the State will contract with Local Care Management (LCM) program(s) that will provide nurse care management services on a local level, and will provide medical home support services to providers who serve eligible individuals, as well as assisting all eligible individuals who do not have a medical home to find one.

Please provide a chart, listing eligible populations (groups) by mandatory enrollment, opt-in enrollment, geography limitations, or any other requirements or limitations.

All clients in the Aged, Blind and Disabled Categorically Needy eligibility group are eligible for the alternative benefit package of services. All enrollment is voluntary (opt-in). There are no geographical limitations other than the differences described above. Dual eligible Medicare clients will be phased in to the program as the new information system "(ProviderOne)" allows for enrollment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON**ALTERNATIVE BENEFITS****BENCHMARK BENEFIT PACKAGE/BENCHMARK EQUIVALENT BENEFIT PACKAGE****B. Description of the Benefits**

The State will provide the following alternative benefit packages (check all that apply).

1937(b) 1. Benchmark Benefits

- a. FEHBP-equivalent Health Insurance Coverage – The standard Blue Cross/Blue Shield preferred provider option services benefit plan, described in and offered under section 8903(i) of Title 5, United States Code.
- b. State Employee Coverage – A health benefits coverage plan that is offered and generally available to State employees within the State involved. Attach a copy of the State's employee benefits plan package.
- c. Coverage Offered Through a Health Maintenance Organization (HMO) – The health insurance plan that is offered by an HMO (as defined in section 2791(b)(3) of the Public Health Service Act), and that has the largest insured commercial, non-Medicaid enrollment of such plans within the State involved. Attach a copy of the HMO's benefit package.
- d. Secretary-approved Coverage – Any other health benefits coverage that the Secretary determines provides appropriate coverage for the population served. Provide a description of the State's plan. Provide a full description of the benefits package including the benefits provided and any applicable limits.

The alternative benefits package includes all Medicaid State Plan services, plus disease management services and assistance in locating a primary care provider for clients in the high-risk group. Disease management services include a nurse advice line and education and disease management services. Washington's disease management program is designed to help patients better understand and manage their chronic health condition(s) (including diabetes, heart failure and respiratory conditions) through education, lifestyle changes, and adherence to a prescribed plan of care, and to provide assistance to patients in accessing needed services.

The covered State plan services supported by this program are those specified and limited in Attachment 3.1-A, Amount, Duration and Scope of Services, Categorically Needy.

2. Benchmark-Equivalent Benefits.

Specify which benchmark plan or plans this benefit package is equivalent to, and provide the information listed above for that plan: _____

- a. The State assures that the benefit package(s) have been determined to have an actuarial value equivalent to the specified benchmark plan or plans in an actuarial report that: 1) has been prepared by an individual who is a member of the American Academy of Actuaries; 2) uses generally accepted actuarial principles and