

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



**Medicaid and CHIP Operations Group**

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April 7, 2020

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

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 20-0012. This SPA amends the Specialized Services section in the State Plan to note that specialized services delivered at the facility or those that take the resident into the community may be suspended due to a state or federal national emergency.

This SPA is approved on April 7, 2020, with an effective date of March 1, 2020, as requested by the state. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Nikki Lemmon at (303) 844-2641 or at [Nicole.lemmon@cms.hhs.gov](mailto:Nicole.lemmon@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James G.  
Scott -S  
Date: 2020.04.07 16:13:55 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc:  
Ann Myers, SPA Coordinator

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

1. TRANSMITTAL NUMBER:  
**20-0012**

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:  
Sections 1902 and 1905 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-A page 13  
Attachment 3.1-B page 14

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 3.1-A page 13  
Attachment 3.1-B page 14

10. SUBJECT OF AMENDMENT:

Specialized Services Temporary Change for COVID-19 Outbreak Response

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED: Exempt  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:  
MaryAnne Lindeblad

14. TITLE:  
Director

15. DATE SUBMITTED:  
3-16-2020

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:  
3/16/20

18. DATE APPROVED: 4/7/20

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/20

20. SIGNATURE OF REGIONAL OFFICIAL:  
  
Digitally signed by James G. Scott -S  
Date: 2020.04.07 16:14:52 -05'00'

21. TYPED NAME:  
James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

## 4. a. Nursing facility services.

Prior approval of admission is required.

Nursing facility (NF) services are available to eligible individuals in accordance with 42 CFR §440.42 and §440.155.

## Specialized add-on services for certain NF residents

Specialized add-on services require pre-authorization. Specialized add-on services are paid as add-on payments to the provider of the specialized add-on service, as described in Attachment 4.19-D, Part 1. Specialized add-on services are not provided by the NF. No services will be paid for as specialized add-on services if such services could be covered under other sections of the Plan (e.g., 3.1-A, 7(c) or 3.1-A, 11), within the limitations of those services. If a covered specialized add-on service is also covered under other sections of the Plan, but is in excess of the limitations described in those sections, it may be paid as a specialized add-on service.

Covered specialized add-on services include habilitative services. Habilitative services are medically necessary services intended to assist the resident in partially or fully attaining, learning, maintaining, or improving developmental-age appropriate skills that were not fully acquired as a result of a congenital, genetic, or early acquired health condition, and are required to maximize, to the extent practical, the client's ability to function in his or her environment. Habilitative services are provided only upon prior approval and recommendation of the individual's Interdisciplinary Team (IDT), as reflected in the individual's Individual Plan of Care (IPOC). Habilitative services, limitations, and the providers who may furnish the services are as follows.

Specialized add-on services may be provided remotely when appropriate. During a state or federal emergency, or when necessary to protect the health of nursing facility residents, specialized add-on services may be temporarily modified.

## I. Assistive technology

- A. Assistive technology consists of items, equipment, or product systems used to develop the functional capabilities or to increase the community involvement of NF residents who require habilitation. Such services also directly assist the participant and caregivers to select, acquire, and use the technology. Assistive technology includes:
1. The evaluation of the needs of the nursing facility (NF) resident, including a functional evaluation of the individual.
  2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices.
  3. Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices.
  4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing care, service, and rehabilitation plans and programs.
  5. Training or technical assistance for the individual and/or if appropriate, the individual's staff and other support people.
  6. Training or technical assistance for professionals, including NF staff or other individuals who provide services to, employ, or are otherwise involved in the assistive technology-related life functions of individuals with disabilities.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE  
MEDICALLY NEEDY GROUP(S): ALL

## 4. a. Nursing facility services

Prior approval of admission

Nursing facility (NF) services are available to eligible individuals in accordance with 42 CFR §440.42 and §440.155.

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5. Training or technical assistance for the individual and/or if appropriate, the individual's staff and other support people.
6. Training or technical assistance for professionals, including NF staff or other individuals who provide services to, employ, or are otherwise involved in the assistive technology-related life functions of individuals with disabilities.