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## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 17-0025**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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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August 17, 2017

MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0025

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA), Transmittal Number 17-0025. This SPA expands telemedicine services to include "store and forward" telecommunication-based services, which is the asynchronous transmission of medical information to be reviewed by the provider at a later time at the distant site.

This SPA is approved effective July 1, 2017. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Kendra Sippel-Theodore at [kendra.sippel-theodore@cms.hhs.gov](mailto:kendra.sippel-theodore@cms.hhs.gov) or at (206) 615-2065.

Sincerely,

A solid black rectangular box redacting the signature of David L. Meacham.

David L. Meacham  
Associate Regional Administrator

Enclosure

cc:  
Ann Myers, HCA  
Tonja Nichols, HCA

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES1. TRANSMITTAL NUMBER:  
**17-0025**2. STATE  
Washington3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE  
July 1, 2017

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 1905(a) of the Social Security Act7. FEDERAL BUDGET IMPACT:  
a. FFY 2017 \$0  
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 10a  
Attachment 3.1-B page 11a9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 3.1-A page 10a  
Attachment 3.1-B page 11a

10. SUBJECT OF AMENDMENT

Telemedicine - add "store and forward" as a covered delivery method

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:

13. TYPED NAME:

MARYANNE LINDEBLAD

14. TITLE:

MEDICAID DIRECTOR

15. DATE SUBMITTED:

7-24-16

16. RETURN TO:

Ann Myers  
Office of Rules and Publications  
Division of Legal Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716**FOR REGIONAL OFFICE USE ONLY**17. DATE RECEIVED:  
7/24/1718. DATE APPROVED:  
8/17/17**PLAN APPROVED - ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL:  
7/1/17

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME:

David L. Meacham

22. TITLE:

Associate Regional Administrator

23. REMARKS:

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

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

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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 18.19 RCW and 246-810 WAC)

## SERVICES AND DELIVERY METHODS

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

- Consultations
- Office or other outpatient visits
- Psychiatric intake and assessment
- Individual psychotherapy
- Visit for drug monitoring
- "Store and forward" (a delivery method consisting of the asynchronous transmission of medical information to be reviewed at a later time by the physician or practitioner at the distant site)

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

- Email, telephone, and facsimile transmissions
- Installation or maintenance of any telecommunication devices or systems
- Home health monitoring

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