

Medicaid State Plan Administration

Designation & Authority

Organization & Administration

Assurances

Attorney General's Certification

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | WA2018MS00070 | WA-18-0017

Package Header

Package ID	WA2018MS00070	SPA ID	WA-18-0017
Submission Type	Official	Initial Submission Date	9/24/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	WA-15-0041		

User Entered

A. Single State Agency

1. State Name: Washington

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid 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 Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Washington State Health Care Authority

4. This 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.)

B. Attorney General Certification:

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.

Name	Date Created
18-0017-AgencyOrganization-Att-1.1-A-AG-Certification	11/5/2018 5:05 PM EST
18-0017-AgencyOrganization-AttorneyGeneralDelegationLetter	12/18/2018 1:30 PM EST



C. Administration of the Medicaid Program

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

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

Designation and Authority

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D. Additional information (optional)

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Eligibility Determinations and Fair Hearings

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A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
 - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
 - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
 - iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. 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).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

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B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.
- 1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
 - a. Medicaid agency
 - c. Local governmental entities
 - d. Delegated governmental agency
- 3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):
 - All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

Yes

No

D. Additional information (optional)

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Organization and Administration

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The Health Care Authority (HCA) is designated as the single state agency and has final authority for eligibility determinations. According to Washington State law and as permitted by Medicaid law, HCA & the Department of Social and Health Services (DSHS - the Title IV-A Agency) have established an agreement regarding the provision of certain eligibility determinations for non-MAGI Medicaid programs. This agreement defines the responsibilities of HCA as the administrator of the Medicaid State Plan, and DSHS as the representative of the agency's interest along with HCA, for the Medicaid program. HCA oversees & monitors the program functions delegated to DSHS.

In HCA, the Medical Eligibility Determination Services (MEDS) section in the Medicaid Eligibility and Community Support (MECS) division is responsible for completing MAGI-based eligibility & post-enrollment determination for children & adults in Apple Health (including Alien Emergency Medical services for those eligible for Medicaid but for their immigration & citizenship status, under MAGI-based income methodology), Breast & Cervical Cancer Treatment Program, & family planning programs. The Office of Medicaid Eligibility & Policy (OMEP) in MECS develops Apple Health/Apple Health for Kids eligibility rules & policy, ensures eligibility systems support & enrolls foster care & adoption support children into Medicaid when DSHS has determined they are eligible.

Per agreement, HCA delegates to DSHS the management of non-MAGI-based eligibility determinations for the following programs: SSI & SSI-related programs for the aged, blind and disabled eligibility groups; Alien Emergency Medical services for those eligible for Medicaid but for their immigration & citizenship status, under non-MAGI-based income methodology; the Medicare Savings program; & long-term care programs.

b. Fair Hearings (including expedited fair hearings)

The Office of Legal Affairs (OLA), an office in the Division of Legal Services (DLS), provides legally trained staff to represent HCA in administrative hearings regarding denials of services (medical/dental/transportation/equipment) and provider overpayments, before the state Office of Administrative Hearings (OAH) and the Board of Appeals (BOA), which is a separate office in DLS. The Medical Eligibility Determination Services (MEDS) section in the Medicaid Eligibility & Community Support (MECS) division represents HCA in administrative hearings regarding eligibility for MAGI-based program eligibility (adult/children/family/Alien Emergency Medical), as well as eligibility for the Breast & Cervical Cancer Treatment Program, & family planning programs.

HCA has delegated to DSHS the function of representing the Medicaid agency at administrative hearings (including expedited hearings) regarding decisions made by DSHS related to non-MAGI eligibility determinations.

An individual can request de novo review of any decision (i.e., benefits & services, non-MAGI or MAGI-based eligibility determinations) by the HCA BOA, which is a separate office in DLS, not associated with any other office in DLS.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

Health care delivery is managed in various sections of several divisions:

1. The Division of Behavioral Health and Recovery (DBHR)

- Mental health and substance use disorder treatment
- Medication-assisted treatment
- Emergency services and behavioral health crisis services
- Recovery support, substance use prevention, and mental health promotion services
- * Problem gambling disorders

2. Medicaid Program Operations and Integrity (MPOI)

- Community Services: Manages family health care services, non-emergency medical transportation, & Medicaid outreach conducted by federally recognized tribes, school districts, & local health jurisdictions. Provides management & oversight of the Interpreter Services contractor providing interpreters for medically necessary services
- Managed Care Programs: Coordinates & assures adherence to state & federal law & federal lock-in program rules. Manages & oversees contracted managed care organizations delivering Medicaid services
- Medicaid Program Design & Implementation: Develops and implements new & innovative Medicaid programs such as Health Homes, 1115 waivers, & fully integrated health care services

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3. Clinical Quality & Care Transformation (CQCT)

* Pharmacy Operations: Manages the prescription drug program, directs overall pharmacy coverage policy & conducts pharmacy clinical reviews for fee-for-service prior authorizations.

- Authorization Services: Processes authorizations for fee-for-service medical, dental, & DME pharmacy. Processes alien emergency medical applications & hospice-related requests.
- Clinical Strategy & Operations: Provides care transformation, decision & clinical support

Per agreement, HCA delegates the management of the following to DSHS:

- Residential Habilitation Centers/Public Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID) (42 CFR 483.400)
- 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 & Community-Based Services (HCBS) programs including Medicaid Personal Care & the Community First Choice Program
- Certain Chronic Care Management services
- Long-term Care (adult family homes, boarding homes, & the community residential services & support programs) & nursing facility services

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Program & policy support is managed in various sections of several divisions:

1. Policy division (POL)

- Paying for Value: Implements value-based purchasing policies
- Legislative Affairs & Analysis: Coordinates legislative activities
- Health Innovation & Reform: Strategy & policy to advance health system transformation & oversees implementation of Healthier Washington.
- Medicaid Transformation: Develops & supports Medicaid transformation within Healthier Washington.
- Analytics, Research & Measurement: Provides data & analytic support to inform & monitor policy & innovation.

2. Clinical Quality & Care Transformation (CQCT)

* Pharmacy Operations: Manages the prescription drug program, directs overall pharmacy coverage policy & conducts pharmacy clinical reviews for fee-for-service prior authorizations

- Health Services & Management: Develops Medicaid medical benefit policy & provides utilization management
- Authorization Services: Processes authorizations for FFS medical, dental, & DME pharmacy. Processes alien emergency medical applications & hospice-related requests.
- Clinical Strategy & Ops: Provides care transformation & performance measurement leadership, decision & clinical support
- Health Technology Assessment Program: Reviews selected health technologies to develop coverage & reimbursement policies

3. Medicaid Eligibility and Community Support (MECS)

- Medical Eligibility Determination Services (MEDS): Completes eligibility & post-enrollment determination for children & adults in Apple Health, Breast & Cervical Cancer Treatment Program & Take Charge Family Planning
- Medical Assistance Customer Service Center (MACSC): Helps Apple Health clients & providers with questions & issues about Medicaid coverage, managed care, billing, claims & enrollment
- Office of Medicaid Eligibility & Policy (OMEPE): Develops Apple Health/Apple Health for Kids eligibility rules & policy, ensures eligibility systems support, conducts stakeholder outreach, & opens medical coverage for foster care and adoption support children

4. Medicaid Program Operations and Integrity (MPOI)

- Behavioral Health: Manages & monitors contracts for behavioral health services
- Medicaid Compliance Review & Analytics: Monitors fee-for-service & managed care providers to ensure contract compliance; provides clinical-based technical assistance to managed care organizations; investigates & resolves enrollee access to care & quality of care concerns; monitors & improves special programs; & triages critical incidents reported by health plans.
- Medicaid Program Design & Implementation: Develops & implements new & innovative Medicaid programs such as Health Homes, 1115 waivers, & fully integrated health care services.
- Program Integrity: Conducts audits & reviews of fee-for-service & managed care providers to prevent & recover improper payments

5. Division of Behavioral Health and Recovery (DBHR) supports:

- Mental health and substance use disorder treatment
- Medication-assisted treatment
- Emergency services and behavioral health crisis services
- Recovery support, substance use prevention, and mental health promotion services
- * Problem gambling disorders
- * Waiver programs

6. Division of Legal Services

- *Office of Rules & Publications: Manages rule making; maintains the Medicaid State Plan & manages the process to amend it

7. Office of Tribal Affairs & Analysis:

- Advises on government-to-government relationships with tribes
- Conducts training in government-to-government relationships with tribes & the policy reasons for these relationships.
- Works with tribes, the Indian Health Service, & Urban Indian Health Programs on issues and concerns.
- Develops program policies & rules

8. DSHS (per agreement):

- * 1915(b) & (c) waivers
- * Demonstration projects
- * ICF/ID
- * HCBS prgms
- * Long term care
- * Chronic care

e. Administration, including budget, legal counsel

Administration is managed in various sections of several divisions:

1. Financial Services (FS)

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- Budget preparations & expenditure monitoring
- Accounting & payroll
- Per-capita Medicaid forecasting
- Managed care rate-setting methods for Medicaid clients
- Setting fee-for-service rate schedules for physicians, dentists, hospitals, clinics, & others

2. The Division of Legal Services (DLS)

- Office of Rules & Publications (ORP): Manages rule making (for Washington Administrative Code)&provider billing guide actions; maintains Medicaid State Plan & the amendment process
- Office of Legal Affairs (OLA): Handles administrative hearings & appeals for denials of service & provider overpayments
- Office of Contracts & Procurements (DCP): Provides guidance for contract/procurement/purchasing activities
- Enterprise Risk Management Office (ERMO): Provides legal services & oversees HCA's risk management programs & the Board of Appeals (BOA)

3. Office of Tribal Affairs & Analysis:

- Advises on government-to-government relationships with tribes in accordance with federal Medicaid requirements & chapter 43.376 RCW.
- Conducts training in government-to-government relationships with tribes & the policy reasons for these relationships
- Works with tribes, the Indian Health Service, & Urban Indian Health Programs on issues and concerns
- Develops program policies & rules

f. Financial management, including processing of provider claims and other health care financing

Financial management is managed by various sections in several divisions:

1. Financial Services (FS)

- Budget preparations & expenditure monitoring
- Accounting & payroll
- Per-capita Medicaid forecasting
- Managed care rate-setting methods for Medicaid clients
- Setting fee-for-service rate schedules for physicians, dentists, hospitals, clinics, & others

2. Medicaid Program Operations & Integrity (MPOI)

- Business Operations & Claims Support: Provides timely & accurate adjudication of fee-for-service claims
- Community Services: Medicaid outreach conducted by federally recognized tribes, school districts, & local health jurisdictions

g. Systems administration, including MMIS, eligibility systems

1. ProviderOne Operations & Services (P1OS)

- Office of Medicaid Systems & Data: Operates & maintains ProviderOne (P1) (MMIS), manages the MMIS contract, provides system support to P1 business customers
- Office of Provider Enrollment: Verifies provider eligibility to offer Medicaid services.
- Office of Enterprise Data Management & Analytics (EDMA): Responsible for a variety of Medicaid state & federal reporting & enterprise data management/governance processes
- Medicaid Information & Technology Architecture (MITA): Baselines organizational processes against the CMS MITA framework & develops initiatives intended to modernize WA State Medicaid systems.
- ProviderOne Enhancement & Contract Performance: Manages the P1 operations & maintenance contract to ensure adherence to all federal/state requirements & manages the life cycle of numerous federal & state initiatives that require P1 enhancements.

2. Enterprise Technology Services (ETS)

- *Provides information technology (IT) supports, installation, ordering & access for services
- *Helps analyze business needs & recommends solutions
- *Web & multimedia services, database services, application development & support, Agency networking & infrastructure services, IT portfolio management services, enterprise architecture services, & other strategic planning/decision making services, support for Amazon Web Services utilization, Health Information Technologies, enterprise application systems support, enterprise telephone systems, desktop support, service desk, IT business services, PAY1 & SEBB IT services, & security services.

h. Other functions, e.g., TPL, utilization management (optional)

1. Clinical Quality and Care Transformation (CQCT)

- Health Services and Management: Develops Medicaid medical benefit policy & provides utilization management
- Clinical Support: Provides care transformation & performance measurement leadership, decision support, clinical analytics, & clinical contract support
- Prescription Drug Program: Identifies preferred drugs & increases awareness of cost-effective use of prescription drugs. (Non-Medicaid-funded)
- Shared Decision Making Program: Runs certification process for Patient Decision Aids & leads efforts for statewide spread of shared decision making. (Non-Medicaid-funded)
- Clinical Quality Performance Measurement: Provides leadership for Agency clinical & value-based measurement strategies, including oversight for Statewide Common Measure Set. (Non-Medicaid-funded)

2. Medicaid Program Operations and Integrity (MPOI)

- Behavioral Health: Manages & monitors contracts with Behavioral Health Organizations, provides contractual oversight for behavioral health services which include mental health, substance use disorder inpatient & outpatient care, crisis response, & many other services.
- Managed Care Programs: Coordinates & assures adherence to state & federal law, & federal lock-in program rules; manages & oversees contracted managed care organizations delivering Medicaid services.
- Medicaid Compliance Review & Analytics: Monitors fee-for-service & managed care providers to ensure compliance with contractual requirements; provides clinical-based technical assistance to managed care organizations; investigates & resolves enrollee access to care issues & quality of care concerns; monitors & improves special programs; & triages critical incidents reported by health plans.
- Program Integrity: Conducts audits & reviews of fee-for-service & managed care providers to ensure compliance with Medicaid laws & contractual requirements & prevent and recover improper payments.

3. Communications (COM): helps with internal & external communications (including client communications), including strategic messaging & communications planning, media relations, & visual communications (including forms & publications); partners with Enterprise Technology Services to oversee HCA's website & intranet.

4. The Office of Audit & Accountability (OAA) provides independent & objective feedback about business operations to help ensure processes & internal controls comply with state & federal requirements; works closely with the Office of the Attorney General to investigate fraud & abuse that could result in higher health care costs.

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5. Planning & Performance division (PPD): leads Lean activities, Performance Management Quarterly Target Reviews, sets standards for project management, & conducts Organizational Change Management activities.

6. The Employee Resources Division (ERD) includes:

- Mail & Imaging Services: Processes mail & images paper claims, forms, & eligibility documents to support HCA, the Health Benefit Exchange, & DSHS supporting Medicaid.
- Facilities: Oversees building operations, maintenance, & reception to ensure continued & efficient functioning of infrastructure
- Human Resources: Assists in hiring; provides information & access to employee training & development opportunities, manages performance development programs & collective bargaining agreements
- Safety & Wellness: Oversees security, ergonomics, & the safety and wellness program

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created
HCA Organization Chart with Sections	9/24/2018 12:52 PM EDT



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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title

Single state agency under Title IV-A (TANF)

Description of the functions the delegated entity performs in carrying out its responsibilities:

According to Washington State law and as permitted by Medicaid law, HCA & the Department of Social and Health Services (DSHS) have established an agreement regarding certain functions. This agreement defines the responsibilities of HCA, the Single State Agency, as the administrator of the Medicaid State Plan, and DSHS, Title IV-A Agency, as the representative of the agency's interest along with HCA, for the Medicaid program. HCA oversees & monitors the program functions delegated to DSHS.

HCA delegates to DSHS the authority to determine eligibility for and to represent HCA's interest at administrative hearings (including expedited hearings) for eligibility regarding non-MAGI programs, including SSI & SSI-related programs for the Aged, Blind, or Disabled eligibility groups, Healthcare for Workers with Disabilities, Alien Emergency Medical for those not eligible under MAGI rules, the Medicare Savings Program, and long-term care programs.

Title

The Social Security Administration

Description of the functions the delegated entity performs in carrying out its responsibilities:

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

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
- No

Name of agency: ↑	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Department of Corrections	Partners with HCA and the Department of Labor & Industries in the HCA-administered Health Technology Assessment program and Prescription Drug Program which set common standards for evidence-based practices.
Department of Health	Regulates provider licensure within scope-of-practice standards set in state law & addresses population-based public health issues.
Department of Social and Health Services	Maintains the eligibility system of record for Medicaid & public assistance programs. In cases where DSHS takes action on behalf of HCA, the DSHS employee acts as an authorized agent (representative) of HCA. HCA delegates to DSHS the authority to administer the programs below. HCA retains policy making authority and responsibility to monitor & oversee DSHS' administration of these Medicaid services: * Eligibility determinations for non-MAGI-based programs (SSI & SSI-related programs for the aged, blind & disabled eligibility groups, Alien Emergency Medical for those not eligible under MAGI rules, the Medicare Savings Program, & long-term care programs). • 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). Note: HCA maintains overall responsibility for all waivers; DSHS manages certain waiver services. • 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 Effective: 7/1/18

Name of agency: ↑

Description of the Medicaid functions or activities conducted or coordinated with another executive agency:

the State, including Medicaid Personal Care and the Community First Choice Program

- Certain Chronic Care Management services
- Approved Medicaid grants and demonstration projects. Note: HCA maintains overall responsibility for all Medicaid grants and demonstration projects; DSHS manages certain grant and project services.
- 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. State Medicaid Agency functions delegated to the DSHS State Survey Agency include:
 - o Minimum Data Set (MDS) review & analysis for calculating case mix adjusted Medicaid rates
 - o Administration of Medicaid enforcement & compliance remedies for deficient nursing facilities, including civil fines, collections, and formal & informal hearings
 - o Quality Improvements & Evaluation System
 - o The Quality Assurance Nurses (QAN) program, including case mix accuracy & utilization review of Nurse Aide registry (NATCEP) program
 - o Investigation of allegations of resident/client abuse, neglect, or misappropriation of nursing facility residents, including findings, as appropriate

Office of Administrative Hearings

Conducts all initial (first level) administrative hearings

Office of the Insurance Commissioner

Regulates & oversees Washington State's health insurance industry, including the licensing & oversight of all carriers & assurance of consumer protections.

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F. Additional information (optional)

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A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

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 0938-1188. 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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State WASHINGTON

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Washington State Health Care Authority is the single State agency responsible for:

/X/ administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is:

Chapters 41.05 and 74.09 Revised Code of Washington
(statutory citation)

// supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in:

(statutory citation)

The agency's legal authority to make rules that are binding on the political subdivisions administering the plan is:

9-10-18
DATE


Signature

SENIOR COUNSEL, ATTORNEY
Title GENERAL'S OFFICE