Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 24-0016

This file contains the following documents in the order listed:

Administration

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th st, Room 335
Kansas City, MO 64106

Center for Medicaid & CHIP Services

June 12, 2024

Sue Birch and Dr. Charissa Fotinos
Washington State
Health Care Authority
PO Box 45502
Olympia , WA 98504

Re: Approval of State Plan Amendment WA-24-0016

Dear Director Birch and Dr. Fotinos,

On March 26, 2024, the Centers for Medicare and Medicaid Services (CMS) received Washington State Plan Amendment (SPA) WA-24-0016 which proposes to update the organization and administration of the State Medicaid Agency and reflects internal organizational change.

We approve Washington State Plan Amendment (SPA) WA-24-0016 with an effective date of February 01, 2024.

If you have any questions regarding this amendment, please contact Edwin Walaszek at (212) 616-2512 or at edwin.walaszek1@cms.hhs.gov.

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

Administration

Summary | Reviewable Units | Versions | Correspondence Log | Analyst Notes | Approval Letter | Transaction Logs | News | Related Actions

CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | WA2024MS0005O | WA-24-0016

Package Header

Package ID WA2024MS0005O
SPA ID WA-24-0016
Submission Type Official
Initial Submission Date 3/26/2024
Approval Date 06/12/2024
Effective Date N/A
Superseded SPA ID N/A

State Information

State/Territory Name: Washington
Medicaid Agency Name: Health Care Authority

Submission Component

- (•) State Plan Amendment
- (•) Medicaid
- ( ) CHIP

Package Header

Package ID WA2024MS0005O
SPA ID WA-24-0016
Submission Type Official
Initial Submission Date 3/26/2024
Approval Date 06/12/2024
Effective Date N/A
Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID WA-24-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	2/1/2024	WA-22-0016
Eligibility Determinations and Fair Hearings	2/1/2024	WA-22-0016
Organization and Administration	2/1/2024	WA-22-0016
Single State Agency Assurances	2/1/2024	WA-22-0016

Package Header

Package ID WA2024MS0005O
SPA ID WA-24-0016
Submission Type Official
Initial Submission Date 3/26/2024
Approval Date 06/12/2024
Effective Date N/A
Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives Washington is submitting Medicaid State Plan Amendment (SPA) SPA 24-0016 to update information in the Medicaid State Plan regarding the organization and administration of the state Medicaid Agency, which is the Health Care Authority (HCA). SPA 24-0016 is an administrative SPA, reflecting internal organizational changes; it does not change the agency's current policies or practices. SPA WA 24-0016 supersedes SPA WA 22-0016.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	$0
Second	2025	$0

Federal Statute / Regulation Citation

1902a of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Package Header

Package ID WA2024MS0005O

SPA ID WA-24-0016

Submission Type Official

Initial Submission Date 3/26/2024

Approval Date 06/12/2024

Effective Date N/A

Superseded SPA ID N/A

Governor's Office Review

- ○ No comment
- ○ Comments received
- ○ No response within 45 days
- ◉ Other

Describe Exempt

Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 6/24/2024 11:38 AM EDT

Administration

Summary | Reviewable Units | Versions | Correspondence Log | Analyst Notes | Approval Letter | Transaction Logs | News | Related Actions

CMS-10434 OMB 0938-1188

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | WA2024MS0005O | WA-24-0016

Package Header

Package ID WA2024MS0005O
SPA ID WA-24-0016
Submission Type Official
Initial Submission Date 3/26/2024
Approval Date 06/12/2024
Effective Date 2/1/2024
Superseded SPA ID WA-22-0016
System-Derived

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.

Package Header

Package ID	WA2024MS0005O	**SPA ID**	WA-24-0016
Submission Type	Official	**Initial Submission Date**	3/26/2024
Approval Date	06/12/2024	**Effective Date**	2/1/2024
Superseded SPA ID	WA-22-0016		
	System-Derived		

D. Additional information (optional)

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | WA2024MS0005O | WA-24-0016

Package Header

Package ID	WA2024MS0005O	**SPA ID**	WA-24-0016
Submission Type	Official	**Initial Submission Date**	3/26/2024
Approval Date	06/12/2024	**Effective Date**	2/1/2024
Superseded SPA ID	WA-22-0016		
	System-Derived		

A. Eligibility Determinations (including any delegations)

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

- [x] a. The Medicaid agency
- [ ] b. Delegated governmental agency

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- [ ] a. The Medicaid agency
- [x] b. Delegated governmental agency
  - [x] 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
  - [x] iii. The Social Security Administration determines Medicaid eligibility for:
    - [x] (1) SSI beneficiaries
    - [ ] (2) Optional state supplement recipients
  - [ ] iv. Other

3. Assurances:

- [x] a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- [x] 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).
- [x] 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.
- [x] d. The delegated entity is capable of performing the delegated functions.

Package Header

Package ID	WA2024MS0005O	**SPA ID**	WA-24-0016
Submission Type	Official	**Initial Submission Date**	3/26/2024
Approval Date	06/12/2024	**Effective Date**	2/1/2024
Superseded SPA ID	WA-22-0016		
	System-Derived		

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

☐ 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.

Package Header

Package ID	WA2024MS0005O	**SPA ID**	WA-24-0016
Submission Type	Official	**Initial Submission Date**	3/26/2024
Approval Date	06/12/2024	**Effective Date**	2/1/2024
Superseded SPA ID	WA-22-0016		
	System-Derived		

C. Evidentiary Hearings

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

- ○ Yes
- ◉ No

D. Additional information (optional)

Organization and Administration

Package Header

Package ID	WA2024MS0005O	**SPA ID**	WA-24-0016
Submission Type	Official	**Initial Submission Date**	3/26/2024
Approval Date	06/12/2024	**Effective Date**	2/1/2024
Superseded SPA ID	WA-22-0016		
	System-Derived		

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 Customer Service (MCS) 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 ITICEA 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: Healthcare for Workers with Disabilities; 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 services & supports programs.

b. Fair Hearings (including expedited fair hearings)

The Medicaid agency, the Health Care Authority (HCA), oversees & administers the administrative (fair) hearings system in compliance with 42 CFR 431.10(e). HCA retains full oversight and does not delegate the ability to issue final decisions or waive its single state agency authority in administration of fair hearings & appeals.

HCA Board of Appeals (BOA) conducts hearings & issues final orders or contracts with the state's Office of Administrative Hearings (OAH) to conduct the fair hearing & issue an Initial Order by an Administrative Law Judge (ALJ). HCA chooses which appeals to send to OAH & which appeals to conduct internally. Under both systems, HCA retains full administrative control over the hearings with the ability to issue a final order. HCA can choose to keep or refer any case type. There are certain case types that always are heard directly by HCA. HCA also keeps any case related to ICF-IID certification. HCA allows OAH to hear most client eligibility & client service case types. That is because those cases are very routine in nature & the central panel agency is very equipped to conduct the hearing & issue an initial decision. This allows HCA's BOA to directly hear the most complex case types noted above. Nonetheless, in all instances, HCA retains final agency control of all administrative hearing decisions.

In all hearings, there is an HCA hearing representative representing the single state Medicaid agency. HCA's Office of Legal Affairs (OLA) in the division of Legal Services (DLS) represents HCA in hearings regarding Medicaid benefits/services, both non-MAGI & MAGI-based, Breast & Cervical Cancer, & family planning eligibility. HCA has delegated to the Department of Social & Health Services (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, NF discharges & adverse PASRR determinations.

The HCA hearing representative may choose to adopt the Initial Order or appeal it to the HCA BOA. If the HCA hearing representative chooses not to appeal an initial order, that order converts to a final order with the passage of time, which is the process by which the single state Medicaid agency adopts an initial order. All HCA hearing representatives receive training on their role representing HCA in fair hearings.

An initial order made by an ALJ can be reviewed by a review judge at any party's request. The review judge is within the HCA BOA & is an HCA employee. The review judge reviews initial orders and the hearing record de novo, exercising decision-making power as if hearing the case as a presiding officer. In some cases, review judges conduct hearings under state law as a presiding officer. After reviewing initial orders or conducting hearings, review judges enter final orders. The review judge must not have been involved in the initial HCA action. A final order is an order that is the final HCA decision. All appeals of initial decisions to the HCA BOA must be made within twenty-one days of service of the initial decision. Regardless of whether a party appeals or chooses not to appeal, all final administrative actions should be rendered within ninety (90) days of the date of the request for hearing.

The contract with OAH has performance requirements to ensure compliance with state & federal Medicaid laws, ensure that applicants & recipients receive timely hearings, & ensure due process. The CRJ/AA has the power to stop sending cases to OAH at any time if a performance issue is identified or to withhold payment.

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

Health care delivery is managed in various sections of several divisions:
1. Clinical Quality and Care Transformation (CQCT)
Makes clinical policy decisions to guide medical coverage, maintain quality standards & ensure evidence-based practices for clients' medical care, & support statewide care transformation. Includes:
- Pharmacy Services: Manages the prescription drug program, directs overall pharmacy coverage policy, & conducts pharmacy clinical reviews for prior authorizations in FFS.
- Health Services: Develops Medicaid medical & dental benefit policy & provides utilization management.
- Operations: Consists of: Authorization Services Office that processes authorizations for FFS medical, dental, & DME pharmacy, alien emergency medical applications, & removal of hospice coverage requests; Clinical Support that provides care transformation & performance measurement leadership, decision support, clinical analytics, & clinical contract support; the Health Technology Assessment Program that reviews selected health technologies to develop coverage & reimbursement policies for state-purchased health care programs.
- Data: Makes evidence-based decisions through its acquisition, ingestion, management, analysis, & governance of HCA's data assets.

2. Medicaid Programs Division (MPD)
Provides access to services. Includes:
- Business Operations: Leads overall management of the implementation, deployment, & reporting for National Standards for Culturally & Linguistically Appropriate Services in Health & Health Care for the agency.
- Medicaid Contracts & Compliance: Coordinates & assures adherence to state & federal law. Manages & oversees contracted managed care organizations delivering Medicaid services.
- Quality Oversight & Program Alignment: Oversees the Apple Health delivery system of care to ensure programs are administered as designed & result in quality outcomes.
- Strategic Design & Program Oversight: Develops & implements new Medicaid programs such as Health Homes, 1915 waivers, crisis services, & integrated health services.
- Community Services: Manages family health care services, nonemergency medical transportation, innovative & strategic federal reimbursement contracts, & provider-based language access services.

3. Division of Behavioral Health & Recovery (DBHR)
Provides program support for behavioral health. Includes:
- Substance use disorder prevention & mental health promotion
- Children, youth, & family behavioral health services
- Behavioral health programs & recovery supports
- Adult substance use disorder
- Adult & involuntary services
- Treatment & recovery programs

4. Medicaid Customer Service Division (MCS). MCS provides high-quality customer service to support clients' access to obtain health care, while also supporting the efficient utilization of Medicaid funding to provide care appropriately and efficiently. Includes:
- Coordination of Benefits & Claims Processing: Ensures Medicaid is the payer of last resort by preventing duplication of payment when more than one insurance plan or payer covers a person. Provides timely & accurate adjudication of FFS claims.
- Medical Assistance Customer Service Center (MACSC): Helps Apple Health clients & providers with questions & issues about Medicaid coverage, managed care, billing, & enrollment.

* Operations: Includes training development, quality assurance, & data support. Supports provider outreach & training, with a primary focus in assisting providers with Direct Data Entry in ProviderOne (P1) (MMIS), P1 user maintenance, billing guide updates, & general assistance with Apple Health procedures through the Provider Relations team.
*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, & opens medical coverage for foster care & adoption support children.

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. Clinical Quality and Care Transformation (CQCT). Includes:
- Pharmacy Services
- Health Care Services
- Data

* Operations

2. Medicaid Customer Service Division (MCS). Includes:
- Coordination of Benefits & Claims Processing
- Medical Assistance Customer Service Center
- Medical Eligibility Determination Services
- Operations

3. Medicaid Programs Division (MPD). Includes:
- Business Operations
- Community Services
- Medicaid Contracts & Compliance
- Quality Oversight & Program Alignment
- Strategic Design & Program Oversight

4. Office of Tribal Affairs (OTA)

5. Strategy, Policy & Innovation (SPI)
Helps guide state policy, strategy, and transformation efforts to achieve better health, better care, and lower costs. Includes:
- Health Policy & Programs
- Boards & Commissions
- Legislative Affairs and Analysis
- Health Equity

* Paying for Value

6. Division of Audit, Integrity, Oversight, & Enrollment (DAIOE)
Conducts audits and reviews of fee-for-service & managed care providers to ensure compliance with Medicaid laws & contractual requirements & prevent & recover improper payments. Provides independent & objective feedback about business operations to help ensure HCA's processes & internal controls comply with state & federal requirements. Enrolls & ensures the quality of providers. Includes:
- Office of Audit & Accountability
- Office of Compliance & Oversight

* Provider Enrollment

7. Division of Legal Services (DLS). DLS provides centralized administrative & legal support to all divisions to mitigate risk, comply with changing state & federal laws, & assist HCA in accomplishing its goals. Includes:
* Office of the Chief Legal Officer
* Board of Appeals
* Enterprise Risk Management
* Office of Legal Affairs
* Office of Contracts & Procurement
* Office of Rules &Publications (manages the State Plan Amendment process)

8. Department of Social and Health Services (DSHS) (per agreement):
- 1915(b), 1915 (c), and 1115 waivers
- Certain Chronic Care Management services
- Home & Community-Based Services programs including Medicaid Personal Care Services & the Community First Choice Program
- Residential Habilitation Centers/Public Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID)
- Privately operated, licensed assisted living facilities or nursing facilities that have Medicaid certification as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID) (42 CFR 483.400)
- Long-term Services & Supports (adult family homes, assisted living, enhanced services facilities, boarding homes, & the community residential services & support programs) & nursing facility services. DSHS administers & pays for administrative & programmatic services related to long-term services & supports & nursing facility services.
- Program of All-Inclusive Care for the Elderly (PACE)

e. Administration, including budget, legal counsel

1. Office of the Director (OD)
OD provides visionary leadership for the broader health care marketplace to the agency's role as the state's largest purchaser of health care services & the behavioral health authority in accordance with HCA's statutory direction. OD is also responsible for overseeing the Leadership team & is responsible for overall agency vision, operations & providing strategic direction.

2. Central Services Administration (CSA)
CSA plans, directs, & coordinates supportive services & operations for the agency, ensuring smooth, efficient, & accountable operations. Includes:
- Division of Legal Services (DLS)
- Employee Resources Division (ERD)
- Planning & Performance Division (PPD)

3. Medicaid Services Administration (MSA)
MSA has primary responsibility for ensuring HCA offers high-quality, cost-effective care to Apple Health clients while adhering to federal Medicaid requirements. MSA also works with various administrations at the Department of Social & Health Services in administering Medicaid services to Apple Health clients. Includes:
- Medicaid Programs Division (MPD)

4. IT Innovation & Customer Experience Administration (ITICEA)
ITICEA aligns agency technology & people assets to enhance the programs and services offered by HCA in a way that leverages human-centered design principles to improve the health equity of Washingtonians. Includes:
- Enterprise Technology Services Division (ETS)
- Medicaid Customer Service Division (MCS)

* Office of Medicaid Eligibility & Policy (OMEP)

5. Division of Legal Services (DLS). Includes:
- Office of the Chief Legal Officer
- Board of Appeals (BOA)
- Enterprise Risk Management Office (ERMO)
- Office of Legal Affairs (OLA)
- Office of Contracts & Procurement (OCP)
- Office of Rules & Publications (ORP)

6. Financial Services Division (FSD)
FDS directs and executes the agency's financial-related activities & delivers a fiscal perspective in agency-wide decisions & strategies. Includes:
- Health care
- Accounting & payroll

• Federal financial reporting

7. Medicaid Customer Service Division (MCS). Includes:
• Coordination of Benefits (COB) & Claims Processing
* Medical Assistance Customer Service Center (MACSC)
• Medical Eligibility Determination Services (MEDS)
* Operations

8. Office of Tribal Affairs (OTA) (within the Office of the Director)
• Advises the agency on how to maintain its government-to-government relationships with tribes in accordance with federal Medicaid requirement & state law
• Works with tribes, the Indian Health Service, & Urban Indian Health Programs to understand their issues and concerns
• Develops agency program policies & rules that address those issues & concerns

9. Division of Audit, Integrity, Oversight, & Enrollment (DAIOE). Includes:
• Office of Audit & Accountability
• Office of Compliance & Oversight
* Provider Enrollment

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

1. Financial Services Division (FSD) Includes:
• Health care
• Accounting & payroll
• Financial Analytics
• Budget operations
• ERB Finance
• Federal financial reporting

2. Medicaid Customer Service Division (MCS), Includes:
• Coordination of Benefits (COB) & Claims Processing
• Medical Assistance Customer Service Center (MACSC)
• Medical Eligibility Determination Services (MEDS)
• Operations

g. Systems administration, including MMIS, eligibility systems

1. IT Innovation and Customer Experience Administration (ITICEA)
ITICEA focuses on leveraging technology & person-centered design principles to enhance internal & external customer service, as well as focusing on shaping the health care work force. Includes:
• Enterprise Technology Services Division (ETS)
• Medicaid Customer Service Division (MCS)
* Office of Medicaid Eligibility & Policy

2. Enterprise Technology Services (ETS) division
ETS provides information technology (IT) systems & support to the agency as well as supporting major systems. Includes:
• Application Services
• Medicaid Services
• Infrastructure & End-User Services
• IT Policy & Planning
• Strategic Services
• Security Services

3. Medicaid Customer Service Division (MCS). Includes:
• Coordination of Benefits (COB) & Claims Processing
• Medical Assistance Customer Service Center (MACSC)
• Medical Eligibility Determination Services (MEDS)
• Operations

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

1. Communications Division (COM)
COM helps with internal & external communications, including strategic messaging & communications planning, media relations, constituent services, & visual communications, including forms and publications.

2. Employee Resources Division (ERD)
ERD creates conditions that support the success of all HCA employees through thoughtful space use, relevant & accessible administrative policies, safe & healthy work environments, efficient mail & imaging processes, trainings that enrich the workforce, & a culture of equity & belonging.
• Mail & Imaging Services: Processes mail & images paper claims, forms, & eligibility documents to support HCA, Health Benefit Exchange, & Department of Social & Health Services supporting Medicaid.
• Facilities: Oversees building operations, maintenance, shipping & receiving and reception to ensure an efficient & welcoming environment within the agency's physical spaces.
• Human Resources: Recruits the best people & helps them succeed. Delivers employee training & development, manages performance development programs and collective bargaining agreements, & helps people thrive at work so HCA can accomplish its mission.
• Safety & Wellness: Oversees security, ergonomics, & the safety and wellness program, including safety training & emergency preparedness efforts for the agency.

3. Employees & Retirees Benefits (ERB) division

- Benefit Accounts – Customer Service, ACA 1095 reporting, Outreach & Training (support to employers)
- Benefit Strategy & Design
- Portfolio Management & Monitoring
- Policy, Rules, & Compliance

4. Planning & Performance Division (PPD)

PPD leads enterprise organizational development activities, including continuous process improvement, project & change management, & agency performance management.

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

Name	Date Created	
24-0016 Agency Organization Chart Overview	3/25/2024 1:44 PM EDT	

Package Header

Package ID	WA2024MS0005O	**SPA ID**	WA-24-0016
Submission Type	Official	**Initial Submission Date**	3/26/2024
Approval Date	06/12/2024	**Effective Date**	2/1/2024
Superseded SPA ID	WA-22-0016		
	System-Derived		

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

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
Single state agency under Title IV-A (TANF)	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.
The Social Security Administration	Pursuant to a 1634 agreement, the Department for Social Security Administration determines eligibility for Supplemental Security Income recipients.

Package Header

Package ID WA2024MS0005O
SPA ID WA-24-0016
Submission Type Official
Initial Submission Date 3/26/2024
Approval Date 06/12/2024
Effective Date 2/1/2024
Superseded SPA ID WA-22-0016
System-Derived

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:
Office of Administrative Hearings	Conducts all initial (first level) administrative hearings
Department of Health	Regulates provider licensure within scope-of-practice standards set in state law & addresses population-based public health issues.
Office of the Insurance Commissioner	Regulates & oversees Washington State's health insurance industry, including the licensing & oversight of all carriers & assurance of consumer protections.
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. Partners with HCA in developing reentry program waiver.
Department of Social and Health Services (DSHS)	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, Healthcare for Workers with Disabilities, Alien Emergency Medical for those not eligible under MAGI rules, the Medicare Savings Program, & long-term services and supports programs). • Residential Habilitation

executive agency:

Centers/Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID) (42 CFR 483.400).
• Section 1915(b), 1915(c) waivers (42 CFR 440.180), and 1115 waivers. Note: HCA maintains overall responsibility for all waivers; DSHS is the operating agency for certain waiver and State Plan services.
• Privately operated, licensed assisted living facilities or nursing facilities that have Medicaid certification as Intermediate Care Facilities for Individuals 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. Note: HCA maintains overall responsibility for all Medicaid grants and demonstration projects; DSHS manages certain grant and project services.
• Long-term Services and Supports (adult family homes, assisted living, enhanced services facilities, 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 services and supports 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:
>Minimum Data Set (MDS) review & analysis for calculating case mix adjusted Medicaid rates
>Administration of Medicaid enforcement & compliance remedies for deficient or failed facility practice in nursing facilities, including civil fines, collections, and formal & informal hearings as delegated to DSHS.
> Quality Improvements & Evaluation System
> The Case Mix Accuracy Review (CMAR) program ensures accuracy of Nursing Home Assessments by reviewing the Minimum Data Set and of ensuring that federal regulations are followed. The Nurse Aide Training and Competency and Evaluation Program registry (NATCEP)

	executive agency: program ensures federal regulations for nurse aid training and certification are followed. In addition, the OBRA (Omnibus Reconciliation Act) Registry ensures NACs (Nursing Assisted Certified) meet the federal requirements to work in the Nursing Home Facilities. The LTCQIP (Long Term Care Quality Improvement Program) is a voluntary quality improvement initiative to provide technical assistance to LTC providers related to delivery of care systems and improve regulatory compliance. > Investigation of allegations of resident/client abuse, neglect, abandonment, or personal or financial exploitation in the nursing facility, adult family home, assisted living facility, or enhanced services facility, as well as Supported Living providers, as appropriate > Regulatory oversight of licensed or certified long term care providers including: Adult Family Homes, Assisted Living Facilities, Enhanced Services Facilities, Nursing Facilities, and Supported Living providers.
Department of Commerce	Promotes sustainable community and economic development by administering over 100 programs and several state boards and commissions focused on helping communities achieve positive growth. Partners with HCA to administer the behavioral health ombudsman program.
Department of Children, Youth, and Families (DCYF)	Delegated to administer Medicaid Targeted Case Management Services for children under age 21. HCA maintains overall responsibility for all Medicaid programs.

Package Header

Package ID	WA2024MS0005O	**SPA ID**	WA-24-0016
Submission Type	Official	**Initial Submission Date**	3/26/2024
Approval Date	06/12/2024	**Effective Date**	2/1/2024
Superseded SPA ID	WA-22-0016		
	System-Derived		

F. Additional information (optional)

Organization

Single State Agency Assurances

MEDICAID | Medicaid State Plan | Administration | WA2024MS0005O | WA-24-0016

Package Header

Package ID	WA2024MS0005O	**SPA ID**	WA-24-0016
Submission Type	Official	**Initial Submission Date**	3/26/2024
Approval Date	06/12/2024	**Effective Date**	2/1/2024
Superseded SPA ID	WA-22-0016		
	System-Derived		

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 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)

To comply with Section 1902(a)(4) of the Social Security Act and 42 CFR 432.10, the Medicaid agency must establish and maintain methods of personnel administration on a merit basis in accordance with the regulations at 5 CFR Part 900, Subpart F; notwithstanding the reference to 5 USC 2301 in Assurance number 5 under Section A. Assurances.

state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 6/24/2024 11:39 AM EDT