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## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 20-0011**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
701 5th Avenue, Suite 1600, MS/RX-200  
Seattle, Washington 98104



Medicaid and CHIP Operations Group

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April 13, 2020

Susan Birch, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
P.O. Box 45502  
Olympia, WA 98504-5010

RE: Approval of Washington State Plan Amendment (SPA) Transmittal Number 20-0011

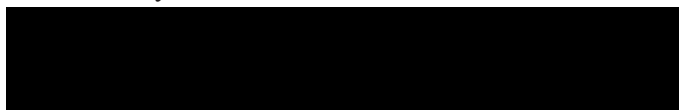
Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington State Plan Amendment (SPA) Transmittal Number WA-20-0011. This SPA seeks to make changes to the 1915(k) Community First Choice state plan option to include changes related to Washington's response to the COVID-19 outbreak.

This SPA is approved effective March 1, 2020, as requested by the state.

If you have any questions concerning this information, please contact me, or your staff may contact Nick Sukachevin at (206) 615-2416 or [Nickom.Sukachevin@cms.hhs.gov](mailto:Nickom.Sukachevin@cms.hhs.gov).

Sincerely,



David L. Meacham, Director  
Division of HCBS Operations and Oversight

cc:

Bill Moss, DSHS  
Bea Rector, DSHS  
Ann Myers, HCA  
Alec Graham, DSHS  
Barbara Hannemann, DSHS  
Jamie Tong, DSHS

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

1. TRANSMITTAL NUMBER:  
**20-0011**

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  
March 1, 2020

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:  
1915(k) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2020 \$0  
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-K pages ~~0, 0-1 (new)~~ 6, 7, and 12

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 3.1-K pages 6, 7, and 12

10. SUBJECT OF AMENDMENT:

Community First Choice State Plan Option Changes for COVID-19 Outbreak Response

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:

Director

15. DATE SUBMITTED:

2-20-2020

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

2/20/2020

18. DATE APPROVED:

4/13/2020

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: David L. Meacham

22. TITLE: Director, Division of HCBS Operations and Oversight

23. REMARKS:

4/3/2020-State authorized P&I changes to blocks # 4, 8, and 9.

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

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1. Security deposits that are required to obtain a lease on an apartment or home, including first month's rent;
2. Essential household furnishings required to occupy and use a community domicile, including, but not limited to, furniture, window coverings, food preparation items, and bath/linen supplies;
3. Set-up fees or deposits for utilities and/or service access, including telephone, electricity, heating, water, and garbage;
4. Services necessary for the participant's health and safety such as pest eradication and one-time cleaning prior to occupancy;
5. Moving expenses; and
6. Activities to assess need, arrange for, and procure needed resources.

Community Transition Services may not exceed \$850.00 per occurrence with no limitations on number of transitions in any given time frame. This limit may be exceeded based on medical necessity.

**V. Qualifications of Providers of CFC Services**

- a. All personal care providers are required to complete Basic training. The number of hours for Basic training varies depending on the current credentials of the provider, the relationship of the provider to the participant, and how many hours the provider works. Unless exempt by state rule, all personal care providers must obtain certification as a Home Care Aide. The Basic training covers basic skills and information needed to provide hands-on personal care, and may also include population-specific training if the provider is trained to meet the needs of a specific population. Once training is complete, unless exempt by state rule, the provider must take and pass a written and a skills examination through the Washington State Department of Health to become certified as a Home Care Aide.
- b. Residential and non-residential settings in this program comply with federal HCB Settings requirements at 42 CFR 441.530 and associated CMS guidance. The State will provide comprehensive initial and ongoing training for all ALF and AFH providers on HCB setting rules and regulations. Additional HCB setting training will be provided periodically to individual ALF and AFH providers when needed.

**i. Personal Care, Relief Care, and Nursing Providers:**

1. *Individual Providers:* Individual providers (IPs) must contract with the Department before being paid to provide personal care services. Prior to contracting, the Department must verify that the individual provider:
  - a. Has a valid current photo identification and Social Security card.
  - b. Has completed the state background check.
  - c. Is age 18 or older.

Individual Providers must complete Basic training and obtain certification as a Home Care Aide, as stipulated in state law. If not exempt under state law, they must also complete a federal background check within 120 days of being hired, and complete continuing education credits, as stipulated in state law in order to continue to provide personal care services.

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

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2. *Home Care Agencies, Adult Family Homes and Assisted Living programs:* Must be licensed and must contract with the Department before being paid to provide personal care services under CFC. These entities must ensure that staff employed to provide personal care:
    - a. Have completed background checks as required by state law; and
    - b. If not exempt under state law, Basic training and the process to become a State-Certified Home Care Aide within a state-specified time frame after employment and,
    - c. Continuing education credits as stipulated by state law in order to continue to provide personal care services.
  3. *Nurses:* Registered Nurses (RNs) must be licensed in accordance with the state laws that define the scope of their practice. RNs must contract with the Department or be employed by an agency that is contracted with the Department before being paid to provide nurse delegation under CFC. Contracting and agency employment require background checks and RNs must maintain their licensure in accordance with all state laws to continue to provide services and supports under CFC.
- ii. **Voluntary training on how to select, manage, and dismiss attendants (Caregiver Management) Providers.**
1. *Peer Support Specialist:*
    - a. Peer Support Specialist must contract with the Department before being paid to provide peer support services for caregiver management training. Prior to contracting, the Department must verify that the Peer Support Specialist:
      - i. Has a valid current photo identification and Social Security card;
      - ii. Has completed the state background check; and
      - iii. Is age 18 or older.
    - b. Peer Support Specialist must also demonstrate by relevant successful experience, training, license, or credential that they have the skills and abilities to provide training services that are:
      - i. Expected to achieve outcomes identified by the participant;
      - ii. Competent and relevant to the participant's culture; and
      - iii. Delivered in a manner and format that is individually tailored to the participant's abilities, strengths, and learning styles.
  2. *Community Choice Guides I:*
    - a. Community Choice Guides must contract with the Department before being paid to provide services and must meet any licensing or certification required by State statutes or regulations. Prior to contracting, the Department must verify that the Community Choice Guide:
      - i. Has a valid current photo identification and Social Security card;
      - ii. Has completed the state background check; and
      - iii. Is age 18 or older.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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- a. **Indicate who is responsible for completing the assessment prior to developing the Community First Choice person-centered service plan. Please provide the frequency the assessment of need will be conducted. Describe the reassessment process the State will use when there is a change in the individual's needs or the individual requests a reassessment. Indicate if this process is conducted in the same manner and by the same entity as the initial assessment process or if different procedures are followed:**

Assessments and reassessments are done by the following individuals: State Case Managers, Social Workers, Nurses, AAA case managers, Mental Health professionals, or other professionals or staff as determined by the state

Face-to-face assessments are conducted at least every 12 months, when the participant's circumstances or needs change significantly, and at the request of the participant.

Significant changes are changes considered likely to result in an adjustment of authorized services or CARE classification level. The same assessors and assessment tool are used for conducting significant change assessments or reassessments requested by participants.

**X. Person-Centered Service Plan Development Process**

- a. **Indicate how the service plan development process ensures that the person-centered service plan addresses the individual's goals, needs (including health care needs), and preferences, by offering choices regarding the services and supports they receive and from whom.**