



Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**DEC 16 2011**

Douglas Porter, Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: Washington State Plan Amendment (SPA) Transmittal Number 11-031**

Dear Mr. Porter:

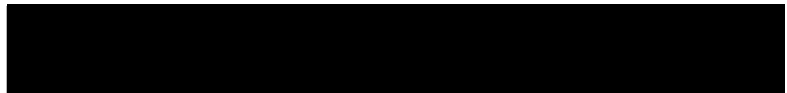
The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington State Plan Amendment (SPA) Transmittal Number 11-031.

This amendment enacts a seven percent increase in Personal Care Service (PCS) rates for all 17 levels of Medicaid rates paid to Licensed Boarding Homes that have contracts to provide Assisted Living, Adult Residential Care, and Enhanced Adult Residential Care services.

This SPA is approved effective July 1, 2011, as requested by the State.

I appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me, or have your staff contact Mary Jones at (360) 486-0243 or [Mary.Jones2@cms.hhs.gov](mailto:Mary.Jones2@cms.hhs.gov).

Sincerely,



Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: MaryAnne Lindeblad, Assistant Secretary, Aging and Disability Services Administration

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

1. TRANSMITTAL NUMBER:  
**11-31**

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  
July 1, 2011

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:

7. FEDERAL BUDGET IMPACT:  
a. FFY 2012 \$1,405,000  
b. FFY 2013 \$1,405,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.19-B pg 31, **32 (P&I)**  
Attachment 3.1-A, page 65 (P&I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Att. 4.19-B pg 31, **32 (P&I)**  
Attachment 3.1-A, page 65 (P&I)

10. SUBJECT OF AMENDMENT:

Licensed Boarding Home Rates

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:

16. RETURN TO:  
Ann Myers  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 45504  
POB 5504  
Olympia, WA 98504-5504

13. TYPED NAME:  
Doug Porter

14. TITLE:  
Director, Health Care Authority

15. DATE SUBMITTED:

*Sept 26, 2011*

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 26, 2011

18. DATE APPROVED: **DEC 16 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**JUL 01 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
*Carol J.C. Peverly*

22. TITLE: Associate Regional Administrator  
Division of Medicaid &  
Children's Health

23. REMARKS:

10/18/2011 - Pen & Ink changes authorized by the State (boxes 8 and 9).  
11/30/2011 - Pen & Ink changes authorized by the State.

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

STATE: WASHINGTON

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 (cont.)

XV. Personal Care Services

State-developed fee schedule rates are the same for both governmental and private providers of the same service. The fee schedule and any annual/periodic adjustments to the fee schedule are published at

[http://www.adsa.dshs.wa.gov/professional/Rates/documents/All\\_HCS\\_Rates.xls](http://www.adsa.dshs.wa.gov/professional/Rates/documents/All_HCS_Rates.xls)

## A. Payment for services

Services are provided by these provider types:

- State-licensed agencies providing personal care services, consisting of licensed home-care agencies. Home health agencies providing personal care services do not require Medicare certification;
- Adult residential care providers who are licensed by Department of Health (DOH) according to DOH Revised Code of Washington (RCW) and Washington Administrative Code (WAC) as follows:
  - Boarding homes – chapter 18.20 RCW and chapter 388-78A WAC. Must be licensed as a boarding home. Care givers must be at least 18 years of age, successfully complete a criminal history background check, complete training requirements outlined in chapter 388-112 WAC and be authorized to work in the United States.
  - Adult family home – chapter 70.128 RCW and chapter 388-76 WAC. Must be licensed as an adult family home. Provider/resident manager must be at least 21 years of age and have a high school diploma or general education development certificate. Care givers must be at least 18 years of age. Provider/resident manager and care givers must successfully complete a criminal history background check, maintain current CPR and first aid certificate, complete training requirements outlined in chapter 388-112 WAC, and be authorized to work in the United States.
- Individual providers of personal care, who:
  - Must be age 18 or older;
  - Are authorized to work in the United States;
  - Are contracted with the Medicaid Agency; and
  - Have passed a Medicaid Agency-specified background check.

Payment for agency-provided services is at an hourly unit rate, and payment for residential-based services is at a daily rate. Each agency will submit monthly billings to the Social Services Payment System (SSPS), administered by the State for personal care services provided in each service area.

No payment is made for services beyond the scope of the program or hours of service exceeding the Medicaid Agency's authorization. Payments to residential providers are for personal care services only, and do not include room and board services that are provided. Payment is made only for the services described in Attachment 3.1-A, section 26.

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

STATE: WASHINGTON

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 (cont.)

## XV. Personal Care Services (cont)

## B. Service Rates

The fee schedule was last updated July 1, 2011, to be effective for dates of service on and after July 1, 2011.

Effective Jan. 1, 2008, the standard hourly rate for individual-provided personal care is based on comparable service units and is determined by the State legislature, based on negotiations between the Governor's Office and the union representing the workers. The rate for personal care services provided by individual providers consists of provider wages and benefits. Benefits include health insurance, training, and industrial insurance.

The rate for personal care services provided by agencies is based on an hourly unit. The agency rate determination corresponds to the rate for individual providers with an additional amount for employer functions performed by the agency.

The rate for personal care provided in boarding homes is based on a per day unit. Each participant is assigned to a classification group based on the State's assessment of their personal care needs. The daily rate varies depending on the individual's classification group. The rates are based on components for provider staff, operations, and capital costs. The rate paid to residential providers does not include room and board.

The rate for personal care provided in an adult family home is based on a per day unit and is determined by the State legislature, based on negotiations between the Governor's Office and the union representing Adult Family Homes.

## 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

25. Personal care services
- a. Eligibility for services.  
Persons must living in their own home, Adult Family Home, family foster home, or licensed boarding home.
- b. Persons must be determined to be categorically needy and have three ADL needs requiring minimal assistance or one ADL need requiring more than minimal assistance. Personal care services means physical or verbal assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) due to functional limitations. ADL assistance means physical or verbal assistance with bathing, turning and repositioning, body care, dressing, eating, mobility, medication assistance, toileting, transfer, personal hygiene, nurse delegated tasks, and self-directed treatment. IADL assistance is incidental to the provision of ADL assistance and includes ordinary housework, laundry, essential shopping, wood supply (if wood is the primary source of heat) and transportation assistance.
- c. Persons receiving personal care from an Individual Provider have employer authority including hiring, firing, scheduling and supervision of providers.
- d. Services are provided by these provider types:
  - State-licensed agencies providing personal care services, consisting of licensed home-care agencies and licensed adult residential care providers who are contracted with the Medicaid Agency. Home health agencies providing personal care services do not require Medicare certification;
  - State-licensed adult residential care providers; and
  - Individual providers of personal care, who:
    - Must be age 18 or older;
    - Are authorized to work in the United States;
    - Are contracted with the Medicaid Agency; and
    - Have passed a Medicaid Agency background check.
- e. For individuals under 21 years of age, 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.