

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 20-0025**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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**

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January 19, 2021

Susan Birch, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-20-0025. This SPA was submitted in order to align with Center for Medicare and Medicaid Services (CMS) revisions to include physician assistants, nurse practitioners, and clinical nurse specialists as individuals who can certify the need for home health services and order services.

This SPA is approved effective October 1, 2020. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If you have any questions, please contact Nikki Lemmon at 303-844-2641 or via email at [nicole.lemmon@cms.hhs.gov](mailto:nicole.lemmon@cms.hhs.gov).

Sincerely,

Digitally signed by James G.  
-S  
2021.01.19 09:32:29  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosure

cc:  
Ann Myers, HCA  
Erin Mayo, HCA



**Medicaid and CHIP Operations Group**

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January 19, 2021

Susan Birch, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

**Re: CMS Companion Letter – TN 20-0025**

Dear Ms. Birch and Ms. Lindeblad:

This letter is being sent as a companion to our approval of Washington’s state plan amendment Transmittal Number (TN) 20-0025 submitted October 28, 2020, to expand the type of practitioners who can order home health services. During our review of TN 20-0025, we identified the below same page review concern that needs to be addressed.

*Prosthetic Devices*

Section 1905(a)(12) of the Social Security Act (the Act) and the Code of Federal Regulations (CFR) at 42 CFR 440.120 provide that “Prosthetic devices” means replacement, corrective, or supportive devices prescribed by a [physician](#) or other licensed practitioner of the healing arts within the scope of his practice as defined by [State](#) law to (1) Artificially replace a missing portion of the body; (2) Prevent or correct physical deformity or malfunction; or (3) Support a weak or deformed portion of the body.

In its state plan, Washington indicates that it provides prosthetic devices “with limitations” (Page 5, Item 12c); however it does not describe the limitations in the Prosthetic Devices section of the state plan.

Washington has stated that it interprets the definition of home health care supplies, equipment and appliances under 42 CFR 440.70 to include prosthetic and orthotic devices. However, in light of this, the state requires additional time to determine whether the optional prosthetic devices benefit should be eliminated or modified to include appropriate limitations under its state plan.

The state has 90 days from the date of this letter to address the issues described above. During this time period, the state must either submit a SPA with the additional information or a corrective action plan describing in detail how the state will resolve the issue in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90-day compliance period, CMS will be available to provide technical assistance if needed.

If you have any questions, please have a member of your staff contact Nikki Lemmon at [nicole.lemmon@cms.hhs.gov](mailto:nicole.lemmon@cms.hhs.gov)

Sincerely,



Digitally signed by James G.  
Scott -S  
Date: 2021.01.19 09:35:52  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosure

cc:  
Ann Myers, HCA  
Erin Mayo, HCA

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**20-0025**

2. STATE  
Washington

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1902 of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2021 \$0  
b. FFY 2022 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1-A pages 22, 23, 24  
3.1-B pages 23, 24, 25  
4.19-B page 19

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

3.1-A pages 22, 23, 24  
3.1-B pages 23, 24, 25  
4.19-B page 19

10. SUBJECT OF AMENDMENT:  
Home Health Services

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED: Exempt  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNING OFFICIAL:

[Redacted Signature]

16. RETURN TO:

Ann Myers  
Rules and Publications  
Division of Legal Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716

13. TYPED NAME:

MaryAnne Lindeblad

14. TITLE:

Director

15. DATE SUBMITTED:

10/28/2020

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 10/28/20

18. DATE APPROVED:  
January 19, 2021

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/20

20. SIGNING OFFICIAL:  
[Redacted Signature]  
Digitally signed by James G. Scott -S  
Date: 2021.01.19 09:33:19 -06'00'

21. TYPED NAME:  
James G. Scott

22. TITLE:  
Director, Division of Program Operations

23. REMARKS:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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## 7. Home health care services

## a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

- 1) Applies to home health agency and to services provided by a registered nurse when no home health agency exists in the area.
- 2) Approval required when period of service exceeds limits established by the department.
- 3) Nursing care services are limited to:
  - (a) Services that are medically necessary;
  - (b) Services that can be safely provided in the home setting;
  - (c) Two visits per day (except for the services listed below);
  - (d) Three high risk obstetrical visits per pregnancy; and
  - (e) Infant home phototherapy that was not initiated in the hospital setting.
- 4) Services must be ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) as part of a written plan of care.
- 5) Exceptions are made on a case-by-case basis.

## b. Home health care services provided by a home health agency

Home health aide services must be:

- 1) Intermittent or part time;
- 2) Ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) on a plan of care established by the nurse or therapist;
- 3) Provided by a Medicare-certified home health agency;
- 4) Limited to one medically necessary visit per day; and
- 5) Supervised by the nurse or therapist biweekly in the client's home.
- 6) Exceptions are made on a case-by-case basis.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

## 7. Home health care services (cont.)

## c. Medical supplies, equipment and appliances in accordance with 42 CFR 440.70.

Medical supplies, equipment, and appliances must be:

- Medically necessary;
- In the client's plan of care; and
- Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to medical equipment supplies, appliances, and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- Medical supplies, equipment, and appliances that have set limitations, require prior approval (PA) to exceed those limitations.

Home infusion-parenteral nutrition equipment and supplies are provided when medically necessary.

The Medical Nutrition Program provides medically necessary nutrition and related equipment and supplies, when the client is unable to meet daily nutritional requirements using traditional foods alone, due to injury or illness.

Limitations described below do not apply to the Medical Nutrition Program for clients under age 21 under EPSDT. All other exceptions to these limitations require prior authorization on a case-by-case basis and are based on medical necessity.

- Initial assessments limited to 2 hours (or 8 units) per year.
- Reassessments limited to no more than 1 hour (or 4 units) per day.
- Training and education provided to groups limited to 1 hour (or 4 units) per day

## d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility

Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders are provided in accordance with 42 CFR 440.110.

When physical therapy and occupational therapy are both medically necessary during the same certification period in order to meet the client's physical or occupational therapy needs, the physician must document on the plan of care that the services are distinctly different and not duplicated.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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## 7. Home health care services (cont.)

Limitations for physical, occupational, and speech therapy

The following therapy units are limited as follows, per client per calendar year:

- Physical and occupational therapy – 24 units (equals approximately 6 hours)
- Occupational therapy – 24 units (equals approximately 6 hours)
- Speech therapy – 6 units (equals a total of 6 untimed visits )

All of the following are limited to 1 per client per calendar year:

- Physical and occupational therapy
  - Evaluations
  - Re-evaluation at time of discharge
  - Wheelchair management. Assessment is limited to 4 15-minute units per assessment.
- Speech therapy
  - Evaluations of speech fluency, speech sound production, swallowing function, and oral speech device
  - With language comprehension and expression
  - Behavioral and qualitative analysis of voice and resonance
  - Speech language pathology re-evaluation at time of discharge

Limitations do not apply for clients under age 21 under EPSDT.

Additional services are covered with prior authorization on a case-by-case basis when medically necessary.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE  
MEDICALLY NEEDY GROUP(S): ALL

7. Home health services
- a. Intermittent or part-time nursing services
- (1) Applies to home health agency and to services provided by a registered nurse when no home health agency exists in the area.
  - (2) Approval required when period of service exceeds limits established by the single state agency.
  - (3) Nursing care services are limited to:
    - (a) Services that are medically necessary;
    - (b) Services that can be safely provided in the home setting;
    - (c) Two visits per day (except for the services listed below);
    - (d) Three obstetrical visits per pregnancy for high risk pregnancy clients; and
    - (e) Infant home phototherapy that was not initiated in the hospital setting.
  - (4) Services must be ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) as part of a written plan of care
  - (5) Exceptions are made on a case-by-case basis.
- Approval required when period or services or total monthly reimbursement exceeds limits established by the single state agency. Applies to home health agency and to services provided by a registered nurse when no home health agency exists in area.
- b. Home health care services provided by a home health agency
- Home health aide services must be:
- (1) Intermittent or part time;
  - (2) Ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) on a plan of care established by the nurse or therapist;
  - (3) Provided by a Medicare-certified home health agency;
  - (4) Limited to one medically necessary visit per day; and

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE  
MEDICALLY NEEDY GROUP(S): ALL

7. Home health service (cont.)

(5) Supervised by the nurse or therapist biweekly in the client's home.

(6) Exceptions are made on a case-by-case basis.

c. Medical supplies, equipment and appliances in accordance with 42 CFR 440.70.

Medical supplies, equipment and appliances must be:

- Medically necessary;
- In the client's plan of care; and
- Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to medical equipment supplies, appliances, and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- Medical supplies, equipment, and appliances which have set limitations, require prior approval (PA) to exceed those limitations.

Home infusion-parenteral nutrition equipment and supplies are provided when medically necessary.

The Medical Nutrition Program provides medically necessary nutrition and related equipment and supplies, when the client is unable to meet daily nutritional requirements using traditional foods alone, due to injury or illness.

Limitations described below do not apply to the Medical Nutrition Program for clients under age 21 under EPSDT. All other exceptions to these limitations require prior authorization on a case-by-case basis and are based on medical necessity.

- Initial assessments limited to 2 hours (or 8 units) per year
- Reassessments limited to no more than 1 hour (or 4 units) per day
- Training and education provided to groups limited to 1 hour (or 4 units) per day

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility

Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders are provided in accordance with 42 CFR 440.110.

When physical therapy and occupational therapy are both medically necessary during the same certification period in order to meet the client's physical or occupational therapy needs, the physician must document on the plan of care that the services are distinctly different and not duplicated.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE  
MEDICALLY NEEDY GROUP(S): ALL

## 7. d. Home health services (cont.)

Limitations for physical, occupational, and speech therapy

- The following therapy units are limited as follows, per client per calendar year:
- Physical and occupational therapy – 24 units (equals approximately 6 hours)
- Occupational therapy – 24 units (equals approximately 6 hours)
- Speech therapy – 6 units (equals a total of 6 untimed visits)

All of the following are limited to 1 per client per calendar year:

- Physical and occupational therapy
  - Evaluations
  - Re-evaluation at time of discharge
  - Wheelchair management. Assessment is limited to 4 15-minute units per assessment.
- Speech therapy
  - Evaluations of speech fluency, speech sound production, swallowing function, and oral speech device
  - With language comprehension and expression
  - Behavioral and qualitative analysis of voice and resonance
  - Speech language pathology re-evaluation at time of discharge

Limitations do not apply for clients under age 21 under EPSDT.

Additional services are covered with prior authorization on a case-by-case basis when medically necessary.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)

## IX. Other Noninstitutional Services

## A. Home Health

1. Home Health Agencies are reimbursed per-visit for services provided by acute nursing staff, physical therapy, occupational therapy, speech, hearing and language disorders therapy staff, and home health aides.

Reimbursement rates are determined using a historical base for the per-visit rates by profession, using the Medicare Metropolitan Statistical Area fees. Rate changes made through the Vendor Rate Increase (VRI) may be made only through the legislative process. Selected rates may also be adjusted through a special appropriation directed by the Washington State Legislature. The agency may set rates outside of the legislative process if the agency determines such actions are necessary to maintain access to critical services. The Washington State Legislature approved a \$10.00 per hour rate increase for skilled nursing services provided in a home setting, effective for services provided on and after July 1, 2016.

The agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule for these services.

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services. The fee schedule is effective for services provided on and after October 1, 2020. See 4.19-B, I, General, #G for the agency's website where the fee schedules are published.

2. Other Supplies and Services used in the home and other setting

The agency's reimbursement rates include:

- a) Any adjustments or modifications to the equipment that are either required within three months of the delivery date, or are covered under the manufacturer's warranty
- b) Pick-up, delivery, or associated costs such as mileage, travel time, or gas
- c) Telephone calls
- d) Shipping, handling, and postage
- e) Fitting and setting up
- f) Maintenance of rented equipment
- g) Instructions to the client or client's caregiver about the safe and proper use of the equipment and supplies

The equipment, supplies, and services for parenteral nutrition, home infusion therapy, oxygen, and respiratory care are reimbursed using the CMS DMEPOS Fee Schedule less a specified percentage. In April 2012, this specific percentage reduction was established at 3.5 percent as a result of a negotiated agreement with providers. For those items and services that are not listed on CMS DMEPOS Fee Schedule, the agency uses flat fee (based upon market value, other state's fees, budget impacts, etc.) or by-report methodology (based on a percentage of billed charges).

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services and supplies. See 4.19-B, I, General, #G for the agency's website where the fee schedules are published.