Washington State Health Care Authority

Report to the Legislature

Health and Human Services Enterprise Coalition

WASHINGTON STATE
Health & Human Services
ENTERPRISE COALITION

Legislative Proviso Report on IT Investment Coordination

Engrossed Substitute Senate Bill 5167; Section 210(3)(b)(i,ii); Chapter 424; Laws of 2025

November 1, 2025

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Executive summary

Engrossed Substitute Senate Bill (ESSB) 5167 (2025) directs the Health Care Authority (HCA) to work with Health and Human Services Enterprise Coalition (HHS Coalition) organizations to report annually on the HHS Coalition's current, ongoing, and planned programs and projects. The HHS Coalition organizations include:

- Department of Children, Youth, and Families (DCYF)
- Department of Corrections (DOC)
- Department of Health (DOH)
- Department of Social and Health Services (DSHS)
- Health Benefit Exchange (HBE)
- Health Care Authority (HCA)
- Washington Technology Solutions (WaTech)

Legislative report requirements

ESSB 5167 directs HCA to complete a legislative report by November 1, 2025, and annually thereafter that must include the following:

> (i) A list of active HHS Coalition projects as of July 1st of the fiscal year. This must include all current and ongoing HHS Coalition projects, which HHS Coalition organizations are involved in these projects, and the funding being expended on each project, including in-kind funding. For each project, the report must include which federal requirements each HHS Coalition project is working to satisfy, and when each project is anticipated to satisfy those requirements; and
>
> (ii) A list of HHS Coalition projects that are planned in the current and following fiscal year. This must include which HHS Coalition agencies are involved in these projects, including the anticipated in-kind funding by agency, and if a budget request is submitted for funding. This must reflect all funding required by the fiscal year and by fund source and include the budget outlook period.

To articulate the requirements of the report, it is necessary to illustrate key program and projects of the HHS Coalition, so this report also provides a summary of:

- Current program and project descriptions
- Customer experience stories or impact
- Completed projects and projects that have moved into maintenance and operations (M&O)

Background

The HHS Coalition is a collaborative that provides strategic direction, cross-organizational Information Technology (IT) project support and federal funding guidance across Washington's health and human services organizations. The organizations serve over 2.9 million Washingtonians and operate over 75 health and human service programs. These IT project collaboration efforts will result in improved service coordination that improves the health and well-being of the people, families, and communities of Washington. The collaboration efforts also enhance public stewardship through the shared use of technology investments across multiple HHS Coalition organizations.

Through the Architecture Review Board (ARB), the HHS Coalition ensures that organizations IT projects follow federal modularity and interoperability standards, supporting system reuse, agility, and cross-agency integration. This governance model helps Washington qualify for enhanced federal match funds, reduce duplication, and deliver fast, coordinated technology solutions that improve outcomes for people in Washington.

Since its establishment, the HHS Coalition has completed 21 projects/programs that have advanced its mission and vision. Joint governance has fostered coalition partners to make decisions that reflect a balanced view of mutual needs across the organizations, protects Washington residents' interests, and delivers on service. The HHS Coalition will continue to seek opportunities to collaborate across programmatic boundaries to deliver necessary services to Washingtonians.

HHS Coalition portfolio

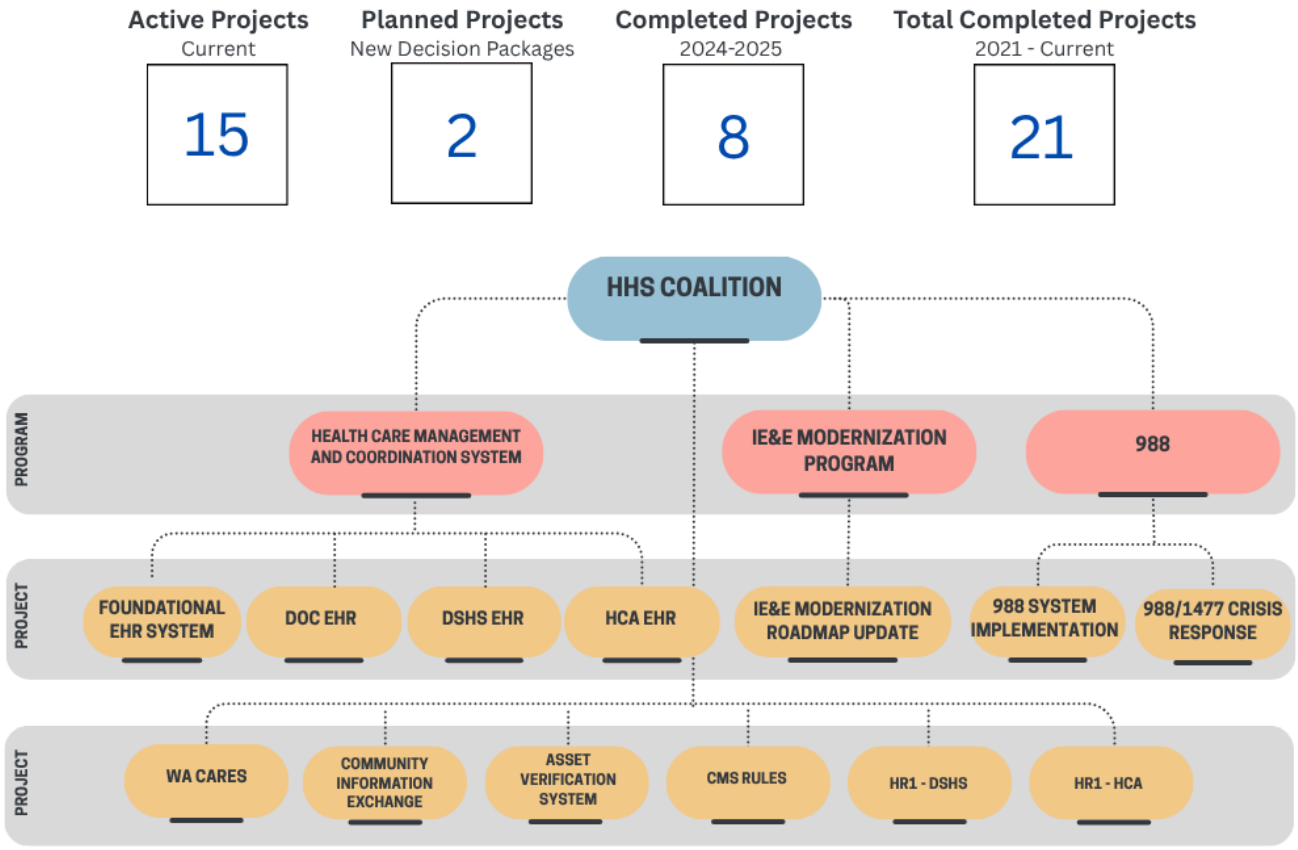

Image description: Graphic showing the HHS Coalition portfolio. The HHS Coalition has 15 active projects, 2 planned projects, 8 completed projects in 2024–2025, and 21 total completed projeects since 2021.

The HHS Coalition has three programs: Health Care Management and Coordination System (HCMACS), Integrated Eligibility and Enrollment (IE&E) Modernization program, and 988.

- HCMACS has four projects: Foundational Electronic Health Record (EHR) system, DOC EHR, DSHS EHR, and HCA EHR.
- IE&E has one project: IE&E Modernization roadmap update.
- 988 has two projects: 988 system implementation and 988/1477 crisis response.

There are six additional projects under the HHS Coalition: WA Cares, Community Information Exchange, Asset Verification System, CMS Rules, H.R. 1 for DSHS, and H.R. 1 for HCA.

Active HHS Coalition programs and projects

Active HHS Coalition programs and projects include:

- 988 Crisis Response / System Implementation
- Asset Verification Full Integration (AVFI)
- Centers for Medicare & Medicaid Services (CMS) Rules
- Health Care Management and Coordination System (HCMACS)
- Integrated Eligibility & Enrollment (IE&E) Project Management Office
- WA Cares Fund

988 Crisis Response / System Implementation Phase

Program description

The 988 Crisis Care Continuum is a cross-agency project between DOH and HCA to:

- Plan, implement, and expand the state's behavioral health crisis response and suicide prevention system.
- Develop a Behavioral Health Integrated Client Referral System.
- Advance the use of interoperability platforms and tools within the behavioral health environment.

The 988 Crisis Care Continuum is a robust care continuum that exists today. This continuum provides key services that fall under three key principles:

1. Someone to contact,
2. Someone to respond
3. A safe place for help

The 988-technology system is designed to improve business processes and enhance service delivery to those in need by linking existing technology systems and processes into a centralized 988 technology system. This increases interoperability between 988 contact centers, Regional Crisis Lines, Mobile Crisis Response Teams, and other service providers throughout the Crisis Care Continuum.

Table 1: Funding

	988 Crisis Care Continuum
Organizations involved[1]	DOH, HCA
Historical expenditures[2]	$7,164,011
Current planned spend[3]	$6,101,699
Total planned spend[4]	$13,265,710

DOH 988 IT System Placeholder Decision Package

To prevent suicide and address behavioral health crises in Washington, the state Legislature passed comprehensive bills, now codified in RCW 71.24.890. Current 988 requirements include a technology system investment to support 988 callers and those responding to provide coordinated care. This request is to review immediate funding needs, considering current fiscal challenges and competing demands. This is a placeholder DP and the numbers in the table represent current funding.

Table 2: DOH budget items for the 988 IT System

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	$1,042,000	$0	$0	$0
In-kind funding	$0	$0	$0	$0
Funding sources for project				
25N-1: 988 Behavioral Health & Suicide Prevention Line	$527,252	$0	$0	$0
001-C: General Fund Medicaid	$514,748	$0	$0	$0
Total	**$1,042,000**	**$0**	**$0**	**$0**

HCA 988 Crisis Care Continuum Project Decision Package

HCA requests resources in the 2026 supplemental budget to responsibly shelve the legislatively mandated technology platform to support the state's 988 crisis care system. To move forward with a minimum viable product, additional resources will be required; This is not a request to move forward with a minimum viable product. This platform is to be used to manage and coordinate a statewide system to respond to behavioral health crises and to support suicide prevention.

[1] Organizations in this column are listed alphabetically with no inferred hierarchy or responsibility based on their order.
[2] All funding expended prior to July 1, 2025, including in-kind funding.
[3] All anticipated expenditures from July 1, 2025, to the end of the project, including in-kind funding.
[4] The sum of Historical Expenditures and Current Planned Spend.

Table 3: HCA budget items for the 988 Crisis Care Continuum

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	$3,336,517	$1,723,182	$0	$0
In-kind funding	$410,124	$209,166	$0	$0
Funding sources for project				
001-1: General Fund State	$221,467	$112,950	$0	$0
25N-1: 988 Behavioral Health & Suicide Prevention Line	$1,656,393	$1,248,240	$0	$0
001-C: General Fund Medicaid	$1,458,657	$361,992	$0	$0
TOTAL	**$3,336,517**	**$1,723,182**	**$0**	**$0**

Asset Verification Full Integration (AVFI)

Project description

Asset Verification Full Integration (AVFI) Project is led by DSHS and provides benefits to our shared clients. It implements a federally required Asset Verification System (AVS) to directly integrate financial institution data into Washington's ACES eligibility platform. This modernization eliminates the need for caseworkers to access external vendor portals, which will streamline eligibility determinations, improve accuracy, and position the state for compliance with federal requirements for ex parte (automatic) renewals. The project directly supports CMS certification and aligns with Washington's enterprise data strategy and Section 701 of the Operating Budget require agile practices. WaTech ensures projects under oversight meet legislative requirements.

Compliance with 42 C.F.R. 435.916, along with 435.948, 435.949, and 435.940, provide direct regulatory backing for the use of AVS in ex parte renewals. These sections establish the operational requirements for state Medicaid agencies to attempt renewals using available electronic data sources before contacting the individual. Available sources includes AVS for financial asset verification, particularly for non-MAGI populations.

Table 4: Funding

	AVFI project
Organizations involved	DCYF, DOH, DSHS, HBE, HCA
Historical expenditures	$128,935
Current planned spend	$2,409,935
Total planned spend	$2,409,935

The AVFI project provides clear and measurable benefits to both staff and clients

- **For caseworkers**: AVFI removes the need to toggle between systems, allowing staff to work entirely within ACES. This reduces manual effort, improves efficiency, and minimizes errors.
- **For clients**: Faster and more accurate eligibility determinations mean reduced delays in accessing critical benefits. Clients will also experience smoother renewals and improved continuity of service without requiring additional documentation.
- **For the state**: Integration ensures compliance with CMS rules, reduces reliance on third-party portals, and positions Washington for future system modernization and federal certification

Centers for Medicare & Medicaid Services (CMS) Rules

Project description

The CMS Rules program moves Washington State's Apple Health (Medicaid) program fully into compliance with the CMS eligibility, Home and Community Based Services access rules (HCBS), and managed care access rules.

Table 5: Funding

	CMS Rules
Organizations involved	HCA, DSHS, HBE
Historical expenditures	N/A – new project
Current planned spend	$26,938,000 (DSHS) $15,618,000 (HBE) $1,446,000 (HCA)
Total planned spend	$44,002,000

DSHS Integrated Eligibility & Enrollment (IE&E) CMS Rules 2026 Decision Package

Funding is necessary to comply with updated CMS eligibility and enrollment regulations. Funding will address the gap in DSHS needs between the level funded and the need to make CMS changes by June 2027.

Anticipated budget request: –$6,697

Table 6: DSHS budget items for CMS Rules

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	–$3,947,000	$3,962,000	–$2,331,000	–$4,381,000
In-kind funding	$0	$0	$0	$0
Funding sources for project				
001-1: General Fund State	–$941,000	$1,735,000	–$298,000	–$1,502,000
001-A: General Fund Federal	–$3,006,000	$2,227,000	–$2,033,000	–$2,879,000
Total	**–$3,947,000**	**$3,962,000**	**–$2,331,000**	**–$4,381,000**

HCA CMS Rules 2026 Decision Package Request (Federal Eligibility and Managed Care Changes)

HCA requests resources in the 2026 supplemental budget to achieve and maintain compliance with various federal requirements related to eligibility determination and managed care contracting. These

resources support additional staffing and technology updates that ensure the state's compliance with required eligibility process, and managed care reporting and oversight.

Table 7: HCA budget items for CMS Rules

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	$3,495,000	$3,975,000	$2,625,000	$2,625,000
In-kind funding	$0	$0	$0	$0
Funding sources for project				
001-1: General Fund State	$1,343,000	$1,143,000	$1,008,000	$1,008,000
001-C: General Fund Medicaid	$2,152,000	$2,832,000	$1,617,000	$1,617,000
Total	**$3,495,000**	**$3,975,000**	**$2,625,000**	**$2,625,000**

Community Information Exchange (CIE)

Program description

The Community Information Exchange (CIE) Program is an effort to improve how different organizations (e.g., social services, health care, state government, and Tribal organizations) work together across the state to provide services that address health-related social needs (HRSN), such as housing and nutrition. The program aims to create standards and governance for how organizations can share information about these needs. The program will implement and promote use of a statewide technology system for sharing this information, including capabilities such as a resource directory, client management, and closed-loop referral.

Table 8: Funding

	CIE Program
Organizations involved	DCYF, DOH, DSHS, HBE, HCA
Historical expenditures	$240,146
Current planned spend	$60,455,240
Total planned spend	$60,695,386

Image description: Four tiers of delivering HRSN services. The base tier is CIE technology, followed by regional community hubs, community-based care coordination, and finally HRSN services.

Health Care Management and Coordination System (HCMACS)

Program description

The HCMACS Program was established to implement an enterprise health record system to improve care coordination and case management for Washingtonians across multiple agencies and care settings. The HCMACS Program is comprised of three Health and Human Services (HHS) agencies who have a critical need for an Electronic Health Record (EHR) solution to support health care coordination and case management needs: DOC, DSHS, and HCA.

Table 9: Funding

	HCMACS Program
Organizations involved	DOC, DSHS, HCA
Historical expenditures	$9,946,725
Current planned spend	$437,623,257
Total planned spend	$447,569,982

An **Enterprise EHR Solution** supports the state's goal for seamless services for Washingtonians and communities by connecting government and to using data more effectively across agencies by leveraging enterprise and shared solutions.

DOC HCMACS 2026 Decision Package

DOC is preparing to implement an EHR as part of the HCMACS Program. DOC has a critical need for an EHR solution to support health care coordination and case management needs to improve patient safety and clinician experience. Through coordination with HCMACS, DOC has prepared this decision package to support EHR implementation through agency specific staffing, contracted services, and hardware and infrastructure needs.

Table 10: DOC budget items for HCMACS

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	$2,750,000	$9,183,000	$6,555,000	$4,356,000
In-kind funding	$0	$0	$0	$0
Funding sources for project				
001-1: General Fund State	$2,082,000	$7,367,000	$4,962,000	$3,180,000
001-C: General Fund Medicaid	$668,000	$1,816,000	$1,593,000	$1,176,000
Total	**$2,750,000**	**$9,183,000**	**$6,555,000**	**$4,356,000**

DSHS HCMACS 2026 decision package request

DSHS EHR Project will improve efficiency and coordination of care, strengthen connections between facility and community care, enhance service delivery, and support recruitment and retention of hospital staff. EHRs assist in coordinating discharge plans with community partners and improving communication of healthcare information, resulting in higher-quality care.

Table 11: DSHS budget items for HCMACS

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	$4,770,560	$11,506,000	$12,538,000	$5,605,000
In-kind funding	$291,264	$291,264	$291,264	$0
Funding sources for project				
001-1: General Fund State	$846,332	$3,141,000	$2,324,000	$1,953,000
001-C: General Fund Medicaid	$3,924,228	$8,365,000	$10,214,000	$3,652,000
Total	**$4,770,560**	**$11,506,000**	**$12,538,000**	**$5,605,000**

HCA HCMACS 2026 decision package request

The HCA EHR Project will improve health care coordination between providers and provide high-quality, affordable care. Between HCA's behavioral health providers, tribal health providers, and rural health providers.

Table 12: HCA budget items for HCMACS

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	$1,227,000	$5,368,000	$4,155,000	$2,521,000
In-kind funding	$0	$0	$0	$0
Funding sources for project				
001-1: General Fund State	$379,000	$1,655,000	$1,281,000	$1,005,000
001-C: General Fund Medicaid	$848,000	$3,713,000	$2,874,000	$1,516,000
Total	**$1,227,000**	**$5,638,000**	**$4,155,000**	**$2,521,000**

HCA HCMACS Foundational System Decision Package Request

This decision package was developed by the HCMACS Program, which was established to deliver a statewide EHR solution as directed by Washington's Legislature. This decision package is aligned with the Enterprise EHR plan approved by the Legislature in October 2023, and the HCMACS Roadmap approved by the HCMACS Executive Steering Committee (ESC) and the HHS Coalition Enterprise Steering Committee (G2) in June 2025.

Table 13: HCA budget items for HCMACS foundational system

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	$77,962,000	$42,497,000	$48,407,000	$36,409,000
In-kind funding	$0	$0	$0	$0
Funding sources for project				
001-1: General Fund State	$21,730,000	$13,123,000	$14,965,000	$14,520,000
001-C: General Fund Medicaid	$56,232,000	$29,374,000	$33,442,000	$21,889,000
Total	$77,962,000	$42,497,000	$48,407,000	$36,409,000

Integrated Eligibility & Enrollment (IE&E) Project Management Office

Program description

The IE&E Modernization Program is a multi-year effort to develop modern solutions for health and human services that best support the needs of Washingtonians.

The IE&E team oversees comprehensive product management, operational support, and technical guidance for both MyWABenefits and the IE&E cloud platform. The team is also responsible for maintaining, and ultimately implementing, over 20 integrated eligibility and enrollment capabilities on the IE&E roadmap.

The IE&E team remains dedicated to their commitment to human-centered design and improving the customer experience. Working closely with staff, customers, community partners, and other organizations within the HHS Coalition, the ongoing efforts of IE&E are vital to ensure that people in Washington can access health and human services whenever and wherever they need them.

Table 14: Funding

	IE&E
Organizations involved	DCYF, DOH, DSHS, HBE, HCA
Historical expenditures	$10,782,658
Current planned spend	$7,114,000
Total planned spend	$7,114,000

Anticipated benefits of IE&E for people in Washington:

- **Consistent experience** – a user-friendly system that ensures a consistent and familiar digital experience for Washingtonians; personalized, easy to access and comprehensive.
- **Increased support** – a simplified process of interacting with Washingtonians for eligibility and enrollment, ensuring respect and support every step of the way.
- **Shared across programs** – information is shared seamlessly across different health and human services programs to enhance the overall experience.

WA Cares Fund

Program Description

WA Cares Fund (WCF) is Washington's first-in-the-nation universal long-term care insurance program that gives all working Washingtonians access to affordable long-term care insurance. The insurance WCF provides is self-funded from worker contributions and does not receive any GF-S funding. DSHS is leading the way on implementing this program, along with HCA, Employment Security Department, and the Office of the State Actuary. The DSHS project budget is planned to end June 30, 2026. July 1, 2026, marks the beginning of full M&O and no more project spend**.**

Table 15: Funding

	WA Cares
Organizations involved	DSHS, HCA
Historical expenditures	$27,586,354
Current planned spend	$18,047,000
Total planned spend	$45,633,354

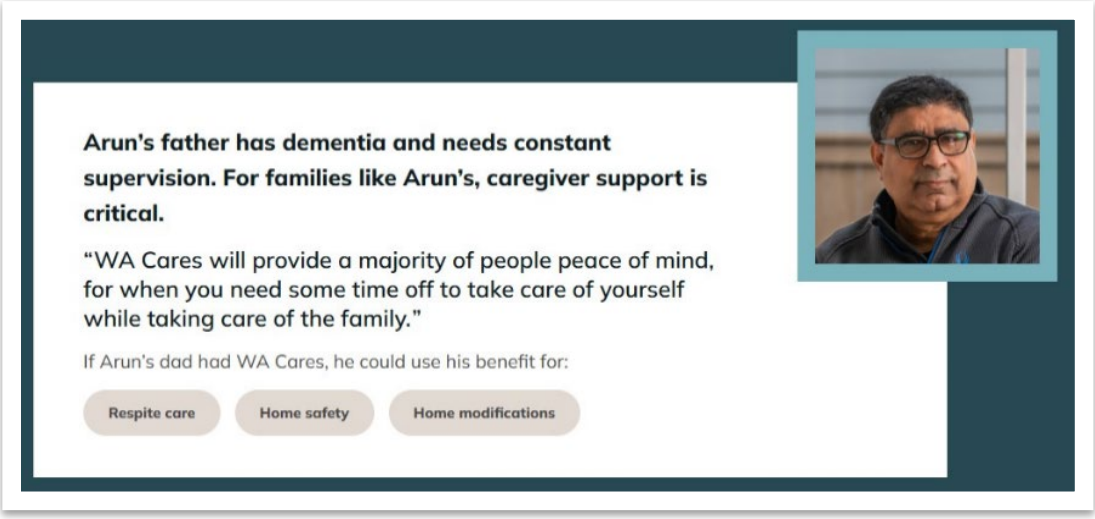

Image description: graphic showing a man and a description of his experience with WA Cares. "Arun's father has dementia and needs constant supervision. For families like Arun's, caregiver support is critical. If Arun's dad had WA Cares, he could use his benefit for respite care, home safety, and home medications." Then is a quote from Arun: "WA Cares will provide a majority of people peace of mind, for whne you need some time off to take care of yourself while taking care of the family."

DSHS WA Cares IT 2026 Decision Package Request

DSHS requests funding from the Long-term Services and Supports Trust Account (567) to fund software licensing, M&O costs for ProviderOne, setup and maintenance of a training environment for assessors, and payment of the new sales tax on professional service for the WA Cares Fund Program, as directed by chapter 50B.04 RCW. Beginning July 2026, this program will provide WA Cares Fund benefits to qualified individuals who have been assessed as needing assistance with activities of daily living.

Anticipated budget request: $22,171,000

Table 16: DSHS budget items for WA Cares

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	$6,759,000	$4,227,000	$5,312,000	$5,873,000
In-kind funding	$0	$0	$0	$0
Funding sources for project				
567-1: Long-Term Services & Support Trust Account	$6,759,000	$4,227,000	$5,312,000	$5,873,000
Total	**$6,759,000**	**$4,227,000**	**$5,312,000**	**$5,873,000**

Planned HHS Coalition projects

The HHS Coalition has two new requests for IT projects planned for the current and next fiscal year. The details regarding these planned projects are described in the sections below. In most cases, progress on these planned projects is dependent on legislative funding approval.

H.R. 1: Changes to Federal Medicaid Laws

DSHS H.R. 1 IT Impacts Decision Package

DSHS is requesting funding to address impacts of federal changes to the Supplemental Nutrition Assistance Program (SNAP) as passed in H.R.1. to implement IT changes necessary to support the department's alignment with federal rules and regulations, and to ensure effective administration of the Basic Food program, which helps nearly one million Washingtonians access resources to meet their nutritional needs.

Table 17: Funding

	H.R. 1 IT impacts
Organizations involved	DSHS, HBE, HCA
Anticipated budget request	$4,652,000

Table 18: Budget items for H.R. 1 impacts

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget	$3,948,000	$704,000	$0	$0
In-kind funding	$0	$0	$0	$0
Funding sources for project				
001-1: General Fund State	$2,183,000	$389,000	$0	$0
001-A: General Fund Federal	$1,765,000	$315,000	$0	$0
Total	**$3,948,000**	**$704,000**	**$0**	**$0**

HCA H.R. 1 IT Impacts Changes to Federal Medicaid Laws Decision Package

This decision package is being submitted to address two distinct but interconnected issues:

1. The administrative impact of the Federal reconciliation bill (H.R.1).
2. The need for ongoing support for Master Person Index (MPI).

HCA considers MPI as a critical prerequisite for the implementation of changes required by H.R.1. Detailed staffing, technology, and funding assumptions are not yet complete, but modelling is anticipated to be finalized in time to support development of the Governor's budget.

Table 19: Funding

	H.R. 1 IT Impacts
Organizations involved	DSHS, HBE, HCA
Anticipated budget request	Placeholder DP pending discussions with the authorizing environment.

Table 20: Placeholder DP for HCA budget items for H.R. 1 IT impacts

Budget items	FY 2026	FY 2027	FY 2028	FY 2029
Anticipated project budget				
In-kind funding				
Funding sources for project				
001-1: General Fund State				
001-A: General Fund Federal				
001-A: General Fund Federal				
Total				

Completed HHS Coalition projects

In the past year, the HHS Coalition completed eight IT projects that were included in the previous report. The following is a summary of the completed projects.

Table 21: Completed projects

Lead organization, project name, and project purpose	Organizations involved	Federal requirements
WaTech - IE&E Modernization Customer Experience and Innovation (CXI).	DCYF, DOH, DSHS, HBE, HCA	
WaTech - IE&E Modernization Technical Architecture & Design (TAD): To update IE&E roadmap based on current and future architectures.	DCYF, DOH, DSHS, HBE, HCA	
WaTech – IE&E Status Tracker MyWABenefits: To implement a self-service portal for client and authorized representative eligibility and enrollment status.	DCYF, DOH, DSHS, HBE, HCA	
WaTech – IE&E Modernization HHS Portal Project: develop a multi-year roadmap to more fully define the incremental implementation of the HHS Portal.	DCYF, DOH, DSHS, HBE, HCA	
WaTech - Master Person Index: Implement a solution to uniquely identify Washingtonians who interact with HHS Coalition systems to support information sharing and re-use.	DCYF, DOH, DSHS, HBE, HCA	
HBE - Acceleration and Modernization: Modernize Healthplanfinder using cloud-native technologies.	DSHS, HBE, HCA	
HCA - Electronic Consent Management: pilot completed in February and no future phases are currently planned; the system is moving into M&O	DCYF, DSHS, HCA	Compliance with 42 CFR Part 2 and 42 CFR 433.112(b).
HCA - Pharmacy Point-of-Sale Replacement	HCA	Compliance with 42 CFR Part 2 and 42 CFR 433.112(b).

Conclusion

The HHS Coalition's investments in technology are more than projects—they are commitments to the people of Washington. Every initiative strengthens our ability to deliver services that are coordinated, accessible, and responsive to community needs. By working together across agencies, the HHS Coalition aims to ensure that taxpayer resources are used wisely, federal requirements are met, and people in Washington receive the support they need when they need it.

Looking ahead, the HHS Coalition remains focused on maintaining compliance, advancing customer experience, and investing in innovative, efficient solutions. The work the HHS Coalition undertakes today lays the foundation for a future where health and human services are simpler to access, more efficient to deliver, and better connected across systems.