



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

**MAR 04 2010**

Susan Dreyfus, Secretary  
Department of Social and Health Services  
Post Office Box 45010  
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number #09-028**

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services has completed our review of State Plan Amendment (SPA) Transmittal Number #09-028.

This amendment updates the Fee-For-Service fee schedule effective date from July 1, 2008, to July 1, 2009, for Personal Care Services (PCS). Also included in this update is a four percent PCS rate reduction.

This SPA is approved effective July 1, 2009, as requested by the State.

CMS appreciates 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 at (206) 615-2267 or have your staff contact Mary Jones at (360) 486-0243 or [Mary.Jones2@cms.hhs.gov](mailto:Mary.Jones2@cms.hhs.gov).

Sincerely,

Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Douglas Porter, Assistant Secretary, Health and Recovery Services Administration

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>09-028</b>	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2009	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 2009 \$0 (#1,750,125) (PrL) b. FFY 2010 \$0 (#7,000,500)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19-B page 31	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 4.19-B page 31

10. SUBJECT OF AMENDMENT:  
Personal Care Services Fee Schedule Effective Date

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: <i>Susan N. Dreyfus 9/26/09</i>	16. RETURN TO: Ann Myers Department of Social and Health Services Health and Recovery Services Administration POB 5504 Olympia, WA 98504-5504 (MS: 45504)
13. TYPED NAME: Susan N. Dreyfus	
14. TITLE: Secretary	
15. DATE SUBMITTED: Sept. 29, 2009	

17. DATE RECEIVED: SEP 29 2009	FOR REGIONAL OFFICE USE ONLY	18. DATE APPROVED: MAR 04 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2009	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Barbara K. Richards</i>
21. TYPED NAME: <b>Barbara K. Richards</b>	22. TITLE: Associate Regional Administrator

23. REMARKS: *State authorized per and into change 10/13/09*

Division of Medicaid & Children's Health

## 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 (nursing facilities operated by the State of Washington, Dept. of Veterans' Affairs). The fee schedule and any annual/periodic adjustments to the fee schedule are published at <http://www.adsa.dshs.wa.gov/professional/>

## A. Payment for services

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 Department. 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 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 department, for personal care services provided in each service area.

Payment for an individual provider's services is made directly to the provider via the SSPS. Individual providers of personal care services are under contract to the department.

No payment is made for services beyond the scope of the program or hours of service exceeding the department's authorization. Payments to residential providers are for personal care services only, and do not include room and board services that are provided.

## B. Service Rates

The payment methodology described below will sunset on June 30, 2011.

The fee schedule was last updated July 1, 2009, to be effective for dates of service on and after July 1, 2009.

The standard hourly rate for agency-provided services is based on comparable service units and is determined by the state legislature.

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.