

## **Table of Contents**

**State/Territory Name: WA**

**State Plan Amendment (SPA) #: 24-0045**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

March 10, 2025

Charissa Fotinos, Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

RE: TN 24-0045

Dear Director Fotinos:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Washington state plan amendment (SPA) to Attachment 4.19-B WA 24-0045, which was submitted to CMS on September 30, 2024. This plan amendment revises tier levels under “Methods & Standards for Establishing Payment Rates” in the 1915(i) Home and Community Based Services section of the Medicaid State Plan.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst James Moreth at (206) 615-2043 or via email at [James.Moreth@CMS.HHS.GOV](mailto:James.Moreth@CMS.HHS.GOV).

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 4 5

2. STATE

WA3. 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

August 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

1915(i) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024\$ 0b. FFY 2025\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-i pages 18, 20  
Attachment 4.19-B page 588. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 3.1-i pages 18 (TN# 24-0001), 20 (TN#  
24-0001)  
Attachment 4.19-B page 58 (TN#24-0001)

9. SUBJECT OF AMENDMENT

1915(i) State Plan HCBS Updates

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, MSc13. TITLE  
Medicaid and Behavioral Health Medical Director14. DATE SUBMITTED  
September 30, 2024

15. RETURN TO

State Plan Coordinator  
POB 42716  
Olympia, WA 98504-2716**FOR CMS USE ONLY**

16. DATE RECEIVED

9/30/24

17. DATE APPROVED

March 10, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

8/1/24

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion21. TITLE OF APPROVING OFFICIAL  
Director, DRR

22. REMARKS

On January 21, 2025, the state authorized P&I changes to Boxes 7 and 8 to remove Attachment 3.1-i pages 18, 20 from the SPA.

structured setting but are at risk of recurring and/or increasing in frequency/severity in a community setting if not met with the appropriate level of Supportive Supervision; or

- For renewal or re-assessment, the individual has a history of behavior(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention at this tier level.

Tier 4 –

- The individual demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of 10.1-15 hours per day of 1:1 staffing to redirect, engage, deescalate, and cue to promote community stability and to ensure the safety of the individual and other residents; or
- The individual demonstrates multiple qualifying behaviors requiring an average of 10.1-15 hours per day of 1:1 staffing within the past month. Behaviors require at least 1:1 intervention even in a structured setting but may be at risk of increasing in frequency and/or severity in a community setting if not met with the appropriate level of Supportive Supervision; or
- For renewal or re-assessment, the individual has a history of behavior(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention at this tier level.

Tier 5 –

- The individual demonstrates multiple behaviors at a frequency and intensity that requires an average of 15.1-20 hours per day of 1:1 staffing to redirect, engage, deescalate, and cue to promote community stability and to ensure the safety of the individual and other residents; or
- Behaviors require daily 1:1 intervention even in the context of a structured setting and there would be an imminent risk of harm should the individual not receive an average of 15.1-20 hours per day of at least 1:1 staffing in a community setting; or
- For renewal or re-assessment, the individual has a history of behavior(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention at this tier level.

Tier 6

- The individual demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of 20.1-24 hours per day of 1:1 staffing and/or regular episodes, that require multiple staff to redirect, engage, deescalate, and cue to promote community stability and to ensure the safety of the individual and other residents; or
- Behaviors require constant 1:1 monitoring and intervention even in the context of a structured setting and there would be an imminent risk of harm should the individual not receive an average of 20.1-24 hours per day of at least 1:1 staffing in a community setting; or
- For renewal or re-assessment, the individual has a history of behavior(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention at this tier level.

**Adult Family Homes (AFH):** Medicaid reimbursement rates for providers are collectively bargained through the State of Washington on behalf of Washington State Health Care Authority with the Adult Family Home Council. These rates are set based on a bargaining agreement at two-year intervals. The collective bargaining process is a public process.

**For Assisted Living Facilities, Enhanced Adult Residential Care Facility and Enhanced Service Facilities:** The Medicaid Agency has developed standardized rates based upon actuarially sound principles for supportive supervision services tiered for the participant's needs. Rates for services provided in Assisted Living Facilities (ALFs), Enhanced Adult Residential Care Facility (EARC) and Enhanced Service Facilities (ESFs) will be no less than those provided in AFHs.