



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600 Olympia, WA 98504-5600

May 23, 2025

HCLA: NH #2025-019
CASE MIX INDEX DETAIL (CMID) REPORT AUTHORIZATION FORM

Dear Provider/Administrator:

WA State nursing home (NH) payment rates are determined, in part, using calculations derived from individualized nursing assessments submitted for each resident, at least every calendar quarter.

Assessment data is compiled to create preliminary CMID reports which are distributed to each facility via secure email. To ensure correct rate calculation, facilities must consistently review preliminary report data for accuracy, prior to the semi-annual publication of finalized CMID reports. [CMID Report schedule for 2025.](#)

To avoid delays caused by staff turnover, each facility must identify a single, dedicated email address for receipt of CMID reports. The email address must:

- Be accessed by authorized personnel via systemic permissions set by the facility; and
- Not be assigned to a specific staff member.

The health information contained within CMID reports is “detailed by client” and therefore requires the highest level of secure and confidential handling. The dedicated email address must meet SNF internal technology security standards. Each SNF must manage security, passwords, and access permissions for this mailbox.

Each facility must complete and submit one [Case Mix Index Detail \(CMID\) Report Authorization](#) (DSHS 02-760) form to communicate their new, dedicated email address to MDSHelpDesk@dshs.wa.gov. Separate forms are required for each branch’s location of corporate systems.

Please ensure the CMID Report Authorization form:

- Is typed, not handwritten; and
- Contains the facility’s WA State license number; and
- Contains two authorized signatures.

Forms that don’t meet the above requirements may be returned for correction.

Facilities that currently use a dedicated email address that conforms to the above standards are not required to submit an authorization form, unless or until the current email address changes.

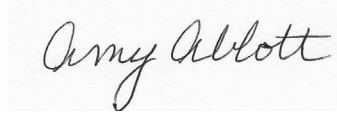
Dear NH Administrator: CMID Report Authorization Form

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Questions about this process should be directed via email to MDSHelpDesk@dshs.wa.gov.

Sincerely,

A handwritten signature in black ink that reads "Amy Abbott". The signature is written in a cursive style and is positioned above the printed name and title.

Amy Abbott, Director
Residential Care Services

DSHS: *"Partnering with People"*

Additional Resources:

- [WAC 388-96-766](#) – Notification,
- [Chapter 70.02 RCW](#) – Medical Records – Health Care Information and Disclosure,
- [Summary of the HIPAA Privacy Rule | HHS.gov](#),
- [Microsoft Word - MO02PBf_pdf.rtf](#)