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State/Territory Name: Washington

State Plan Amendment (SPA) #: 16-0030

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approval Letter Attachment - 1915(b) Waiver Termination Letter
- 3) CMS 179 Form
- 4) 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

October 24, 2016

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 16-0030 (Apple Health Managed Care)

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 16-0030. This SPA amends State Plan Attachment 3.1-F, part 2 to add the SSI blind and disabled populations and to transfer managed care enrollment authority for these populations to the state plan from a 1915(b) authority. The Washington 1915(b), WA-12 was approved for termination effective November 1, 2016 as documented in the attached letter.

This SPA is approved effective November 1, 2016.

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

Sincerely,

Digitally signed by David L. Meacham -S

A solid black rectangular box used to redact the handwritten signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

Enclosure

cc:

Ann Myers, HCA
Alison Robbins, HCA

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

September 20, 2016

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

RE: 1915(b) Waiver termination

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) received your letter dated August 1, 2016, requesting termination of the section 1915(b)(4) waiver authority enrolling blind and disabled populations into Apple Health managed care (WA-12). The state has indicated that it intends to continue enrolling the waiver populations into managed care through Section 1932(a) authority under the State Plan.

CMS approves your request to terminate the waiver. The effective date for the termination is November 1, 2016, as indicated on your draft State Plan Amendment included with your request.

The termination will require the state to change how it reports expenditures for the blind and disabled populations on the CMS 64 Quarterly Report. Beginning with the effective date of the approved State Plan Amendment (e.g., SPA WA 16-XXXX), the state should begin to report expenditures for the blind and disabled populations on line 18A of the CMS 64 Base Form as MCO expenditures. Any current or prior period adjustments and any expenditures prior to the SPA effective date, should continue to be reported on the CMS 64 Report 1915(b)(4) waiver form.

If there are any questions concerning this waiver termination approval, please contact me or your staff may contact Rick Dawson at rick.dawson@cms.hhs.gov or (206) 615-2387.

Sincerely,

Digitally signed by David L. Meacham -
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A solid black rectangular box used to redact the signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

cc: Preston Cody, HCA
Alison Robbins, HCA
Tonya Dobbin, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0030	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2016 (P&I) November 1, 2016 (P&I)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1932(a) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$0 b. FFY 2017 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F Part 2 page 4, 5, 6, 7, 7a (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-F Part 2 page 4, 5, 6, 7	
10. SUBJECT OF AMENDMENT Managed Care Update – add SSI blind and disabled adults and children to State Plan Apple Health Managed Care			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE: [Redacted]		16. RETURN TO: Ann Myers Office of Rules and Publications Division of Legal Services Health Care Authority 626 8 th Ave SE MS: 42716 Olympia, WA 98504-2716	
13. TYPED NAME: MARYANNE LINDEBLAD			
14. TITLE: MEDICAID DIRECTOR			
15. DATE SUBMITTED: 10-12-16			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 10/12/16		18. DATE APPROVED: 10/24/16	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/1/16		20. SIGNATURE: [Redacted]	
21. TYPED NAME: David L. Meacham		22. TITLE: Associate Regional Administrator	
23. REMARKS: 10/19/16: State authorized P&I change to box 4			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation _____ Condition or Requirement _____

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

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

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

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation _____ Condition or Requirement _____

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement
	<p>2. <i>Excluded Groups.</i> Within the populations identified above as Mandatory or Voluntary, there may be certain groups of individuals who are excluded from the managed care program. Please indicate if any of the following groups are excluded from participating in the program:</p> <p><input checked="" type="checkbox"/> Other Insurance--Medicaid beneficiaries who have other health insurance.</p> <p><input checked="" type="checkbox"/> Reside in Nursing Facility or ICF/MR--Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for the Mentally Retarded (ICF/MR).</p> <p><i>Note: The State intends to enroll clients who are residing in a Nursing Facility into Apple Health Managed Care. The State will not enroll those residing in Intermediate Care Facilities for the Mentally Retarded</i></p> <p><input checked="" type="checkbox"/> Enrolled in Another Managed Care Program--Medicaid beneficiaries who are enrolled in another Medicaid managed care program</p> <p><input checked="" type="checkbox"/> Eligibility Less Than 3 Months--Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program.</p> <p><input type="checkbox"/> Participate in HCBS Waiver--Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).</p> <p><input checked="" type="checkbox"/> Retroactive Eligibility--Medicaid beneficiaries for the period of retroactive eligibility.</p> <p><input type="checkbox"/> Other (Please define):</p>

1932(a)(4)

F. Enrollment Process.

1. Definitions
 - a. Auto Assignment- assignment of a beneficiary to a health plan when the beneficiary has not had an opportunity to select their health plan.
 - b. Default Assignment- assignment of a beneficiary to a health plan when the beneficiary has had an opportunity to select their health plan.
2. Please describe how the state effectuates the enrollment process. Select an enrollment methodology from the following options and describe the elements listed beneath it:
 - a. ☒ The applicant is permitted to select a health plan at the time of application.
 - i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement
	<p><i>Newly eligible beneficiaries are able to select a plan at the time they become eligible for Medicaid and are enrolled the first of the month in which eligibility is determined. If a beneficiary wishes to disenroll from the plan to which they are assigned, they may do so using the Medical Assistance Customer Service Center (MACSC), the ProviderOne portal, or for non-SSI beneficiaries, through the state's "Health Plan Finder" (HPF).</i></p> <p><i>SSI blind and disabled adults and children become eligible and renew their eligibility through the Department of Social and Health Services (DSHS) Community Services Offices (CSOs). They receive notification of assignment to a managed care plan from the Health Care Authority (HCA) upon receipt of eligibility information from DSHS by HCA.</i></p> <p><i>Newly eligible SSI beneficiaries have the ability to select a managed care plan by contacting MACSC or through the ProviderOne portal. Additionally, newly eligible SSI beneficiaries who have been assigned to a managed care plan in which they do not wish to be enrolled may change plans through ProviderOne or by calling MACSC.</i></p> <p><i>All other beneficiaries have the ability to search the HPF for a specific clinic or provider and then determine with which plans that clinic or provider contracts. HPF also provides information about each of the MCOs available in the potential enrollee's service area by way of providing HEDIS information for each plan, as well as client survey information for each plan. Because most beneficiaries select a plan based on whether their primary care provider (PCP) is contracted, this additional information can help support that decision, or can provide direction for those beneficiaries who do not already have a PCP.</i></p> <p>ii. What action the state takes if the applicant does not indicate a plan selection on the application.</p> <p><i>If the beneficiary does not select a plan during the eligibility process, the state assigns the beneficiary to a plan and sends the beneficiary notice of the assignment, along with the "Welcome to Apple Health" beneficiary handbook and directions on how to change plans if the beneficiary wishes to choose a different plan.</i></p> <p><i>SSI beneficiaries are assigned using the same methodology as all other beneficiaries and receive the same enrollee materials.</i></p> <p><i>Beneficiaries receive two handbooks - The "Welcome to Apple Health Handbook" that the state sends out and an MCO managed care handbook (based on an HCA-supplied template), which is sent to new enrollees as part of their welcome packet. Beneficiaries do not receive duplicate Welcome to Apple Health</i></p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement
	<i>Handbooks each time they change MCOs. They do receive the MCO handbook for the new MCO each time they change MCOs.</i>
iii.	If action includes making a default assignment, describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f). <i>The state default assignment process is based on the state's assignment algorithm, which is based on network adequacy, performance under two HEDIS Clinical Performance measures (Childhood Immunization Combo 2 Status, and Comprehensive diabetes care: retinal eye exam) and one Administrative Measure (Initial Health Screen).</i>