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State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0006

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

May 15, 2017

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0006

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the State Plan Amendment (SPA), Transmittal Number 17-0006. This SPA clarifies that the Department of Health (DOH) is the state agency that contracts with CMS to conduct surveys for non-long-term care health institutions and make recommendations for participation in the Medicare program. The SPA also clarifies that the Department of Social and Health Services (DSHS) is responsible for surveying and licensing nursing facilities and long-term care health institutions and determining if requirements for participation in the Medicaid program are met, as well as surveying and certifying Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

This SPA is approved effective April 1, 2017. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan. If there are any questions concerning this approval, please contact me or your staff may contact Kendra Sippel-Theodore at kendra.sippel-theodore@cms.hhs.gov or at 206-615-2065.

Sincerely,

Digitally signed by David L. Meacham


David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Ann Myers, HCA
Shannon Walker, DOH

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

1. TRANSMITTAL NUMBER:
17-0006

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
~~February 16, 2017 (P&I)~~
April 1, 2017 (P&I)

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:
Section 1905(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$0
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Numbered Pages 42, 43, 79u
Attachment 4.11-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Numbered Pages 42, 43, 79u
Attachment 4.11-A

10. SUBJECT OF AMENDMENT

Department of Health and Department of Social and Health Surveys

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 STAT OFFICIAL:

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

4-3-17

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
4/3/17

18. DATE APPROVED:
5/15/17

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
4/1/17

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
David L. Meacham

22. TITLE:
Associate Regional Administrator

23. REMARKS:

5/9/17: State authorized P&I change to block 4

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

4.11 Relations with Standard-Setting and Survey Agencies

- (a) The State agencies utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients as contracted by the Centers for Medicare and Medicaid Services (CMS). These agencies are: the Department of Social and Health Services and the Department of Health.
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services are: the Legislature, State Board of Health, State Fire Marshall, the Department of Social and Health Services, and the Department of Health.
- (c) Attachment 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Center for Medicare and Medicaid Services on request.

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

4.11 Relations with Standard-setting and Survey Agencies – continued

- (d) The Department of Social and Health Services is the state agency responsible for licensing and surveying long-term care health institutions and determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e)(f) and (g) are met.
- (e) The Department of Social and Health Services is the state agency responsible for surveying and certifying ICF/IID facilities. The requirements in 42 CFR 483.400 through 483.480 and 42 CFR 440.150 are met.
- (f) The Department of Health is the contracted survey agency for the Centers for Medicare and Medicaid (CMS) to survey non- long- term care health institutions and to make recommendations to CMS that a facility meets the federal Medicare requirements according to the State Operations Manual and the Mission and Priority document (published yearly) for participation in the Medicare program. The requirements in 42 CFR part 431.610 (e) and (f) are met.

Revision: HCFA-PM-92-3 (HSQB)
April 1992

OPMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation	4.40	Survey and Certification Process
Sections 1919 (g)(1) through (2) and 1919(g)(4) through (5) of the Act P.L. 100-203 (Sec. 4212(a)).	(a)	The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of section 1919(b), (c), and (d) of the Act, are met.
1919(g)(1) (B) of the Act	(b)	The State conducts periodic evaluation programs for staff and residents (and their representatives). ATTACHMENT 4.40-A describes the survey and certification educational Program.
1919(g)(1) (C) of the Act	(c)	The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. ATTACHMENT 4.40-B describes the State's process.
1919(g)(1) (C) of the Act	(d)	The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?
		Department of Social and Health Services
1919(g)(1) (C) of the Act	(e)	The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.
1919(g)(1) (C) of the Act	(f)	The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

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