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State/Territory Name: Washington

State Plan Amendment (SPA) #: 14-0010

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 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



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

FEB 27 2014

RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0010

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 14-0010. This transmittal adds telemedicine as a delivery system in the state's fee-for-service network.

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

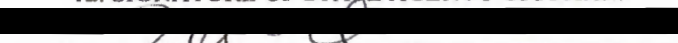
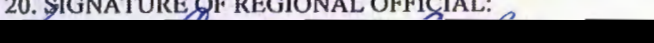
If you have any additional questions or require any further assistance, please contact me, or have your staff contact Rick Dawson at (206) 615-2387 or Rick.Dawson@cms.hhs.gov.

Sincerely,



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

cc: Ann Myers, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0010	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 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: 42 CFR Part 440 (P&I)		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0 b. FFY 2015 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A pg 11a (new), 11b (new) 10a, 10b (new) Attachment 3.1-B pg 11a (new), 11b (new) Attachment 4.19-B pg 45 (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Telemedicine			
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: 		16. RETURN TO: Ann Myers Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 th Ave SE MS: 42716 Olympia, WA 98504-2716	
13. TYPED NAME: MARYANNE LINDEBLAD			
14. TITLE: MEDICAID DIRECTOR			
15. DATE SUBMITTED: 1-8-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 1-8-2014		18. DATE APPROVED: 2-27-14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/2014		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: 2/18/14: State authorizes P&I change to box 6 2/19/14: State authorizes P&I change to box 8			

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

TELEMEDICINE

Telemedicine is when a health care practitioner uses interactive real-time audio and video telecommunications to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.

PROVIDERS

The following providers are eligible to provide telemedicine services within their scope of practice:

- Physicians (must be licensed per chapter 18.71 RCW and chapter 246-919 WAC)
- Dentists (must be licensed per chapter 18.32 RCW and chapter 246-817 WAC)
- Advanced Registered Nurse Practitioners (must be licensed per chapter 18.79 RCW and chapter 246-840 WAC)
- Psychiatric Advanced Registered Nurse Practitioners (must be licensed per chapter 18.73 RCW and chapter 246-840 WAC)
- Physician Assistants (must be licensed per chapter 18.57A, 18.71.A and chapters 246-854 WAC and 246-918 WAC)
- Independent Clinical Social Workers (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Advanced Clinical Social Workers (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Mental Health Counselors (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Marriage and Family Therapists (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Psychologists (must be licensed per chapter 18.83 and chapter 246-924 WAC)
- Certified counselors acting as a lead behavior analyst therapist (must be licensed per chapters 185.19 RCW and 246-810 WAC)

SERVICES

Telemedicine is covered fee-for-service when it is used to substitute for a face-to-face, "hands on" encounter. Only the following services are covered using telemedicine:

- Consultations
- Office or other outpatient visits
- Psychiatric intake and assessment
- Individual psychotherapy
- Visit for drug monitoring

The following services are **not** covered as telemedicine:

- Email, telephone, and facsimile transmissions
- Installation or maintenance of any telecommunication devices or systems
- Home health monitoring
- "Store and forward" telecommunication-based services (store and forward is the asynchronous transmission of medical information to be reviewed at a later time by the physician or practitioner at the distant site)

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

Telemedicine (cont)

SITES

An originating site is the physical location of the client at the time the service is provided through telemedicine. Approved originating sites are:

- The office of a physician or practitioner
- A hospital
- A critical access hospital
- A rural health clinic (RHC)
- A federally qualified health center (FQHC)
- A home
- A school

A distant site is the physical location of the physician or practitioner providing the service through telemedicine.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUPS: ALL

TELEMEDICINE

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUPS: ALL

Telemedicine (cont)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

XX. Telemedicine services

Payment for telemedicine services is made as follows:

- *Originating sites* (the physical location of the client at the time the service is provided) are paid a facility fee per completed transmission, according to the fee schedule. Approved originating sites are:
 - The office of a physician or practitioner.
 - Hospitals. Only outpatient hospital agencies are paid a facility fee; inpatient hospitals may not bill for an originating site fee.
 - Critical access hospitals (CAH).
 - Rural health centers (RHCs). The facility fee is not considered as an encounter and is not paid as such.
 - Federally qualified health centers (FQHCs). The facility fee is not considered as an encounter and is not paid as such.
- *Distant sites* (the physical location of the practitioner providing the service) are paid the current fee schedule amount for the service provided.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of telemedicine services and the fee schedule is published on the agency's website at <http://hrsa.dshs.wa.gov/RBRVS/Index.html>. The agency's fee schedule rate was set as of January 1, 2014, and is effective for services provided on or after that date.