

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

JUN 01 2017

MaryAnne Lindeblad
Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, Washington 98504-5502

Dear Ms. Lindeblad:

This letter is to inform you that Washington State's submission of the Designated State Health Programs (DSHP) Claiming Protocol (Attachment B) has been approved, as submitted by the state and as modified through our discussions. The Centers for Medicare & Medicaid Services (CMS) finds this protocol to be in accordance with the Special Terms and Conditions (STC) of the state's section 1115 demonstration, entitled "Medicaid Transformation Project" (No. 11-W-00304/0). This protocol is approved for the period starting with the date of this approval letter through December 31, 2021 and is hereby incorporated into the STCs as Attachment B. A copy of the approved attachment is enclosed.

We look forward to working closely with you and your staff on Washington's Medicaid Transformation Project. If you have any questions, please contact your project officer, Mr. Adam Goldman, at either 410-786-2242 or by email at Adam.Goldman@cms.hhs.gov. Official communications regarding program matters should be sent simultaneously to Mr. Goldman and to Mr. David Meacham, Associate Regional Administrator in our Seattle Regional Office.

We appreciate your cooperation throughout the review process.

Sincerely,

A large black rectangular redaction box covers the signature of Angela D. Garner.

Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: David Meacham, Associate Regional Administrator, Seattle Regional Office

ATTACHMENT B
DSHP Claiming Protocol and County Levy Programs

I. Review of DSHPs included in STCs

To support the goals of health system transformation, the state may claim Federal Financial Participation (FFP) for actual expenditures related to Designated State Health Programs (DSHP), subject to a maximum 5-year capped amount of \$928,481,856 (total computable; see Section X). As described in these STCs, DSHP expenditures may be claimed for the period beginning January 9, 2017 and ending December 31, 2021. The state’s programs that will serve as DSHPs are described in Table A below (see also STC 90, Table 3) and the limits and timelines under which the state may claim matching funds for these expenditures are described in Table B (see also STC 91, Table 4). This protocol describes the methodology and guidelines by which the state may claim FFP for DSHP expenditures.

Table A. Designated State Health Programs (DSHP) List

Number	Responsible Entity	Program
A	Health Care Authority (HCA) or successor	Kidney Disease Program (KDP)
B	Aging and Long-Term Support Administration (AL TSA) or successor	Nursing Homes, Community Residential, and Homecare
C	Aging and Long-Term Support Administration (AL TSA) or successor	State Family Caregiver Support
D	Aging and Long-Term Support Administration (AL TSA) or successor	Senior Citizen's Services Act (SCSA)
E	Aging and Long-Term Support Administration (AL TSA) or successor	Office of the Deaf and Hard of Hearing
F	Development Disabilities Administration (DDA) or successor	Employment & Day and Other Community Services
G	Development Disabilities Administration (DDA) or successor	Community Residential & Homecare
H	Behavioral Health Administration (BHA) or successor	Crisis and other non-Medicaid services
I	Behavioral Health Administration (BHA) or successor	Program of Assertive Community Treatment (PACT)
J	Behavioral Health Administration (BHA) or successor	Offender Re-entry Community Safety Program
K	Behavioral Health Administration (BHA) or successor	Spokane Acute Care Diversion

L	Behavioral Health Administration (BHA) or successor	Psychological Evaluations
M	Behavioral Health Administration (BHA) or successor	Outpatient and Support Services
N	Behavioral Health Administration (BHA) or successor	Residential Services
O	Behavioral Health Administration (BHA) or successor	Parent in Reunification
P	Behavioral Health Administration (BHA) or successor	Problem Gambling Services
Q	Department of Corrections (DOC) or successor	Mental health transition services
R	Department of Corrections (DOC) or successor	ORCS (Offender Reentry Community Safety)
S	Department of Corrections (DOC) or successor	Medications for Releasing Offenders
T	Department of Corrections (DOC) or successor	Community-supervised violator medical treatment
U	Department of Health (DOH) or successor	Tobacco and Marijuana Prevention and Education
V	Department of Health (DOH) or successor	Family Planning Non-Title X
W	Department of Health (DOH) or successor	HIV/AIDS Prevention
X	Other or successor	Health Professional Loan Repayments (WA Student Achievement Council)
Y	Other or successor	Street Youth Service (Department of Commerce)
Z	Other or successor	“County Levy” Health Programs (see Attachment B)

Table B. DSHP Limits

Demonstration Year (DY)	DSHP Total
DY1 (1/9/2017-12/31/2017)	\$240,000,000
DY2 (1/1/2018 – 12/31/2018)	\$216,000,000
DY3 (1/1/2019 – 12/31/2019)	\$190,080,000
DY4 (1/1/2020 – 12/31/2020)	\$157,766,400
DY5 (1/1/2021 – 12/31/2021)	\$124,635,456
Total	\$928,481,856

II. Documentation of Expenditures for General DSHP

In claiming DSHP expenditures, the state will provide CMS with a summary Excel worksheet by Responsible Entity and program in an orderly format, or other CMS-

approved alternative, so that CMS may review and test underlying supporting documentation as detailed in this claiming protocol.

A. For all DSHPs claimed, the state will make available to CMS for quarterly DSHP expenditures the following information:

- Responsible Entity
- Program
- Total amount paid to date
- Certified Public Expenditure (CPE) Documentation

B. Documentation of expenditures for each DSHP will be clearly outlined in supporting documents and be made available to CMS in accordance with this claiming protocol.

III. Unallowable DSHP Expenditures

In accordance with STC 92(b), DSHP expenditures submitted to CMS will not include:

- Grant funding to test new models of care;
- Construction costs (bricks and mortar);
- Room and board expenditures;
- Animal shelters and vaccines;
- School-based programs for children;
- Unspecified projects;
- Debt relief and restructuring;
- Costs to close facilities;
- HIT/HIE expenditures;
- Services provided to undocumented individuals;
- Sheltered workshops;
- Research expenditures;
- Rent and utility subsidies normally funded by the United States Department of Housing and Urban Development;
- Prisons, correctional facilities, and services provided to individuals who are civilly committed and unable to leave;
- Revolving capital fund;
- Expenditures made to meet a maintenance of effort requirement for any federal grant program;
- Administrative costs;

- Cost of services for which payment was made by Medicaid or CHIP (including from managed care plans);
- Cost of services for which payment was made by Medicare or Medicare Advantage;
- Funds from other federal grants;
- Needle-exchange programs;
- Abortions that would not be allowable if furnished under Medicaid or CHIP; and
- Costs associated with funding federal matching requirements.

IV. Background on Washington’s Financing and Accounting Systems

The Financial Services Division (FSD), within the Health Care Authority (HCA), is responsible for accounting and financial management services that include accounts payable, accounts receivable, billing, data management and financial reporting and analysis. The FSD is responsible for the draw-down of federal funds in accordance with the Cash Management Improvement Act (CMIA). Additionally, financial managers of the various DSHPs are responsible for identifying costs eligible and allowable for federal match at the state-specific Federal Medical Assistance Percentages (FMAP) for federal reimbursement, and proper reporting.

A. Agency Financial Reporting System (AFRS)

The Agency Financial Reporting System (AFRS) is the state’s official accounting system. This system is used to process accounting transactions (pay bills, record revenue and general ledger). The integrity of all accounting processes is audited as part of the state’s Single Audit performed by the Washington State Auditor’s Office, in accordance with OMB Circular A-133. This independent audit of internal control systems, financial records, financial statements, and federal award transactions and expenditures over federally funded programs is to ensure compliance with federal regulations.

B. Sources of Non-Federal Share

Federal Financial Participation for DSHP expenditures, as described above, is time-limited and phases down each year of the demonstration, as described in STC 91, Table 4. The state provides assurance that the non-federal share of funds for the demonstration is consistent with STC 86. The state further assures that such funds shall not be used as the match for any other federal grant or contract, except as permitted by law.

For purposes of expenditures claimed under this protocol, the state will use certified public expenditures (CPE) as the funding mechanism to claim federal match for the approved state and local DSHPs as identified in STC 87(c). In addition to certifying that expenditures are eligible for FFP under the DSHP provisions of the demonstration

project, the contributing Responsible Entities must certify that the sources of the non-federal share comply with the terms of this paragraph, excluding the types of program costs that are not eligible for FFP as defined in STC 92(b).

Certified Public Expenditure Process

For each DSHP, the state must perform the following steps to determine the amount of the DSHP expenditures eligible for FFP. The payments and associated claimed expenditures must be commensurate with actual program services delivered and actual allowable program expenditures. DSHPs with claims processed through ProviderOne¹ are based on an approved unit rate.

For each demonstration year, the Responsible Agency with an approved DSHP will complete an annual form to be provided to HCA. The annual form is for HCA's internal budgeting, monitoring and reporting and is not used to inform or support federal claiming. This form will include:

- Name of Responsible Entity
- Name of Program
- Program account coding
- Budget for the demonstration year
- Estimated expenditures by month for the demonstration year
- Certification and attestation by the Responsible Entity CFO or designee

On a monthly basis, HCA will collect from Responsible Entities with an approved DSHP the following information for federal claiming purposes

- Actual monthly costs spent for the approved DSHP
- Cost documentation to support the Responsible Entity DSHP expenditures

Certification and attestation by the Responsible Entity CFO or designee. The Responsible Entity will attest to the following specific attributes:

- information submitted is true, accurate, and complete
- information submitted is prepared in accordance with governing law and HCA instructions
- acknowledge that all information submitted in the CPE application is subject to audit by HCA or its authorized designee
- unallowable expenditures as defined in STC 92(b) are excluded from certified expenditures, only net expenditures are being claimed

¹ ProviderOne is Washington's Medicaid Management Information System (MMIS).

The State will perform the following steps in order to provide reasonable assurance that the CPE expenditures are accurate and allowable:

- Review the CPE form and supporting documentation for accuracy.
- Ensure the Responsible Entity's CFO or designee's attestation is obtained
- Inquire with the Responsible Entity if any discrepancies are discovered on the application or supporting documentation
- If discrepancies exist, ensure that the Responsible Entity submits a revised CPE form

Using the CPE funding mechanism, the state will claim the federal share on its quarterly CMS 64 based on the actual total computable expenditures certified by the Responsible Entity with an approved DSHP.

HCA will maintain all CPE records and other supporting documentation. HCA will prepare and submit the CMS-64 Quarterly Expense Report, identifying the expenditures allowable for federal claiming.

HCA will contract with an independent auditor to annually validate the accuracy of the federal claim. Each of the Responsible Entities with an approved DSHP will be required to provide full cooperation with the independent auditor.

V. DSHP Program Details

General DSHP expenditures will be claimed for the following programs, as listed in Table A. A description of each of these programs and the procedures used to document expenditures for these programs are included below.

A. Program Title: Kidney Disease Program (KDP)

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

The Kidney Disease Program (KDP) is a state-funded program that helps low-income residents with their high costs for treatment of end stage renal disease (ESRD), also known as kidney disease or kidney failure. Undocumented individuals are not eligible for KDP services. HCA contracts with kidney centers to provide ESRD services to KDP clients. Services include:

- In-center dialysis
- In-home dialysis
- Medications

- Anti-rejection medication for transplant patients
- Home helper costs
- Equipment and home supplies
- Transportation
- Pre-transplant dental work (with prior authorization)

HCA also reimburses the client's share of the following expenses:

- Insurance premiums
- Medicare premiums
- Co-insurance and co-pays

Eligible Population:

Gross household income must be at or below 220 percent of Federal Poverty Level and must satisfy resource limitations and medical and residential criteria.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in the STCs. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b)(i) through (xxiii). All expenditures on these contracts are related to treating the client's costs for ESRD. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

B. Program Title: Nursing Homes, Community Residential and Homecare

Funding Sources: General Fund State, Medicaid.

These programs receive Medicaid funding; however, only General Fund State expenditures will be claimed.

Brief Description:

Medicaid services for non-Medicaid eligible elderly and disabled populations not meeting functional and/or financial requirements through the traditional Medicaid Long Term Services and Supports (LTSS) system. Services include in-home personal care, residential care, dementia care, behavioral supports, and other in-home services, which may include personal response systems, equipment, and registered nurse delegation. Clients receive services based on their individual assessment, which measures their level of need with activities of daily living (ADL) in addition to other supports/needs.

Eligible Population:

Generally, any individual normally served under Medicaid Community First Choice (CFC), but who has fallen out of eligibility (temporarily). These costs exclude those receiving services under the Alien Emergency Medical program.

Residential Care Discharge Allowance (RCDA): individuals eligible for residential discharge allowance:

- Receive long-term care services from home and community services;
- Are being discharged from a hospital, nursing facility, licensed assisted living facility, enhanced services facility, or adult family home to your own home;
- Do not have other programs, services, or resources to assist with these costs;
- Have needs beyond what is covered under the Community Transition Services (under Community First Choice); and
- DDA clients who are being discharged from Nursing Facilities only.

Washington Roads:

There are three cohorts of individuals eligible for Washington Roads. Clients who are recipients in the N05 Medicaid coverage group in ACES are eligible for WA Roads when cohort-specific criteria are met:

- Cohort 1. Individuals eligible for WA Roads while in an institution are:
 - People age 18 and older with a continuous 30-day or longer stay in a hospital or nursing facility; and
 - Medicaid recipients in the institution for at least one day or Fast Track eligible; and
 - Functionally and financially eligible (or Fast Tracked) for waiver/state plan home and community based services (HCBS), which currently include Community First Choice (CFC), Medicaid Personal Care (MPC), Alternative Benefit Plan – Medicaid Personal Care (ABP-MPC), Community Options Program Entry System (COPEs), Residential Support Waiver (RSW) and New Freedom.
- Cohort 2. Individuals eligible for WA Roads while living in the community are functionally and financially eligible for waiver/state plan HCBS AND have any one of these characteristics:
 - Unstable residential or in-home settings

- Frequent institutional contacts (ER visits, SNF stays, hospital admits, etc.)
- Frequent turnover of caregivers
- Multiple systems involvement (DOC, psychiatric institutions, etc.)
- Is interested in obtaining employment through the Steps to Employment (S2E) project and the project is available in the individual's geographical area.
- Cohort 3. Individuals living in subsidized housing that have been coordinated through AL TSA (including NED, Bridge, 811, etc.), regardless of whether they are currently eligible for, or receiving, waiver/state plan HCBS.

Individuals who are not eligible for WA Roads are:

- Clients residing in Intermediate Care Facilities for the Intellectually Disabled (ICF/IIDs) or Residential Habilitation Centers (RHCs).
- Clients enrolled in managed long-term care programs such as PACE.
- Clients enrolled in programs for non-citizens (Alien LTC)

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in the Special Terms & Conditions of the demonstration. Any unallowable expenditures identified for the items listed in STC 92(b)(i) through (xxiii) will be excluded from claiming. Controls exist within ProviderOne and IPOne² to identify those expenditures that should be excluded. Expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

C. Program Title: State Family Caregiver Support

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Supportive services for the unpaid caregivers of non-Medicaid enrolled elderly and disabled adults to delay or divert the care recipient from entering or spending down to the more expensive traditional Medicaid long-term care system. Services include respite,

² The Individual Provider One (IPOne) is the online, electronic payment system that allows individual providers to submit timesheets, receive pay for hours worked for in home clients, and allows providers to manage claims.

consultation and options counseling, training, equipment, and evidence based interventions. The current state program will continue in its current form; however, initiative two of the waiver proposes a significant program expansion to serve additional caregivers.

Eligible Population:

Any income level. Individuals with higher income levels will be asked to participate towards the cost of care for respite based on a sliding fee basis. Eligible individuals must be adults 18 or older caring for adults 18 or older.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in the Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organization to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that such services are not provided to undocumented individuals.

D. Program Title: Senior Citizen's Services Act (SCSA)

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Supportive services for the elderly population who are not receiving Medicaid LTSS paid services or who need services not payable through Medicaid funds to delay entry into the Medicaid long-term care system. Services are administered and/or delivered by the Area Agencies on Aging (AAA) and are provided to restore or maintain each client's ability to maintain living in the community. Services vary by AAA and include information and referrals, foot care, bath assistance, adult day health/day care, transportation, meals, Family Caregiver Support, Long-Term Care Ombudsman, and health promotion. AAAs also use SCSA funding to support their planning, coordination, and administrative functions but these expenditures will not be claimed as DSHP.

Eligible Population:

Clients must be either (a) 65 or older or (b) 60 and older and unemployed or working less than 20 hours per week. Clients must be at risk of not being able to remain in their home with an income at or below 40 percent of state median income and resources of less than

\$10,000 single or \$15,000 household of two. People with higher incomes may participate using a sliding fee basis.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these STCs. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

E. Program Title: Office of the Deaf and Hard of Hearing

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

The Office of the Deaf and Hard of Hearing provides Medicaid-eligible services to Medicaid and non-Medicaid eligible individuals who are deaf, hard of hearing, and deaf-blind. Services include information, referral, advocacy, sign language interpreter services, telecom equipment distribution, relay services, and assistive community technology.

Eligible Population:

Any state resident who is deaf, hard of hearing, deaf-blind, or speech-disabled and hearing are eligible. Hearing parents with deaf babies or children are also eligible.

There are no income limits for Social and Human Services and Communication Access Services.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in the Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

F. Program Title: Employment & Day and Other Community Services

Funding Sources: General Fund State, Medicaid

These programs receive Medicaid funding; however, only General Fund State expenditures will be claimed.

Brief Description:

Services provided to non-Medicaid eligible adults and children who have a developmental disability diagnosis, to allow them to thrive in their communities and have the typical day-to-day life of their peers. Individuals age 21 and older may receive employment services. Contractors, including counties and non-profits, provide services in the traditional state Developmental Disabilities Administration service system, including individualized and group supported employment; community access; individualized technical assistance; respite individual providers; enhanced respite; medical and psychological evaluation/consultation; and crisis intervention.

Eligible Population:

Individuals who:

- Are age 21 and over, meet the other requirements contained in Chapter 388-823, and have evidence of the following:
 - A developmental disability (RCW 71A.10.020(3)) attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition found by DDA to be closely related to intellectual disability or requiring treatment similar to that required for individuals with intellectual disability;
 - Originate prior to age eighteen;
 - Be expected to continue indefinitely; and
 - Result in substantial limitations to the individual's adaptive functioning.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these STCs of the demonstration. Any unallowable expenditures identified for the items listed in STC 92(b) i through xxiii will be excluded from claiming. Controls exist within ProviderOne and IPOne to identify those expenditures that should be excluded. Expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program,

including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

G. Program Title: Community Residential & Homecare

Funding Sources: General Fund State, Medicaid

These programs receive Medicaid funding; however, only General Fund State expenditures will be claimed.

Brief Description:

Medicaid and Non-Medicaid adults and children who have a developmental disability diagnosis receive services provided through contracts with for-profit and non-for-profit organizations. This allows them to remain in the community in the least restrictive setting that supports full engagement in their communities. Services include: group homes; child foster group care; alternate living; companion home; companion home respite; client evaluation; supported living; residential transportation; staff add-ons; nurse delegation; HCBS care Individual Providers (IP); HCBS care parent provider; personal care IP child non-waiver; personal care IP adult non-waiver; personal care agency child non-waiver; personal care adult family homes; personal care transportation non-waiver; personal care IP training wages non-waiver; personal care residential arc; Children's Administration shared funding for personal care; caregiver training; residential provider training; client allowance; and, attendant care. Only services paid with state only funding will be claimed as DSHP expenditures.

Eligible Population:

Clients must be enrolled and eligible clients of the Developmental Disabilities Administration, and have been assessed as needing community residential and homecare services to meet their health and welfare needs.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in the STCs of the demonstration. Any unallowable expenditures identified for the items listed in STC 92(b) i through xxiii will be excluded from claiming. Controls exist within ProviderOne and IPOne to identify those expenditures that should be excluded. Expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

H. Program Title: Crisis and other non-Medicaid services

Funding Sources: General Fund State, Medicaid

These programs receive Medicaid funding; however, only General Fund State expenditures will be claimed.

Brief Description:

Short-term crisis services stabilize non-Medicaid and Medicaid -eligible individuals. These are provided in the community and at home by traditional designated mental health professionals. Services may be provided in partnership with the court system to ensure that referrals are medically appropriate and effectively managed.

Eligible Population:

Services are provided based on resources and access standards defined by each Behavioral Health Organization.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these STCs of the demonstration. Any unallowable expenditures identified for the items listed in STC 92(b) i through xxiii will be excluded from claiming. Controls exist within ProviderOne and IPOne to identify those expenditures that should be excluded. Expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

I. Program Title: Program of Assertive Community Treatment (PACT)

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

An evidence-based program for people with the most severe and persistent mental illness who experience significant difficulties with activities of daily living, with active symptoms and impairments, and who have not benefited from traditional outpatient programs. The program is a person-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for reducing psychiatric hospitalizations, facilitating community living, and enhancing recovery. Services are

designed to avoid the frequent access of inpatient services and jails and are provided by traditional Mental Health Professionals using a wraparound approach.

Eligible Population:

Services are provided based on resources and access standards set by each Behavioral Health Organization.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these STCs of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. In addition, any expenditures associated with services provided in an IMD setting will be excluded. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

J. Program Title: Offender Re-entry Community Safety Program

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Public safety enhancement through additional mental health treatment, including short-term counseling and discharge planning for dangerously mentally ill and/or intellectually disabled individuals to avoid intensive hospitalization upon release from prison. Clients participating in the program receive services such as pre-engagement, intensive case management, needs assessment, mental health services and treatment, sex offender treatment, chemical dependency treatment, medical and other non-medical treatment supports. Once designated into the program and released into the community, the offender is eligible for up to 60 months of support including Enhanced Mental Health Treatment; Chemical Dependency Treatment, Care Management, and Educational/Vocational Services.

Eligible Population:

Population is determined by Department of Corrections/Department of Social and Health Services screening committee. Participants must have been incarcerated in DOC facility.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. In addition, any expenditures associated with services provided pre-release will be excluded. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

K. Program Title: Spokane Acute Care Diversion

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Evaluation and treatment services that divert clients with complex mental health issues from long-term stays at hospitals that are IMDs. This expenditure is for a non-IMD inpatient facility serving non-Medicaid clients.

Eligible Population:

Services are provided based on resources and access standards set by each Behavioral Health Organization.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

M. Program Title: Outpatient and Support Services

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Substance use disorder (SUD) outpatient and support services provided in the community

to non-Medicaid, low income eligible individuals, often in partnership with drug courts and juvenile justice systems to ensure referrals to SUD treatment are medically appropriate and effectively managed. Services are provided by traditional chemical dependency providers who also provide State Plan Medicaid services and include assessments, opiate substitution treatment, detox, case management and outreach for adults, youth, and pregnant and parenting women.

Eligible Population:

Services are provided based on resources and access standards set by each BHO. Clients must be ten years of age or older.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

N. Program Title: Residential Services

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Residential (non-IMD) treatment services for low income adults, youth and women who are pregnant or postpartum and women with dependent children.

Eligible Population:

Services are provided based on resources and access standards set by each Behavioral Health Organization.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the

program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

P. Program Title: Problem Gambling Services

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

This program funds problem and pathological gambling prevention efforts. Activities include elder awareness, literature distribution, and problem gambling prevention activities targeting young adults. Training specific to problem and pathological gambling is provided for chemical dependency professionals, licensed mental health counselors, psychologists, and agency affiliated counselors. A 24-hour helpline for problem and pathological gambling assists people with referrals to treatment providers and crisis stabilization.

Eligible Population:

Clients must be eighteen years of age or older and Medicaid eligible and/or Low Income (not able to afford treatment).

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

Q. Program Title: Mental Health Transition Services

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Two Psych Associates located at two separate Community Justice Centers in the community to provide mental health transitional services. These staff work one on one with offenders with identified mental health needs in the community after release from prison to help coordinate transition of care to community providers and assure those

individuals are linked to the appropriate entities to address their needs and assist in a successful transition back into the community.

Eligible Population:

Any releasing offender with identified mental health transition assistance needs.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

R. Program Title: Offender Reentry Community Safety(ORCS)

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

As part of the reentry process, a multisystem care planning team (MSCPT) works with the offender to identify, release and transition needs, which include housing, treatment for mental health and/or chemical dependency, community supports, transportation, and other specialized treatment services. Members of the MSCPT may include the Department of Corrections staff (ORCS transition mental health counselor, classification counselor, community corrections officers, and primary therapist), community mental health professional, chemical dependency professional and community support people, including family members. The MSCPT and offender complete a 48-hour transition plan that identifies appointments and activities to be completed during the first 48-hours of release. One of the main components of the program is to connect the offender with a community mental health provider prior to releasing to create a more successful link to services in the community.

Eligible Population:

Seriously mentally ill offenders transitioning back into the community.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

S. Program Title: Medications for Releasing Offenders

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Offenders who are on medications at the time of release are provided a 30-day supply of their medications to maintain health care stability while they get accustomed to life in the community. It is more beneficial for the offender to leave with the prescription in hand and provides better assistance to transition back into the community from prison by allowing the offender time to get established with a community provider without needing to worry to get a prescription filled immediately after release.

Eligible Population:

All releasing offenders who have a current prescription as of the date of release.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

T. Program Title: Community-supervised Violator Medical Treatment

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Payment for medical costs for supervised offenders residing in the community. Supervision includes a regular designated check-in time with the assigned Community Corrections Officers, along with any number of court-ordered stipulations (e.g., no drug use, maintaining employment, no travel out of state).

Eligible Population:

All violators under Department of Corrections jurisdiction on the date of service.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

U. Program Title: Tobacco and Marijuana Prevention and Education

Funding Sources: Dedicated Marijuana Account (State), Tobacco Control Program (Federal)

These programs receive federal funding; however, only State expenditures will be claimed.

Brief Description:

The Tobacco and Vapor Product Prevention and Control Program works with diverse partners statewide to implement policies, systems and environmental changes to prevent underage use of tobacco, promote our Tobacco Quitline, reduce second-hand smoke, and reduce disparities in our priority populations (Latino/Hispanic, LGBTQ, American Indian/Alaska Native, Asian/Pacific Islander and Black/African American). The Marijuana Prevention and Education Program works with diverse partners statewide to implement policies, systems and environmental changes to prevent underage use of marijuana, reduce second-hand smoke, and reduce disparities in our priority populations (Latino/Hispanic, LGBTQ, American Indian/Alaska Native, Asian/Pacific Islander and Black/African American).

Eligible Population:

The Washington State Tobacco Quitline (1-800-QUIT-NOW) serves all of Washington and triages callers to their health plan. About 40 percent of the calls are transferred to Medicaid or a private insurance plan. DOH covers people who are uninsured and the

underinsured (callers with a health plan with no telephone counseling or nicotine replacement benefit). The Quitline does not collect income information.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

V. Program Title: Family Planning Non-Title X

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Access to family planning services, supplies, and information to all who want and need them. Family planning services are a critical part of basic healthcare that allows men and women to plan the size and spacing of their families, prepare for the birth of healthy children, and prevent unplanned pregnancies. Priority is given to people from low-income families. We do not ask about citizenship status when providing these services.

Eligible Population:

Individuals of reproductive age, with reproductive capacity, who want family planning services and are uninsured, under-insured, at or below 250 percent FPL, OR require confidential services.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above, are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

W. Program Title: HIV/AIDS Prevention

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Supplies antiretroviral medications (Pre-Exposure Prophylaxis; PrEP) in an effort to accelerate reductions in new HIV infections for high-risk individuals by covering the full cost of Truvada® for those who are uninsured (on case by case basis) and providing co-pay assistance for Truvada® for those who are insured. The program purchases insurance for a limited amount of enrollees through the Health Benefit Exchange.

Eligible Population:

HIV-negative, insured, state residents at high risk of becoming infected with HIV. There is no income requirement.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these STCs. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

X. Program Title: Health Professional Loan Repayments (WA Student Achievement Council)

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

Financial assistance - loan repayments and conditional scholarships - to encourage licensed primary care health professionals to provide primary health care in rural or underserved urban areas with designated shortages.

Eligible Population:

Health professionals serving rural or underserved urban areas.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above, are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

Y. Program Title: Street Youth Service (Department of Commerce)

Funding Sources: General Fund State

This program is solely funded by general fund state dollars.

Brief Description:

State-funded outreach program for unaccompanied homeless youth to connect them to health and housing services.

Eligible Population:

Unaccompanied homeless youth under the age of 18.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.

Z. Program Title: “County Levy” Health Programs (see Attachment B)

Funding Sources: General Fund Private/Local

Brief Description:

Sales and use tax distributed for chemical dependency or mental health treatment services or therapeutic courts to support communities in implementing cost containment measures dealing with eliminating chronic jail recidivism, assuring substance abuse and mental health treatment for vulnerable populations, and gaining appropriate use of community

safety and emergency services. Twenty-two (of 39) counties and 1 city (Tacoma) levied the tax in FY14. Nine counties and one city are included in this DSHP.

Eligible Population:

Eligibility and target populations vary from county to county; however, specific programs identified largely apply to financially needy populations who are otherwise ineligible for Medicaid, or provide needed services not covered by Medicaid to Medicaid beneficiaries.

Unallowable State Match Expenditure List for the demonstration:

Pertinent staff reviewed the attached list of unallowable state match program expenditures included in these Special Terms & Conditions of the demonstration. For this particular program, it was determined that no claimed expenditures are made for the items listed in STC 92(b) i through xxiii. All expenditures on these contracts are related to grants to organizations to provide services to clients. Costs for administering the program, including the program reviews and audits noted above, are not included in the DSHP claims. It is noted that services are not provided to undocumented individuals.