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## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 16-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

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July 25, 2016

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 16-0007 (Apple Health Managed Care)

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 16-0007. This SPA amends State Plan Attachment 3.1F, part 2 to transition another county from voluntary enrollment to mandatory enrollment, to add new populations to voluntary managed care and to make technical corrections.

This SPA is approved effective April 1, 2016.

If there are additional questions please feel free to contact me, or your staff may contact Rick Dawson at [Rick.Dawson@cms.hhs.gov](mailto:Rick.Dawson@cms.hhs.gov) or 206-615-2387.

Sincerely,

Digitally signed by David L. Meacham -S

A black rectangular redaction box covering the signature area.

Date: 2016.07.25 15:01:21 -07'00'

David L. Meacham  
Associate Regional Administrator

Enclosure

cc:  
Ann Myers, HCA  
Alison Robbins, HCA

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

1. TRANSMITTAL NUMBER:  
**16-0007**

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  
April. 1, 2016

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:  
Sections 1905(a) & 1937 of the Social Security Act  
Section 1932 of the Social Security Act (P&I)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016 \$0  
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-F pages 1 - 16 pages 4,5,6,8 & 10 (P&I)  
Att. 3.1-F pages 4, 5, 6, 8, 10 and 16 (P&I)  
Att. 3.1-F Part 2, pages 4, 5, 6, 8, 10 and 16 (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Att. 3.1-F pages 1 - 16 pages 4,5,6,8 & 10 (P&I)  
Att. 3.1-F pages 4, 5, 6, 8, 10 and 16 (P&I)  
Att. 3.1-F Part 2, pages 4, 5, 6, 8, 10 and 16 (P&I)

10. SUBJECT OF AMENDMENT

Fully Integrated Managed Care (FIMC) Service Area Change moving a county from voluntary to mandatory enrollment, adding new voluntary populations, and technical corrections (P&I)

Fully Integrated Managed Care (FIMC) Service Area Change (P&I)

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

16. RETURN TO:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TY PEDNA ME:  
MARYANNE LINDEBLAD

14. TITLE:  
MEDICAID DIRECTOR

15. DATE SUBMITTED:

5-9-16

Ann Myers  
Office of Rules and Publications  
Legal and Administrative Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

5/9/16

18. DATE APPROVED:

7/25/16

PLAN APPROVED - ONE COPY ATTACHED

Digitally signed by David L. Meacham

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
4/1/16

20. SIGNATURE OF

21. TYPED NAME:

David L. Meacham

22. TITLE:

Associate Regional Administrator

Date: 2016.07.25 15:01:57 -07'00'

23. REMARKS

7/11/16 - State authorized P&I change to box 8 and 9  
7/19/16 - State authorized P&I change to box 8 and 9  
7/21/16 - State authorized P&I change to box 6, 8, 9 and 10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation \_\_\_\_\_ Condition or Requirement \_\_\_\_\_

1932(a)(1)(A) **E. Populations and Geographic Area**  
1932(a)(2)

1. *Included Populations.* Please check which eligibility populations are included, if they are enrolled on a mandatory (M) or voluntary (V) basis, and the geographic scope of enrollment. Under the geography column, please indicate whether the nature of the population's enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions.

**NOTE:** Former Foster Care Children under age 21, Former Foster Care Children age 21-25, Children under 19 in foster care or other in-home placement will be eligible for voluntary enrollment in Apple Health Managed Care until March 30, 2016. Effective April 1, 2016, these groups will be eligible for Apple Health Foster Care, a new program for children in foster and for young adults who have aged out of foster care.

| Population   | M | Geographic Area   | V | Geographic Area             | Excluded |
|--|---|---|---|-----------------------------|----------|
| Section 1931 Children & Related Populations – 1905(a)(i)         | X | Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima | X | Klickitat, Clallam Counties |          |
| Section 1931 Adults & Related Populations 1905(a)(ii)            | X | See above list  | X | Klickitat, Clallam Counties |          |
| Low-Income Adult Group   | X | See above list  | X | Klickitat, Clallam Counties |          |
| Former Foster Care Children under age 21                         |   |   |   |                             | X        |
| Former Foster Care Children age 21-25                            |   |   |   |                             | X        |
| Section 1925 Transitional Medicaid age 21 and older              | X | See above list  | X | Klickitat, Clallam Counties |          |
| SSI and SSI related Blind Adults, age 18 or older* - 1905(a)(iv) |   |   |   |                             | X        |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation \_\_\_\_\_ Condition or Requirement \_\_\_\_\_

| Population  | M | Geographic Area | V | Geographic Area             | Excluded |
|---|---|-----------------|---|-----------------------------|----------|
| Poverty Level Pregnant Women – 1905(a)(viii)  | X | See above list  | X | Klickitat, Clallam Counties |          |
| SSI and SSI related Blind Children, generally under age 18 – 1905(a)(iv)  |   |                 |   |                             | X        |
| SSI and SSI related Disabled children under age 18  |   |                 |   |                             | X        |
| SSI and SSI related Disabled adults age 18 and older – 1905(a)(v)   |   |                 |   |                             | X        |
| SSI and SSI Related Aged Populations age 65 or older- 1905(a)(iii)  |   |                 | X | Statewide                   |          |
| SSI Related Groups Exempt from Mandatory Managed Care under 1932(a)(2)(B)   |   |                 | X | Statewide                   |          |
| Recipients Eligible for Medicare  |   |                 |   |                             | X        |
| American Indian/Alaskan Natives   |   |                 | X | Statewide                   |          |
| Children under 19 who are eligible for SSI  |   |                 | X | Statewide                   |          |
| Children under 19 who are eligible under Section 1902(e)(3)   |   |                 | X | Statewide                   |          |
| Children under 19 in foster care or other in-home placement   |   |                 | X | Statewide                   |          |
| Children under 19 receiving services funded under section 501(a)(1)(D) of title V and in accordance with 42 CFR 438.50(d)(v)  |   |                 | X | Statewide                   |          |
| Other Families or individuals eligible for an Alternative Benefit Plan (ABP) as the result of the federal Affordable Care Act<br><br>Children enrolled under the Children’s Health Insurance Program (CHIP) | X | See above list  | X | Klickitat, Clallam Counties |          |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation \_\_\_\_\_ Condition or Requirement \_\_\_\_\_

2. *Excluded Groups.* Within the populations identified above as Mandatory or Voluntary, there may be certain groups of individuals who are excluded from the managed care program. Please indicate if any of the following groups are excluded from participating in the program:

Other Insurance--Medicaid beneficiaries who have other health insurance.

Reside in Nursing Facility or ICF/MR--Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for the Mentally Retarded (ICF/MR)

Enrolled in Another Managed Care Program--Medicaid beneficiaries who are enrolled in another Medicaid managed care program

Eligibility Less Than 3 Months--Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program.

Participate in HCBS Waiver--Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).

Retroactive Eligibility--Medicaid beneficiaries for the period of retroactive eligibility.

Other (Please define):

1932(a)(4)

**F. Enrollment Process.**

1. Definitions

- a. Auto Assignment- assignment of a beneficiary to a health plan when the beneficiary has not had an opportunity to select their health plan.
- b. Default Assignment- assignment of a beneficiary to a health plan when the beneficiary has had an opportunity to select their health plan.

2. Please describe how the state effectuates the enrollment process. Select an enrollment methodology from the following options and describe the elements listed beneath it:

- a.  The applicant is permitted to select a health plan at the time of application.
  - i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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APPLE HEALTH MANAGED CARE

| Citation | Condition or Requirement  |
|----------|---|
|          | <p>b. <input type="checkbox"/> The beneficiary has an active choice period following the eligibility determination.</p> <ul style="list-style-type: none"><li>i. How the beneficiary is notified of their initial choice period, including its duration.</li><li>ii. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).</li><li>iii. Describe the algorithm used for default assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).</li><li>iv. The state's process for notifying the beneficiary of the default assignment.</li></ul> |
|          | <p>c. <input type="checkbox"/> The beneficiary is auto-assigned to a health plan immediately upon being determined eligible.</p> <ul style="list-style-type: none"><li>i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).</li><li>ii. The state's process for notifying the beneficiary of the auto-assignment. (<i>Example: state-generated correspondence.</i>)</li><li>iii. Describe the algorithm used for auto-assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).</li></ul>  |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

| Citation  | Condition or Requirement  |
|---|---|
| 1932(a)(4)<br>42 CFR 438.56                     | <p><b>G. Disenrollment</b></p> <ol style="list-style-type: none"><li>1. The state will <input type="checkbox"/>/will not <input checked="" type="checkbox"/> limit disenrollment for managed care.</li><li>2. The disenrollment limitation will apply for    months (up to 12 months).</li><li>3. <input checked="" type="checkbox"/>The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).</li><li>4. Describe the state's process for notifying the Medicaid Beneficiaries of their right to disenroll without cause during the first 90 days of their enrollment.<br/><i>(Examples: state-generated correspondence, HMO enrollment packets, etc.)</i><br/><br/><i>Beneficiaries are notified of this ability in the Welcome to Apple Health booklet they receive from the state upon eligibility determination. (Note: Beneficiaries also receive a booklet from their MCO, describing in more detail the information that is provided in the Welcome to Apple Health booklet).</i></li><li>5. Describe any additional circumstances of "cause" for disenrollment (if any).<br/><br/><i>Medicaid beneficiaries may disenroll – i.e., change plans, prospectively each month, without cause.</i></li></ol> <p><b>H. Information Requirements for Beneficiaries</b></p> |
| 1932(a)(5)(c)<br>42 CFR 438.50<br>42 CFR 438.10 | <p><input checked="" type="checkbox"/>The state assures that its state plan program is in compliance with 42 CFR 438.10(e) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.</p>   |
| 1932(a)(5)(D)(b)<br>1903(m)                     | <p><b>I. List all benefits for which the MCO is responsible</b></p>   |
| 1905(t)(3)                                      | <p><b>Fully Integrated Managed Care:</b> <i>The State has implemented Fully Integrated Managed Care (Medical, Mental Health and Substance Use Disorder Services) on a phased in basis, beginning with Clark and Skamania Counties and expanding until 2020, when Fully Integrated Managed Care, provided by Apple Health MCOs will be provided statewide.</i></p>   |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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APPLE HEALTH MANAGED CARE

| Citation | Condition or Requirement  |
|----------|---|
|          | <ul style="list-style-type: none"><li>○ <i>Acceptance of the terms and conditions of the Apple Health Managed Care contract</i></li><li>○ <i>Proof of network adequacy in the service areas in which the MCO wishes to participate</i></li><li>○ <i>Attestation that the MCO meets the quality standards for Apple Health Managed Care that have been established by the state for the currently participating Apple Health Managed Care MCOs.</i></li></ul>      |
|          | <p><i>If the state determines that there is a need for an additional MCO in the proposed service areas, the state conducts and onsite readiness review of the applicant's operations, including:</i></p> <ul style="list-style-type: none"><li>• <i>Customer service</i></li><li>• <i>Grievance and appeal processes</i></li><li>• <i>Subcontracting</i></li><li>• <i>Quality and Performance Improvement (QAPI)</i></li><li>• <i>Care coordination</i></li></ul> |
|          | <p><i>Network adequacy is validated in a separate process, as is financial viability to provide these services.</i></p>   |
|          | <p><i>If the applicant meets the contract standards reviewed at the readiness review, the state issues an Apple Health Managed Care contract.</i></p>   |
|          | <p>4. <input checked="" type="checkbox"/> The selective contracting provision in not applicable to this state plan.</p>   |

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 0938-0933. The time required to complete this information collection is estimated to average 10 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

CMS-10120 (exp. 3/31/2014)