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State/Territory Name: Washington

State Plan Amendment (SPA) #: 15-0037

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



Division of Medicaid & Children's Health Operations

December 8, 2015

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5502

RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0037

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington's State Plan Amendment (SPA) Transmittal Number 15-0037. This amendment removes sunset language that was included in the state's initial 1915(k) Community First Choice SPA (Transmittal Number 15-0002) submission regarding provider trainings and other Home and Community-Based (HCB) settings requirements that the state has completed. This SPA also includes new information on trainings that the state provides to Assisted Living Facility and Adult Family Home providers to comply with federal HCB settings requirements.

This SPA is approved January 1, 2016, as requested by the state.

If there are any questions concerning this approval, please contact me or your staff may contact Kendra Sippel-Theodore at (206) 615-2065 or at kendra.sippel-theodore@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covering the signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041858,
cn=David L. Meacham -S
Date: 2015.12.10 10:24:51 -08'00'

Enclosure

Page 2 – Ms. Teeter and Ms. Lindeblad

cc:

Bill Moss, Department of Social and Health Services

Marilee Fosbre, Department of Social and Health Services

Barbara Hanneman, Department of Social and Health Services

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

1. TRANSMITTAL NUMBER:
15-0037

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
January 1, 2016

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:
CFR § 441.500-590

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$.00
b. FFY 2016 \$.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1 - K, pages 6, 15 - 17

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

Attachment 3.1 - K, pages 6, 15 - 17

10. SUBJECT OF AMENDMENT:

Remove sunset dates for training on Home and Community Based setting requirements for AFH and ALF providers.

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 AGENCY OFFICIAL:

13. TYPED NAME:

MaryAnne Lindeblad

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Ann Myers
Rules and Publications
Division of Legal Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11/10/15

18. DATE APPROVED: 12/08/15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/16

20. SIGNATURE OF REGIONAL OFFICIAL:

Digitally signed by David L. Meacham, DN: cn=David L. Meacham, ou=People, o=9.2342.19200300.100.1.1=2000041858, cn=David L. Meacham, s=

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator
Date: 2015.12.10 10:27:32 -08'00'

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Washington
Community First Choice State Plan Option

Community Transition Services are non-recurring set-up expenses for participants who are transitioning from an institutional setting to a living arrangement in a home-and-community-based setting where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

1. Security deposits that are required to obtain a lease on an apartment or home, including first month's rent;
2. Essential household furnishings required to occupy and use a community domicile, including, but not limited to, furniture, window coverings, food preparation items, and bath/linen supplies;
3. Set-up fees or deposits for utilities and/or service access, including telephone, electricity, heating, water, and garbage;
4. Services necessary for the participant's health and safety such as pest eradication and one-time cleaning prior to occupancy;
5. Moving expenses; and
6. Activities to assess need, arrange for, and procure needed resources.

Community Transition Services may not exceed \$850.00 per occurrence with no limitations on number of transitions in any given time frame. This limit may be exceeded based on medical necessity.

V. Qualifications of Providers of CFC Services

- a. All personal care providers are required to complete Basic training. The number of hours for Basic training varies depending on the current credentials of the provider, the relationship of the provider to the participant, and how many hours the provider works. Unless exempt by state rule, all personal care providers must obtain certification as a Home Care Aide. The Basic training covers basic skills and information needed to provide hands-on personal care, and may also include population-specific training if the provider is trained to meet the needs of a specific population. Once training is complete, unless exempt by state rule, the provider must take and pass a written and a skills examination through the Washington State Department of Health to become certified as a Home Care Aide.
- b. Residential and non-residential settings in this program comply with federal HCB Settings requirements at 42 CFR 441.530 and associated CMS guidance. The State will provide comprehensive initial and ongoing training for all ALF and AFH providers on HCB setting rules and regulations. Additional HCB setting training will be provided periodically to individual ALF and AFH providers when needed.
 - i. **Personal Care, Relief Care, and Nursing Providers:**
 1. *Individual Providers:* Individual providers (IPs) must contract with the Department before being paid to provide personal care services. Prior to contracting, staff must verify that the individual provider:

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Community First Choice State Plan Option

The Department's quality assurance and improvement systems review and monitor the accuracy and consistency of operational and administrative functions through an ongoing process.

The CFC Quality Assurance strategy includes monitoring the following areas:

- i. Level of care determination
- ii. Person-centered planning
- iii. Choice of services, supports, and providers
- iv. Service Plan and delivery
- v. Health and welfare
- vi. Provider qualifications
- vii. Fiscal accountability
- viii. Compliance with HCB settings requirements, compliance with HCB setting requirements including but not limited to community integration.

Discovery

The process of evaluation involves examination of a sample of participant cases through review of data stored in electronic databases, review of case files, and participant surveys.

Findings are recorded using program specific standardized tools. Formal findings are issued in a report identifying trends in policy and rule application and requiring correction or remediation of the finding.

Remediation

The State operates a comprehensive system to ensure that CFC meets the assurances, corrects shortcomings, and pursues opportunities for improvement. The State has established various entities, including supervisors, managers, and quality assurance teams to review how services and supports are provided and ensure corrections are made.

Quality Improvement

To maintain a consistency with proficiency requirements in 1915(c) waivers, a proficiency level of at least 86% is required. Quality improvement strategies are required for areas where this required proficiency level is not achieved. The State analyzes trends in order to prioritize, propose, or implement service system improvements. When the need for a system change has been identified, the State prioritizes quality improvement measures based on health and safety, best practices, legislative requirements, and stakeholder recommendations. Quality improvement strategies may include, but are not limited to, training, resource allocation, studies, policy or rule changes, and funding requests. The quality improvement plan is reviewed and updated on an on-going basis as various methods of evaluation, monitoring, analysis, and actions are completed.

The State also works with participants, families, advocates, and providers to identify opportunities for performance improvement and reports progress to stakeholders, State staff, and providers.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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- b. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.**
- i. Level of care
 - 1. The participant met institutional level of care.
 - ii. Person-Centered Planning
 - 1. A service plan was completed and signed by the participant and responsible parties.
 - 2. Participant Rights and Responsibilities form was signed by the participant and responsible parties.
 - 3. Plans were reviewed and updated at least every 12 months.
 - iii. Independence and Choice
 - 1. Participants were provided with a choice of settings, including institutional and all potential community-based settings.
 - 2. Participants were provided with a choice of CFC services and supports they could choose to access.
 - iv. Service Plan and Delivery
 - 1. Assessed needs have been addressed in the service plan.
 - v. Health and Welfare
 - 1. Critical incident types were reported according to incident reporting policy.
 - 2. Critical incidents were reported in the time frame specified in reporting policy.
 - vi. Provider Qualifications
 - 1. Providers met contract requirements at initial contracting and at contract renewal.
 - vii. Personal Care Providers
 - 1. Personal Care Providers completed all required training.
 - 2. Personal Care Providers completed required continuing education.
 - viii. Fiscal Accountability
 - 1. Services billed did not exceed services and supports authorized in the service plan.
 - 2. Services and supports were authorized at the correct rate.
 - ix. Compliance with HCB setting requirements
 - 1. Participants were provided with information regarding the Federal and State regulations for CFC HCB setting, and were informed of all rights assured to participants with regard to HCB setting requirements.
 - 2. Participants were informed on methods to register complaints, concerns or questions regarding provider implementation of these requirements, as well as provided with the results of any complaint assessments.
 - 3. The state will perform an analysis of investigation and resolution of complaints and licensing investigations regarding HCB nature of settings and community integration activities to assess for systemic issues.
 - 4. The state will evaluate if providers are adhering to all state and federal HCB setting requirements and the CFC person-centered planning process when Negotiated Care Plans or Negotiated Service Agreements and Admissions Agreements are developed.

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5. State licensure and survey process will include state and federal requirements for settings and where appropriate, CFC requirements such as the CFC person-centered planning process in relationship to Negotiated Care Plans or Negotiated Service Agreements and Admissions Agreements.

c. **Describe how the State's quality assurance system will measure participant outcomes associated with the receipt of community-based attendant services and supports.**

In addition to the other components of the State's quality assurance system previously described in the application, the State will survey participants both by telephone and by mail to achieve a statistically significant sample of participant responses in order to determine satisfaction and outcomes associated with the receipt of CFC services and supports.

The participant experience survey is designed to measure satisfaction with services and supports as well as the achievement of desired service outcomes. Questions focus on health and welfare, service delivery, service outcomes, and person-centered planning and HCB settings nature of services. A positive response rate of at least 86% is expected.

d. **Describe the system(s) for mandatory reporting, investigation and resolution of allegations of neglect, abuse, and exploitation in connection with the provision of CFC services and supports.**

All participants receiving CFC services and supports have access to all of the protections in the State's abuse, neglect, and exploitation system including mandated reporting and investigation and resolution of allegations of neglect, abuse, and exploitation.

Participants receive information from their Case Manager and on a rights and responsibilities document at the time of their assessment, which informs them of their right to be free of abuse and who to call should abuse, neglect, or exploitation occur. The State has established a toll-free statewide number that may be used to report abuse or neglect of any adult or child residing in the State.

Reports of abuse, neglect, abandonment, financial exploitation, and self-neglect of a vulnerable adult are received by one of two entities - Adult Protective Services (APS) or the Complaint Resolution Unit (CRU). Each entity receives reports by phone, fax, letter, email or in-person.

1. The primary function of Adult Protective Services (APS) is to receive and investigate allegations of abuse, neglect, abandonment, financial exploitation, and self-neglect of vulnerable adults in any setting. Reports to law enforcement are made as required under state statute.