

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 24, 2024

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

RE: Approval of Washington's New Freedom Waiver renewal (WA.0443.R04.00)

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) New Freedom Waiver renewal, CMS Transmittal Number (TN) WA.0443.R04.00. Please use this number in future correspondence relevant to the waiver. The waiver serves individuals aged and disabled individuals needing a nursing facility level of care and provides participant directed services and community alternatives to institutional care.

For this HCBS waiver, you have requested a waiver of 1902(a)(10)(B) of the Social Security Act to waive comparability of services and a waiver of state-wideness at 1902(a)(1) of the Act, in order to offer services to eligible individuals in King, Pierce, Spokane, Whitman, Stevens, Ferry, and Pend Oreille Counties. The waiver has been approved for a five-year period with an effective date of January 1, 2025.

This waiver will offer the following supports for waiver participants:

- Personal Assistance Services (PAS)
- Environmental and Vehicle Modifications
- Individual Directed Goods, Services and Supports
- Training and Educational Supports
- Treatment and Health Maintenance

The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

Waiver Year	C Factor Estimates	D Factor Estimates	D' Factor Estimates	G Factor Estimates	G' Factor Estimates
1	675	\$29,591.29	\$14,728.85	\$46,830.29	\$10,605.98
2	675	\$30,806.93	\$17,232.75	\$52,918.23	\$12,302.93

3	675	\$32,131.50	\$20,162.32	\$59,797.60	\$14,271.40
4	675	\$33,485.24	\$23,589.92	\$67,571.28	\$16,554.83
5	675	\$35,045.18	\$27,600.20	\$76,355.55	\$19,203.60

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 http://www.ada.gov/olmstead/q&a_olmstead.htm.

In accordance with 42 CFR 423.910, states submit Medicare Modernization Act (MMA) files to CMS to, among other things, ensure that dually eligible individuals have the correct cost sharing amounts for the Medicare Part D prescription drug coverage. Participants in 1915(c) waivers qualify for \$0 copays for Medicare Part D drugs. To ensure cost sharing is accurate, it is imperative that the state apply the "H" indicator on MMA file submissions for all Medicare-eligible participants in this waiver. This indicator is what initiates \$0 copays for Medicare Part D drugs. More information is in chapter 6 of the MAPD State User Guide.

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, AL TSA
Jamie Tong, AL TSA
Maren Turner, AL TSA
Annie Moua, AL TSA