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**State/Territory Name: WA**

**State Plan Amendment (SPA) #: 23-0040**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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**

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August 7, 2023

Susan Birch, Director  
Dr. Charissa Fotinos, Acting Medicaid Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number WA-23-0040

Dear Director Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend Washington's 1915(k) Community First Choice, Home and Community Based Services (HCBS) State Plan Program. The CMS Control Number for the State Plan Amendment (SPA) is Transmittal Number WA-23-0040.

With this amendment, the state is amending the Community First Choice (CFC) program to add an option that allows level of care assessments to be completed remotely when an in-person visit is not possible and also adds language that allows participants and providers to finalize the person-centered plan with an electronic signature, including voice signatures. This SPA is approved with a retroactive effective date of April 1, 2023 as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

Thank you for your cooperation during the review process. If there are any questions concerning this information, please contact me at (206) 615-3814. You may also contact Nick Sukachevin at [Nickom.Sukachevin@cms.hhs.gov](mailto:Nickom.Sukachevin@cms.hhs.gov) or at (206) 615-2416.

Sincerely,

Jackie Glaze, Acting Director  
Division of HCBS Operations and Oversight

cc: Bea Rector, DSHS  
Jamie Tong, AL TSA  
Debbie Johnson, AL TSA  
Barbara Hannemann, AL TSA  
Annie Moua, AL TSA  
Ann Myers, HCA

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

1. TRANSMITTAL NUMBER  
2 3 — 0 0 4 0

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  
**April 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
1902(a) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 0  
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-K pages 13, 13a (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 3.1-K page 13

9. SUBJECT OF AMENDMENT  
Add Voice Signature to Community First Choice Assessments and Plans

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Charissa Fotinos MD, MSc

13. TITLE  
Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED  
June 29, 2023

15. RETURN TO  
State Plan Coordinator  
POB 42716  
Olympia, WA 98504-2716

**FOR CMS USE ONLY**

16. DATE RECEIVED  
June 29, 2023

17. DATE APPROVED  
August 7, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
April 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Jackie Glaze

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of HCBS Operations and Oversight

22. REMARKS

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The person-centered service plan will be developed and implemented in accordance with 42 CFR 441.540 (b). Person-centered service planning includes a review of all available services and supports, both paid and non-paid, that may be selected by the participant to address the goals, service, and support needs identified during the assessment and planning process. Participants may select from all available services and supports for which they have an assessed need and are eligible to receive. Participants may select from all qualified and contracted providers of those services when developing their person-centered service plan.

For individuals residing in provider owned and operated settings, the person-centered plan must be used to inform the Negotiated Care Plan or Negotiated Service Agreement and the Admissions Agreement process.

The person-centered service plan will be understandable to the participant, will indicate the individual and/or entity responsible for monitoring the plan, and will be agreed to in writing by the participant and those responsible for implementing the plan. Signatures may be collected electronically. The plan will be distributed to the participant and any other people involved in the plan.

The State requires a person-centered approach to work with the participant to obtain their signature. Examples of methods that may be offered include, but are not limited to:

- Completing the assessment in the home and obtaining the participant's signature electronically in a PDF document using your touch pad, mouse, or touchscreen (ALISA only).
- Using an e-signature feature.
- Using the Fill & Sign feature in Adobe.
- Using the voice signature feature in CARE.
- Making an in-person visit once the assessment is completed and obtaining the signature by mail.
- Utilizing supports identified by the participant to assist them with reminders to return the signed form.

Electronic signature process by e-signature:

1. Save a pdf service plan document from CARE.
2. Use the electronic signature function in a pdf document.
3. Upload the signed pdf to the participant's electronic case file.

If a participant chooses electronic communication outside of e-signature, a faxed or electronic scanned signature is acceptable. If the participant prefers, the case manager may send the participant a PDF version of the Service Summary and Planned Action Notice/Personal Care Results/Personal Care Results Comparison using encrypted email. The person-centered service plan can be electronically signed when assessments are conducted in-person or through the use of telephonic or other permissible technology media.

The assessment process includes identification of risk factors. Risk factors and back-up plans are detailed in the service plan. Case Managers assess participants at least every 12 months and determine the level of service based on how physical, psychosocial, cognitive, clinical characteristics impact the individual's ability to perform ADL, IADL and health-related tasks. The service planning process considers the needs of the participant, the availability of natural supports, and access to services and supports. Participants

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receive and sign a Rights and Responsibilities form which provides the necessary information and support to ensure that the participant directs the process to the maximum extent possible and is enabled to make informed choices and decisions.

The State elects to permit participants to appoint an individual representative, who is not a paid caregiver consistent with 42 CFR 441.505, to serve as a representative in connection with the provision of CFC services and supports during the service planning process. When the participant's chosen representative is also paid to provide care to the participant and an alternate non-paid representative is unavailable, the participant's Case Manager may assist the participant during the service planning process.

- b. Description of the timing of the person-centered service plan to assure the participant has access to services as quickly as possible, frequency of review, how and when it is updated, mechanisms to address changing circumstances and needs, or at the request of the participant. Access to services:**

There is no lag between the person-centered planning and determination of eligibility. Initial and on-going person-centered service plans are developed in conjunction with the CARE assessment and functional eligibility determination. Access to services begins as soon as the participant selects the services and supports they are eligible to receive and identifies their qualified provider.

**Frequency of review:** Assessments are conducted at least every 12 months, when the participant's circumstances or needs change significantly, and at the request of the participant. The person-centered service plan is reviewed at each assessment.