Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 14-0008

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Division of Medicaid & Children's Health Operations

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

MAR 28 2014

RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0008

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-0008. This transmittal adds the service of screening, brief intervention, and referral to treatment to the state plan as a preventive service. With this SPA, the state also added language to the preventative services section of the state plan to provide an assurance that specified preventive services are covered by Washington Medicaid without cost-sharing. In accordance with §4106 of the Affordable Care Act, the state may claim an additional 1% of its federal medical assistance percentage for provision of those specified preventive services.

This SPA is approved effective January 1, 2014, as requested by the state.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or at Tania.Seto@cms.hhs.gov.

Sincerely,

[redacted]

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

cc: Ann Myers, State Plan Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **14-0008**

2. STATE: Washington

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
Jan. 1, 2014

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 4106 of the ACA (P&I)

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 ~~$957,000~~ $807,450 (P&I)
b. FFY 2015 ~~$1,533,000~~ $1,383,293 (P&I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att. 3.1-A pgs ~~16c~~, ~~34~~, 35, 36 (P&I)
Att. 3.1-B pgs ~~16c~~, ~~34~~, 35, 36
Attachment 4.19-B page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Att. 3.1-A pgs ~~16c, 34~~, 35, 36 (P&I)
Att. 3.1-B pgs ~~16c, 34~~, 35, 36
Attachment 4.19-B page 6

10. SUBJECT OF AMENDMENT
Preventive Care Services

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:
[redacted]

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:
1-6-14

16. RETURN TO:
Ann Myers
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 1/06/2014

18. DATE APPROVED: 3/28/14

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/2014

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME: Carol J.C. Peverly

22. TITLE: Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

1/23/14- State authorizes P&I change to box 8 and 9
2/27/14- State authorizes P&I change to box 8 and 9
2/24/14- state autherizes P&I change to box 7
2/25/14 State autherizes P&I change to box 6

FORM HCFA-179 (07-92)

13. c. Preventive services

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services

The Medicaid agency covers alcohol and substance misuse counseling through screening, brief interventions, and referral to treatment (SBIRT) when provided by, or under the supervision of, a certified physician or other certified licensed healthcare provider within the scope of their practice.

PROVIDERS

1. The following health care professionals are eligible to become qualified SBIRT providers to deliver SBIRT services or supervise qualified staff to deliver SBIRT services:
   - Advanced registered nurse practitioner (ARNP) (must be licensed per chapters 18.79 RCW and 246-840 WAC)
   - Chemical dependency professional (must be licensed per chapters 18.205 RCW and 246-811 WAC)
   - Licensed practical nurse (must be licensed per chapters 18.79 RCW and 246-840 WAC)
   - Mental health counselor (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Marriage and family therapist (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Independent and advanced social worker (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Physician (must be licensed per chapters 18.71 RCW and 246-919 WAC)
   - Physician assistant (must be licensed per chapters 18.71A RCW and 246-918 WAC)
   - Psychologist (must be licensed per chapters 18.83 RCW and 246-840 WAC)
   - Registered nurse (must be licensed per chapters 18.79 RCW and 246-840 WAC)
   - Dentist (must be licensed per chapters 18.260 and 246-817 WAC)
   - Dental hygienist (must be licensed per chapters 18.29 RCW and 246-818 WAC)

2. To qualify as a qualified SBIRT provider, eligible licensed health care professionals must complete a minimum of 4 hours of SBIRT training and mail or fax proof of SBIRT training completion to the Medicaid agency.

3. The following qualified SBIRT health care professionals may bill for SBIRT services:
   - Advanced registered nurse practitioner (ARNP) (must be licensed per chapters 18.79 RCW and 246-840 WAC)
   - Marriage and family therapist (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Independent and advanced social worker (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Physician (must be licensed per chapters 18.71 RCW and 246-919 WAC)
   - Psychologist (must be licensed per chapters 18.83 RCW and 246-840 WAC)

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

13. c. Preventive services

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services (cont.)

- Dentist (must be licensed per chapters 18.260 and 246-817 WAC)
- Dental hygienist (must be licensed per chapters 18.29 RCW and 246-818 WAC)

SERVICES

1. SBIRT services must be provided in a primary care setting (includes dentist offices).
2. SBIRT services are covered for determining risk factors that are related to alcohol and other drug use disorders. SBIRT services are:
   - Screening and assessment (occurs during an E/M exam)
   - Brief intervention in the form of counseling (limited to 4 sessions per client per provider per calendar year)
   - Referral for treatment, if indicated
3. Washington covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing, when provided in a practitioners' office setting.

   Preventive services specified in section 4106 of the Affordable Care Act are all available under the State Plan and are covered under the following service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B for such services:
   - Clinics
   - Physicians
   - Dentists
   - Other licensed practitioners

   In addition to the services specified under section 4106 of the Affordable Care Act, Washington covers, without cost-sharing, services specified under PHS 2713 which is in alignment with the Alternative Benefit Plans.

   The State will maintain documentation supporting expenditures claimed for these preventive services and ensure that coverage and billing codes comply with any changes made to the USPSTF or ACIP recommendations.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUP(S): ALL

13. c. Preventive services

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services

The Medicaid agency covers alcohol and substance misuse counseling through screening, brief interventions, and referral to treatment (SBIRT) when provided by, or under the supervision of, a certified physician or other certified licensed healthcare provider within the scope of their practice.

PROVIDERS

4. The following health care professionals are eligible to become qualified SBIRT providers to deliver SBIRT services or supervise qualified staff to deliver SBIRT services:
   - Advanced registered nurse practitioner (ARNP) (must be licensed per chapters 18.79 RCW and 246-840 WAC)
   - Chemical dependency professional (must be licensed per chapters 18.205 RCW and 246-811 WAC)
   - Licensed practical nurse (must be licensed per chapters 18.79 RCW and 246-840 WAC)
   - Mental health counselor (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Marriage and family therapist (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Independent and advanced social worker (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Physician (must be licensed per chapters 18.71 RCW and 246-919 WAC)
   - Physician assistant (must be licensed per chapters 18.71A RCW and 246-918 WAC)
   - Psychologist (must be licensed per chapters 18.83 RCW and 246-840 WAC)
   - Registered nurse (must be licensed per chapters 18.79 RCW and 246-840 WAC)
   - Dentist (must be licensed per chapters 18.260 and 246-817 WAC)
   - Dental hygienist (must be licensed per chapters 18.29 RCW and 246-818 WAC)

5. To qualify as a qualified SBIRT provider, eligible licensed health care professionals must complete a minimum of 4 hours of SBIRT training and mail or fax proof of SBIRT training completion to the Medicaid agency.

6. The following qualified SBIRT health care professionals may bill for SBIRT services:
   - Advanced registered nurse practitioner (ARNP) (must be licensed per chapters 18.79 RCW and 246-840 WAC)
   - Marriage and family therapist (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Independent and advanced social worker (must be licensed per chapters 18.225 RCW and 246-809 WAC)
   - Physician (must be licensed per chapters 18.71 RCW and 246-919 WAC)
   - Psychologist (must be licensed per chapters 18.83 RCW and 246-840 WAC)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUP(S): ALL

13. c. Preventive services

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services (cont)

- Dentist (must be licensed per chapters 18.260 and 246-817 WAC)
- Dental hygienist (must be licensed per chapters 18.29 RCW and 246-818 WAC)

SERVICES

1. SBIRT services must be provided in a primary care setting, including a dentist office.
2. SBIRT services are covered for determining risk factors that are related to alcohol and other drug use disorders. SBIRT services are:
   - Screening and assessment (occurs during an E/M exam)
   - Brief intervention in the form of counseling (limited to 4 sessions per client per provider per calendar year)
   - Referral for treatment, if indicated
3. Washington covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing, when provided in a practitioners' office setting.

   Preventive services specified in section 4106 of the Affordable Care Act are all available under the State Plan and are covered under the following service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B for such services:
   - Clinics
   - Physicians
   - Dentists
   - Other licensed practitioners

   In addition to the services specified under section 4106 of the Affordable Care Act, Washington covers, without cost-sharing, services specified under PHS 2713 which is in alignment with the Alternative Benefit Plans.

   The State will maintain documentation supporting expenditures claimed for these preventive services and ensure that coverage and billing codes comply with any changes made to the USPSTF or ACIP recommendations.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

III. Physician Services

A. For physician services, the agency pays the lesser of the usual and customary charge or a fee based on a published agency fee schedule. The usual and customary charge is the fee charged by a physician to his/her patients.

The agency's rates were set as of January 1, 2014, and are effective for dates of services on or after that date. All rates are published on the agency's website.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician services and the fee schedule is published on the agency's website.

B. Maximum allowable fees are established and updated using the Resource Based Relative Value Scale (RBRVS) methodology as adopted in the Medicare Fee Schedule Data Base (MFSDB).

The MFSDB relative value units (RVU) are geographically adjusted each year by the statewide average Geographic Practice Cost Indices (GPCI) for Washington State as published annually in the Federal Register. The adjusted RVU are multiplied by a service-specific conversion factor to derive a fee for each procedure.

The agency currently has unique conversion factors for Children's primary health care services, including office visits and EPSDT screens; Adult primary health care, including office visits; Maternity services, including antepartum care, deliveries, and postpartum care; Anesthesia services; Laboratory services; Radiological services; Surgical services; Consultations; etc. The agency establishes budget neutrality each year when determining its conversion factors, then updates the conversion factors by any increase or decrease mandated by the Legislature.

C. When no MFSDB RVU exists, the agency may apply a set fee to the procedure or determine payment based on documentation by the provider. The agency determines a set fee for drugs administered in the provider's office based on a percentage of the Average Wholesale Price (AWP) as determined by Medicare. The agency determines a set fee for those professional procedures without an assigned RVU by either assigning a proxy RVU based on similar procedures, or by reviewing the medical documentation of the procedure and paying a percentage of the provider's usual and customary charge. Those procedures without RVU's are updated annually with publication of the MFSDB RVU in the Federal Register.