DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

December 13, 2024

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-24-0044

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-24-0044.

With this amendment, the state is amending the Community First Choice (CFC) program to add six years of professional/practical social service experience performing functions equivalent to a Social Service Specialist 2 as a qualification for individuals performing evaluations/assessments for CFC services. This SPA is approved with an effective date of January 1, 2025, 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 or at (206) 615-2416.

Sincerely,

George P. Failla Jr -S

Digitally signed by George P. Failla Jr -S
Date: 2024.12.13 08:44:54 -05'00'

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

cc: Bea Rector, DSHS
Jamie Tong, ALTSA
Maren Turner, ALTSA
Annie Moua, ALTSA
Ann Myers, HCA

Table of Contents

State/Territory Name: Washington

1915(k) State Plan Amendment (SPA): WA-24-0044

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24 — 0044

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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
1915(i) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 0
b. FFY 2026 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-K page 12

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-K (TN# 23-0040)

9. SUBJECT OF AMENDMENT
Community First Choice - Update to Assessment Provider Qualifications

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
Charissa Fotinos MD, MSc

12. TYPED NAME
Charissa Fotinos, MD, MSc

13. TITLE
Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED
September 30, 2024

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

FOR CMS USE ONLY

16. DATE RECEIVED
October 17, 2024

17. DATE APPROVED
12/13/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
George P. Failla Jr -S
Digitally signed by George P. Failla Jr -S
Date: 2024.12.13 08:45:14 -05'00'

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

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

22. REMARKS

a. **Indicate who is responsible for completing the assessment prior to developing the Community First Choice person-centered service plan. Please provide the frequency the assessment of need will be conducted. Describe the reassessment process the State will use when there is a change in the individual's needs or the individual requests a reassessment. Indicate if this process is conducted in the same manner and by the same entity as the initial assessment process or if different procedures are followed:**

- Initial assessments of all participants are completed by State Case Managers, Social Workers, Tribal Case Managers, or Nurses. Each participant receives the same assessment regardless of the assessor's title.
- Reassessments are done by the following individuals: State Case Managers, Social Workers, Nurses, Mental Health professionals, or Tribal Case Managers.

Qualifications of individuals responsible for completing assessments:

- Registered Nurse (RN) licensed under Chapter 18.79 Revised Code of Washington acting within their scope of practice as defined by state law
- State Social Service Specialist, Mental Health Professional, State Case Manager, or Tribal case manager with the following minimum qualifications:
  - A master's degree in social services, human services, behavioral sciences, or an allied field and two years of paid social service experience performing equivalent functions;
    OR
  - A bachelor's degree in social services, human services, behavioral sciences, or an allied field and three years of paid social service experience performing equivalent functions.
    OR
  - Six (6) years of professional/practical social service experience performing functions equivalent to a state Social Service Specialist 2.
  - Tribal Case Managers will demonstrate knowledge and expertise to provide culturally competent case services to members of federally recognized tribes.

Note: A two-year master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service.

Assessments are conducted at least every 12 months, when the participant's circumstances or needs change significantly, and at the request of the participant.

Significant changes are changes considered likely to result in an adjustment of authorized services or CARE classification level. The same assessors and assessment tool are used for conducting significant change assessments or reassessments requested by participants.

X. Person-Centered Service Plan Development Process

a. **Indicate how the service plan development process ensures that the person-centered service plan addresses the individual's goals, needs (including health care needs), and preferences, by offering choices regarding the services and supports they receive and from whom.**