Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:

*Performance measures were modified.
*unduplicated participant count has been reduced to align with actual 372 data
*appendix J expenditures have been modified to more closely align with actual data.

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State** of **Washington** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. Program Title (*optional - this title will be used to locate this waiver in the finder*):

New Freedom

C. Type of Request: renewal

Requested Approval Period:*(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

Original Base Waiver Number: WA.0443
Draft ID: WA.015.03.00

D. Type of Waiver *(select only one):*

Regular Waiver

E. Proposed Effective Date: (mm/dd/yy)

01/01/20

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid state plan (*check each that applies*):

☐ **Hospital**

Select applicable level of care

○ **Hospital as defined in 42 CFR §440.10**

If applicable, specify whether the state additionally limits the waiver to subcategories of the hospital level of care:

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160**

☒ **Nursing Facility**

Select applicable level of care

◉ **Nursing Facility as defined in 42 CFR ??440.40 and 42 CFR ??440.155**

If applicable, specify whether the state additionally limits the waiver to subcategories of the nursing facility level of care:

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

☐ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**

If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

◉ **Not applicable**

○ **Applicable**

Check the applicable authority or authorities:

☐ **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**

☐ **Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates *(check each that applies):*

☐ **§1915(b)(1) (mandated enrollment to managed care)**

☐ **§1915(b)(2) (central broker)**

☐ **§1915(b)(3) (employ cost savings to furnish additional services)**

☐ **§1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under §1932(a) of the Act.**

Specify the nature of the state plan benefit and indicate whether the state plan amendment has been submitted or previously approved:

☐ **A program authorized under §1915(i) of the Act.**

☐ **A program authorized under §1915(j) of the Act.**

☐ **A program authorized under §1115 of the Act.**

Specify the program:

H. Dual Eligiblity for Medicaid and Medicare.

Check if applicable:

☒ **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

As an important element of the State's commitment to provide community alternatives to institutional care, New Freedom provides participant directed services to adults who are eligible for nursing facility level of care. The New Freedom waiver offers participants the opportunity for full participant direction. Participants select the services they need, when those services are provided, who will provide the services, and how they will be delivered. Participants have flexibility to plan and purchase goods and services specific to their unique needs and preferences within the participant's budget and waiver rules.

The waiver is administered by the State Department of Social and Health Services (DSHS) through the Aging and Long-Term Support Administration (ALTSA). The State determines initial financial and functional eligibility for services at local Home and Community Services offices. Ongoing case management is provided by local Area Agencies on Aging (AAA).

The state uses the automated comprehensive assessment tool, CARE, to gather information about the participant's strengths, functional abilities, preferences and limitations. When the assessment has been completed, this information is used to compute an individualized monthly budget based on the assessed needs of the waiver participant and valued at the hourly rate for in-home personal care.

New Freedom participants receive assistance from AAA case managers, also known as a Care Consultant for the New Freedom program, to prepare a Participant Centered Spending Plan (PCSP) for the budget allowance which can include a range of choices beyond one on one personal care. Care Consultants facilitate planning at the direction of the participant and/or the participant's representative.

Financial Management Services (FMS) are provided to manage the budget allowance and associated responsibilities such as payroll and withholding. FMS contracts with qualified providers to deliver the services identified in the PCSP. The FMS also ensures that expenditures are in keeping with the participant's service plan. Financial Management Services are provided through a contract between the FMS entity and the Aging and Long-Term Support Administration.

The New Freedom waiver is currently available to individuals residing in King and Pierce Counties.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

A. Waiver Administration and Operation. Appendix A specifies the administrative and operational structure of this waiver.

B. Participant Access and Eligibility. Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the state expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. Participant Services. Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. Participant-Centered Service Planning and Delivery. Appendix D specifies the procedures and methods that the state uses to develop, implement and monitor the participant-centered service plan (of care).

E. Participant-Direction of Services. When the state provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- ◉ **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ○ **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. Participant Rights. Appendix F specifies how the state informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. Participant Safeguards. Appendix G describes the safeguards that the state has established to assure the health and welfare of waiver participants in specified areas.

H. Quality Improvement Strategy. Appendix H contains the Quality Improvement Strategy for this waiver.

I. Financial Accountability. Appendix I describes the methods by which the state makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. Cost-Neutrality Demonstration. Appendix J contains the state's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. Comparability. The state requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid state plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. Income and Resources for the Medically Needy. Indicate whether the state requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- ◉ **Not Applicable**
- ○ **No**
- ○ **Yes**

C. Statewideness. Indicate whether the state requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

- ○ **No**
- ◉ **Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

☒ **Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the state.
Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

Available only in King County and Pierce County

☐ **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the state. Participants who reside in these areas may elect to direct their services as provided by the state or receive comparable services through the service delivery methods that are in effect elsewhere in the state.
Specify the areas of the state affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the state provides the following assurances to CMS:

A. Health & Welfare: The state assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;

2. Assurance that the standards of any state licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The state assures that these

requirements are met on the date that the services are furnished; and,

3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable state standards for board and care facilities as specified in **Appendix C**.

B. Financial Accountability. The state assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. Evaluation of Need: The state assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The state assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,

2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the state employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. Average Per Capita Expenditures: The state assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid state plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. Actual Total Expenditures: The state assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the state's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. Institutionalization Absent Waiver: The state assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. Reporting: The state assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid state plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. Habilitation Services. The state assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. Services for Individuals with Chronic Mental Illness. The state assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the state has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the state has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. Service Plan. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the

service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including state plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. Inpatients. In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

C. Room and Board. In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the state that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. Access to Services. The state does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. Free Choice of Provider. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the state has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. FFP Limitation. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. Fair Hearing: The state provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the state's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. Quality Improvement. The state operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the state assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The state further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the state will implement the Quality Improvement Strategy specified in **Appendix H**.

I. Public Input. Describe how the state secures public input into the development of the waiver:

Tribal notice regarding the waiver renewal was sent 4/1/2019.

Public notice of the waiver amendment was published in the State Register on 4/11/2019 (WR 19-09-036) Notice of draft amendment and review period was posted on ALTSA's internet site on 4/30/2019. Additionally, ALTSA Management Bulletin H19-018 was published on 4/19/2019 requiring all field offices to post the New Freedom Waiver renewal flyer announcing public review and comment period. All of the notices invited the public to review and comment the waiver renewal application from 8:00am 5/1/2019 through 5:00pm 6/1/2019.

No public comments or questions were received based upon any of these actions. Therefore no related modifications were made to the amendment.

The Operating Agency meets regularly with the following to share information and obtain input on program design: and quality of care:
- The Washington Association of Area Agencies on Aging
- Statewide Joint Requirements Planner (JRP) meetings which includes case management trainers and supervisors, fair hearing coordinators, and ALTSA/DDA HQ program management staff
- Indian Policy Advisory Committee
- Washington Health Care Association
- The Service Experience Team

The State maintains a government to government relationship with the federally recognized Tribes in the state. This includes written accords, a formal process for consultation and process for informal input.

J. Notice to Tribal Governments. The state assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. Limited English Proficient Persons. The state assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the state assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Moss

First Name: Bill

Title: Assistant Secretary

Agency: Aging and Long-Term Support Administration

Address: PO Box 45600

Address 2:

City:

Olympia

State: **Washington**

Zip: 98504-5600

Phone: (360) 725-2311 **Ext:** ☐ **TTY**

Fax: (360) 407-7582

E-mail: bill.moss@dshs.wa.gov

B. If applicable, the state operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Tong

First Name: Jamie

Title: HCBS Waiver Program Manager

Agency: Aging and Long-Term Support Administration

Address: PO Box 45600

Address 2:

City: Olympia

State: **Washington**

Zip: 98504-5600

Phone: (360) 725-3293 **Ext:** ☐ **TTY**

Fax: (360) 438-8633

E-mail: Jamie.tong@dshs.wa.gov

8. Authorizing Signature

This document, together with Appendices A through J, constitutes the state's request for a waiver under §1915(c) of the Social Security Act. The state assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are ***readily*** available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.

Upon approval by CMS, the waiver application serves as the state's authority to provide home and community-based waiver services to the specified target groups. The state attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

Signature:

State Medicaid Director or Designee

Submission Date:

Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

Last Name: Moss

First Name: Bill

Title: Assistant Secretary

Agency: Aging and Long-Term Support Administration

Address: PO Box 45600

Address 2:

City: Olympia

State: **Washington**

Zip: 98504-5600

Phone: (360) 725-2311 **Ext:** ☐ **TTY**

Fax: (360) 407-0304

E-mail: Bill.Moss@dshs.wa.gov

Attachments

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- ☐ **Replacing an approved waiver with this waiver.**
- ☐ **Combining waivers.**
- ☐ **Splitting one waiver into two waivers.**
- ☐ **Eliminating a service.**
- ☐ **Adding or decreasing an individual cost limit pertaining to eligibility.**
- ☐ **Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**
- ☒ **Reducing the unduplicated count of participants (Factor C).**
- ☐ **Adding new, or decreasing, a limitation on the number of participants served at any point in time.**

☐ **Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**

☐ **Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

The unduplicated count has always been higher than the actual participant count per the 372 reports. The renewal application will adjust numbers to accurately align with real data. This will not have a negative impact on participants, and a transition plan is not needed.

Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.

To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.

Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.

Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

The State of Washington assures that the settings included with this waiver renewal are subject to all provisions and requirements included in the State of Washington's approved Statewide Transition Plan. The approved Statewide Transition Plan can be found at https://www.dshs.wa.gov/altsa/stakeholders/home-and-community-based-services-rules

The following information is included in Washington's Statewide Transition Plan:

In a Participant owned or rented home or apartment -
Basis for the state's assessment:
Chapters 388-71 WAC, 388-106, and Chapters 74.34, 74.39A RCW contain the administrative rules and laws for this setting.

Case Managers review with the client the client rights and responsibilities form which discusses the client's rights to be treated with dignity, respect, and without discrimination; the right to have information kept private; the right to not be abused, neglected, financially exploited, or abandoned; the right to make choices about services; the right to not be forced to answer questions or do something the client does not want to do (DSHS 16-172).

Waiver participants access services in their homes and in typical public community settings.

The State has completed a review of state laws and regulations regarding the in-home setting. All rules and regulations regarding this setting are consistent with federal HCBS setting regulations.

On-going monitoring
Case Managers (CMs) complete face-to-face assessments annually and when there is a significant change in the client's condition. Clients who require targeted case management receive more frequent contacts.

CMs ensure that client rights are protected and make referrals to Adult Protective Services (APS) as required.

Adult Day Services -
Basis for the state's assessment:
Adult day service programs provide opportunities for community integration. The settings are integrated into the greater community and do not preclude access to the community.

WAC 388-71-0742(1) Center policies must define …participant rights and responsibilities… (3) A participant bill of rights describing the client's rights and responsibilities must be developed, posted, distributed to and explained to participants, families, staff and volunteers.

WAC 388-71-0768(1) and (5) (a) The facility must have sufficient space….The program must provide and maintain essential space necessary to provide services and to protect the privacy of the participants receiving services. In addition to space for program activities, the facility must have a rest area and designated areas to permit privacy.

WAC 388-71-0718(4)(c). Also, in the revised WAC, the Department enhanced the participant's right to participate per their preferences (new WAC 388-71-0702(L)).

The rule mandates a negotiated service agreement that is client directed, and that clients must be offered alternatives when they do not want to participate.

WAC 388-71-0766(1)(4)(5)(6)(7) regarding facility location and facility hardware, and WAC 38871-0768 regarding physical environment requirements.

WAC 388-71-0766 (3) requires that the site have a ramp if there are stairs at the site.

On-going monitoring
The Area Agency on Aging monitors the adult day center at least annually to ensure compliance with HCBS requirements.

Monitoring of client choice of all service setting options is conducted during the annual Quality Assurance monitoring cycle.

Community Healthcare Providers and Dental Providers -
Basis for the state's assessment:
Washington State Law provides clear protections of rights. Chapter 49.60 of the Revised Code of Washington (RCW) is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and

rules to eliminate and prevent discrimination. Chapter 162-26 in Washington Administrative Code (WAC) identifies unfair practices to include reasonable accommodations, accessibility and service animals.

On-going monitoring
Monitoring is conducted during the annual Quality Assurance monitoring cycle.

Department of Health provides oversight of healthcare provider credentials.

At the time of initial contracting and at contract renewal, the FMS ensures that the provider meets all provider qualifications including business licenses and any other credentials related to the provision of contracted services.

Healthcare professions are regulated by the Department of Health (DOH). Complaints are investigated by DOH. All Healthcare providers are subject to the Uniform Disciplinary Act (RCW 18.130.160)

Vehicle Modification Providers -
Basis for the state's assessment:
Washington State Law provides clear protections of rights. Chapter 49.60 of the Revised Code of Washington (RCW) is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 in Washington Administrative Code (WAC) identifies unfair practices to include reasonable accommodations, accessibility and service animals.

On-going monitoring
Automotive Repair Providers are governed by Chapter 46.71 RCW. Complaints regarding auto repairs can be submitted to the Washington Attorney General's Consumer Protection Division. These providers are also required to have a business license from the Washington State Dept. of Revenue.

Veterinarians for Service Animals -
Basis for the state's assessment:
Washington State Law provides clear protections of rights. Chapter 49.60 of the Revised Code of Washington (RCW) is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 in Washington Administrative Code (WAC) identifies unfair practices to include reasonable accommodations, accessibility and service animals.

On-going monitoring
Monitoring is conducted during the annual Quality Assurance monitoring cycle.

Veterinarians are regulated by the Department of Health (DOH) per Chapter RCW 18.92 and Chapter 246937 WAC. Complaints are investigated by DOH.

Transportation Providers -
Basis for the state's assessment:
Washington State Law provides clear protections of rights. Chapter 49.60 of the Revised Code of Washington (RCW) is the state's law against discrimination and which created the Washington State Human Rights Commission to develop policies and rules to eliminate and prevent discrimination. Chapter 162-26 in Washington Administrative Code (WAC) identifies unfair practices to include reasonable accommodations, accessibility and service animals.

On-going monitoring
Monitoring is conducted during the annual Quality Assurance monitoring cycle.

At the time of initial contracting and at contract renewal, the FMS ensures that the provider meets all provider qualifications including business licenses and any other credentials related to the provision of contracted services.

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

N/A