

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 20, 2023

Susan Birch, Director
Washington State Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) Transmittal Number 23-0048

Dear Susan Birch:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-23-0048. This amendment was submitted to comply with Section 1940 (42CFR 1396w) of the Social Security Act by contracting with vendors who specialize in automated financial institution verification for Medicaid agencies and check the financial resources of Medicaid applicants/recipients.

We conducted our review of your submittal according to statutory requirements in Section 1940 of the Social Security Act. This letter is to inform you that Washington's Medicaid SPA WA-23-0048 was approved on December 20, 2023, with an effective date of October 1, 2023.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Ann Myers, Section Manager & State Plan Coordinator-Washington State Health Care Authority

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 4 8

2. STATE

WA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

~~1902a of the Social Security Act~~ Section 1940 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 16 to Attachment 2.6-A pages 2, 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement 16 to Attachment 2.6-A pages 2 (TN#~~09-007~~),
3 (TN#~~09-007~~) **09-0007** **09-0007**

9. SUBJECT OF AMENDMENT

Asset Verification System System

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

Charissa Fotinos MD, MSc

12. TYPED NAME

Charissa Fotinos, MD, MSc

13. TITLE

Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED

October 4, 2023

15. RETURN TO

State Plan Coordinator
POB 42716
Olympia, WA 98504

FOR CMS USE ONLY

16. DATE RECEIVED

October 4, 2023

17. DATE APPROVED

December 20, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

State authorized CMS to make the following pen and ink changes:

- Change to box 5 of the 179 to read "Section 1940 of the Social Security Act"
- Correct the typo in box 9 is authorized – the typo should correct the word to "System."
- Change superseded SPA in box 8 to 'TN#09-0007'

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Washington meets the requirements of Sec. 1940 (42 USC 1396w) of the Social Security Act by contracting with a vendor who specializes in getting financial institution verifications for Medicaid agencies. Verifications are completed on all Medicaid Aged, Blind, and/or Disabled (ABD) cases where asset information housed in financial institutions in cities within Washington and bordering Washington are located for ABD recipient/applicant asset verification. Washington used a Request for Proposal process when contracting with vendors for this service. The system and entity chosen complies with the following requirements:

- (i) Is an electronic process for asset verification.
- (ii) Has a database of financial institutions that provide data to the entity, meeting the geographic requirements of the agency.
- (iii) Has a 5-year "look-back" of the assets on individual applicants, recipients, spouses, and partners.
- (iv) Is a secure system based on a recognized industry standard as defined by the U.S Commerce Department's National Institute.
- (v) Verification requests include both open and closed asset account information.
- (vi) The asset verification entity provides adequate data for the generation of all required reports expected to meet federal reporting requirements, such as the number of requests, number of responses, and amounts of undisclosed assets found.

[Back to TOC](#)