DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 29, 2023

Susan Birch, Director Dr. Charissa Fotinos, Medicaid Director Health Care Authority PO Box 45502 Olympia, WA 98504-5010

RE: Approval of Washington's Residential Support Waiver renewal (WA.1086.R02.00)

Dear Director Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) has approved Washington's §1915(c) Home and Community-Based Services (HCBS) Residential Support Waiver renewal, CMS Transmittal Number (TN) WA.1086.R02.00. Please use this number in future correspondence relevant to the waiver. The wavier serves individuals aged and disabled individuals needing a nursing facility level of care. The purpose of the waiver is to provide residential supports and other services needed by participants to successfully live in the community.

The renewal request includes the following major changes:

- Revises and updates several performance measures;
- Adds a new provider type for Client Support Training and Wellness Education;
- Removes reserve capacity;
- Increases waiver capacity
- Addis Institutes for Mental Disease (IMD) and Inpatient Behavioral Health Agencies to eligible locations ALTSA will pay for retainer payments; and
- Adds Alternative Living Facilities (ALF) as a provider type for the Community Stability Supports (CSS) service.

The waiver renewal was submitted on July 6, 2023, and is approved with the effective date of January 1, 2024.

The waiver is cost-neutral. The following estimates of unduplicated recipients and the average per capita costs of waiver services have been approved:

Waiver Year	Unduplicated Recipients (Factor C)	Community Costs (Factor D+D')	Institutional Costs (Factor G+G')	Total Waiver Costs (Factor C x Factor D)
1	4,357	\$71,393.84	\$140,828.77	\$ 236,664,615.25

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2	4,880	\$76,044.19	\$161,991.74	\$ 277,767,306.40
3	5,465	\$81,287.52	\$200,547.18	\$ 327,178,073.50
4	6,121	\$87,171.89	\$239,571.99	\$ 386,736,471.11
5	6,856	\$93,789.30	\$286,358.38	\$458,807,085.12

The approval is subject to the agreement to serve no more individuals than those indicated in the waiver. If the state wishes to serve more individuals or make any other alterations to this waiver, the state must submit an amendment for approval.

It is important to note that CMS' approval of this waiver solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at <a href="http://www.ada.gov/olmstead/q&a\_olmstead.htm">http://www.ada.gov/olmstead/q&a\_olmstead.htm</a>.

We appreciate the cooperation and effort provided by you and your staff during the approval process. If there are any questions concerning this approval, please contact me at (410) 786-7561. You may also contact Nick Sukachevin at Nickom.Sukachevin@cms.hhs.gov or at (206) 615-2416.

Sincerely,

George P. Failla, Jr., Director Division of HCBS Operations and Oversight

cc: Bea Rector, ALTSA Jamie Tong, ALTSA Debbie Johnson, ALTSA Annie Moua, ALTSA