May 19, 2021

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 21-0005

Dear Ms. Birch and Ms. Lindeblad:

We have reviewed the proposed Washington state plan amendment (SPA) to attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 09, 2021. This plan amendment updated the effective date of the reimbursement rates for individual providers and agency providers.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 (HCFA-179) and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst James Moreth at James.Moreth@cms.hhs.gov or (206) 615-2043.

Sincerely,

Todd McMillion

Todd McMillion
Director

Enclosures
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 21-0005

2. STATE Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE January 1, 2021

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:
   1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
   a. FFY 2021 $22,311,185

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Attachment 4.19-B page 32

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Attachment 4.19-B page 32

10. SUBJECT OF AMENDMENT:
    Individual Provider-Agency Provider 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 SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:
    MaryAnne Lindeblad

13. TYPED NAME:
    MaryAnne Lindeblad

14. TITLE:
    Medicaid Director

15. DATE SUBMITTED:
    03/09/2021

FOR REGIONAL OFFICE USE ONLY

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

17. DATE RECEIVED:
    March 9, 2021

18. DATE APPROVED:
    May 19, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
    January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:
    Todd McMillion
    Director, Division of Reimbursement Review

21. TYPED NAME:
    Todd McMillion

22. TITLE:
    Director, Division of Reimbursement Review

23. REMARKS:
XV. Personal Care Services (cont)

B. Service Rates
The fee schedule was set as of January 1, 2021, to be effective for dates of service on and after January 1, 2021.

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. The rate for personal care services provided by individual providers consists of wages, industrial insurance, paid time off, mileage reimbursement, comprehensive medical, training, seniority pay, training based differentials, and other such benefits needed to ensure a stable, high performing workforce. The agreed-upon negotiated rates schedule is used for all bargaining members.

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 assisted living facilities 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.