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State/Territory Name: Washington

1915(k) State Plan Amendment (SPA): WA-23-0040

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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 or at (206) 615-2416.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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. STATE

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

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

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

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

Jackie Glaze

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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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.