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State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0022

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

July 11, 2017

MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0022

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 17-0022. This amendment clarified that personal care providers may not work more hours in a week than approved by Department of Social and Health Services (DSHS) and the timing and approval process for person-centered service planning and program eligibility.

This SPA is approved with an effective date of April 6, 2017.

If there are additional questions, please contact me or your staff may contact James Moreth at James.Moreth@cms.hhs.gov or (360) 943-0469.

Sincerely,

Digitally signed by David L.
Meacham -S
N: c=US, o=U.S. Government,
u=HHS, ou=CMS, ou=People,
9.2342.19200300.100.1.1=200004
1858, cn=David L. Meacham -S
Date: 2017.07.12 13:09:03 -07'00'

David L. Meacham
Associate Regional Administrator

cc:
Ann Myers, SPA Coordinator

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
17-0022

2. STATE
Washington

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

4. PROPOSED EFFECTIVE DATE
April 6, 2017

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:
Section 1905(a) of the Social Security Act; 42 CFR 441.510

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-K page 3
Attachment 4.19-B page 46

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-K page 3
Attachment 4.19-B page 46

10. SUBJECT OF AMENDMENT

Community First Choice State Plan Option

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:

6-6-17

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6/6/17

18. DATE APPROVED:

07/11/17

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

04/06/17

20. SIGNATURE OF REGIONAL OFFICIAL:

ou=David L. Meacham -S
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041858,
cn=David L. Meacham -S
Date: 2017.07.12 13:09:27 -0700

21. TYPED NAME:

David L. Meacham

22. TITLE:

Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Washington
Community First Choice State Plan Option

how and when personal care tasks will be performed. Individual providers may not work more than the provider's assigned work week limit. The limitation does not affect the participant's total hours of service, and may necessitate the use of more than one provider.

Participants receiving personal care from an agency provider choose the agency from among all qualified agency providers. The participant and the agency work together to determine the schedule of the agency worker and how and when personal care tasks will be performed based on the needs and preferences of the individual. The participant may request a different worker from the agency, select a different home care agency, or change to an Individual Provider at any time.

Participants receiving personal care from a residential provider select the provider from all available options. Using the person-centered service plan, the participant and the residential provider develop a care agreement that details how and when care will be provided based on the needs and preferences of the individual.

For participants under age 21, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.

1. **Nurse Delegation:** Nurse Delegation means that a licensed registered nurse assigns specific nursing task(s) to an unlicensed person to perform under the nurse's direction and supervision. The delegating nurse has the responsibility to assess the participant to ensure that the participant's condition is stable and predictable, train the caregiver to complete the task(s), evaluate the competency of the unlicensed caregiver to perform the task(s), and provide supervision to the caregiver.

Nurse Delegation is required for certain tasks if the provider is a paid, non-family member. A care provider must be a Certified Nursing Assistant, a Registered Nursing Assistant, or a Certified Home Care Aide and must have completed the nurse delegation training. All providers must also demonstrate to the registered nurse delegator the ability to perform the specific tasks. Nurse-delegated tasks may include medication administration, blood glucose monitoring, insulin injections, ostomy care, simple wound care, straight catheterization, or other tasks determined appropriate by the delegating nurse. The following tasks may not be delegated: administration of medications by injection other than insulin, central line maintenance, sterile procedures, and tasks that require nursing judgment.

The delegating Nurse may only delegate tasks that are within the scope of the state's Nurse Practice Act as defined in RCW 18.79.040.

The State will be claiming enhanced match for this service.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN

XXI. First Choice State Plan Option

State-developed fee schedule rates are the same for both governmental and private providers of the same service. The fee schedule is published at https://www.dshs.wa.gov/sites/default/files/ALTSA/msd/documents/All_HCS_Rates.xls. Rates for Personal Care and Nurse Delegation provided under 1915(k) are the same as the payment rates for Personal Care and Nurse Delegation services listed in Attachment 4.19-B, XV Personal Care Services. Rates for Nurse Delegators provided under 1915(k) are the same as the payment rates for Nurse Delegators under Attachment 4.19-B, XV Personal Care Services. Payment rates for 1915(k) services will be updated whenever the fee schedule is updated on the corresponding State Plan page under the existing Personal Care Services benefit.

A. PERSONAL CARE

Personal care service providers:

Services are provided by these provider types:

1. Individual providers of personal care
2. State-licensed home-care agencies
3. Residential service providers which include:
 - a. Assisted living providers
 - b. Adult family homes

Personal care service provider rates:

1. Individual providers of personal care
Individual Providers are reimbursed on an hourly rate. The standard hourly rate for individual-provided personal care is determined by the State legislature, based on negotiations between the Governor's Office and the union representing the workers. The rate for personal care services provided by individual providers consists of wages, industrial insurance, paid time off, mileage reimbursement, comprehensive medical, training, seniority pay, training based differentials, and other such benefits needed to ensure a stable high performing workforce. The agreed-upon negotiated rates schedule is used for all bargaining members.
2. State-licensed home-care agencies
Home care agencies are reimbursed on an hourly rate. The rate for personal care services provided by home care agencies is based on an hourly unit. The agency rate determination corresponds to the rate for individual providers with an additional amount for employer functions performed by the agency.
3. Residential service providers
The cost for personal care provided in adult family homes and assisted living facilities is reimbursed at a daily rate. Each participant is assigned to a classification group based on the State's assessment of their personal care needs. The daily rate varies depending on the individual's classification group. Rates are based on wages, benefits, and administrative expenses.