MaryAnne Lindeblad, BSN, MPH
Medicaid Director
Washington State Health Care Authority and Department of Social and Health Services
626 8th Avenue SE
P.O. Box 45502
Olympia, Washington 98504-5010

Dear Ms. Lindeblad:

Please find below the Centers for Medicare & Medicaid Services’ (CMS) request for additional
information regarding Washington’s section 9817 initial spending plan and spending narrative
submitted on June 11, 2021.

We have identified missing information which we will need to review before the initial spending
plan and spending narrative can be approved. The State Medicaid Director Letter (SMDL) #21-
003, section D, titled Required Reporting on Activities to Enhance, Expand, or Strengthen HCBS
under the Medicaid Program provides a description of the information states should include in
their initial spending plans and spending plan narratives.

Additional Information Requested

Please provide the following additional information related to each of these areas to facilitate our
review and approval process:

- Estimate the anticipated expenditures for the activities the state intends to implement to
  enhance, expand, or strengthen HCBS under the state Medicaid program between April 1,
  2021, and March 31, 2024.

In the submission, your state listed a number of activities that it intends to implement and the
anticipated cost for each. However, it is unclear whether some of these activities would enhance,
expand or strengthen HCBS under the Medicaid program. CMS is requesting the following
changes or clarifications to your state’s spending plan and narrative:

- Provide additional information to explain how the “Hospital surge, non-citizens” activity
  expands, enhances, or strengthens HCBS under Medicaid;
- Provide additional information about the anticipated outcomes of the “Conditionally
  released sexually violent predators” activity, including the number and percentage of
  individuals served who are expected to be Medicaid eligible and the number and
  percentage of individuals served who are expected to transition to the community as
  opposed to institutional care post-release;
• Clarify if the services delivered under the Parent Child Assistance Program (PCAP) expansion, adult and youth mobile crisis teams, and the mobile integrated health pilot include any services other than those listed in Appendix B or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any of these activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how the activities expand, enhance, or strengthen HCBS under Medicaid;

• Clearly indicate if the providers that will receive payments under the “Expand SUD services and supports” activity or under the category of “Improved provider rates, recruitment, retention, and skills training for HCBS providers” are delivering any of the services listed in Appendix B or services that could be listed in Appendix B. If the providers are not delivering services that are listed in Appendix B or could be listed in Appendix B, please explain how those payments expand, enhance, or strengthen HCBS under Medicaid;

• Clearly indicate if the long-term care facilities targeted for the fall prevention training are HCBS providers, institutional providers, or both;

• Provide additional information on the population served and the services that would be paid for under the Trueblood Phase 2 implementation, including whether the services are included in Appendix B or could be listed in Appendix B. If this activity is not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how the activity expands, enhances, or strengthens HCBS under Medicaid;

• Indicate if the Children’s Long-Term Inpatient Program (CLIP) habilitative mental health facility is an HCBS or institutional setting and/or provide additional information to explain how funding for the CLIP habilitative mental health facility expands, enhances, or strengthens HCBS under Medicaid;

• Provide more information about the population eligible for the “outreach or intensive case management” activity, including the percentage of participants who are expected to be Medicaid eligible and the percentage of Medicaid-eligible participants receiving the services listed in Appendix B or services that could be listed in Appendix B. If the participants are not Medicaid eligible and/or are not receiving services listed in Appendix B or that could be listed in Appendix B, explain how this activity expands, enhances, or strengthens HCBS under Medicaid;

• Provide more information about the population eligible for the “homeless outreach stabilization” activity, including the percentage of participants who are expected to be Medicaid eligible and the percentage of Medicaid-eligible participants receiving the services in Appendix B or services that could be listed in Appendix B. If the participants are not Medicaid eligible and/or are not receiving services listed in Appendix B or that could be listed in Appendix B, explain how this activity expands, enhances, or strengthens HCBS under Medicaid;

• Clearly indicate whether the Housing Trust Fund will be used to pay for room and board (which CMS would not find to be a permissible use of funds) and/or capital investments. If the state intends to pay for capital investments as part of this activity, CMS is not able to approve this activity at this time and will need to follow-up with the state to indicate whether this activity is approvable;
Provide additional information about the new items identified in the 2021-23 collective bargaining agreement that will be funded under the “Adult family home award/agreement” activity, the “In-home care provider agreement” activity, and the “Agency provider agreement parity” activities;

Clearly indicate whether the state plans to pay for ongoing internet connectivity costs as part of the “Remote technology support” activity. If the state intends to pay for ongoing internet connectivity costs as part of this activity, CMS is not able to approve this activity at this time and will need to follow-up with the state to indicate whether this activity is approvable; and

For any activities focused on behavioral health providers or people with mental or substance use disorders, clearly indicate if any of the activities are: focused on behavioral health providers that are not delivering services that are listed in Appendix B or could be listed in Appendix B; or targeting individuals with mental or substance use disorders who are not receiving any of the services listed in Appendix B or services that could be listed in Appendix B. If any activities are not directly related to the services listed in Appendix B or could be listed in Appendix B, explain how those activities expand, enhance, or strengthen HCBS under Medicaid.

**CMS will need additional information before it can determine whether any of those activities or uses of funds are approvable under ARP section 9817.**

The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021

Washington has assured CMS that the state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021. Please confirm that through changes to child assessment and diagnostics the state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

**General Considerations**

As part of this request for additional information, CMS is noting the following:

CMS expects your state to notify CMS as soon as possible if your state’s activities to expand, enhance, or strengthen HCBS under ARP section 9817:

- Are focused on services other than those listed in Appendix B or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how those activities expand, enhance, or strengthen HCBS under Medicaid;
  - Include room and board (which CMS would not find to be a permissible use of funds); and/or
  - Include activities other than those listed in Appendices C and D (e.g., capital investments, for which CMS will need to follow-up with the state to determine whether these are permissible activities or uses of funds).
CMS will need additional information before it can determine whether any of those activities or uses of funds are approvable under ARP section 9817.

As of today, CMS’s review is suspended until we receive your complete response. So that we may continue with the review process, please provide the requested information within 15 business days. We look forward to continuing to work with you to advance HCBS in Washington. Please submit questions or concerns regarding this request for information to HCBSincreasedFMAP@cms.hhs.gov.

Sincerely,

Jennifer Bowdoin
Director, Division of Community Systems Transformation

cc: Rebecca Carrell