

Washington State Health Care Authority

Monthly Medicaid Meeting

June 24, 2015
Jessie Dean
Office of Tribal Affairs

Agenda

1. Health Information Exchange (HIE) & Meaningful Use:
Upcoming Developments
2. Impact of State Budget Negotiations on Medicaid
3. Medicaid Transformation Global Waiver
4. Inter-Governmental Transfer (IGT) Process:
Upcoming Developments
5. Foster Care Medical and Tribal Guardianship:
Proposed Change to Application Process
6. ICD-10 Testing Available
7. Miscellaneous

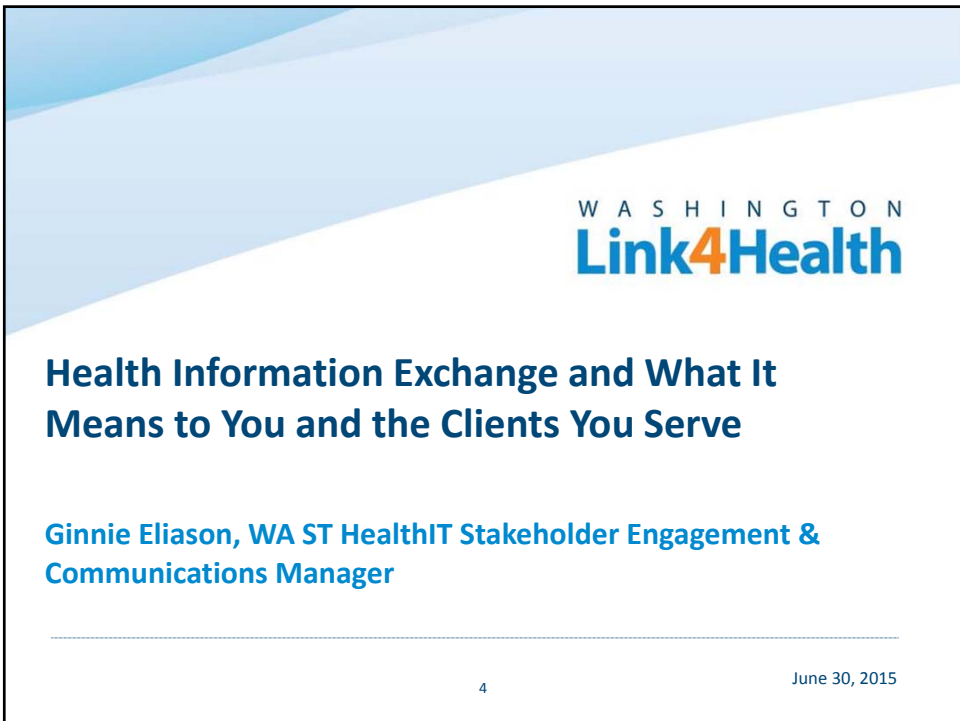




Health Information Exchange &
Meaningful Use: Upcoming
Developments

3

Washington State
Health Care Authority



WASHINGTON
Link4Health

**Health Information Exchange and What It
Means to You and the Clients You Serve**

**Ginnie Eliason, WA ST HealthIT Stakeholder Engagement &
Communications Manager**

4

June 30, 2015

Building Statewide Health IT Technological Infrastructure



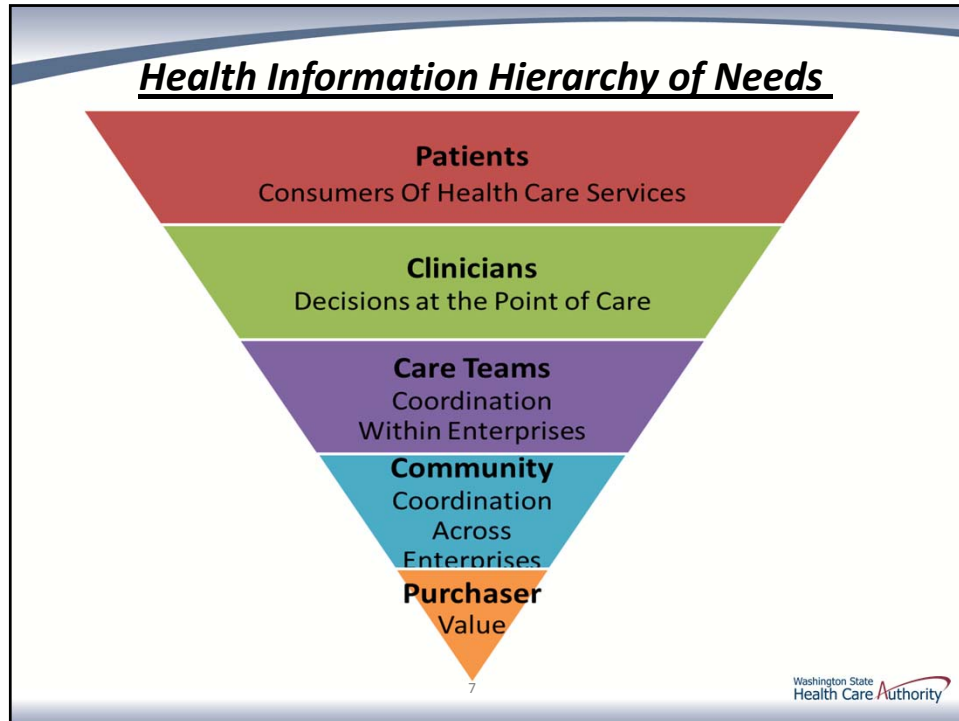
5

What Is the Problem? As it is Today: Patients Data Spans Many Silos

An individual's healthcare story cannot be told in pieces



6

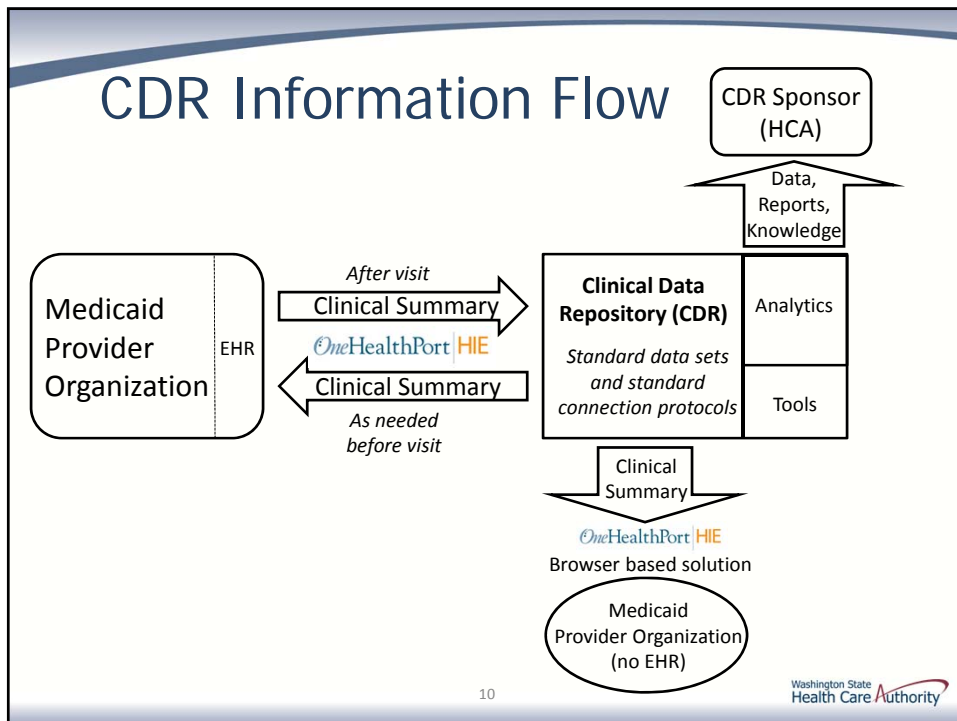
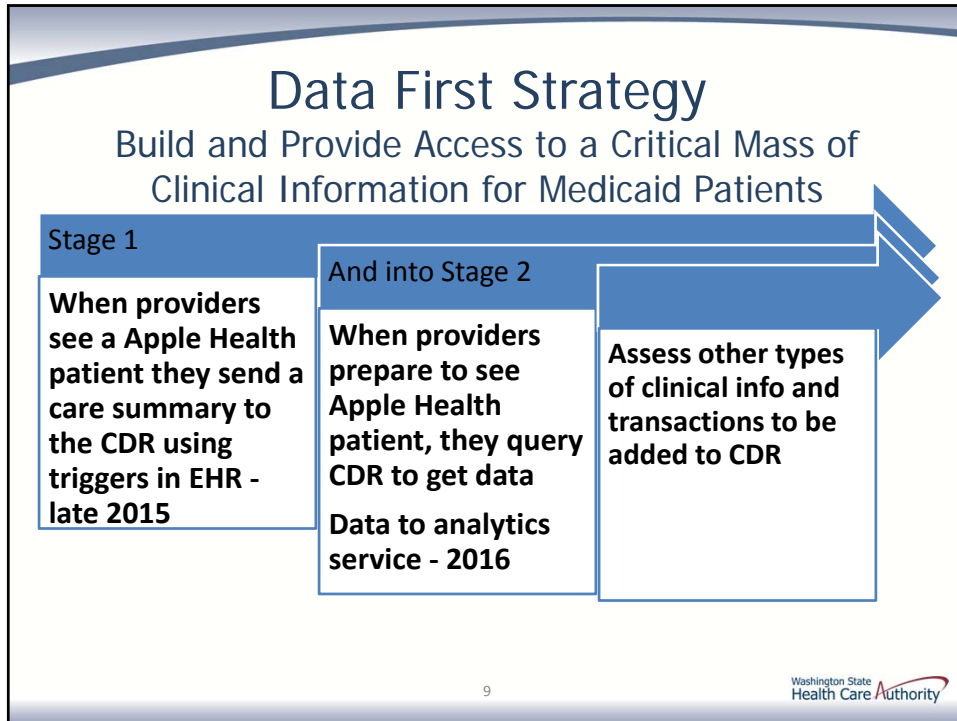


**WA Link4Health State HIE Provides Solution:
Medicaid Data Repository**

- Complete integrated health record that follows consumer across settings and over time regardless of payer, plan, care setting or provider.
- Longitudinal record that describes all care and needs, including medical, dental, behavioral health, and social services.
- Whole patient record, not what single clinician, clinic or plan(payer) determines relevant.
- On demand access to shared care plans and health record for patients with complex & chronic conditions.
- Actionable data to identify gaps in care and predictive data to identify who is likely to need care.

8

Washington State
Health Care Authority



Role Based Access

- Access defined by a tiered role
- User level
 - Define access to restricted/very restricted data
 - Allow access to Connect or Dimensions
- Group level
 - Can enhance access to user level roles, i.e. physician in a psychiatric clinic
- Health Plan level
 - Ensures access to 'own' information

Connect Portal

The screenshot displays the Connect Portal interface for a patient named Charles Andrews. The interface is organized into several sections, each with a count of items:

- Documents (5/14):**
 - 02/20/2014 Cardiology Consultation Note: "Assessment Note"
 - 02/27/2014 Initial Evaluation Note: "Assessment Note - Home Care"
 - 02/13/2014 Summarization of Episode Note: "Continuity of Care Document"
 - 02/13/2014 Discharge Summarization Note: "Discharge Summary 11/14/2012"
 - 02/13/2014 Consultation Notes: "Gastroenterology Consult Note 11/7/2012"
- Medications (5/123):**
 - 11/01/2012 MIRTAZAPINE (administered)
 - 10/01/2012 ASPIRIN (administered)
 - 10/01/2012 DELTAZEM HCL (administered)
 - 10/01/2012 ONDANSETRON HCL (administered)
 - 01/23/2013 LIDOCAINE (administered)
- Allergies (5/17):**
 - 10/05/2009 CLARITHROMYCIN since 4 years
 - 02/18/2013 MEPERIDONE
 - 02/18/2013 AMOXICILLIN
 - 06/16/2010 CIPROFLOXACIN HCL since 3 years
 - 06/16/2010 CIPROFLOXACIN since 3 years
- Lab Values (5/236):**
 - 10/11/2012 Automated Chemistry (LabCorp) (17 Tests / 1 abnormal) ordered by (Order # 275274219930436)
 - 10/01/2012 Automated Chemistry (LabCorp) (17 Tests / 2 abnormal) ordered by (Order # 275274219920435)
 - 10/06/2012 Automated Chemistry (LabCorp) (17 Tests / 3 abnormal) ordered by (Order # 275274219910434)
- Encounters (4/4):**
 - 02/25/2013 Update patient information TEST0155534 (SNDOEVH1, 02/25/2013-05:24 AM) Charles Andrews
 - 10/09/2013 Admission TEST0155534 (SNDOEVH1, 10/09/2013-10:06 AM) Charles Andrews
 - 10/09/2013 Admission TEST0155534 (SNDOEVH1, 10/09/2013-10:06 AM) Charles Andrews
 - 10/09/2013 Admission TEST0155534 (SNDOEVH1, 10/09/2013-10:06 AM) Charles Andrews
- Problems (5/88):**
 - 09/17/2012 OTH EMPHYSEMA since 1 year & 5 months
 - 09/17/2012 ESOPHAGEAL REFLUX since 1 year & 5 months
 - 09/17/2012 DIAPHRAGMATIC HERNIA W O OBSTRUCT since 1 year & 5 months
 - 09/12/2012 MALIG NEOPLASM MIDDLE LOBE LUNG since 1 year & 5 months
 - 09/06/2012 MALIG NEOPLASM BRONCH LUNG UNSP since 1 year & 5 months
- Vital Signs (6/0):**
- Procedures (5/73):**

HEDIS 5 Star Quality Measures

[Hedis Star Measures - Graph](#) | [Hedis Star Measures - Details](#) | [Hedis Star Measures - Patient List](#)

HEDIS® STAR #C02
Colorectal Cancer Screening

Group Overall:			
Group # Of Well Controlled	Group # Total Cases:	Group Rate:	Target:
50	79	63.29%	>=67%

<< Clear Selections >>

Please Select Star Measure
 Select Colorectal Cancer Screening (C02)

Please Select Time Frame
 Select 01/01/2012-12/31/2012

Search

Please select Measure, Time Frame and Product

CURRENT SELECTIONS

Product Secure Horizon

Provider

- AYCOCK, THOMAS M
- AYMOND, ALLEN H
- AZOUZ, DAVID
- BABCOCK, TERENCE L
- AVERHART, VERNON W
- AUBRY, ALVIN J
- BADER, ELLIOTT
- AUGUSTAT, EDWIN C
- AUTREY, EZELL S
- BADHIVALA, SHAMJI P
- BARKLEY, RONALD M
- BANGALE, ANIL T
- BARKER, TIMOTHY D
- BARST, GEOFFREY S
- BANDEL, PHILLIP B

Measure Description:

The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer

Hedis Star Measures COL by Group		Hedis Star Measures COL					
Provider Name	# of Well Controlled	# of Total Cases	Provider Rate	Patient Name	Member ID	DOB	Diagnosed Date
ALDRIDGE, RICHARD L	2	2	100.00%				
BARST, GEORGE S	3	3	100.00%				
BECKER, RICHARD L	2	4	50.00%				
BRISER, NED E	1	3	33.33%				
BURNAL, KENNETH R	1	3	33.33%				
BILEY, NEIL, JEFFREY M	1	2	50.00%				
BURNICK, SYDNEY L	1	2	50.00%				
BRANKEL, DALE W	4	6	66.67%				
BLEIGHORN, RANDY D	2	3	66.67%				
BULLOCK, ROBERT W	2	3	66.67%				
BURNINGHAM, LAURENCE W	1	2	50.00%				
BULLISLE, HENRY	1	2	50.00%				
BULLISLE, KATHLEEN B	2	3	66.67%				
EARLY, GEORGE E	1	2	50.00%				
STEVENS, DENNIS D	1	2	50.00%				
FARHAN, NAWAZ G	1	2	50.00%				

Milestones

- Sustainability Model Developed-MCOs Partnering
- 16 Major Delivery Systems to Leader Meeting 9/2014 (Delivery System= all clinics, providers, & hospitals)
- Contract with Managed Care Organizations Executed 12/2014
- Contract with Solution Vendor Executed 1/2015
- Legal / Policy resource hired
- Individual Meetings with Major Delivery Systems June – August 2015 to engage “First Movers”
- Two entire delivery systems intent to partner with us in the last two weeks

What is Next for Tribal Provider Groups?

- Identify benefits and business process simplification opportunities
- Provide HCA Inter-Agency Sponsor (Dr. Charissa Fotinos) or (Jessie Dean who will submit name to HIE team) one tribal-affiliated Subject Matter Expert (SME) To represent all general tribal business needs and potential uses

15



Need additional Information? :

Team email: HealthIT@hca.wa.gov
 for EHR: Put EHR in subject line
 for HIE: Put HIE in subject line

Website: HealthIT.wa.gov

Monthly HealthIT Newsletter:

- available on website, or
- sign up to have them come into your inbox directly. Sign up is on website in “Communications”

W A S H I N G T O N
Link4Health

16



State Budget Negotiations

– *Impact on Medicaid*

17

State Budget Negotiations

- The Legislature continues to negotiate a budget for the 2015-17 biennium.
- While it is unlikely that a government shutdown will occur, state agencies must prepare for the possibility that the budget is not enacted by June 30 (the end of the current state fiscal year).
- If the Legislature does not enact a budget by July 1, 2015:
 - HCA will be required to suspend services
 - Almost all HCA employees will be temporarily laid off
 - HCA office locations will be closed
- HCA operations will resume shortly after a budget is enacted.

18

State Budget Negotiations

During any period of suspended services:

- Medicaid coverage will continue for clients
- Medicaid managed care plans will be unaffected
 - You will be able to bill and receive payment as usual
- ProviderOne will remain operative for normal billing functions:
 - Eligibility checks
 - Fee-for-service payments for dates of service prior to July 1
- No payments for fee-for-service claims for dates of service on or after July 1

19

State Budget Negotiations

During any period of suspended services:

- For Medicaid-related non-pharmaceutical services that require prior authorization but are medically necessary to prevent loss of limb or life, prior authorization will be waived
 - To bill for a service meeting these criteria, please clearly state in the comment field of the claim form “emergent/urgent service”
- For Medicaid-related non-pharmaceutical services that require prior authorization but are not medically necessary to prevent loss of limb or life
 - The service will need to be delayed until a budget is enacted

For more information: <http://www.hca.wa.gov/Pages/index.aspx>

20

Medicaid Transformation Global Waiver


– *Excerpt from June 15 Webinar*

21



Vision for Transforming Medicaid

Washington State Medicaid will actively engage and support individuals, providers and communities in achieving improved health, better care and lower costs through:

-  Fully integrated managed care systems for **physical and behavioral health services** that more effectively provide whole person care
-  Clinical-community linkages address **social and community-based service** needs that are critical to meaningfully engaging Medicaid clients in improving their health across the life course
-  Cost-effective systems of care & supports that enable individuals to delay or avoid the need for Medicaid-financed services, including **long-term services and supports**
-  **Sustainable funding streams** for a transformed health system through value-based purchasing, with 80% of payments to providers on the value-based continuum by 2019

A *waiver* enables Medicaid sustainability by guaranteeing a reduced growth rate in health costs.


22



Global Waiver Goals → Strategies → Activities


- Reduce avoidable institutionalization in acute care hospitals, psychiatric hospitals, and nursing facilities
- Improve population health
- Accelerate payment reform to pay providers for better health outcomes
- Bend the Medicaid cost curve by two percentage points below national trend

23




Global Waiver Goals → Strategies → Activities


Interconnected strategies give Washington the ability to actively engage and support Apple Health clients, providers, and communities in achieving improved health, better care, and lower costs



Integrate **physical and behavioral health services** that more effectively provide whole person care




Build and strengthen clinical-community linkages to address Medicaid clients' **social and community-based service** needs



Develop and expand targeted **long-term services and supports** for individuals and caregivers that allow people to delay or avoid more costly services

24





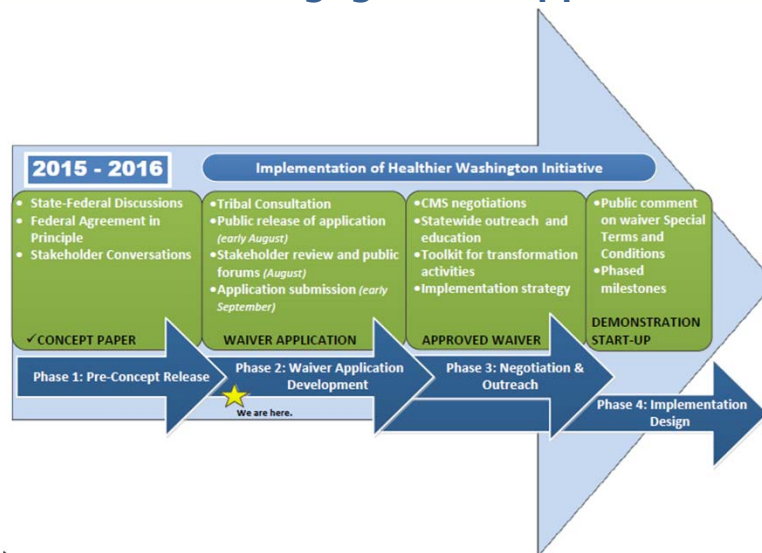
Relationship to Current Waivers

The global Medicaid waiver will complement, not replace, current State Plan/amendments and federal waivers that are currently authorized or will be authorized in 2016

- **Home and Community-Based Services**
 - Eight 1915(c) waivers
 - 1915(k) state plan amendment (Community First Choice)
- **Apple Health and Integrated Managed Care Health Systems**
 - 1932 state plan amendment
 - Four 1915(b) waivers

27

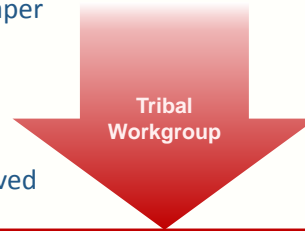
Timeline and Engagement Opportunities



28

Tentative Upcoming Dates

- **Late May/early June**
Dear Tribal Leader Letter issued
 - *Global 1115 waiver concept paper*
 - *Tribal consultation request for August 12*
- **Mid-June**
Webinar on Global 1115 waiver concept paper
- **Late July/early August**
Draft waiver application released
- **Mid-August**
Feedback on draft waiver application received
 - Tribal consultation
 - Two public input sessions
- **Mid-September**
Waiver application submitted to CMS



29

Washington State
Health Care Authority

Global Waiver Tribal Workgroup

- First 1½ hour meeting held on June 11
 - Just started addressing issues before ran out of time
- Next two meetings will be 4 hours long and video conferencing will be available
 - June 25, 9 am – 1 pm
 - July 17, 9 am – 1 pm
- Target to present Tribal plan for Global 1115 waiver application at Tribal Consultation in mid-August

Please let me know if you are interested in participating in this workgroup...

30

Washington State
Health Care Authority

Inter-Governmental Transfer

- For Substance Use Disorder Services for Non-AI/ANs

31

Inter-Governmental Transfer (IGT)

1. The State requires local governments to be responsible for the State-match for Substance Use Disorder treatment services, which applies to Tribes under 42 C.F.R. 433.51.
2. CMS requires local governments and Tribes that are responsible for the State-match to physically transfer those funds to the State in order to receive payment.

32

Inter-Governmental Transfer (IGT)

Current IGT Process for Tribes:

- i. Tribe bills ProviderOne for services and sends Tribal match to DSHS.
- ii. ProviderOne pays the federal portion.
- iii. DSHS returns the Tribal match to the Tribe.

Problem: Tribes get paid before State receives Tribal match.

33

Inter-Governmental Transfer (IGT)

New IGT Process for Tribes:

- i. Tribe bills ProviderOne for services.
- ii. DSHS/HCA sends invoice to the Tribe for the Tribal match for all claims that are pending payment.
- iii. Tribe sends the Tribal match to DSHS/HCA
- iv. ProviderOne pays the federal and state portion on the claims.

Potential Challenge: Tribes will experience a delay in receiving Medicaid payments for substance use disorder treatment services because claims are released for payments on a monthly schedule rather than weekly.

HCA/DSHS are currently creating the internal process; Tribes will receive notice and guidance on the new process as soon as the process is developed.

34

Foster Care Medical

- Proposed Change to Tribal Application Process

35

Washington State
Health Care Authority

Foster Care Medical

Issue: Translation between Tribal foster care and Children's Administration foster care

- Tribes often have kinship guardianship programs instead of foster care programs.
- Children's Administration excludes guardianships from foster care (WAC 388-25-0510).
- When HCA received a foster care medical application (HCA Form 19-027/19-028) with Tribal court orders that place the child in Tribal guardianship, HCA would follow the WAC and deny the application.
- However, Tribes can design their programs differently – as long as their programs follow the federal eligibility requirements.

36

Washington State
Health Care Authority

Foster Care Medical

What are the federal eligibility requirements for foster care medical?

- 42 CFR 435.113
- 42 CFR 435.145
- 42 CFR 435.222
- 42 CFR 435.227
- 42 CFR 435.226
- Proposed 42 CFR 435.135

37

Washington State
Health Care Authority

Foster Care Medical

Based on HCA's review of these federal rules, we believe the following elements are required for a child to be eligible for coverage under the Apple Health for Foster Children program:

1. The child is under the care and placement authority of the Indian Child Welfare (ICW) program (or its equivalent); and
2. One of the following applies to the child's situation:
 - a. Foster care/adoption support payments are being made for the child under Title IV-E of the Social Security Act (42 CFR 435.145),
 - b. The Tribe's ICW program or its placement agency has assumed full or partial financial responsibility for the child (42 CFR 435.222), or
 - c. There is a non-Title IV-E Adoption Assistance Agreement in place for the child (42 CFR 435.227).

38

Washington State
Health Care Authority

Foster Care Medical

HCA considered the following options for Tribes to tell us if their Tribal guardianship programs meet the federal Medicaid eligibility requirements:

- a) Specific language in Tribal court orders
- b) Specific language in Tribal codes
- c) Tribal attestation

In working with certain Tribes on the first two options, we found:

- Tribal concerns with including special language in court orders or Tribal codes; and
- Federal rules require that a child **who** remains in foster care until he or she ages out of foster care to be covered by Medicaid foster care medical.

39

Foster Care Medical

New Proposal: HCA would revise HCA Form 19-027 “Children in Tribal Foster Care” (<http://www.hca.wa.gov/medicaid/forms/Documents/19-027.pdf>) to include the following attestation language:

(Child's name) is a child under the care and placement authority of the (Tribe name) Indian Child Welfare program for whom one of the following applies:

- Receiving foster care/adoption support payments under Title IV-E of the Social Security Act (42 CFR 435.145).*
- Receiving full or partial financial support through the Tribe's Placement Agency (42 CFR 435.222).*
- Has a non-Title IV-E Adoption Assistance agreement in place (42 CFR 435.227).*

40

Foster Care Medical

Please share with us your thoughts and suggestions on this proposal.

- The federal rules defining eligibility for foster care Medicaid coverage are not well-written and are not consistent across the range of different foster care-related Medicaid programs.

HCA's goal is to ensure Apple Health for Foster Children coverage for children in foster care, taking into account both:

- a) Tribal sovereignty to design programs differently from the State's foster care program; and
- b) The federal eligibility requirements for children to receive Medicaid coverage while in foster care.

41

Washington State
Health Care Authority

Foster Care Medical

In addition to this proposal, we plan to work with the Health Benefit Exchange to develop training for Tribal Assisters and others to help them more successfully enroll non-foster care children in MAGI-based Apple Health for Children programs through www.wahealthplanfinder.org.

42

Washington State
Health Care Authority

ICD-10 Testing Available

43

Washington State
Health Care Authority

ProviderOne Ready for ICD-10

HCA has completed the ProviderOne system revisions and successfully tested the implementation of the ICD-10 code sets for all claims processing and payments. ProviderOne will only accept:

- ICD-9-CM until September 30, 2015
- ICD-10 on and after October 1, 2015

44

Washington State
Health Care Authority

ICD-10 Testing Available to Providers

All providers, including Tribal providers, are invited to participate in ICD-10 testing from July 6, 2015 to September 30, 2015 to ensure provider readiness.

- Participating providers will submit HIPAA 837 test claims using the ICD-10 codes to be sure that they will process correctly
- ProviderOne will return standard EDI and PDF remittance advices for provider review, feedback, and correction.
- If you work through a clearinghouse or billing agent, you may contact them or they may contact you to participate in this testing process.

To help prepare for that work, online resources are available at http://www.hca.wa.gov/Pages/ICD-10_Implementation.aspx, which

- Describe the ICD-10 project at HCA
- Provide specific provider testing instructions that will involve your assistance (in a link in the right-hand column)

Contact Mike Longnecker for more information

45

Miscellaneous

46

2015 Remaining HCA Tribal Affairs Meetings

<p>Tribal Billing Workgroup (TBWG) Second Wednesday (*unless noted) 9:00-10:00 AM</p>	<p>Medicaid Monthly Meeting (M3) Fourth Wednesday 9:00-10:00 AM</p>
<p><No meeting on July 8></p>	
<p>August 12</p> <p>September 9</p> <p>October 14</p> <p>November 12 (*Thursday)</p> <p>December 9</p>	<p>July 22</p> <p>August 26</p> <p>September 23</p> <p>October 28</p> <p>November 25</p> <p>December 23</p>

47

Status Updates Since May 27, 2015

Project	Status
Draft Fully-Integrated Managed Care Contracts for Southwest Washington	Received comments; reviewing and revising
Foster care medical and Tribal foster care	Proposed a new Tribal application process and language for HCA Form 19-027
ACH-Tribal Engagement Feasibility Study	Working with AIHC to research deliverables for statement of work
Medicaid Transformation Global Waiver	Concept paper sent; Tribal workgroup met on June 11, with next meeting on June 25, 9 am – 1 pm
CMS-Required Inter-Governmental Transfer Process	Developing HCA-DSHS process (guidance on process to be provided at later date)
Medicaid Administrative Claiming	Process design completed

48

Status Updates Since May 27, 2015

Project	Status
PCCM	Reviewing draft SPA
Federal Ownership Disclosure Requirements for I/T/Us	Working with CMS on clarification
MCO Payment of Wraparound Encounter Rate	Researching legal requirements
Forms for HCA Contracts with Tribes	Researching State-Tribal agreements
Presumptive SSI Claims	Researching claims paid
Guidance regarding Tribal representation on ACH Governance Bodies	Advised particular ACHs on Tribal engagement

49

Status Updates Since May 27, 2015

Open Item	Status
Tribal Health Homes	On hold until budget is passed
Tribal Consultation on April 17, 2015	Working on minutes of meeting
MCO-Tribal Meeting on May 8, 2015	Working on minutes of meeting
Pilot of Mental Health Technical Assistance Review at Tribe	First report completed
Domestic Violence Perpetrator treatment and Medicaid coverage under Brief Intervention Treatment procedure	Researching
AI/AN Maternity Support Services (MSS) and First Steps	Met with workgroup to develop a plan for improving access to MSS in I/T/Us

50

Status Updates Since May 27, 2015

Open Item	Status
Replies to AIHC briefing papers/questions	No update
Expansion of AI/AN exemptions from Medicaid estate recovery	No update
Amendment to HCA Tribal Consultation Policy	No update
Review of AIHC Medicaid eligibility materials	No update
Expansion of HCA resources on AI/AN eligibility	No update
IHS Services and Medicaid spenddown	No update
Tribal-State Data Workgroup	No update

51

Medicaid State Plan Amendments (SPAs) and Waivers: Notices Since May 27, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
SPA 15-0025, 15-0026 (5/28/2015)	<p>These SPAs are being submitted to comply with a request from the federal Centers for Medicare and Medicaid Services (CMS) to update the Medicaid State Plan to reflect current practices, as already reflected in the FQHC and RHC Provider Guides.</p> <ul style="list-style-type: none"> The Agency has a limitation that only one service can be reimbursed each day, with two exceptions (see Chapters 182-548 and 182-549 WAC). However, the State Plan currently states that FQHC and RHC services are “unlimited”. This SPA will authorize the reimbursement of “other ambulatory services” for FQHCs and RHCs. This SPA will describe the “core providers” and additional provider types (e.g., naturopaths) eligible to provide reimbursable services through an FQHC or RHC and identify minimum qualifications for an individual practitioner to deliver State Plan FQHC and RHC services. <p>These SPAs will affect Urban Indian Health Programs as FQHCs, but these SPAs will not affect the Indian Health Services encounter rate.</p>

Medicaid State Plan Amendments (SPAs) and Waivers: Notices Since May 27, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
SPA 15-0029 (5/28/2015)	<p>This SPA is being submitted to comply with a request from CMS to update the Medicaid State Plan to reflect current practices, as already reflected in the Provider Guides.</p> <ul style="list-style-type: none"> The Agency will change the description of its payment methodology in the State Plan to reflect the current number of ASC payment groups (a change from eight to nine), each with a set fee. The Agency will include a description of the methodology it currently uses to calculate a discount for two or more surgeries on the same claim. The Agency will add implantable devices as reimbursable separately and in addition to surgery payments to reflect its current practice.
SPA 15-0019 (6/9/2015)	<p>This SPA is being submitted in response to a request from CMS for the state to update and clarify the information in the State Plan concerning the requirements a hospital must meet in order to provide and be paid for furnishing bariatric surgery and related services to eligible clients. This SPA is intended to reflect the requirements that are already described in WAC 182-550-2301.</p>



Medicaid State Plan Amendments (SPAs) and Waivers: Notices Since May 27, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
SPA 15-0030 (6/9/2015)	<p>This SPA would update the effective date of the conversion factors used to set payment rates for the following Medicaid programs:</p> <ul style="list-style-type: none"> EPSDT Family Planning Services Home Health Services Mental Health Services Optometric Services Physician-Related Services School-Based Services Telemedicine Services Tobacco Cessation Services <p>The rate setting methodology for these programs uses the RBRVS method, which uses conversion factors that are informed by various sources, including CMS, Medicaid, and others. This SPA is a regular annual update to keep rates and billing codes in alignment with the coding and coverage changes from CMS, Medicaid, and other sources.</p>



Medicaid State Plan Amendments (SPAs) and Waivers: Notices Since May 27, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
SPA 15-0032 (6/19/2015)	<p>If the final operating budget being passed by the State legislature, this SPA would update the effective date of the fee schedule for alcohol and drug treatment and detoxification services (Substance Use Disorder services) as of July 1, 2015. The anticipated increases are as follows:</p> <ul style="list-style-type: none"> Group Outpatient Treatment Services 6% Opiate Substitution Treatment 15% Pregnant and Parenting Women Residential Treatment Services 63% Pregnant and Parenting Women Co-Occurring Residential Treatment Services 19% Pregnant and Parenting Women Support Services 29% <p>Because a final operating budget has not yet been passed by the legislature and signed by the Governor, this notice is anticipatory in nature.</p>



Thank you!

Office of Tribal Affairs & Analysis

Jessie Dean, Administrator (Direct Dial: 360.725.1649)

Mike Longnecker, Operations & Compliance Manager (Direct Dial: 360.725.1315)

- Email: tribalaffairs@hca.wa.gov
- Website: <http://www.hca.wa.gov/tribal/Pages/index.aspx>

