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## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 13-28**

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  
2201 Sixth Avenue, MS/RX -43  
Seattle, WA 98121



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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

**MAR 04 2014**

**RE: Washington State Plan Amendment (SPA) Transmittal Number 13-28**

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-28. This SPA removes mental health service limitations and adds naturopathic physicians and licensed advanced social workers as additional licensed practitioners pursuant to 42 CFR 440.060.

This SPA is approved effective January 1, 2014.

If you have any additional questions concerning this SPA or require further assistance, please contact me or have your staff contact Gary Ashby at 206-615-2333 or [gary.ashby@cms.hhs.gov](mailto:gary.ashby@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink, which appears to read "Carol J.C. Peverly", is written over a solid black rectangular redaction box.

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

cc:  
Anne Myers, WA State Plan Coordinator, LAS, HCA  
Gail Kreiger, Section Manager, HCS, HCA  
Mark Ross, CMS Baltimore  
Rachel Dressel, CMS Baltimore

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 13-28	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE Jan. 1, 2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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:	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$56,450 b. FFY 2015 \$107,100
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A pgs 18, 20, 21 Attachment 3.1-B pgs 18, 21	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A pgs 18, 20, 21 Attachment 3.1-B pgs 18, 21

10. SUBJECT OF AMENDMENT:

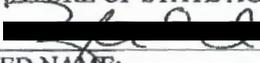
Mental Health Services & Naturopaths

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. SIGNATURE OF STATE AGENCY OFFICIAL:  12-31-13	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: 42716 Olympia, WA 98504-2716
13. TYPED NAME: MARYANNE LINDEBLAD	
14. TITLE: MEDICAID DIRECTOR	
15. DATE SUBMITTED: 12-26-13	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12/31/2013	18. DATE APPROVED: 3/04/2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

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5. a. Physicians' services (continued)

(7) Physician visits.

Limited to:

- Two physician visits per month for a client residing in a nursing facility or an intermediate care facility.
- One inpatient hospital visit per client, per day, for the same or related diagnosis.
- One office or other outpatient visit per non-institutionalized client, per day, for an individual physician, except for return visits to an emergency room.

Professional inpatient services that are provided during the follow-up period for a surgery are covered only if the services are performed on an emergency basis and are unrelated to the original surgery.

(8) Psychiatric services.

Limited to:

Inpatient care

- One hospital call per day for direct psychiatric care

Outpatient care

- One psychiatric diagnostic interview examination per provider in a calendar year unless an additional evaluation is medically necessary.
- One individual or family/group psychotherapy visit, with or without the client, per day unless more is medically necessary
- One psychiatric medication management service per day in an outpatient setting unless more is medically necessary

Prior authorization is required for additional services that are medically necessary.

## 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

## 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 medically necessary 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.

## 6. d. Other practitioners' services

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.

Counselors, social workers, and other practitioners are covered as specified in other sections of the State Plan and as approved by the Medicaid agency.

[Back to TOC](#)

## 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

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

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 rate methodology is in accordance with Attachment 4.19-B, page 6.

- (1) The Medicaid agency does not cover services provided by:
  - Acupuncturists
  - Christian Science practitioners or theological healers
  - Herbalists
  - Homeopathists
  - Masseuses
  - Masseurs
  - Sanipractors
- (2) Licensed non-nurse midwives.
  - To participate in home births and in birthing centers, midwives must be an agency-approved provider.
- (3) 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.
- (4) Intentionally left blank.

[Back to TOC](#)

## 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 MEDICALLY NEEDY

## 5. a. Physicians' services (cont.)

## (6) Physician care plan oversight.

Provided once per client, per month. A plan of care must be established by the home health agency, hospice, or nursing facility, and the physician must provide 30 minutes or more of oversight each calendar month to the client.

## (7) Physician standby services.

Must be:

- Requested by another physician;
- Involve prolonged physician attendance without direct (face-to-face) patient contact; and
- Exceed 30 minutes.

## (8) Physician visits.

Limited to:

- Two physician visits per month for a client residing in a nursing facility or an intermediate care facility.
- One inpatient hospital visit per client, per day, for the same or related diagnosis.
- One office or other outpatient visit per non-institutionalized client, per day, for an individual physician, except for return visits to an emergency room.

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