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State/Territory Name: Washington

State Plan Amendment (SPA) #: 15-0041

This file contains the following documents in the order listed:

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- 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

March 22, 2016

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
P.O. Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0041

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of the attached State Plan Amendment (SPA) Transmittal Number 15-0041. This transmittal updates organizational descriptions and functions of the Medicaid agency in the state plan to reflect the state's move from a fee-for-service structure to a managed care environment.

This SPA is approved effective October 16, 2015.

If there are any questions concerning this approval, please contact me or your staff may contact Maria Garza at maria.garza@cms.hhs.gov or (206) 615-2542.

Sincerely,

[Redacted Signature]

Digitally signed by David L.
Meacham -S
DN: c=US, o=U.S. Government,
ou=HHS, ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041
858, cn=David L. Meacham -S
Date: 2016.03.23 11:01:35 -07'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Ann Myers, SPA Coordinator

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 15-0041

Proposed Effective Date

10/16/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10, 431.11, 431.12, 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$ 0.00
Second Year	2017	\$ 0.00

Subject of Amendment

Agency Organization. This State Plan Amendment (SPA) WA 15-0041 supersedes WA 13-0024 which was approved on March 21, 2014. The approval package for WA 13-0024 included: A1-A3 (9 pages), an HCA organizational chart attachment (1 page), and an Attorney General's certifications (1 page).

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: **Feb 29, 2016**
Submit Date: **Dec 31, 2015**



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: WA - 15 - 0041

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

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

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



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- 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

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.
- * 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 Division of Legal Services/Office of Legal Affairs below for details).



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HCA is comprised of the following:

DIRECTOR'S OFFICE: The HCA Director oversees the Executive Leadership Team and is responsible for ensuring that HCA provides high quality health care through innovative health policies and purchasing strategies in support of creating a healthier Washington. The State Medicaid Director has authority to sign Medicaid State Plan Amendment submissions and other necessary documents to administer the state Medicaid program.

****Clinical Quality and Care Transformation:** Makes clinical policy decisions to guide medical coverage, maintain quality standards and ensure evidence-based practices for our clients' medical care. Sections include:

++Authorization Services: Reviews and processes requests for services that require prior approval to ensure medical necessity.

++Clinical Strategy & Operations: Sets clinical policy for the agency and works in collaboration with Healthcare Services to operationalize them.

++Health Technology Assessment Program: Determines if health services used by state government are safe and effective. Primary goals: safer health care that relies on scientific evidence and a committee of practicing clinicians; more consistent coverage decisions by state agencies; more cost effective state-purchased health care by paying for medical tools and procedures that are proven to work; a more open and inclusive coverage decision process by sharing information, holding public meetings, and publishing decision criteria and outcomes.

++Healthcare Benefits & Utilization Management: Provides support for clinical health care policy decisions and evidence-based medicine processes; reviews first time and renewal requests for providers seeking to establish a core provider agreement.

++Prescription Drug Program: Identifies preferred drugs and increases awareness of the cost-effective use of prescription drugs.

****Communications:** Helps with internal and external communications, including strategic messaging and communications planning, media relations, visual communications, translation services, and forms and publications. Partners with Enterprise Technology Services to oversee the agency's website and intranet. Sections include:

++Internal Communications: Responsible for agency-wide internal communication, such as the employee newsletter, intranet home page, the monthly all-staff gathering, and the Communications Council.

++External Communications: Manages media relations, social media, email distribution, and the agency's website.

++Production Planning & Design: Assists with agency communications, from scheduling to clearly written content, translations, design, and printing. Also orders envelopes, letterhead, and business cards for the agency.

****Office of Audit and Accountability:** Manages the agency's internal audit and fraud programs:

++Internal Audit: Provides independent and objective feedback about business operations to help ensure the agency's processes and internal controls comply with state and federal requirements.

++Fraud and Abuse: Coordinates referrals to the Medicaid Fraud Control Unit on credible allegations of fraud.

****Policy, Planning & Performance:** Drives strategy and policy development in services of the agency's triple aim: better health, better care, and lower costs. Performs research and analysis, deploys health purchasing initiatives; supports agency-wide performance management and process improvement. Sections include:

++Health Innovation & Reform: Leads the effort to implement Healthier Washington, the Governor's multi-sector health transformation initiative for the state.

++Legislative Affairs & Analysis: Coordinates agency legislative activities.

++Planning & Performance: Responsible for agency-wide performance management and strategy deployment; leads process improvement initiatives agency-wide; manages the agency's Results Washington work.

++Tribal Affairs & Analysis: Primary agency liaison with tribal nations and tribal organizations.

****Public Employees Benefits Program:** Provides insurance coverage for eligible public employees and their families, and retirees. Includes:

*Public Employees Benefits Division: Oversees the design, procurement, and delivery of PEB program plans and the communication and marketing related to the program; promotes wellness programs and activities. The PEB Board provides oversight to the design and approval of insurance plan benefits. Sections include:

++Benefit Strategy & Design: Researches and develops purchasing and benefit design strategy for program members, including medical, dental, long-term disability, and other coverage; focuses on improving the quality of care, the health of program subscribers, and controlling costs while increasing the value of benefits within budget constraints; manages the Worksite Wellness Program, including the SmartHealth platform.



Medicaid Administration

++Benefits Accounts: Reviews the accuracy of staff work, training and procedure development; subscriber and stakeholder communications; account processing; customer service for members' calls and walk-ins; outreach and training to employer groups; guidance to state agencies; reports & data management.

++Policy & Rules: Amends, repeals, and adopts program rules (Washington Administrative Code (WAC)) ensuring compliance with federal regulations that govern employee benefit plans; monitors bills during legislative sessions.

++Portfolio Management and Monitoring: Negotiates, manages, and monitors the medical, dental, life, and long term disability insurance contracts for eligible public employees and their family members.

**CENTRAL SERVICES ADMINISTRATION: Overseen by the Chief Operations Officer and plans, directs, and coordinates all supportive services and operations for the agency, ensuring smooth, efficient and accountable operations. Includes:

+Healthier Washington Operations: Manages all operational activities for the implementation of the Healthier Washington/State Innovation grant.

+Project Management Office: Provides agency-wide project management leadership and support.

*Financial Services: Manages HCA's financial activities: budget preparations and expenditure monitoring; accounting and payroll; provides financial support to the PEB program, such as procurement, collective bargaining, and surcharge activities; per-capita Medicaid forecasting; managed care rate-setting methods for Medicaid clients; sets fee-for-service rate schedules for physicians, dentists, hospitals, clinics and others. Sections include:

++Accounting Office: coordinates, directs and accounts for all financial transactions recorded in the State Accounting System (AFRS); prepares quarterly federal reports (CMS-64, CMS-21, etc.); maintains the agency's federal cost allocation methodology; provides reports to executive leadership and external stakeholders; ensures financial records are maintained in accordance with generally accepted accounting principles and guidelines as established by state and federal policies and procedures.

++Actuary Office: Provides actuarial coordination and leadership.

++Forecasting and Financial Analytics: Manages the per capita forecast for medical services, including coordinating a cross-agency work group responsible for forecast policy; shares with Budget Operations and the Accounting Office the responsibility and authority over Medicaid expenditures, including responsibility for the provision of the state share of Medicaid expenditures; shares with the Public Employees Benefits Division the responsibility to set rates and procure services; provides financial analysis and prepares financial models to support planning and evaluation efforts and rate setting; responds to complex internal and external data requests.

++Budget Operations: Planning, analysis, and implementation of the agency's medical assistance programs and administrative budget; works with the Accounting and Forecast offices to support the Medicaid program and monitor expenditures for conformance with executive and legislative intent; provides financial analysis to support decision-making and to address inquiries from external stakeholders; managed the Advance Planning Document (APD) process.

++Hospital & Professional Payments: Manages Medicaid rate methodologies and rate setting for hospitals, health care providers, and pharmaceuticals; manages unique financing mechanisms that involve health care provider-related taxes, leveraged federal dollars, and cross-agency cooperation; manages the Medicaid Drug Rebate program.

++FQHC/RHC Unit: For Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), manages rate methodologies, rate setting, and administration of funds; manages fee-for-service and managed care reimbursement policies; oversees the managed care reconciliation processes and the implementation of new payment methodologies.

++Office of the CFO: Performs reimbursement and payment functions for Medicaid-eligible clients with individual medical insurance, employer-sponsored insurance, and COBRA when it is cost-effective.

*Division of Legal Services: Oversees agency legal services and coordination with the attorney general's office, records management, administrative policies and procedures, litigation coordination, public disclosure, risk management, administrative hearings, appeals, internal controls, contracts, and ethics. Manages the agency rule making process and coordinates compliance with state and federal health information privacy laws. Sections include:

++Contracts Office: Manages, oversees, and provides professional guidance with contracts and acquisitions.

++Enterprise Risk Management Office: Provides legal assistance and oversees the agency's risk management programs, including records retention, public disclosure management, litigation coordination, HIPAA compliance, second level administrative hearings at the Board of Appeals, internal control, and manages the agency's administrative policy and procedures development.

++Office of Legal Affairs: Provides legally trained staff to represent HCA in administrative hearings before the Office of Administrative Hearings (OAH) and the Board of Appeals (BOA). OAH is a separate state agency and conducts the first level of administrative hearings. An individual can request de novo review to the HCA BOA, which sits within HCA's Enterprise Risk



Medicaid Administration

Management Office.

++Office of Rules and Publications: Manages agency-wide rule making for Washington Administrative Code; produces Medicaid provider guides necessary for program operation and proper billing; maintains the Medicaid State Plan and manages the process to amend it.

*Enterprise Technology Services: Supports information technology (IT) systems for the agency; oversees efforts to provide incentive for Washington providers and hospitals to use electronic health record systems that help providers and individuals make data-driven decisions about their health care (Health Information Exchange); partners with the Communications Division to oversee the agency's website and intranet. Sections include:

++Application Services: Develops, updates and maintains critical business systems.

++Business Operations: Provides project management functionality and services for the division.

++Desktop Technologies and Customer Support: Supports the agency's computers, telephones, multi-function devices (copier/printer/scanner), stand-alone printers; administers security permissions for all IT systems.

++Enterprise Services: Creates and facilitates environments to stimulate innovative approaches, new solutions, and working relationships; works to develop and implement Enterprise Architecture, Medicaid Information Technology Architecture, and Data Analytics & Reporting services.

++Health Information Technology: Manages multiple statewide programs to improve health outcomes, with the Electronic Health Records Incentive Payment Program and WA Link4Health as the two major areas of work.

++Network Systems Support: Supports the agency's IT infrastructure including servers, phones services, connectivity, patch management, desktop configuration, and documentation imaging.

++Office of Security Services: The enterprise IT security office for the agency.

++Web Services: Manages, provides training for, and assists with the external agency website, InsideHCA intranet sites, Fuze, video and audio services, social media implementation, web application development, etc.

*Employee Resources Division: Ensures agency staff have the services, tools, and resources needed. Sections include:

++Facilities: Oversees building operations, maintenance, and reception.

++Human Resources: Assists in hiring and helping staff succeed; provides information and access to employee training and development opportunities, manages performance development programs, collective bargaining agreements, and works with programs to make the best use of people.

++Mail and Imaging Services: Processes mail, images paper claims, forms, and eligibility documents to support HCA, Health Benefit Exchange and Department of Social and Health Services supporting Medicaid.

++Safety and Wellness: Oversees security, ergonomics, and safety and wellness program.

*ProviderOne Operations and Services: Helps ensure Medicaid funding is used to provide care appropriately and efficiently, and operates ProviderOne. Sections include:

++Coordination of Benefits: Prevents duplication of payment when more than one insurance plan or payer covers a person; ensures Medicaid is the payer of last resort.

++Medicaid Systems & Data: Operates and maintains ProviderOne; supports ProviderOne customers.

++Medicare Buy-In: Assists clients who are eligible for both Medicaid and Medicare with Medicare premium payments; manages recoupment when Medicare coverage is identified after Medicaid has made payment.

++ProviderOne Project: Expands ProviderOne payment processing to social service providers, such as community residential providers, home care agencies, and individual providers.

++ProviderOne Enhancement & Contract Performance: Manages the ProviderOne Operations and Maintenance contract to ensure adherence to all Federal/State requirements and contract Service Level Agreements; manages the life cycle of numerous federal and state initiatives that require ProviderOne enhancements.

++Provider Enrollment: Verifies provider eligibility to offer Medicaid services.

**MEDICAID SERVICES: Overseen by the Medicaid Director and has primary responsibility for ensuring the agency offers high-quality, cost-effective care to Apple Health clients while adhering to federal Medicaid requirements. Includes:

*Medicaid Eligibility and Community Support: Enhances clients' ability to obtain health care. Sections include:

++Medical Assistance Customer Service Center: Helps Apple Health clients and providers with questions and issues about Medicaid coverage, managed care, billing, claims, and enrollment.

++Medical Eligibility Determination Services: Completes eligibility and post-enrollment determination for children and adults in



Medicaid Administration

Apple Health, the Breast and Cervical Cancer Treatment Program, and Take Charge Family Planning.

++Office of Medicaid Eligibility & Policy: Develops Apple Health/Apple Health for Kids eligibility rules and policy; ensures eligibility systems support; conducts stakeholder outreach; opens medical coverage for foster care and adoption support children.

*Medicaid Program Operations and Integrity: Manages Medicaid managed care contracts, claims support, grant development, program integrity, and patient coordination with health plans and providers. Sections include:

++Community Services: Manages family health care service programs, non-emergency medical transportation, and Medicaid outreach conducted by federally recognized Tribes, school districts, and local health jurisdictions.

++Grant & Program Development: Develops and implements new and innovative Medicaid programs such as Health Homes, 1115 waivers and fully integrated health care services.

++Claims Support: Manages fee-for-service claims processing activities.

++Health Equity & Interpreter Services: Manages and oversees the Interpreter Services contractor; leads the agency's management of the implementation, deployment and reporting for National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.

++Managed Care Programs & Patient Review & Coordination: Coordinates and assures adherence to state and federal law and rules for the federal lock-in program; manages and oversees contracted managed care organizations delivering Medicaid services.

++Medicaid Monitoring: Monitors fee-for-service and managed care providers to ensure compliance with contractual requirements.

++Program Integrity: Audits fee-for-service and managed care providers to ensure compliance with Medicaid law and contractual requirements.

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, Fish and Wildlife, Health, Labor and Industries, Licensing, Military, Natural Resources, Retirement Systems, Revenue, Services for the Blind, Transportation, Veterans Affairs, and Social and Health Services (DSHS)*.
- *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, Education Ombuds, Family and Children Ombuds, Financial Management, Environmental and Land Use Hearings, Indian Affairs, Minority and Women's Business Enterprises, Recreation and Conservation, and Regulatory Innovation and Assistance.
3. The following Commissions: African-American Affairs, Arts, Asian Pacific American Affairs, Charter School, Citizens' Commission on Salaries for Elected Officials, Columbia River Gorge, Conservation, Criminal Justice Training, Housing Finance, Human Rights, Gambling, Hispanic Affairs, Horse Racing, Parks and Recreation, Public Deposit Protection, Public Disclosure, Public Employment Relations, Traffic Safety, Transportation, and Utilities and Transportation.
4. The following Boards: Accountancy, Community and Technical Colleges, County Road Administration, Education, Education Coordinating, Executive Ethics, Four-Year Institutions of Higher Education, Freight Mobility Strategic Investment, Industrial Insurance Appeals, Investment, Law Enforcement Officers' and Fire Fighters' Plan 2 Retirement, Liquor and Cannabis, Pilotage Commissioners, Productivity, Professional Educator Standards, Tax Appeals, Transportation Improvement, Volunteer Firefighters and Reserve Officers, and Workforce Training and Education Coordinating, .
5. The following Authorities: Economic Development Finance, Health Care Facilities, Higher Education Facilities, Life Sciences Discovery Fund, Tobacco Settlement, and Washington Materials Management and Financing.



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6. The following Councils: Caseload Forecast, Economic and Revenue Forecast, Forensic Investigations, and Washington Student Achievement.

7. The following other entities: Center for Childhood Deafness and Hearing Loss, Consolidated Technology Services, Eastern Washington State Historical Society, Pollution Liability Insurance Program, Puget Sound Partnership, Results Washington, School for the Blind, State Finance Committee, State Library, State Lottery, State Patrol, and Washington State Historical Society.

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.

- 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 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 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).



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- 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 and the Community First Choice Program.
- Certain Chronic Care Management services.
- Approved Medicaid grants and demonstration projects.
- Substance Use Disorder (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

<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<input type="button" value="Add"/>	
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? <input type="radio"/> Yes <input type="radio"/> No	
State Plan Administration Assurances	A3
42 CFR 431.10 42 CFR 431.12 42 CFR 431.50	
Assurances <input checked="" type="checkbox"/> The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50. <input checked="" type="checkbox"/> All requirements of 42 CFR 431.10 are met. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 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: <input type="checkbox"/> 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). <input type="checkbox"/> 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: <input checked="" type="checkbox"/> 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.



Medicaid Administration

V.20141203

WASHINGTON STATE HEALTH CARE AUTHORITY

