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**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 13-05**

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  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



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

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**JUN 11 2014**

Dorothy Frost Teeter, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: Washington State Plan Amendment (SPA) Transmittal Number 13-05**

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) completed its review of Washington's State Plan Amendment (SPA) Transmittal Number 13-05. This amendment adds Applied Behavioral Analysis (ABA) Services provided by licensed practitioners pursuant to 42 CFR 440.60 in the Washington Medicaid State Plan for recipients 20 years of age and younger.

CMS approves this amendment with an effective date of January 1, 2013, as requested by the state. Please report expenditures for this new service in the CMS-64 under Line 9A- Other Practitioners Services.

We would like to thank you and your staff, in particular Gail Kreiger, for their continuous collaborative and responsive work during the processing of this amendment. If you have any questions concerning this approval, or require further assistance, please contact me, or have your staff contact Sophia Hinojosa at 303-844-7129 or via email at [Sophia.Hinojosa@cms.hhs.gov](mailto:Sophia.Hinojosa@cms.hhs.gov).

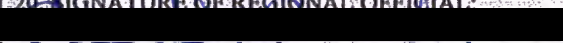
Sincerely,

A black rectangular box redacting the signature of Carol J.C. Peverly.

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

Cc.

Gail Kreiger, Manager, Health Care Authority ([gail.kreiger@hca.wa.gov](mailto:gail.kreiger@hca.wa.gov))  
Ann Myers, State Plan Coordinator, Health Care Authority ([ann.myers@hca.wa.gov](mailto:ann.myers@hca.wa.gov))

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b>                                                                                                                                                                                                                                                                                       |  | 1. TRANSMITTAL NUMBER:<br><del>12-025</del> 13-05 (P&I)                                                                                                                                                        | 2. STATE<br>Washington |
| FOR: HEALTH CARE FINANCING ADMINISTRATION                                                                                                                                                                                                                                                                                                                  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID)                                                                                                                                  |                        |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                                                                                                                                                                                                                                              |  | 4. PROPOSED EFFECTIVE DATE<br>Jan. 1, 2013                                                                                                                                                                     |                        |
| 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:<br>42 CFR 440.60 (P&I)                                                                                                                                                                                                                                                                                             |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2013 \$3,304,250<br>b. FFY 2014 \$4,349,000                                                                                                                                |                        |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><del>Att. 3.1-A pg 58a, 58b, 58c, 58d (all new pages)</del><br><del>Att. 3.1-B pg 57a, 57b (new), 57c (new), 57d (new), 57e (new), 57f (new)</del><br><del>Att. 4.19-B pg 24c (new)</del><br>Attachment 3.1-A pages 20, 21 & 21(a)<br>Attachment 3.1-B pages 21 & 22; Attachment 4.19-B page 25 (P&I) |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><del>Att. 3.1-B pg 57a</del><br>Attachment 3.1-A pages 20 & 21; Attachment 3.1-B pages 21 & 22; Attachment 4.19-B page 25(P&I) |                        |
| 10. SUBJECT OF AMENDMENT:<br><br>Applied Behavioral Analysis Services                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                |                        |
| 11. GOVERNOR'S REVIEW (Check One):                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                |                        |
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                |                        |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>                                                                                                                                                                                                                              |  | 16. RETURN TO:<br>Ann Myers<br>Rules and Publications<br>Legal and Administrative Services<br>Health Care Authority<br>626 8 <sup>th</sup> Ave SE MS: 45504<br>Olympia, WA 98504-5504                          |                        |
| 13. TYPED NAME:<br>MARYANNE LINDEBLAD                                                                                                                                                                                                                                                                                                                      |  | 17. DATE RECEIVED: Mach 25, 2013                                                                                                                                                                               |                        |
| 14. TITLE:<br>MEDICAID DIRECTOR                                                                                                                                                                                                                                                                                                                            |  | 18. DATE APPROVED: 06/11/2014                                                                                                                                                                                  |                        |
| 15. DATE SUBMITTED: March 25, 2013                                                                                                                                                                                                                                                                                                                         |  | FOR REGIONAL OFFICE USE ONLY                                                                                                                                                                                   |                        |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>January 1, 2013                                                                                                                                                                                                                                                                                                |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>                                                                                    |                        |
| 21. TYPED NAME: Carol J.C. Peverly                                                                                                                                                                                                                                                                                                                         |  | 22. TITLE: Associate Regional Administrator<br>Division of Medicaid & Children's Health                                                                                                                        |                        |
| 23. REMARKS:<br>3.25.13 State authorized P&I change box<br>3.31.14- State authorizes P&I change to box 8<br>5.21.14- State authorizes P&I change to box 8 and 9<br>6/04/201- State authorizes P&I change to box 6                                                                                                                                          |  |                                                                                                                                                                                                                |                        |

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

State WASHINGTON

## 6. Other Practitioners' Services

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law

## a. Podiatrists' services

- (1) Foot care is covered only for specific medical conditions that must be treated by a podiatrist.
- (2) Reimbursement is according to Attachment 4.19-B III. Physicians' Services.

## b. Optometrists' services

- (1) The Medicaid agency covers medically necessary eye examinations, refractions, and fitting fees every 24 months for asymptomatic adults 21 years or older.
- (2) Exceptions will be considered for all individuals based on medical necessity.
- (3) For clients under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.

## d. Other practitioners' services

- (1) All other practitioners covered by the Medicaid agency include, but are not limited to, the following licensed practitioners: naturopathic physicians (services are limited to physician-related primary care services), physician assistants, advanced registered nurse practitioners including certified registered nurse anesthetists, psychologists, dental hygienists, denturists, chiropractors (for EPSDT only), opticians, and licensed non-nurse midwives. These practitioners are limited to services within their scope of practice and specialty area.
- (2) Counselors, social workers, and other practitioners are covered as specified in other sections of the State Plan and as approved by the Medicaid agency.
- (3) Mental health outpatient services may be provided by the following providers licensed by the state under 42 CFR 440.060(a): Licensed Psychologists; Licensed Psychiatric Advanced Nurse Practitioners; Licensed Independent Clinical Social Workers; Licensed Advance Social Workers; Licensed Marriage and Family Therapists; and Licensed Mental Health Counselors.

The practitioners listed above who want to diagnose and treat clients eighteen years of age and younger must have a minimum of two years' experience in the diagnosis and treatment of clients eighteen years of age and younger, including one year of supervision by a mental health professional trained in child and family mental health.

Mental health payment rates methodology is in accordance with Attachment 4.19-B.

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

State WASHINGTON

## 6. d. Other practitioners' services (cont)

## (4) The Medicaid agency does not cover services provided by:

- Acupuncturists
- Christian Science practitioners or theological healers
- Herbalists
- Homeopathists
- Masseuses
- Masseurs
- Sanipractors

## (5) Licensed non-nurse midwives

To participate in home births and in birthing centers, midwives must be an agency-approved provider.

## (6) Psychologists

- Psychological testing must be medically necessary, prior authorized, in an outpatient setting, and is limited to 2 units per client.
- Neurobehavioral status examinations require prior authorization.
- Neuropsychological testing requires prior authorization.
- Prior authorization is required for additional services that are medically necessary.

## (7) Intensive behavior services (EPSDT only) provided by:

A. A lead behavior analysis therapist (LBAT) who under Washington State law is licensed under one of the following provisions and either a board-certified applied behavior analyst (BCBA) or is deemed board-qualified by the Behavior Analyst Certification Board, **and** one of the following:

- A psychiatrist, psychiatric advanced nurse practitioner, psychologist, mental health counselor, marriage or family therapist, or clinical social worker licensed by the Department of Health (DOH) and practicing under the scope of state law as defined by DOH RCW and WAC;
- A licensed certified counselor or counselor advisor practicing under the scope of state law as defined by DOH RCW and WAC and supervised by a mental health professional licensed by the DOH and practicing under the scope of state law as defined by DOH RCW and WAC; or
- A licensed mental health professional as defined in Attachment 3.1-A 13 d.7 of the State Plan, who is employed or contracted with an agency licensed by DOH or by the Department of Social and Health Services (DSHS) as a Community Mental Health Agency and also holds a certificate to provide Applied Behavior Analysis (ABA) therapy services. This professional must also be licensed as a registered agency-affiliated counselor with DOH and practicing consistent with the provisions of DOH RCW, WAC and DSHS WAC.

Note: These professionals may supervise other providers, including intensive behavior therapy assistants licensed and practicing under applicable DOH RCW, WAC and DSHS WAC.

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

State WASHINGTON

## 6. d. Other practitioners' services (cont)

## B. A therapy assistant who is one of the following:

- A licensed certified counselor or counselor advisor practicing under the scope of state law and supervised by an LBAT who is a mental health professional licensed by the DOH and practicing under the scope of state law as defined by DOH RCW and WAC; or
- A licensed registered agency-affiliated counselor, who is employed or contracted with an agency licensed by the DOH or by DSHS as a Community Mental Health Agency and also holds a certificate to provide ABA therapy services. These providers must practice under applicable DOH RCW, WAC and DSHS WAC, are supervised by an LBAT who is a licensed mental health professional as described above, employed or contracted by the licensed agency and practicing consistent with applicable DOH RCW, WAC and DSHS WAC. Their services are billed for by the agency.

## C. The State provides assurance that these licensed providers are:

- Providing services consistent with §440.60.
- Supervising according to the State's Scope of Practice Act for licensed practitioners.
- Assuming professional responsibility for the services provided by the therapy assistants.

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

State WASHINGTON

## 6. d. Other practitioners' services

- (1) All other practitioners covered by the Medicaid agency include, but are not limited to, the following licensed practitioners: naturopathic physicians (services are limited to physician-related primary care services), physician assistants, advanced registered nurse practitioners including certified registered nurse anesthetists, psychologists, dental hygienists, denturists, chiropractors (for EPSDT only), opticians, and licensed non-nurse midwives. These practitioners are limited to services within their scope of practice and specialty area.
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The practitioners listed above who want to diagnose and treat clients eighteen years of age and younger must have a minimum of two years' experience in the diagnosis and treatment of clients eighteen years of age and younger, including one year of supervision by a mental health professional trained in child and family mental health.

Mental health payment rate methodology is in accordance with Attachment 4.19-B.

- (4) The Medicaid agency does not cover services provided by:
  - Acupuncturists
  - Christian Science practitioners or theological healers
  - Herbalists
  - Homeopathists
  - Masseuses
  - Masseurs
  - Sanipractors
- (5) Licensed non-nurse midwives  
To participate in home births and in birthing centers, midwives must be an agency-approved provider.
- (6) Psychologists
  - Psychological testing must be medically necessary, prior authorized, in an outpatient setting, and is limited to 2 units per client.
  - Neurobehavioral status examinations require prior authorization.
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  - Prior authorization is required for additional services that are medically necessary.

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

State WASHINGTON

## 6. d. Other practitioners' services (cont)

## (7) Intensive behavior services (EPSDT only) provided by:

- A. A lead behavior analysis therapist (LBAT) who under Washington State law is licensed under one of the following provisions and either a board-certified applied behavior analyst (BCBA) or is deemed board-qualified by the Behavior Analyst Certification Board, **and** one of the following:
- A psychiatrist, psychiatric advanced nurse practitioner, psychologist, mental health counselor, marriage or family therapist, or clinical social worker licensed by the Department of Health (DOH) and practicing under the scope of state law as defined by DOH RCW and WAC;
  - A licensed certified counselor or counselor advisor practicing under the scope of state law as defined by DOH RCW and WAC and supervised by a mental health professional licensed by the DOH and practicing under the scope of state law as defined by DOH RCW and WAC; or
  - A licensed mental health professional as defined in Attachment 3.1-B 13 d.7 of the State Plan, who is employed or contracted with an agency licensed by DOH or by the Department of Social and Health Services (DSHS) as a Community Mental Health Agency and also holds a certificate to provide Applied Behavior Analysis (ABA) therapy services. This professional must also be licensed as a registered agency-affiliated counselor with DOH and practicing consistent with the provisions of DOH RCW, WAC and DSHS WAC.

Note: These professionals may supervise other providers, including intensive behavior therapy assistants licensed and practicing under applicable DOH RCW, WAC and DSHS WAC.

- B. A therapy assistant who is one of the following:
- A licensed certified counselor or counselor advisor practicing under the scope of state law and supervised by an LBAT who is a mental health professional licensed by the DOH and practicing under the scope of state law as defined by DOH RCW and WAC; or
  - A licensed registered agency-affiliated counselor, who is employed or contracted with an agency licensed by the DOH or by DSHS as a Community Mental Health Agency and also holds a certificate to provide ABA therapy services. These providers must practice under applicable DOH RCW, WAC and DSHS WAC, are supervised by an LBAT who is a licensed mental health professional as described above, employed or contracted by the licensed agency and practicing consistent with applicable DOH RCW, WAC and DSHS WAC. Their services are billed for by the agency.
- C. The State provides assurance that these licensed providers are:
- Providing services consistent with §440.60.
  - Supervising according to the State's Scope of Practice Act for licensed practitioners.
  - Assuming professional responsibility for the services provided by the therapy assistants.

## 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.)

## 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 agency pays the lesser of the usual and customary charge, or a fee based on an agency 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://www.hca.wa.gov/medicaid/billing/Pages/bi.aspx>

The facility fees used to calculate the payment rates for intensive behavior services in facility settings will be calculated using methods that are consistent with Medicaid State Plan attachment 4.19-B sections II and VIII. A Outpatient hospital services.

The agency's fee schedule rate was set as of July 1, 2012, and is effective for dates of services provided on or after January 1, 2013.