

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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1. Inpatient hospital services other than those provided in an institution for mental diseases.
 X Provided: No limitations X With limitations*
- 2.a. Outpatient hospital services.
 X Provided: No limitations X With limitations*
- b. Rural health clinic services and other ambulatory services furnished.
 X Provided: X No limitations With limitations
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
 X Provided: X No limitations With limitations
3. Other laboratory and x-ray services.
 X Provided: No limitations X With limitations*
- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 X Provided: No limitations X With limitations*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- c. Family planning services and supplies for individuals of child-bearing age.
 X Provided: X No limitations With limitations
- d. Tobacco cessation counseling services for pregnant women
- 1) Face-to-face tobacco cessation counseling services
 X Provided No limitations X With limitations
- 2) Face-to-face tobacco cessation counseling services benefit package for pregnant women
 X Provided: X No limitations With limitations

* Limitations described on following pages

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

d. Tobacco cessation counseling services for pregnant women

1) Face-to-face tobacco cessation counseling services provided:

- X (i) By or under supervision of a physician.
- X (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services.*
- (iii) By any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use).

* Describe if there are any limits on who can provide these counseling services

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

*The State's benefit package duplicates the benefits described above.
Providers may request a limitation extension according to Washington
Administrative Code (WAC).*

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

1. Inpatient hospital services other than those provided in an institution for mental diseases.
 X Provided: No limitations X With limitations*
- 2.a. Outpatient hospital services.
 X Provided: No limitations X With limitations*
- d. Rural health clinic services and other ambulatory services furnished.
 X Provided: X No limitations With limitations*
- e. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
 X Provided: X No limitations With limitations*
3. Other laboratory and x-ray services.
 X Provided: No limitations X With limitations*
- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 X Provided: No limitations X With limitations*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
 X Provided
- c. Family planning services and supplies for individuals of childbearing age.
 X Provided: X No limitations With limitations*
- d. Tobacco cessation counseling services for pregnant women
- 1) Face-to-face tobacco cessation counseling services
 X Provided No limitations X With limitations
- 2) Face-to-face tobacco cessation counseling services benefit package for pregnant women
 X Provided: X No limitations With limitations

*Description provided on following pages

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

4. d. Tobacco cessation counseling services for pregnant women

1) Face-to-face tobacco cessation counseling services provided:

☒ (i) By or under supervision of a physician.☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services.*☐ (iii) By any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use).

* Describe if there are any limits on who can provide these counseling services

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

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STATE: WASHINGTON

IX. Other Noninstitutional Services (cont)

N. Tobacco Cessation Counseling Services

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

Except as otherwise noted in the plan, payment for these services are based on state-developed fee schedule rates, which are the same for both governmental and private providers of these services. The Agency's rates were set as of July 1, 2011, and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates, including current and prior rates, are published and maintained on the Agency's website. Specifically, the fee schedule and any periodic adjustments to the fee schedule are published at <http://hrsa.dshs.wa.gov/RBRVS/Index.html#H>