
Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 14-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

September 28, 2015

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 14-003 (PCCM)

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 14-003. This SPA amends the state's Primary Care Case Management program to allow enrollment of the expansion and other voluntary populations.

This SPA is approved effective January 1, 2014.

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

Sincerely,

A black rectangular box redacting the signature of David L. Meacham.

Digitally signed by David L.
Meacham -S
Date: 2015.09.29 10:19:32
-07'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Ann Myers, HCA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
14-0003

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
Jan. 1, 2014

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
1932(a)(1)(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$233,333
b. FFY 2015 \$350,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F Part 1 pgs 1 - ~~13~~ 10 P & I

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-F Part 1 pgs 1 - ~~13~~ 12 P & I

10. SUBJECT OF AMENDMENT:

Primary Care Case Management

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

3-31-14

16. RETURN TO:

Ann Myers
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/31/14

18. DATE APPROVED: 9/28/15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/01/14

20. SIGNATURE OF

Digitally signed by David L.
meacham -S
Date: 2015.09.29 10:25:30
-07'00'

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

9/24/15: The state authorizes P&I changes to box 8 and box 9.

State WASHINGTON

Citation	Condition or Requirement
1932(a)(1)(A)	<p>A. Section 1932(a)(1)(A) of the Social Security Act.</p> <p>The State of Washington enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and/or primary care case managers (PCCMs)) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230).</p> <p>This authority may not be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries described in 42 CFR 438.50(d).</p> <p>Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 438 et seq., the state shall place check mark to affirm such compliance.</p>
1932(a)(1)(B)(i) 1932(a)(1)(B)(ii) 42 CFR 438.50(b)(1)-(2)	<p>B. <u>Managed Care Delivery System.</u></p> <p>The State will contract with the entity(ies) below and reimburse them as noted under each entity type.</p> <ol style="list-style-type: none">1. <input type="checkbox"/> MCO<ol style="list-style-type: none">a. <input type="checkbox"/> Capitation2. <input type="checkbox"/> PCCM (individual practitioners)<ol style="list-style-type: none">a. <input type="checkbox"/> Case management feeb. <input type="checkbox"/> Bonus/incentive paymentsc. <input type="checkbox"/> Other (please explain below)3. <input checked="" type="checkbox"/> PCCM (entity based)<ol style="list-style-type: none">a. <input checked="" type="checkbox"/> Case management feeb. <input type="checkbox"/> Bonus/incentive paymentsc. <input type="checkbox"/> Other (please explain below) <p>For states that elect to pay a PCCM a bonus/incentive payment as indicated in B.2.b. or B.3.b., place a check mark to affirm the state has met all of the following conditions (which are representative of the risk incentive rules for managed care contracts published in 42 CFR 438.6(c)(5)(iv)).</p> <p><input type="checkbox"/> a. Incentive payments to the PCCM will not exceed 5% of the total</p>

State WASHINGTON

Citation	Condition or Requirement
	<p>FFS payments for those services provided or authorized by the PCCM for the period covered.</p> <p><input type="checkbox"/> b. Incentives will be based upon a fixed period of time.</p> <p><input type="checkbox"/> c. Incentives will not be renewed automatically.</p> <p><input type="checkbox"/> d. Incentives will be made available to both public and private PCCMs.</p> <p><input type="checkbox"/> e. Incentives will not be conditioned on intergovernmental transfer agreements.</p> <p><input type="checkbox"/> f. Incentives will be based upon specific activities and targets.</p>
CFR 438.50(b)(4)	<p>C. <u>Public Process.</u></p> <p>Describe the public process including tribal consultation, if applicable, utilized for both the design of the program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan program has been implemented. (<i>Example: public meeting, advisory groups.</i>)</p> <p><i>The State's PCCM program is provided only through tribal clinics and urban Indian health organizations (FQHCs). The program was implemented in the early 1990s, and, as the program has evolved, the state has collaborated with external stakeholders and tribal governance boards and clinic staff regarding any changes in the program.</i></p> <p><i>The State maintains a website which provides information about Apple Health managed care and PCCM updates and program changes. Users of the website are free to comment or ask questions whenever they wish to.</i></p> <p><i>The State consults with American Indian/Alaska Native tribal (AI/AN) organizations and clinics on all PCCM program changes, including the Department of Social and Health Services' Indian Policy Advisory Committee (IPAC) and the American Indian Health Commission (AIHC).</i></p>
	<p>D. <u>State Assurances and Compliance with the Statute and Regulations.</u></p> <p>If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.</p>
1932(a)(1)(A)(i)(I) 1903(m) 42 CFR 438.50(c)(1)	<p>1. <input type="checkbox"/> The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.</p>
1932(a)(1)(A)(i)(I) 1905(t)	<p>2. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.</p>

State WASHINGTON

Citation	Condition or Requirement
42 CFR 438.50(c)(2) 1902(a)(23)(A)	
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3. <input type="checkbox"/> The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring Beneficiaries to receive their benefits through managed care entities will be met.
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C)	4. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A)	5. <input checked="" type="checkbox"/> The state assures that it appropriately identifies individuals in the mandatory exempt groups identified in 1932(a)(1)(A)(i).
1932(a)(1)(A) 42 CFR 438 1903(m)	6. <input checked="" type="checkbox"/> The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.
1932(a)(1)(A) 42 CFR 438.6(c) 42 CFR 438.50(c)(6)	7. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.
1932(a)(1)(A) CFR 447.362 42 CFR 438.50(c)(6)	8. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 447.362 for 42 payments under any non-risk contracts will be met.
45 CFR 92.36	9. <input type="checkbox"/> The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.

State WASHINGTON

Citation Condition or Requirement

1932(a)(1)(A)
1932(a)(2)

E. Populations and Geographic Area

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

Population	M	Geographic Area	V	Geographic Area	Excluded
Section 1931 Children & Related Populations – 1905(a)(i)			X	Benton, Clallam, Douglas, Ferry, Grant, Grays Harbor, Jefferson, King, Kitsap, Klickitat, Lincoln, Okanogan, Pacific, Pierce, Skamania, Snohomish, Spokane, Stevens, Whatcom and Yakima Counties	
Section 1931 Adults & Related Populations 1905(a)(ii)			X	Please see above	
Low-Income Adult Group			X	Please see above	
Former Foster Care Children under age 21			X	Please see above	
Former Foster Care Children age 21-25			X	Please see above	
Section 1925 Transitional Medicaid age 21 and older			X	Please see above	
SSI and SSI related Blind Adults, age 18 or older* - 1905(a)(iv)			X	Please see above	
Poverty Level Pregnant Women – 1905(a)(viii)			X	Please see above	
SSI and SSI related Blind Children, generally under age 18 – 1905(a)(iv)			X	Please see above	
SSI and SSI related Disabled children under age 18			X	Please see above	
SSI and SSI related Disabled adults age 18 and older – 1905(a)(v)			X	Please see above	
SSI and SSI Related Aged Populations age 65 or older- 1905(a)(iii)			X	Please see above	
SSI Related Groups Exempt from Mandatory Managed Care under 1932(a)(2)(B)			X	Please see above	

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Citation _____ Condition or Requirement _____

Population	M	Geographic Area	V	Geographic Area	Excluded
Recipients Eligible for Medicare			X	Please see above	
American Indian/Alaskan Natives			X	Please see above	
Children under 19 who are eligible for SSI			X	Please see above	
Children under 19 who are eligible under Section 1902(e)(3)			X	Please see above	
Children under 19 in foster care or other in-home placement			X	Please see above	
Children under 19 receiving services funded under section 501(a)(1)(D) of title V and in accordance with 42 CFR 438.50(d)(v)			X	Please see above	
Other Families or individuals eligible for an Alternative Benefit Plan (ABP) as the result of the federal Affordable Care Act Children enrolled under the Children's Health Insurance Program (CHIP)			X	Please see above.	

2. **Excluded Groups.** Within the populations identified above as Mandatory or Voluntary, there may be certain groups of individuals who are excluded from the managed care program. Please indicate if any of the following groups are excluded from participating in the program:

Other Insurance--Medicaid beneficiaries who have other health insurance.

Reside in Nursing Facility or ICF/MR--Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for the Mentally Retarded (ICF/MR).

Enrolled in Another Managed Care Program--Medicaid beneficiaries who are enrolled in another Medicaid managed care program

Eligibility Less Than 3 Months--Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program.

Participate in HCBS Waiver--Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).

State WASHINGTON

Citation	Condition or Requirement
	<p><input checked="" type="checkbox"/> Retroactive Eligibility--Medicaid beneficiaries for the period of retroactive eligibility.</p> <p><input type="checkbox"/> Other (Please define):</p>
1932(a)(4)	<p>F. <u>Enrollment Process.</u></p> <p>1. Definitions.</p> <p>a. Auto Assignment- assignment of a beneficiary to a health plan when the beneficiary <u>has not had</u> an opportunity to select their health plan.</p> <p>b. Default Assignment- assignment of a beneficiary to a health plan when the beneficiary <u>has had</u> an opportunity to select their health plan.</p> <p>2. Please describe how the state effectuates the enrollment process. Select an enrollment methodology from the following options and describe the elements listed beneath it:</p> <p>a. <input checked="" type="checkbox"/> The applicant is permitted to select a health plan at the time of application.</p> <p>i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).</p> <p style="text-align: center;"><i>The PCCM program is voluntary. PCCM clinics available in the beneficiaries' service area are shown on the screen of the state's online eligibility and enrollment system through the Health Benefit Exchange. Most beneficiaries who are eligible for PCCM are already seeing a PCCM provider so select the clinic where they receive services.</i></p> <p>ii. What action the state takes if the applicant does not indicate a plan selection on the application.</p> <p style="text-align: center;"><i>PCCM is a voluntary program. The state sends eligible beneficiaries a copy of the "Welcome to Apple Health" booklet, which provides information about the Apple Health/Medicaid program and presents the PCCM options available to the beneficiary. If the beneficiary is not otherwise mandatorily enrolled into managed care via a different authority, he or she may choose to enroll in PCCM, an MCO or remain in the fee-for-service system.</i></p> <p>iii. If action includes making a default assignment, describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).</p> <p>iv. The state's process for notifying the beneficiary of the default assignment. (Example: <i>state generated correspondence.</i>)</p>

State WASHINGTON

Citation	Condition or Requirement
	<p>b. <input type="checkbox"/> The beneficiary has an active choice period following the eligibility determination.</p> <ul style="list-style-type: none">i. How the beneficiary is notified of their initial choice period, including its duration.ii. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).iii. Describe the algorithm used for default assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).iv. The state's process for notifying the beneficiary of the default assignment. <p>c. <input type="checkbox"/> The beneficiary is auto-assigned to a health plan immediately upon being determined eligible.</p> <ul style="list-style-type: none">i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).ii. The state's process for notifying the beneficiary of the auto-assignment. (<i>Example: state generated correspondence.</i>)iii. Describe the algorithm used for auto-assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f). <p style="text-align: center;"><i>The state does not auto-enroll to the PCCM program.</i></p>
1932(a)(4) 42 CFR 438.50	<p>3. State assurances on the enrollment process.</p> <p>Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> The state assures it has an enrollment system that allows Beneficiaries who are already enrolled to be given priority to continue that enrollment if the MCO or PCCM does not have capacity to accept all who are seeking enrollment under the program.b. <input checked="" type="checkbox"/> The state assures that, per the choice requirements in 42 CFR 438.52, Medicaid Beneficiaries enrolled in either an MCO or PCCM model will have a choice of at least two entities unless the area is considered rural as defined in 42 CFR 438.52(b)(3).c. <input checked="" type="checkbox"/> The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs and PCCMs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties:

State WASHINGTON

Citation	Condition or Requirement
	<p><i>Impacted Rural Counties are: Clallam, Douglas, Ferry, Grant, Grays Harbor, Jefferson, Kitsap, Klickitat, Lincoln, Okanogan, Pacific, Skamania, Stevens, and Whatcom Counties</i></p> <p><input type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p> <p>d. <input checked="" type="checkbox"/> The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.</p> <p><input type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p>
1932(a)(4) 42 CFR 438.56	<p>G. <u>Disenrollment.</u></p> <p>1. The state will <input type="checkbox"/>/will not <input checked="" type="checkbox"/> limit disenrollment for managed care.</p> <p>2. The disenrollment limitation will apply for twelve months (up to 12 months).</p> <p>3. <input checked="" type="checkbox"/> The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).</p> <p>4. Describe the state's process for notifying the Medicaid Beneficiaries of their right to disenroll without cause during the first 90 days of their enrollment. (<i>Examples: state generated correspondence, HMO enrollment packets etc.</i>)</p> <p><i>The state sends eligible beneficiaries a copy of the "Welcome to Apple Health" booklet, which provides information about the Apple Health/Medicaid program and presents the PCCM options available to the beneficiary, including the beneficiary's ability to disenroll without cause. Because PCCM is a voluntary program, enrollees may end their enrollment, or may change from a PCCM provider to an MCO at any time, without cause.</i></p> <p>5. Describe any additional circumstances of "cause" for disenrollment (if any).</p>
1932(a)(5)(c) 42 CFR 438.50 42 CFR 438.10	<p>H. <u>Information Requirements for Beneficiaries</u></p> <p><input checked="" type="checkbox"/> The state assures that its state plan program is in compliance with 42 CFR 438.10(e) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.</p>
1932(a)(5)(D)(b) 1903(m) 1905(t)(3)	<p>I. <u>List all benefits for which the MCO is responsible.</u></p> <p><i>PCCM clinics provide or coordinate all covered services for enrollees and these services are covered through the State's fee-for-service system.</i></p>
1932(a)(5)(D)(b)(4) 42 CFR 438.228	<p>J. <input type="checkbox"/> The state assures that each managed care organization has established an internal grievance procedure for enrollees.</p>

State WASHINGTON

Citation	Condition or Requirement
1932(a)(5)(D)(b)(5) 42 CFR 438.206 42 CFR 438.207	<p>K. Describe how the state has assured adequate capacity and services.</p> <p><i>The state assures adequate capacity and services through the complaints system; we have received no complaints about access to care through any tribal clinic or urban Indian health organizations.</i></p>
1932(a)(5)(D)(c)(1)(A) 42 CFR 438.240	<p>L. <input type="checkbox"/>The state assures that a quality assessment and improvement strategy has been developed and implemented.</p>
1932(a)(5)(D)(c)(2)(A) 42 CFR 438.350	<p>M. <input type="checkbox"/>The state assures that an external independent review conducted by a qualified independent entity will be performed yearly.</p>
1932 (a)(1)(A)(ii)	<p>N. Selective Contracting Under a 1932 State Plan Option</p> <p>To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.</p> <ol style="list-style-type: none">1. The state will <input checked="" type="checkbox"/>/will not <input type="checkbox"/> intentionally limit the number of entities it contracts under a 1932 state plan option.2. <input checked="" type="checkbox"/>The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. <i>(Example: a limited number of providers and/or enrollees.)</i><p><i>All tribal clinics and urban Indian health organizations are eligible to participate in the PCCM program, and may submit a contract request at any time. The tribal entity or urban Indian health organization is required to submit information about their organization and State staff makes a site visit prior to contracting for services. The State's Administrator of Tribal Affairs and Analysis plays an integral role in this process.</i></p><p><i>AI/ANs have a federal right to exempt themselves from Medicaid managed care, in part because tribal clinics and urban Indian health organizations already have the responsibility to manage the care of their AI/AN clients. In respect of this federal trust responsibility and of the relationship between tribal clinics/urban Indian health organizations and their clients, the State has offered the PCCM program through tribal clinics and urban Indian health organizations since it offered Medicaid managed care to non-AI/ANs. With a nominal monthly payment, the PCCM program supports care coordination by tribal clinics and urban Indian health organizations for clients who are not participating in Medicaid managed care and therefore not receiving care coordination from Medicaid managed care organizations.</i></p>4. <input type="checkbox"/>The selective contracting provision in not applicable to this state plan.

State WASHINGTON

Citation	Condition or Requirement
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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 0938-0933. The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

CMS-10120 (exp. 3/31/2014)