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State/Territory Name: Washington

State Plan Amendment (SPA) #: 13-0024-MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice (delete if not applicable)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, Mail Stop 43
Seattle, Washington 98121



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

MAR 21 2014

RE: Washington State Plan Amendment (SPA) Transmittal Number 13-0024-MM4

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0024-MM4. This transmittal describes the single state agency's delegation of appeals and determinations in accordance with the Affordable Care Act and updates the state's organizational structure.


This SPA is approved effective January 1, 2014.

The new pages, A-1 through A-3, should be placed in a separate section at the back of the state plan.

Also, the new page titled, "Superseding Pages of the State Plan Material", should be placed in a separate section in front of the state plan.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,


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

cc:

Ann Myers, SPA Coordinator
Steve Kozak, Program Manager, kozaks@dshs.wa.gov

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Washington**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

WA-13-0024

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Single State Agency - Agency Organization

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Exempt

Signature of State Agency Official

Submitted By: **Ann Myers**
Last Revision Date: **Mar 20, 2014**
Submit Date: **Dec 24, 2013**

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

13-0024

STATE:

WASHINGTON

Pages or sections of pages being superseded by A1 – A3 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Section 1	Page 1	
Section 1.1	Pages 2, 3, 4, 5 , 6	
Section 1.2	Page 7	
Section 1.3	Page 8	
Section 1.4		Page 9 (remove State Medical Care Advisory Committee)
Attachment 1.1-A	Entire attachment (1 page)	
Attachment 1.2-A	Pages 1 – 10	
Attachment 1.2-B	Pages 1 - 12	
Attachment 1.2-C	Pages 1 – 9	



Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority A1

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the 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 Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named 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.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes
- No

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.

An attachment is submitted.

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

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

- Yes
- No



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Washington State Health Care Authority (HCA) is designated as the Single State Medicaid Agency for the administration of funds from Title XIX of the Social Security Act. As the Single State Agency, HCA has final authority over Medicaid programs and has the power to exercise discretion in the administration, supervision, and operational functions to carry out the Medicaid State Plan. Although HCA delegates certain activities to the Department of Social and Health Services (DSHS) as described below, HCA is accountable for and has oversight responsibility over:

* Disbursement of federal funds, oversight of the expenditure of federal funds, and the sufficiency of the state share.



Medicaid Administration

- * Policy making.
- * Provider agreements, guidelines, rules, and the administration of provider claims submitted for reimbursement.
- * Rate development.
- * Program integrity.
- * Resolving conflicts between the Health Care Authority and DSHS and resolving any federal findings.
- * Fair hearings. (See Legal and Administrative Services/Office of Legal Affairs below for details).

HCA is comprised of the following:

* Office of the Director. The Health Care Authority (HCA) Director has executive management oversight for HCA and is ultimately responsible for the program operations in the Washington State Medicaid program as well as other Agency activities. The state Medicaid Director has authority to sign Medicaid State Plan Amendment submissions and other necessary documents to administer the state Medicaid program.

* Human Resources - provides strategic management of human resource functions; provides consultation and advice on Agency HR policy, WAC, RCWs, collective bargaining agreements, classification/compensation issues, performance management and discipline, and other personnel areas; facilitates workforce planning, employment investigations, recruiting, training, labor relations, classification, compensation, reasonable accommodation and records management.

* Communications. Supports the Agency's programs and other divisions through the creation, maintenance, production, and distribution of messages both inside and outside of the Agency through:

** Media Relations - the primary point of contact for external communications and media relations.

** Print and Production - a team of graphic designer and publication experts that handles preproduction planning, design, and production of Agency publications.

** Translation Services - guides implementation and oversight of policy and procedures for all Agency divisions for the translation and limited English proficient services.

** Web/IT - has operational ties to Communications to provide training and assistance with web application development, web analytics, intranet and internet sites, and more.

* Eligibility Policy and Service Delivery. Focuses on providing quality services to enhance clients' ability to access health care through seven sections:

** Office of Medicaid, Medicare, Eligibility, and Policy - informs and trains constituency, Agency and advocacy groups.

Researches, writes and implements Title XIX and XXI eligibility policy and writes state code. Responsible for implementation of Affordable Care Act (ACA) Medicaid Expansion eligibility policy and procedures.

** Medical Assistance Customer Service Center - the frontline organization available to over 1.2 million clients and 40,000 providers either telephonically or via web portal. Provides information, training and consultation to providers for the provision of supports and services of Medicaid clients.

** Authorization Services Office - provides first level prior authorization service support for pharmacy, medical, surgical, enteral, dental and durable medical equipment. Processes hospice requests and emergency-related services for the Alien Emergency Medical Program.

** Medical Eligibility Determination Services - responsible for accurate and timely eligibility determinations for Apple Health for Kids (Medicaid and CHIP); the Breast & Cervical Cancer Treatment Program; Take Charge Family Planning; the Transitional Medicaid Bridge Waiver; and all ACA Modified Adjusted Gross Income (MAGI) functions including eligibility determinations and fair hearings and appeals related to MAGI appeals (includes pre-hearing meetings with Appellants, pre-hearing case resolutions, data tracking, preparing hearing files, representing HCA during and after hearings, and writing appeals to HCA's board of appeals), for coverage starting in 2014.

** Office of Imaging Support Services - responsible for all imaging and keying functions related to claims payment using the ProviderOne imaging application. Assists the Office of Claims Processing to ensure a 30-day claims prompt payment. Batches, scans, and indexes paper documents using Barcode and KOFAX imaging applications.

** Office of Claims Processing - provides accurate and timely claims payment for providers statewide using the ProviderOne claims payment system. Processes approximately two million claims per month and consistently meets the Federal 30-day Prompt Pay requirement.

** Basic Health/Washington Health Program - offers residents in the State of Washington the option of receiving health insurance through private health plans at a reduced rate or full-cost through Washington Health, which is a relatively new program available to Washington State residents.



Medicaid Administration

*Enterprise Technology Services. Specific functions include:

**Application Services - provides and supports custom-developed mainframe and non-mainframe applications; website development, architecture, design and administration; and “non-Medicaid” database and data warehouse support.

** Desktop Technologies and Customer Support - provides technology services for the entire Agency, including workstation, network, telecommunications, applications development, and information technology planning.

** Network Systems Support - responsible for the operational management and administration of the Agency's network infrastructure, application managed and hosted environments, Telecommunications, Data Center Management, and application's infrastructure supporting environments.

** Project Management Office - responsible for large-scale, high-impact, high visibility projects; defining project management policies, methods, and procedures; and for coordinating IT Portfolio Reports, Dashboard Reports, Risk Assessments, and investment plans.

** Enterprise Services - provides and facilitates the Agency's enterprise strategy planning, architecture, outcome driven frameworks and roadmaps (i.e., MITA), portfolio management, security administration; and IT policies, standards, and guidelines.

* Financial Services. Provides administrative and financial services for the Medicaid program and the Public Employees Benefit (PEB) program through eight sections:

** Office of Rates Development - manages rate methodologies and rate setting for health care providers contracted to provide services to Medicaid clients. Determines Medicaid reimbursement and enhancement rates for Federally Qualified Health Centers, Rural Health Clinics, and pharmaceuticals. Administers the Medicaid Drug Rebate Program that helps offset the overall cost of prescription drugs under the Medicaid Program.

** Office of Hospital Finance and Premium Payments - manages rate methodologies and rate setting for hospitals contracted to provide services to Medicaid clients. Performs reimbursement of premium payments for Medicaid clients with private health insurance coverage when it is cost effective and saves the state money.

** Forecast Office - manages the forecast for Medicaid, including the coordination of a cross-agency workgroup responsible for forecast policy. Performs statistical modeling and trend analysis to forecast medical assistance program per capita costs and funding source dynamics. Shares responsibility and authority over Medicaid expenditures with the Budget Office and the Accounting Office.

** Budget Office - responsible for coordinating all budget activities for the Agency, including Medicaid, medical assistance, and Basic Health. Manages the development of the budget proposal, the presentation of the budget to the Legislature, and the implementation of the budget after enactment. Provides budget impact analysis and fiscal modeling of policy options. Shares responsibility and authority over Medicaid expenditures with the Forecast Office and the Accounting Office.

** Accounting Office - responsible for administering the accounting system to process, record, and report the Agency's financial transactions. Provides support to employees, management, and Agency programs, including Medicaid, medical assistance, Basic Health, and Public Employee Benefits, by performing the following services: cash controls, premium collections, vendor payments, payroll functions, cost allocations, financial reporting, and other accounting activities. Shares responsibility and authority over Medicaid expenditures with the Forecast Office and the Budget Office.

** Public Employees Benefits Board (PEBB) Finance Office - responsible for administering the PEBB program. Manages the development of the PEBB budget, the forecasting of benefit costs and revenue requirements, and the determination of member insurance premium rates. Performs financial analysis of PEBB plan procurements, negotiates annual medical premium rates with providers, and purchases PEBB benefits from private health plans and self-insures the Uniform Medical Plan.

** Auditing Office - responsible for evaluating internal controls and conducting audit procedures over the management systems, division programs, and contracted services to determine whether the Agency is in compliance with laws and regulations, program requirements, and policies and procedures. Provides risk assessments that identify and evaluate the risks that impact the Agency, as well as recommendations for improvement. Provides Professional Assurance and Advisory Services to executive management.

* Health Care Policy. Maximizes Washington's health care purchasing power with innovative policy solutions and provides leadership for strategic planning to transform the way health care is purchased and provided, focusing on these areas:

**Health Information Exchange (HIE) - facilitates and guides the strategic direction setting and key policy support for advancing the secure exchange of health information in Washington State through the State HIE - OneHealthPort. Provides leadership for a variety of technical and operational projects and coordination across state agencies to drive broad utilization of health information exchange and the adoption of standardized transactions.

** Health Innovation and Reform - provides key policy research and development support to Medicaid and the Public Employee Benefits program, focusing on new, innovative strategies for purchasing and delivering health care services. Provides leadership on several key projects such as the Medicaid expansion, integrated care for dual eligibles, a multi-payer pilot for medical homes and



Medicaid Administration

ensuring seamless coordination between Medicaid and the Exchange.

** Health Technology Assessment - ensures medical treatments paid for by the state are safe and proven to work. Develops coverage policies on selected health technologies for state-purchased health care programs. Technologies reviewed include medical treatments, devices, and tests. Reviews are based on evaluation of the best available scientific evidence, which is evaluated by an independent Clinical Committee of health care providers in order to determine coverage policies.

** Legislative Affairs and Analysis - oversees and manages the Agency legislative process, including bill analysis, legislative testimony, technical assistance to the Legislature and stakeholders, and constituent relations. In conjunction with the Agency's executive leadership team, works closely to align public policy with the interests and priorities of the State Legislature, the Governor's office, the Health Care Authority, the Department of Social and Health Services, the Office of Financial Management and other agencies focused on health and service delivery.

** Prescription Drug Program - develops an evidence-based prescription drug program to identify preferred drugs for use by the participating programs (Uniform Medical Plan, Labor and Industries, and Medicaid); makes prescription drugs more affordable to Washington residents and state health care programs; and increases public awareness regarding the safe and cost-effective use of prescription drugs.

** Tribal Affairs - the primary point of contact for Washington State Tribes and tribal organizations for federal and state health program delivery and innovation. Serves as liaisons for the Tribes, provides technical assistance to Agency staff on government-to-government relations and cultural competency for communication with Tribes, meets and communicates regularly with Tribes and tribal-related organizations, responds to tribal-related questions and issues, facilitates meetings between staff and Tribes, performs triage of individual tribal problems or issues of concern, and facilitates Agency Tribal Consultations.

*Health Care Services provides access to services through Medicaid and state-only health care programs through four sections:

** Community Services - develops, implements, and manage programs and contracts that serve primarily women, children, and families that create interventions and strategies that address healthcare needs and/or respond to healthcare problems. Manages the provision of quality transportation services to help clients access and obtain covered health care services. Manages the Medicaid Outreach and Administrative Match contracts with governmental entities for Medicaid outreach activities that allow eligible Washington State residents access to Medicaid services.

** Quality and Care Management - works across the Agency and in partnership with the healthcare community to develop and manage programs that enhance eligible clients' ability to access appropriate, high quality healthcare, including oversight and management of contractors for managed care programs and chronic care management.

** Health Care Benefits and Utilization Management - uses clinical knowledge and expertise to define, interpret, and support implementation of healthcare policy to promote and improve quality, access, cost-effectiveness, and increase provider accountability for healthcare services received by clients. Implements healthcare policy, conducts utilization reviews, authorizes requested services, and conducts quality of care reviews for all provider types. Health care policies managed include: pharmacy; durable medical equipment; dental; physician and medical services; inpatient and outpatient hospitalization; inpatient rehabilitation; physical medicine and rehabilitation; enteral nutrition; oxygen/respiratory therapy; speech therapy and hearing aids; physical therapy; occupational therapy; vision; home health and hospice; and pediatric palliative care.

** Planning and Administration - responsible for supporting all division communication and material development in coordination with Agency communication staff. Provides contract management and oversight for Interpreter Services to help clients access and understand their covered services and the Washington Health program which offers statewide health care coverage through one managed care plan for a non-subsidized product.

*Legal and Administrative Services provides strategic management and support of the Agency's critical administrative functions through five sections:

** Enterprise Risk Management - coordinates the Agency's Enterprise Risk Management activities and advises the Director and Executive Leadership on potential risk issues of significant consequence to the Agency's strategic goals. Includes Risk Management Services, the Board of Appeals, Records Management, HIPAA Privacy, Public Disclosure, and Litigation Management.

** Contracts - provides professional guidance and policy development for the Agency in the areas of contracts and procurement. Contract staff work collaboratively with other areas of the Agency (e.g., program divisions, financial, budget, ethics) to ensure adherence to rules, regulations, and best practices, as well as act as Agency liaison with other state agencies which govern state procurement practices.

** Facilities - provides strategic management of facilities and consultation and oversight of all goods and services purchases and the management of Agency assets; handles the processing of incoming/outgoing mail; designs and coordinates activities related to workplace safety, emergency management, wellness, ergonomics, sustainability, commute trip reduction, fleet management, reception, and the copy center.

** Rules and Publications - develops and promulgates Washington Administrative Code (WAC) for Medicaid programs; develops,



Medicaid Administration

publishes, and maintains Medicaid Provider Guides (provider billing instructions), Provider Notices, and other provider communications; coordinates and facilitates the submission of Title XIX (Medicaid) and XXI (Children's Health Insurance Program) State Plan amendments; manages and administers the Agency's administrative policies and procedures process; maintains WAC-related, provider communications, and Medicaid State Plan websites.

**Office of Legal Affairs - manages the Agency's legal resources and the interagency agreements with the state's Office of the Attorney General and Office of Administrative Hearings; provides statewide oversight of all Medicaid hearings and appeals activities, including those conducted by the Agency's authorized agent, the Department of Social and Health Services (DSHS). Fair Hearings details: Hearings related to Medicaid programs arising out of determinations issued by HCA (or DSHS as the Agency's representative, when applicable) are heard as HCA appeals under HCA's hearing rules found in Chapter 182-526 WAC, RCW 74.09.741, Chapter 34.05 RCW, and 42 CFR 431 Part E. In all cases related to Medicaid, HCA is a party to the hearing. Regardless of whether HCA (or DSHS as the Agency's representative) takes the action, the hearings and appeals process is the same for the applicant or recipient requesting the hearing. There is a two-step hearing process for eligibility and fee-for-service cases. Managed care fair hearings use the same process, after the beneficiary has exhausted the managed care plan's appeal process. Applicants and recipients have 90 days from the date of receiving notice of an aggrieving decision to request an administrative hearing. The request can be made orally or in writing (or through commonly available electronic means) at HCA, DSHS, or the Office of Administrative Hearings (OAH), a separate state agency. OAH employs administrative law judges (ALJ) to conduct the hearing and issue an Initial Order. If a hearing is requested, one is scheduled unless the person requesting the hearing withdraws the request in writing or with an ALJ. Any party may appeal the Initial Order to the HCA Board of Appeals (BOA) within 21 calendar days of the date it was issued by the ALJ. Any individual may request a de novo review from the HCA BOA. The BOA allows the non-moving party a short period of time to respond to the Petition for Review. The BOA Review Judge (an HCA employee), renders the Final Order.

*Payment and Program Integrity focuses on payment system safeguards and accountability, recovery of improperly utilized funds, and prevention and detection of fraud, waste, and abuse in the Medicaid program through six sections:

**Coordination of Benefits and Medicare Buy-In Unit - ensure the Medicaid program is the payer of last resort and provide critical links to the health care system for low-income Medicare beneficiaries.

** Office of Medicaid Systems & Data - responsible for the operations, maintenance, and system enhancements of the State's Medicaid Management Information System (MMIS). Manages access to Medicaid eligibility, data and reports.

** Office Payment Integrity - identifies and prevents fraud, waste and abuse in the Medicaid program by conducting audits, using data analytics to identify, educating providers, recommending program changes or system edits, and reporting results to stakeholders.

** Provider Enrollment Unit - responsible for timely Medicaid provider enrollment processing, maintenance of provider file information and screening and revalidation of providers to confirm they are eligible, licensed and in good standing.

** ProviderOne Phase 2 Project - consolidating Medicaid, medical and other waived services into ProviderOne as a single provider payment system. Social service providers with unique payroll requirements will be implemented by a separate Fiscal/Employer Agent with an interface to ProviderOne.

Public Employees Benefits. Administers the Public Employees Benefits Board (PEBB) program, which provides medical, dental, life, and long-term disability coverage (and offers optional insurances) to eligible employees and retirees, as well as other eligible groups. PEB manages the design and delivery of the entire portfolio of PEBB plans, including the state's self-insured Uniform Medical Plan, which covers more than 340,000 employees, retirees and their dependents. PEB is a state, or non-Medicaid, program.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The state's executive branch includes the Health Care Authority and:

1. The following Departments: Agriculture, Archaeology and Historic Preservation, Commerce, Corrections, Early Learning, Ecology, Employment Security, Enterprise Services, Financial Institutions, Health, Labor and Industries, Licensing, Military, Retirement Systems, Revenue, Services for the Blind, Transportation, Veterans Affairs, and Social and Health Services (DSHS)*.



Medicaid Administration

*In cases where DSHS takes action on behalf of HCA through the Cooperative Agreement authorized in RCW 41.05.021 (regarding eligibility determinations for Medicaid programs), the DSHS employee acts as an authorized agent of HCA. The authorized agent may represent HCA in an administrative hearing.

2. The following Offices: Administrative Hearings, Financial Management, Minority and Women's Business Enterprises, Recreation and Conservation.

3. The following Commissions: African-American Affairs, Arts, Asian Pacific American Affairs, Hispanic Affairs, Traffic Safety, The following other agencies: Board of Accountancy, Center for Childhood Deafness and Hearing Loss, Consolidated Technology Services, Health Care Authority, Pollutions Liability Insurance Program, Puget Sound Partnership, School for the Blind, State Lottery, State Patrol, Workforce Training and Education Coordinating Board.

The Health Care Authority (HCA) is included with the following agencies under Washington State's Health and Human Services category: Departments of Corrections, Employment Security, Health, Labor and Industries, Services for the Blind, Social and Health Services, and Veterans Affairs. HCA collaborates with the following executive branch agencies whose responsibilities support the Medicaid program through regulation of standards for the health insurance marketplace and the licensing and monitoring of health care providers and medical facilities:

- The Department of Health (DOH) regulates provider licensure within scope-of-practice standards set in state law and addresses population-based public health issues.

- * The Department of Social and Health Services (DSHS) licenses home and community-based providers.

- The Departments of Corrections (DOC) and Labor and Industries (L & I) are partners along with Medicaid in the HCA-administered Health Technology Assessment (HTA) program and Prescription Drug Program which set common standards for evidence-based practices.

- * The Office of Administrative Hearings conducts all initial Medicaid hearings.

- While not an Executive Branch agency, the Office of the Insurance Commissioner (OIC) regulates and oversees Washington State's health insurance industry, including the licensing and oversight of all carriers and assurance of consumer protections.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

According to Washington State Law and as permitted by Medicaid law, the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) have established an agreement regarding the provision of eligibility determinations for the Medicaid program. This agreement defines the responsibilities of the HCA, the Single State Agency, as the administrator of the Medicaid State Plan, and DSHS, Title IV-A Agency, as the eligibility determination agency along with HCA, for the Medicaid program.

HCA has Interagency Agreements in place with DSHS, delegating certain non-MAGI program functions. HCA oversees and monitors the program functions delegated to DSHS, which include certain determinations of Medicaid eligibility (including SSI and SSI-related programs for the Aged, Blind, or Disabled eligibility groups, Alien Emergency Medical for those not eligible under MAGI rules, the Refugee Medical program, the Medicare Savings Program, and long-term care programs); coordination of developmental disabilities services; coordination of long-term care services; coordination of mental health services; coordination of alcohol and substance abuse treatment and prevention services; and other administrative or operational functions related to the State Medicaid program as necessary and appropriate. It also maintains the eligibility system of record for Medicaid and public assistance programs. In cases where DSHS takes action on behalf of HCA, the DSHS employee acts as an authorized agent (representative) of



Medicaid Administration

HCA. HCA delegates to DSHS the authority to administer the programs below. HCA retains policy making authority and responsibility to monitor and oversee DSHS' administration of these Medicaid services.

- 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).
- 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 the State, including Medicaid Personal Care.
- Certain Chronic Care Management services.
- Approved Medicaid grants and demonstration projects.
- Chemical Dependency.
- Mental Health.
- 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. DSHS retains responsibility for certification of nursing facilities, ICF/IDs, and for long-term care services that provide services to Medicaid recipients. State Medicaid Agency functions delegated to the DSHS State Survey Agency include:
 - o Minimum Data Set (MDS) review and analysis for calculating case mix adjusted Medicaid rates
 - o Administration of Medicaid enforcement and compliance remedies for deficient nursing facilities, including civil fines, collections, and formal and informal hearings
 - o Quality Improvements and Evaluation System
 - o The Quality Assurance Nurses (QAN) program, including case mix accuracy and utilization review
 - o Nurse Aide registry (NATCEP) program
 - o Investigation of allegations of resident/client abuse, neglect, or misappropriation of nursing facility residents, including findings, as appropriate

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

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

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.



Medicaid Administration

	Add
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Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

State Plan Administration

A3

Assurances

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- 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).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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 0938-1148. 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.