



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

MAR 16 2011

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 11-003

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 11-003. This SPA brings the State into compliance with Section 2301 of the Affordable Care Act, which requires states that currently offer services in a freestanding birthing center, to add this as a mandatory Medicaid service.

This SPA is approved effective January 1, 2011, as requested by the State.

If you have any questions concerning this SPA, please contact me, or have your staff contact Mary Jones at (360) 486-0243 or Mary.Jones2@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: Douglas Porter, Administrator, State Medicaid Director

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
11-03

2. STATE
Washington

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

4. PROPOSED EFFECTIVE DATE
January 1, 2011

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 2301 of the Affordable Care Act (P+I)

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$26,800

b. FFY 2012 \$23,200

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B page 25, 24a (P+I)

Attachment 3.1-A, pages 10, 68 (P+I)

Attachment 3.1-B, pages 11, 63 (P+I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B page 25

Attachment 3.1-A, page 10 (P+I)

Attachment 3.1-B, page 11 (P+I)

10. SUBJECT OF AMENDMENT:

Birth Centers Reimbursement

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Susan N. Dreyfus

14. TITLE:

Secretary

15. DATE SUBMITTED:

Jan. 11, 2011

16. RETURN TO:

Ann Myers

Department of Social and Health Services

Medicaid Purchasing Administration

626 8th Ave SE MS: 45504

POB 5504

Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JAN 11 2011

18. DATE APPROVED:

MAR 16 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 01 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Barbara K. Richards

22. TITLE:

Associate Regional Administrator

23. REMARKS:

**Division of Medicaid &
Children's Health**

Pen + Inc changes authorized by the state on 2/28/11
Pen + Inc changes authorized by the state on 3/14/2011.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

25. Home and Community Care for Functionally Disabled elderly individuals, as defined, described and limited in Supplement 2 to attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 Provided: X Not Provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

 X Provided: X State Approved (Not Physician) Service Plan Allowed
 X Services Outside the Home Also Allowed
 X Limitations Described on Attachment

 Not Provided.

27. An alien who is a non-qualified alien or a qualified alien subject to the five-year ban and is otherwise eligible for Medicaid is eligible only for care and services necessary to treat an emergency medical condition as defined in section 1903(v) of the Act.

28. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A

 X Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan Service.

 No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

29. Licensed or Otherwise State-Approved Freestanding Birthing Center

 X Provided No limitations X With Limitations*

* Limitations described on following pages

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

29. Licensed or Otherwise State-Approved Freestanding Birthing Center

a. Facilities must:

- (i) Be licensed by the Department of Health (DOH) under chapter 246-349 WAC;
- (ii) Be specifically approved by DOH to provide birthing center services; and
- (iii) Maintain standards of care required by DOH for licensure.

b. Covered practitioners providing services in the freestanding birthing center

- (i) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan.

The following practitioners may provide birthing center services and must be licensed in the State of Washington as a:

- (a) Physician under chapter 18.57 or 18.71 RCW;
- (b) Nurse midwife under chapter 18.79 RCW; or

- (ii) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birthing center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60.

- (a) Midwife under chapter 18.50 RCW.

- (iii) Other health care professionals recognized by the State to provide these birth attendant services.

NA

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

24. Home and Community Care for Functionally Disabled elderly individuals, as defined, described and limited in Supplement 2 to attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A..

 Provided: X Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are:

- A. Authorized for the individual by a physician in accordance with a plan of treatment.
B. Provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and
C. Furnished in a home.

 Provided State-Approved (Not Physician's) Service Plan Allowed
 Services Outside the Home also Allowed.
 Limitations Described in Attachment 3.1-A, Page 65

 X Not provided

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- (ii) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birthing center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60.
 - (a) Midwife under chapter 18.50 RCW.
- (iii) Other health care professionals recognized by the State to provide these birth attendant services.
NA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

IX. Other Noninstitutional Services (cont)

M. Licensed or Otherwise State-Approved Freestanding Birthing Centers

Freestanding birthing centers are reimbursed utilizing a contracted facility fee. The birthing center facility fee is consistent across birthing centers. This facility fee is based on statewide historical cost and is paid by fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of birthing center services and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on the agency's website at <http://hrsa.dshs.wa.gov/download/BI.html>

The agency's fee schedule rate was set as of July 1, 2010 and is effective for dates of services provided on or after that date.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

X. All Other Practitioners

"All other practitioners" refers to other practitioners as described in section 6.d of Attachments 3.1-A and 3.1-B.

The department pays the lesser of the usual and customary charge, or a fee based on a department fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of services and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on the agency's website at <http://hrsa.dshs.wa.gov/download/BI.html>

The agency's fee schedule rate was set as of July 1, 2010 and is effective for dates of services provided on or after that date.