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## Table of Contents

**State/Territory Name: Washington**

**1915(k) State Plan Amendment (SPA): WA-22-0001**

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**

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February 8, 2022

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-22-0001

Dear Ms. 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-22-0001.

With this amendment, the state is increasing the payment limit for Community First Choice (CFC) Community Transition Services from \$850.00 to a maximum of \$2,500.00 per discharge for items and services. The state is also removing the DVD option for providing Caregiver Management Training. This SPA is approved effective March 1, 2022, 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 (410) 786-7561. You may also contact Nick Sukachevin at [Nickom.Sukachevin@cms.hhs.gov](mailto:Nickom.Sukachevin@cms.hhs.gov) or at (206) 615-2416.

Sincerely,

George P.  
Failla Jr -S

Digitally signed by George  
P. Failla Jr -S  
Date: 2022.02.08  
14:07:11 -05'00'

George P. Failla, Jr., Director  
Division of HCBS Operations and Oversight

cc: Bill Moss, DSHS  
Bea Rector, DSHS  
Alec Graham, ALTSA  
Jamie Tong, ALTSA  
Barbara Hannemann, ALTSA  
Grace Brower, ALTSA  
Ann Myers, HCA

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 1

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

**March 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
[1902\(a\) of the Social Security Act](#)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 118,306  
b. FFY 2023 \$ 108,810

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
[Attachment 3.1-K pages 3, 5, and 6](#)  
[Attachment 4.19-B page 50](#)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
[Attachment 3.1-K pages 3, 5, and 6](#)  
[Attachment 4.19-B page 50](#)

9. SUBJECT OF AMENDMENT  
[Community First Choice](#)

10. GOVERNOR'S REVIEW (Check One)



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

*Charissa Fotinos MD, MSc*

12. TYPED NAME  
Charissa Fotinos MD, MSc

13. TITLE  
Acting Medicaid Director

14. DATE SUBMITTED  
1/6/2022

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
1/6/2022 (initial submission)  
1/24/2022 (resubmission with requested changes from informal RAI)  
1/26/2022 (resubmission with correct TN superseded number)

17. DATE APPROVED  
February 8, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
March 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL  
*George P. Failla Jr -S*  
Digitally signed by George P. Failla Jr -S  
Date: 2022.02.08 14:06:11 -0500

20. TYPED NAME OF APPROVING OFFICIAL  
George P. Failla, Jr.

21. TITLE OF APPROVING OFFICIAL  
Division Director DHCBSO

22. REMARKS  
1/24/2022: State authorized P&I changes to blocks 7 and 8.

## INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the Center for Medicaid & CHIP Services for approval. Submit a separate typed transmittal form with each plan/amendment.

**Block 1 - Transmittal Number** - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis with the first two digits being the two-digit year (e.g., 21-0001, 21-0002, etc.). Because states have different state fiscal years, a calendar year is required for consistency.

**Block 2 - State** - Enter the two-letter abbreviation code of the State/District/Territory submitting the plan material.

**Block 3 - Program Identification** - Enter the applicable Title of the Social Security Act (Title XIX Medicaid or Title XXI CHIP).

**Block 4 - Proposed Effective Date** - Enter the proposed effective date of material. The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted. With respect to expenditures for assistance under such plan, the effective date may not be earlier than the first day on which the plan is in operation on a statewide basis or earlier than the day following publication of notice of changes.

**Block 5 - Federal Statute/Regulation Citation** - Enter the appropriate statutory/regulatory citation.

**Block 6 - Federal Budget Impact - 6(a)** - IN WHOLE DOLLARS, NOT IN THOUSANDS, Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA for 1st FFY. The first FFY should be the FFY inclusive of the earliest effective date of any amended payment language; **6 (b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. In general, the estimates should include any amount not currently approved in the state's plan for assistance.

**Block 7 - Page No.(s) of Plan Section or Attachment** - Enter the page number(s) of plan material amended and transmitted. If additional space is needed, use bond paper. **New pages** should be included in Block 7, but not in Block 8.

**Block 8 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable)** - Enter the page number(s) (including the transmittal number) that is being superseded. If additional space is needed, use bond paper. **Deleted pages** should be included in Block 8, but not in Block 7.

**Block 9 - Subject of Amendment** - Briefly describe plan material being transmitted.

**Block 10 - Governor's Review** - Check the appropriate box. See SMM section 13026 A.

**Block 11 - Signature of State Agency Official** - Authorized State official signs this block.

**Block 12 - Typed Name** - Type name of State official who signed block 11.

**Block 13 - Title** - Type title of State official who signed block 11.

**Block 14 - Date Submitted** - Enter the date that the state transmits plan material to CMCS. Unless the state officially withdraws this SPA and then resubmits it, this date should not be revised. Documentation of version revisions will be maintained in the CMCS administrative record.

**Block 15 - Return To** - Type the name and address of State official to whom this form should be returned.

**Block 16–22 (FOR CMS USE ONLY).**

**Block 16 - Date Received** - Enter the date plan material is received by CMCS. This is the date that the submission is received by CMCS via the subscribed submission process.

**Block 17 - Date Approved** - Enter the date CMCS approved the plan material.

**Block 18 - Effective Date of Approved Material** - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 22 or attach a sheet.

**Block 19 - Signature of Approving Official** - Approving official signs this block.

**Block 20 - Typed Name of Approving Official** - Type approving official's name.

**Block 21 - Title of Approving Official** - Type approving official's title.

**Block 22 - Remarks** - Use this block to reference and explain agreed to changes and strike-throughs to the original CMS-179 as submitted, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Washington  
Community First Choice State Plan Option

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how and when personal care tasks will be performed. Individual providers may not work more than the provider's assigned work week limit. The limitation does not affect the participant's total hours of service and may necessitate the use of more than one provider.

Participants receiving personal care from an agency provider choose the agency from among all qualified agency providers. The participant and the agency work together to determine the schedule of the agency worker and how and when personal care tasks will be performed based on the needs and preferences of the individual. The participant may request a different worker from the agency, select a different home care agency, or change to an Individual Provider at any time.

Participants receiving personal care from a residential provider select the provider from all available options. Using the person-centered service plan, the participant and the residential provider develop a care agreement that details how and when care will be provided based on the needs and preferences of the individual.

For participants under age 21, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.

Washington complies with the Electronic Visit Verification System (EVV) requirements for personal care services

1. **Nurse Delegation:** Nurse Delegation means that a licensed registered nurse assigns specific nursing task(s) to an unlicensed person to perform under the nurse's direction and supervision. The delegating nurse has the responsibility to assess the participant to ensure that the participant's condition is stable and predictable, train the caregiver to complete the task(s), evaluate the competency of the unlicensed caregiver to perform the task(s), and provide supervision to the caregiver.

Nurse Delegation is required for certain tasks if the provider is a paid, non-family member. A care provider must be a Certified Nursing Assistant, a Registered Nursing Assistant, or a Certified Home Care Aide and must have completed the nurse delegation training. All providers must also demonstrate to the registered nurse delegator the ability to perform the specific tasks. Nurse-delegated tasks may include medication administration, blood glucose monitoring, insulin injections, ostomy care, simple wound care, straight catheterization, or other tasks determined appropriate by the delegating nurse. The following tasks may not be delegated: administration of medications by injection other than insulin, central line maintenance, sterile procedures, and tasks that require nursing judgment.

The delegating Nurse may only delegate tasks that are within the scope of the state's Nurse Practice Act as defined in RCW 18.79.040.

The State will be claiming enhanced match for this service.

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**iii. Voluntary training on how to select, manage, and dismiss attendants (Caregiver Management).**

1. Participants will be offered the opportunity to receive training materials on how to select, manage, and dismiss their attendants. Participants are informed of the training during service planning. This training will be available to all participants. Training will be available in booklet and web-based formats to both participants and their chosen representatives when requested as an accommodation. Training accessed through these formats will be claimed by the State as an administrative activity.

2. Participants who employ and manage multiple care providers will be offered the opportunity to receive individualized training on how to select, manage, and dismiss their attendants. Participants are informed of the training during service planning. The State will claim enhanced match on this service effective January 1, 2017.

**b. The State elects to include the following CFC permissible service(s):**

- i. *Expenditures relating to a need identified in a participant's person-centered plan of services that substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance.*

Assistive Technology will be provided in accordance with 42 CFR 441.525. Assistive Technology purchases in combination with Skills Acquisition Training are limited to \$550.00 during each state fiscal year. This limit may be exceeded based on medical necessity.

Assistive Technology includes items and equipment that increase the individual's independence or substitutes for human assistance. These also include specialized add-ons to the basic PERS system such as fall detectors, medication reminders, and GPS locators which would have required human assistance but for the additional technology.

This service includes assistance with purchasing and the training of participants and caregivers on the maintenance or up-keep of equipment purchased under this service.

- ii. *Expenditures for transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for a participant to make the transition from a nursing facility, institution for mental diseases, or intermediate care facility for individuals with intellectual disabilities to a community-based home setting where the participant resides.*

Community Transition Services are non-recurring set-up expenses for participants who are transitioning from an institutional setting to a living arrangement in a home-and-community-based setting where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

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1. Security deposits that are required to obtain a lease on an apartment or home, including first month's rent;
2. Essential household furnishings required to occupy and use a community domicile, including, but not limited to, furniture, window coverings, food preparation items, and bath/linen supplies;
3. Set-up fees or deposits for utilities and/or service access, including telephone, electricity, heating, water, and garbage;
4. Services necessary for the participant's health and safety such as pest eradication and one-time cleaning prior to occupancy;
5. Moving expenses; and
6. Activities to assess need, arrange for, and procure needed resources.

Community Transition Services may not exceed \$2,500.00 per occurrence with no limitations on number of transitions in any given time frame. This limit may be exceeded based on medical necessity.

**V. Qualifications of Providers of CFC Services**

- a. All personal care providers are required to complete Basic training. The number of hours for Basic training varies depending on the current credentials of the provider, the relationship of the provider to the participant, and how many hours the provider works. Unless exempt by state rule, all personal care providers must obtain certification as a Home Care Aide. The Basic training covers basic skills and information needed to provide hands-on personal care and may also include population-specific training if the provider is trained to meet the needs of a specific population. Once training is complete, unless exempt by state rule, the provider must take and pass a written and a skills examination through the Washington State Department of Health to become certified as a Home Care Aide.
- b. Residential and non-residential settings in this program comply with federal HCB Settings requirements at 42 CFR 441.530 and associated CMS guidance. The State will provide comprehensive initial and ongoing training for all ALF and AFH providers on HCB setting rules and regulations. Additional HCB setting training will be provided periodically to individual ALF and AFH providers when needed.

**i. Personal Care, Relief Care, and Nursing Providers:**

1. *Individual Providers:* Individual providers (IPs) must contract with the Department before being paid to provide personal care services. Prior to contracting, the Department must verify that the individual provider:
  - a. Has a valid current photo identification and Social Security card.
  - b. Has completed the state background check.
  - c. Is age 18 or older.

Individual Providers must complete Basic training and obtain certification as a Home Care Aide, as stipulated in state law. If not exempt under state law, they must also complete a federal background check within 120 days of being hired, and complete continuing education credits as stipulated in state law in order to continue to provide personal care services.

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State: WASHINGTON

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POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN

XXI. First Choice State Plan Option (cont)

5. ASSISTIVE TECHNOLOGY

Assistive technology vendors are Qualified providers are paid for assistive technology (AT) equipment, and repairs of equipment purchased through this service and provided to eligible clients. The Department pays a rate negotiated with the vendors. Payment cannot exceed 1) the prevailing charges in the locality for comparable equipment under comparable circumstances, or 2) the rates charged by the contractor for comparable equipment funded by other sources.

The Department does not pay AT providers separately for services in this category that are included as part of the payment for another treatment program. For example, all items required during in inpatient stay are paid through the inpatient payment.

The Department's reimbursement for covered AT includes any adjustments or modifications to the equipment that are required within three months of the date of delivery (not to include adjustments related to a change in the client's medical condition), fitting and set-up, and instruction to the client or client's caregiver in the appropriate use of the equipment and/or supplies.

6. COMMUNITY TRANSITION SERVICES

Community transition services may include the costs for goods or services. The Department pays a rate negotiated with the vendors. Payment cannot exceed 1) the prevailing charges in the locality for comparable goods or services under comparable circumstances, or 2) the rates charged by the contractor for comparable goods or services funded by other sources. The Department will reimburse up to \$2,500.00 per transition when a participant moves from a qualified setting to an eligible community-based setting.