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State/Territory Name: Washington

State Plan Amendment (SPA) #: 13-21

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 2201 6th Avenue, Mailstop RX-43 Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

NOV 0 6 2013

Dorothy Frost Teeter, Director MaryAnne Lindeblad, Medicaid Director Health Care Authority Post Office Box 45502 Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 13-021

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number WA 13-21. This amendment increased all seventeen levels of Medicaid payment rates by \$0.14 for licensed Adult Family Homes serving Medicaid clients. This SPA is approved with the effective date of July 1, 2013.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact James Moreth at (360) 943-0469 or James. Moreth@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly

Associate Regional Administrator

Division of Medicaid and Children's Health Operations

cc:

Ann Myers, SPA Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-21	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, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	сп итепитету
	a. FFY 2013 \$ 168,000	
42 CFR 440.167. Z (P&I)	b. FFY 2014 \$671,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19-B page 32	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
	Att. 4.19-B page 32	
10. SUBJECT OF AMENDMENT:		
Adult Family Homes Rates		
11. 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 SPE	ECIFIED: Exempt
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Ann Myers	
13. TYPED NAME:	Office of Rules and Publications	
MARYANNE LINDEBLAD	Legal and Administrative Services	
14. TITLE:	Health Care Authority	
MEDICAID DIRECTOR	626 8 th Ave SE MS: 42716	
15. DATE SUBMITTED:	Olympia, WA 98504-2716	
9-17-13 FOR PROJUNAL OF	THE HER ONLY	
FOR REGIONAL OF	18. DATE APPROVED:	
17. DATE RECEIVED: 9/17/2013	11/06/2013	
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/01/2013	20. SIGNATURE OF REGIONAL O	FFICIAL:
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regi	onal Administrator d & Children's Health
23. REMARKS:	DIVISION OF WEEKLAN	d & Children's Health
10/15/2013 State authorizes P&I	change to box 6	
10/15/2013 State authorizes P&I	change to box 6	

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, 2013, to be effective for dates of service on and after July 1, 2013.

Effective July 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. The July 1, 2013, increase to the adult family home rate was based upon adjustments to the licensing fee.