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State/Territory Name: Washington

State Plan Amendment (SPA) #: 19-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Seattle Regional Office 701 Fifth Avenue, Suite 1600, MS/RX-200 Seattle, WA 98104



Western Division - Regional Operations Group

September 26, 2019

Susan Birch, Director MaryAnne Lindeblad, Medicaid Director Health Care Authority PO Box 45502 Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 19-0024

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 19-0024. This amendment was submitted to implement a ten percent increase to the hourly and daily rate for Private Duty Nursing authorized by Engrossed Substitute House Bill 1109, which was passed in the 2018-2019 legislative session.

This SPA is approved with an effective date of January 1, 2020.

If there are additional questions, please contact me or your staff may contact James Moreth at James.Moreth@cms.hhs.gov or (206) 615-2043.



Deputy Director

cc:

Ann Myers, SPA Coordinator

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	19-0024	Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1902(a) of the Social Security Act; 42 U.S.C. 1396a	a. FFY 2020 \$ 1,441,179	
A DAGENTH ODER OF STATE AN OF COLONI OD ATTACIDATE.	b. FFY 2021 \$1,708,364	EDED DI AMERICANI
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
Attachment 4 10 D maga 23a	OR ATTACHMENT (If Applicable)	
Attachment 4.19-B page 23a	Attachment 4.19-B page 23a	
	rttaciment 4.15°D page 23a	
10. SUBJECT OF AMENDMENT:		
Private Duty Nursing 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 SPEC	IFIED: Exempt
12. SIGNATURE OF STATE AGENCY OFFICIAL:	ATURE OF STATE AGENCY OFFICIAL: 16. RETURN TO:	
	Ann Myers	
13. TYPED NAME:	Rules and Publications	
MaryAnne Lindeblad	Division of Legal Services	
14. TITLE:	Health Care Authority	
Director	626 8 th Ave SE MS: 42716	
15. DATE SUBMITTED:	Olympia, WA 98504-2716	
9-11-19		
17. DATE RECEIVED: 0/11/10	10 DATE ADDROVED.	
17. DATE RECEIVED: 9/11/19	18. DATE APPROVED: 9/25/19	
PLAN APPROVED – ON	NE COPY ATTACHED	PERMITTER STATE
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/20	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: David L. Meacham	22. TITLE: Deputy Director	Digitally signed by David L. Meacham -S
23. REMARKS:		

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.)

- IX. Other Noninstitutional Services (cont.)
 - I. Private Duty Nursing Services

Private duty nursing services consist of four or more hours of continuous skilled nursing services provided in the home to eligible clients who are 17 years of age or younger with complex medical needs that cannot be managed within the scope of intermittent home health services. The agency will authorize private duty nursing services up to a maximum of 16 hours per day, restricted to the least costly, equally effective amount of care. Nursing rates for services provided in the home setting are flat rates and based on comparable nursing rates.

Rate changes made through the Vendor Rate Increase (VRI) may be made only through the legislative process. Selected rate changes may also be adjusted through a special appropriation directed by the Washington State Legislature. The agency may set rates outside of the legislative process if the agency determines such actions are necessary to maintain access to critical services. The Washington State Legislature approved a 10% rate increase to the hourly rate and the daily rate for skilled nursing services provided in a home setting, effective for services provided on and after January 1, 2020.

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services. The fee schedule is effective for services provided on and after January 1, 2020. See 4.19-B, I, General, #G for the agency's website where the fee schedules are published.

J. Physical therapy, occupational therapy, and services for Individuals with speech, hearing and language disorders

The agency does not pay separately for therapy services that are included as part of payment for other treatments or programs.

The Medicaid Agency pays the lesser of the usual and customary charge or a fee based on a Medicaid Agency fee schedule for these services. Maximum allowable fees are developed using the Resource Based Relative Value Scale (RBRVS) methodology. Rates are established and updated using the RBRVS methodology as adopted in the Medicare Fee Schedule Data Base (MFSDB). In this methodology, under Washington Administrative Code, chapter 182-531, the State uses CMS-established relative value units (RVU) multiplied by the Geographic Practice Cost Indices (GPCI) and the conversion factors, both of which are specific to Washington. Current conversion factors and descriptions are found in Supplement 3 to Attachment 4.19-B.