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**State/Territory Name:** Washington

**State Plan Amendment** (SPA) #: 12-010

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  
2201 6<sup>th</sup> Avenue, Mailstop RX-43  
Seattle, Washington 98121



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

**NOV 21 2012**

MaryAnne Lindeblad, Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number 12-010**


Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of Washington State Plan Amendment (SPA) Transmittal Number 12-010. This amendment updates the school based services fee schedule by an average of 3.55 percent.

This SPA is approved effective January 1, 2012.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact James Moreth at (360) 943-0469 or [James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)

Sincerely,

  
Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

Enclosure



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	
1. TRANSMITTAL NUMBER: 12-010	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 January 1, 2012
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 2,990,000 b. FFY 2013 \$ 3,298,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-A pp 16, 16a, 16b, 16c, 16d (new) Att. 3.1-B pp 16, 16a, 16b, 16c, 16d (new) Att. 4.19-B pg 22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Att. 3.1-A pp 16, 16a, 16b, 16c Att. 3.1-B pp 16, 16a, 16b, 16c Att. 4.19-B pg 22
10. SUBJECT OF AMENDMENT:  School-Based Services	
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  [REDACTED]	16. RETURN TO: Ann Myers Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 <sup>th</sup> Ave SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: DOUG PORTER	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED: 3-21-12	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 21, 2012	18. DATE APPROVED: November 21, 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: [REDACTED]
21. TYPED NAME: Carol J. C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations
23. REMARKS:  08/28/2012 - Pen and Ink (P&I) changes authorized by State to Blocks 8 and 9.	



## 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 (cont.)

## F. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Except as otherwise noted in the plan state developed fee schedule rates are the same for both governmental and private providers of EPSDT services. The Medicaid agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule. The fee schedule was last updated on July 1, 2012, and is effective for services on or after that date. All rates are published on the agency's website at

<http://www.medicaid.hca.wa.gov/rbrvs/index.html> In conformance with 1905 (r) of the Act, all medically necessary diagnosis and treatment services are provided regardless of whether the service is included in the plan. Limitations do not apply other than based on medical necessity.

**School-based healthcare services.**

School-Based Services (SBS) rates are based on Resource-Based Relative Value Scale (RBRVS) methodology under WAC 182-531-1850, (revised 07/01/2012), in which the State uses CMS-established relative value units multiplied by one of the conversion factors specific to Washington and these services. The rates are based on values established by CMS and the State's conversion factor that is annually adjusted based on utilization and budget neutrality from year-to-year. These are updated annually with all other professional rates. The rates paid for SBS are no different than rates paid to similar providers within the community outside of the school setting.

The fee schedule was last updated on July 1, 2012, and is effective for services on and after that date. All rates are published on the Agency's website at <http://www.medicaid.hca.wa.gov/rbrvs/index.html>