DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

APR 26 2012

Douglas Porter, Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5502

RE: Washington State Plan Amendment (SPA) Transmittal Number 11-032

Dear Mr. Porter:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-032. This amendment is a technical correction to the Medicaid State plan and makes no program or reimbursement changes.

This SPA is approved effective October 1, 2011.

Washington submitted this SPA in response to a letter issued to the State on March 4, 2011, as a companion letter to the approval of WA 10-035. When the State converted its managed care program from operating under 1915(b) waiver authority to operating under 1932(a) State plan authority in 2003, it had not used a preprint to document the State's Primary Care Case Management (PCCM) program. The 2011 companion letter required the State to submit an amendment documenting the PCCM program using the appropriate preprint and to remove the current description that was incorrectly placed in the administration section of the State plan. The State has made those changes in SPA 11-032.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or Tania.Seto@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: MaryAnne Lineblad, Assistant Secretary, Aging and Disability Services Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: **11-32**	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE ~~July 1, 2011~~ (P&I) OCT 01 2011	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

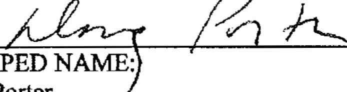
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2012 $0 b. FFY 2013 $0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Part I, pgs 1-12(new) (P&I) ~~Att. 3.1-F pp. 1 – 12 (new)~~ (P&I) ~~Numbered Pages pp. 9c through 9y (remove)~~ (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Numbered Pages, pp 9c through 9y (P&I)

10. SUBJECT OF AMENDMENT:

Primary Care Case Management (PCCM)

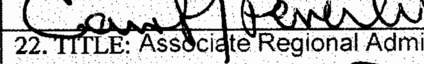
11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Ann Myers Health Care Authority 626 8th Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504
13. TYPED NAME: Doug Porter	
14. TITLE: Director, Health Care Authority	
15. DATE SUBMITTED: 9-29-11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 29, 2011	18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:

3/14/2012 state authorizes P&I change to Box 8

3/15/2012 state authorizes P&I change to Box 8 & 9 (removing pages)

4/26/2012 State authorizes P&I Change to Box 4

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation	Condition or Requirement

1932(a)(1)(A)

A. Section 1932(a)(1)(A) of the Social Security Act.

The State of Washington_enrolls Medicaid beneficiaries on voluntary basis into primary care case managers (PCCMs) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). This authority may ***not*** be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries who are Medicare eligible, who are Indians (unless they would be enrolled in certain plans—see D.2.ii. below), or who meet certain categories of "special needs" beneficiaries (see D.2.iii. - vii. below)

B. General Description of the Program and Public Process.

For B.1 and B.2, place a check mark on any or all that apply.

1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)
42 CFR 438.50(b)(1)

1. The State will contract with an

____ i. MCO
_X_ ii. PCCM (including capitated PCCMs that qualify as PAHPs)
____ iii. Both

42 CFR 438.50(b)(2)
42 CFR 438.50(b)(3)

2. The payment method to the contracting entity will be:

____i. fee for service;
____ii. capitation;
_X_iii. a case management fee;
____iv. a bonus/incentive payment;
____ v. a supplemental payment, or
____vi. other. (Please provide a description below).

Note: PCCM contracted facilities are paid a monthly case management fee; all other healthcare services are paid through the fee for service payment system.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation	Condition or Requirement
1905(t) 42 CFR 440.168 42 CFR 438.6(c)(5)(iii)(iv)	3. For states that pay a PCCM on a fee-for-service basis, incentive payments are permitted as an enhancement to the PCCM's case management fee, if certain conditions are met.

If applicable to this state plan, place a check mark to affirm the state has met ***all*** of the following conditions (which are identical to the risk incentive rules for managed care contracts published in 42 CFR 438.6(c)(5)(iv)).

____i. Incentive payments to the PCCM will not exceed 5% of the total FFS payments for those services provided or authorized by the PCCM for the period covered.

____ii. Incentives will be based upon specific activities and targets.

____iii. Incentives will be based upon a fixed period of time.

____iv. Incentives will not be renewed automatically.

____v. Incentives will be made available to both public and private PCCMs.

____vi. Incentives will not be conditioned on intergovernmental transfer agreements.

_X_ vii. Not applicable to this 1932 state plan amendment.

Citation	Condition or Requirement
CFR 438.50(b)(4)	4. Describe the public process utilized for both the design of the program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan program has been implemented. *(Example: public meeting, advisory groups.)*

The State's PCCM program is provided only through tribal clinics and Urban Indian Centers (FQHCs). The program was implemented in the early 1990's and as the program as evolved, the state has collaborated with tribal governance boards and clinic staff regarding any changes in the program.

The state also intends to collaborate with tribal officials and Urban Indian Center directors to develop program enhancements that will help PCCM move towards a Health Home model in anticipation of Healthcare Reform.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation	Condition or Requirement
1932(a)(1)(A)	5. The state plan program will___/will not_x_ implement mandatory enrollment into managed care on a statewide basis. If not statewide, mandatory_____/ voluntary_x_ enrollment will be implemented in the following county/area(s): i. county/counties (mandatory) ________ ii. county/counties (voluntary) a. Whatcom b. Snohomish c. Clallam d. Jefferson e. Grays Harbor f. Pacific g. Pierce h. King i. Okanogan j. Ferry k. Stevens l. Spokane m. Yakima n. Klickitat iii. area/areas (mandatory) ________ iv. area/areas (voluntary) ________
	C. State Assurances and Compliance with the Statute and Regulations. If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.
1932(a)(1)(A)(i)(I) 1903(m) 42 CFR 438.50(c)(1)	1. ____The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.
1932(a)(1)(A)(i)(I) 1905(t) 42 CFR 438.50(c)(2) 1902(a)(23)(A)	2. _X_The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3. ____The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring recipients to receive their benefits through managed care entities will be met.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation		Condition or Requirement
1932(a)(1)(A 42 CFR 431.51 1905(a)(4)(C)	4.	X The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A) 42 CFR 438 42 CFR 438.50(c)(4) 1903(m)	5.	X The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.
1932(a)(1)(A) 438.6(c) 42 CFR 438.6(c) 42 CFR 438.50(c)(6)	6.	____The state assures that all applicable requirements of 42 CFR for payments under any risk contracts will be met.
1932(a)(1)(A) 447.362 for 42 CFR 447.362 42 CFR 438.50(c)(6)	7.	X The state assures that all applicable requirements of 42 CFR payments under any nonrisk contracts will be met.
45 CFR 74.40	8.	X The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met. *Any tribal clinic or Urban Indian Center that meets PCCM requirements is eligible to contract with the state for PCCM.*

D. Eligible groups

1932(a)(1)(A)(i)	1.	List all eligible groups that will be enrolled on a mandatory basis. *This program serves only American Indian/Alaska Natives and no eligible recipients are enrolled on a mandatory basis. AI/AN recipients have the choice of: PCCM, Healthy Options managed care or fee for service as the vehicle for receiving their healthcare services.*
	2.	Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50. Use a check mark to affirm if there is voluntary enrollment any of the following mandatory exempt groups.
1932(a)(2)(B) 42 CFR 438(d)(1)	i.	____Recipients who are also eligible for Medicare. If enrollment is voluntary, describe the circumstances of enrollment. *(Example: Recipients who become Medicare eligible during mid-enrollment, remain eligible for managed care and are not disenrolled into fee-for-service.)*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation	Condition or Requirement
1932(a)(2)(C) 42 CFR 438(d)(2)	ii. ____Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.
1932(a)(2)(A)(i) CFR 438.50(d)(3)(i)	iii. ____Children under the age of 19 years, who are eligible for 42 Supplemental Security Income (SSI) under title XVI.
1932(a)(2)(A)(iii) 42 CFR 438.50(d)(3)(ii)	iv. ____Children under the age of 19 years who are eligible under 1902(e)(3) of the Act.
1932(a)(2)(A)(v)	v. ____Children under the age of 19 years who are in foster care or other out-of-42 CFR 438.50(3)(iii) the-home placement.
1932(a)(2)(A)(iv) 42 CFR 438.50(3)(iv)	vi. ____Children under the age of 19 years who are receiving foster care or adoption assistance under title IV-E.
1932(a)(2)(A)(ii) 42 CFR 438.50(3)(v)	vii. ____Children under the age of 19 years who are receiving services through a family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, and is defined by the state in terms of either program participation or special health care needs.
	E. Identification of Mandatory Exempt Groups
1932(a)(2) 42 CFR 438.50(d)	1. Describe how the state defines children who receive services that are funded under section 501(a)(1)(D) of title V *(Examples: children receiving services at a specific clinic or enrolled in a particular program.)*
1932(a)(2) 42 CFR 438.50(d)	2. Place a check mark to affirm if the state's definition of title V children is determined by: _X_ i. program participation, ____ ii. special health care needs, or ____ iii. both
1932(a)(2) 42 CFR 438.50(d)	3. Place a check mark to affirm if the scope of these title V services is received through a family-centered, community-based, coordinated care system. _X_ i. yes ____ ii. no

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation	Condition or Requirement
1932(a)(2) are 42 CFR 438.50 (d) *self-*	4. Describe how the state identifies the following groups of children who exempt from mandatory enrollment: *(Examples: eligibility database, identification)* *No children or adults are enrolled mandatorily in PCCM.* i. Children under 19 years of age who are eligible for SSI under title XVI; ii. Children under 19 years of age who are eligible under section 1902 (e)(3) of the Act; iii. Children under 19 years of age who are in foster care or other out- of-home placement; iv. Children under 19 years of age who are receiving foster care or adoption assistance.
1932(a)(2) 42 CFR 438.50(d)	5. Describe the state's process for allowing children to request an exemption from mandatory enrollment based on the special needs criteria as defined in the state plan if they are not initially identified as exempt. *(Example: self-identification)* *No children or adults are mandatorily enrolled in PCCM.*
1932(a)(2) 42 CFR 438.50(d)	6. Describe how the state identifies the following groups who are exempt from mandatory enrollment into managed care: *(Examples: usage of aid codes in the eligibility system, self- identification)* i. Recipients who are also eligible for Medicare. ii. Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act. *AI/AN recipients who are members of Federally Recognized tribes self identify, either during the eligibility process or the enrollment process.* *If a recipient who has not previously self identified is auto enrolled into an MCO, he or she may change enrollment to a PCCM or fee for service by notifying the state.*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation	Condition or Requirement
42 CFR 438.50	F. List other eligible groups (not previously mentioned) who will be exempt from mandatory enrollment
42 CFR 438.50	G. List all other eligible groups who will be permitted to enroll on a voluntary basis *Female non-Native TANF clients may enroll in PCCM if they are pregnant with a child whose father is an AI/AN.*
	H. Enrollment process.
1932(a)(4) 42 CFR 438.50	1. Definitions i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience, or through contact with the recipient. ii. A provider is considered to have "traditionally served" Medicaid recipients if it has experience in serving the Medicaid population.
1932(a)(4) 42 CFR 438.50	2. State process for enrollment by default. Describe how the state's default enrollment process will preserve: i. The existing provider-recipient relationship (as defined in H.1.i). *The State's default enrollment process will only enroll an AI/AN recipient if he or she resides in the service area served by a PCCM clinic. The client may choose to not enroll or to end enrollment at will. Ending enrollment would allow a recipient to continue with an existing provider who is not a PCCM provider.* ii. The relationship with providers that have traditionally served Medicaid recipients (as defined in H.2.ii). *Many AI/AN recipients receive services through Tribal clinics or Urban Indian Centers, who have traditionally served AI/AN Medicaid recipients and who are the safety net providers for those recipients. All AI/AN clients may choose to receive services through their current providers whether by enrollment in PCCM, Healthy Options or fee for service.*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation | Condition or Requirement

iii. The equitable distribution of Medicaid recipients among qualified MCOs and PCCMs available to enroll them, (excluding those that are subject to intermediate sanction described in 42 CFR 438.702(a)(4)); and disenrollment for cause in accordance with 42 CFR 438.56 (d)(2). *(Example: No auto-assignments will be made if MCO meets a certain percentage of capacity.)*

The State attempts to enroll AI/AN recipients into the PCCM clinic where the recipient receives services or in whose service area the recipient resides.

An AI/AN recipient who is auto enrolled into PCCM may disenroll from PCCM or change enrollment to another PCCM or an MCO in the same service area at any time. The recipient may also elect to receive services through the fee for service system.

1932(a)(4)
42 CFR 438.50

3. As part of the state's discussion on the default enrollment process, include the following information:

i. The state will____/will not_X_use a lock-in for managed care managed care.

ii. The time frame for recipients to choose a health plan before being auto-assigned will be no less than ten days after notification of assignment.

iii. Describe the state's process for notifying Medicaid recipients of their auto-assignment. *(Example: state generated correspondence.)*

Newly eligible recipients receive an assignment letter and have no fewer than ten days to request:

- *Exemption from managed care based on AI/AN status, or;*
- *Enrollment in a PCCM ;or*
- *Enrollment in an MCO.*

Newly eligible recipients also receive the Healthy Options client handbook, which provides information not only about tribal health programs and PCCM but describes recipient options to enroll in an MCO for receipt of services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation | Condition or Requirement

iv. Describe the state's process for notifying the Medicaid recipients who are auto-assigned of their right to disenroll without cause during the first 90 days of their enrollment. *(Examples: state generated correspondence, HMO enrollment packets etc.)*

AI/AN clients may disenroll from PCCM at any time. AI/AN are notified at the time of eligibility that they may voluntarily enroll in PCCM or Healthy Options managed care.

v. Describe the default assignment algorithm used for auto-assignment. *(Examples: ratio of plans in a geographic service area to potential enrollees, usage of quality indicators.)*

AI/AN recipients are assigned to the PCCM clinic affiliated with the recipient's tribe, OR the PCCM clinic that is within the distance standards prescribed in the PCCM contract.

vi. Describe how the state will monitor any changes in the rate of default assignment. *(Example: usage of the Medical Management Information System (MMIS), monthly reports generated by the enrollment broker)*

The State will monitor changes in the rate of default assignment by using the MMIS system.

1932(a)(4)
42 CFR 438.50

I. State assurances on the enrollment process

Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.

1. _X_ The state assures it has an enrollment system that allows recipients who are already enrolled to be given priority to continue that enrollment if the MCO or PCCM does not have capacity to accept all who are seeking enrollment under the program.

2. _X_ The state assures that, per the choice requirements in 42 CFR 438.52, Medicaid recipients enrolled in either an MCO or PCCM model will have a choice of at least two entities unless the area is considered rural as defined in 42 CFR 438.52(b)(3).

Most PCCM clinics are located in rural areas and are the single contracted tribal entity in the area – AI/AN recipients may choose:

- *Enrollment in the tribal/PCCM clinic or*
- *Services through an MCO in their area; or*
- *Services through the fee for service system.*

AI/AN recipients also have a choice of providers or case managers in the PCCM or MCO.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation	Condition or Requirement

3. ____ The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs and PCCMs.

   ___This provision is not applicable to this 1932 State Plan Amendment.

4. ____The state limits enrollment into a single Health Insuring Organization (HIO), if and only if the HIO is one of the entities described in section 1932(a)(3)(C) of the Act; and the recipient has a choice of at least two primary care providers within the entity. (California only.)

   ____ This provision is not applicable to this 1932 State Plan Amendment.

5. _X_ The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.

   ___This provision is not applicable to this 1932 State Plan Amendment.

1932(a)(4)
42 CFR 438.50

J. Disenrollment

1. The state will___/will not_X_ use lock-in for managed care.
2. The lock-in will apply for ____ months (up to 12 months).
3. Place a check mark to affirm state compliance.

   _X_The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).

4. Describe any additional circumstances of “cause” for disenrollment (if any).

   AI/AI may disenroll from PCCM at any time without cause.

K. <u>Information requirements for beneficiaries</u>

Place a check mark to affirm state compliance.

1932(a)(5)
42 CFR 438.50
42 CFR 438.10

_X_The state assures that its state plan program is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.

(Place a check mark to affirm state compliance.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation	Condition or Requirement

1932(a)(5)(D)
1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

PCCM clinics provide or coordinate all covered services for enrollees and these services are covered through the State's fee for service system. The following services are not covered for Medicaid enrollees:

Services Not Covered by the Medicaid Agency in accord with WAC 182-501-070:

- Any ancillary services provided in association with services not covered by either DSHS or the Contractor.
- Medical examinations for Social Security Disability.
- Services for which plastic surgery or other services are indicated primarily for cosmetic reasons.
- Physical examinations required for obtaining continuing employment, insurance or governmental licensing.
- Sports physicals.
- Experimental and Investigational Treatment or Services, determined in accord with the Experimental and Investigational Services, provision of this Section and services associated with experimental or investigational treatment or services.
- Reversal of voluntary induced sterilization.
- Personal Comfort Items, including but not limited to guest trays, television and telephone charges.
- Massage Therapy
- Acupuncture
- TMJ for Adults
- Diagnosis and treatment of infertility, impotence, and sexual dysfunction.
- Naturopathy
- Tissue or organ transplants that are not specifically listed as covered.
- Immunizations required for international travel purposes only.
- Court-ordered services

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

PRIMARY CARE CASE MANAGEMENT (PCCM)

Citation	Condition or Requirement

- Gender dysphoria surgery and other services not covered by the Medicaid Agency for gender dysphoria.

  Any service provided to an incarcerated enrollee, beginning when a law enforcement officer takes the enrollee into legal custody and ending when the enrollee is no longer in legal custody.

- Pharmaceutical products prescribed by any provider related to a service not covered by either the Medicaid Agency or the Contractor.

- Any non covered service under the Medicaid Agency's fee-for-service program (WAC 388-501-070), except when the service is provided by the Contractor under the Contractor's Exception to Rule and Limitation Extension policies and procedures as described in this Contract.

1932 (a)(1)(A)(ii)

M. Selective contracting under a 1932 state plan option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

1. The state will_____/will not_X_ intentionally limit the number of entities it contracts under a 1932 state plan option.

2. ____ The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.

3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. *(Example: a limited number of providers and/or enrollees.)*

   There is no limitation on either enrollment or number of contracted entities under the State's PCCM program. Currently the State contracts with 14 Tribal clinic (3 under administrative contract with Indian Health Service) and two Urban Indian Centers. The State will contract with any other Tribal clinic or Urban Indian Center that meets contract requirements.

4. _X_ The selective contracting provision in not applicable to this state plan.