



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Management Services Division  
PO Box 45600, Olympia, WA 98504-5600**

**Notice Concerning the Safety Net Assessment**

March 8, 2019

Dear Nursing Home Administrator,

The Department of Social and Health Services hereby requests all licensed nursing facility providers to complete the Safety Net Assessment CCRC-Like Form by May 15<sup>th</sup>, 2019. The Safety Net Assessment (SNA) is imposed on licensed nursing facilities under Ch. 74.48 RCW.

PURPOSE

Determine if the skilled nursing facility is exempt from paying the Safety Net Assessment by qualifying as residing in a CCRC Like situation as defined by RCW 74.48.010 (2):

**“Definitions”**

(2) "Continuing care retirement community" means a facility that provides a continuum of services by one operational entity or related organization providing independent living services, or \*boarding home or assisted living services under chapter 18.20 RCW, and skilled nursing services under chapter 18.51 RCW in a single contiguous campus. The number of licensed nursing home beds must be sixty percent or less of the total number of beds available in the entire continuing care retirement community. For purposes of this subsection "contiguous" means land adjoining or touching other property held by the same or related organization including land divided by a public road.”

Please note that Safety Net Assessment exemption status per RCW 74.46 is revaluated once a year for the July 1 Medicaid payment rates to nursing facilities. This Safety Net Assessment CCRC-Like Form will be mailed to providers March 30<sup>th</sup> of each year and used for the Safety Net Assessment CCRC-Like exemption status per RCW 74.46.

## DIRECTIONS

1. The Safety Net Assessment CCRC-Like Form and instructions are available at:  
<https://www.dshs.wa.gov/altsa/management-services-division/safety-net-assessment-sna>.
2. The Safety Net Assessment CCRC-Like Form must be completed with bed counts as of 4/30/2019 and received by the department by May 15, 2019.
3. The form shall be emailed with the email subject line stating 2019 SNA CCRC Like Form and the skilled nursing facility name and DSHS vendor number to  
[SNAssessment@dshs.wa.gov](mailto:SNAssessment@dshs.wa.gov) .

If you have any questions, please contact me at [tiffany.hills@dshs.wa.gov](mailto:tiffany.hills@dshs.wa.gov) or 360.725.2472.

Sincerely,



Tiffany Hills, Manager  
Nursing Facility Rates Program  
Office of Rates Management