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State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
17-0026

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
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(c) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pages 35, 36
Attachment 3.1-B pages 35, 36

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 3.1-A pages 35, 36
Attachment 3.1-B pages 35, 36

10. SUBJECT OF AMENDMENT

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services Providers and Settings

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 Signature]

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

7-26-17

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:

7/26/17

18. DATE APPROVED:

9/20/17

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/17

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

David L. Meacham

22. TITLE:

23. REMARKS:

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

September 20, 2017

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0026

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 17-0026. This SPA updates qualification requirements for providers who deliver Screening, Brief Intervention, and Referral to Treatment (SBIRT) services and expands the settings where SBIRT services can be delivered.

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 or at (206) 615-2065.

Sincerely,

Digitally signed by David L. Meacham -S



David L. Meacham
Associate Regional Administrator

Enclosure

cc:

Ann Myers, HCA
Jodi Kunkel, HCA
Tonja Nichols, HCA

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

In accordance with 42 CFR 440.130(c), 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 professional within the scope of their practice.

A. PROVIDERS

To qualify as a qualified SBIRT provider, eligible state-licensed or state-certified health care professionals must complete an agency-approved SBIRT training and mail or fax proof of SBIRT training completion to the Medicaid agency. This requirement is waived if a provider has an addiction specialist certification. The provider must mail or fax proof of the certification to the Medicaid agency.

The following state-licensed or state-certified health care professionals are eligible to become qualified SBIRT providers to deliver SBIRT services within their scope of practice as indicated:

Provider	Qualifications	Services Provided	Servicing or Billing Provider
Advanced registered nurse practitioner (ARNP)	<ul style="list-style-type: none"> Licensed per chapters 18.79 RCW & 246-840 WAC 	All	Billing & servicing: may provide & bill for services
Chemical dependency professional (CDP)	<ul style="list-style-type: none"> Certified per chapters 18.205 RCW & 246-811 WAC Must be supervised by an approved supervisor CDP 	All	Servicing: may not bill independently for services
***** Includes approved supervisor CDP	<ul style="list-style-type: none"> Certified per chapters 18.205 RCW & 246-811 WAC 	All	***** Servicing: may not bill independently for services
Dental hygienist	<ul style="list-style-type: none"> Licensed per chapters 18.29 RCW & 246-815 WAC 	All	Billing & servicing: may provide & bill for services
Dentist	<ul style="list-style-type: none"> Licensed per chapters 18.260 RCW & 246-817 WAC 	All	Billing & servicing: may provide & bill for services
Licensed practical nurse	<ul style="list-style-type: none"> Licensed per chapters 18.79 RCW & 246-840 WAC 	All	Servicing: may not bill independently for services

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
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Screening, Brief Intervention, and Referral to Treatment (SBIRT) services (contd)

Provider	Qualifications	Services Provided	Servicing or Billing Provider
Marriage & family therapist	<ul style="list-style-type: none"> Licensed per chapters 18.225 RCW & 246-809 WAC 	All	Billing & servicing: may provide & bill for services
Mental health counselor	<ul style="list-style-type: none"> Licensed per chapters 18.225 RCW & 246-809 WAC 	All	Servicing: may not bill independently for services
Physician	<ul style="list-style-type: none"> Licensed per chapters 18.71 RCW & 246-919 WAC 	All	Billing & servicing: may provide & bill for services
Physician assistant	<ul style="list-style-type: none"> Licensed per chapters 18.71A RCW & 246-918 WAC 	All	Servicing: may not bill independently for services
Psychologist	<ul style="list-style-type: none"> Licensed per chapters 18.83 RCW & 246-840 WAC 	All	Billing & servicing: may provide & bill for services
Registered nurse	<ul style="list-style-type: none"> Licensed per chapters 18.79 RCW & 246-840 WAC 	All	Servicing: may not bill independently for services
Social worker: advanced & independent	<ul style="list-style-type: none"> Licensed per chapters 18.225 RCW & 246-809 WAC 	All	Billing & servicing: may provide & bill for services

B. SERVICES

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 Evaluation and Management (E/M) exam which involves client history, a physical exam, and medical decision-making): The health care professional uses a standardized screening tool to assess a client's substance use behaviors.
- *Brief intervention* in the form of counseling (Limited to 4 sessions per client per provider per calendar year; additional sessions are allowed with prior authorization when medically necessary. In accordance with EPSDT requirements at 1905(r), clients under 21 years of age will receive all medically necessary services to which they are entitled): The health care professional engages the client in a short conversation, providing health information, feedback, motivation, and advice.
- *Referral for treatment*, if indicated: The health care professional provides a referral to a licensed and certified behavioral health agency for assessment and treatment as appropriate.

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