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State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0032

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

September 5, 2017

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0032

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 17-0032. This SPA removes the requirement for prior authorization for hospice services, consistent with federal policy and state law.

This SPA is approved with an effective date of July 1, 2017.

If there are additional questions please contact me, or your staff may contact Rick Dawson at rick.dawson@cms.hhs.gov or at (206) 615-2387.

Sincerely,

Digitally signed by David L.

A solid black rectangular box used to redact the signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

cc:
Ann Myers, SPA Coordinator

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

1. TRANSMITTAL NUMBER:
17-0032

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(a) 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 page 59
Attachment 3.1-B page 58

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A page 59
Attachment 3.1-B page 58

10. SUBJECT OF AMENDMENT

Hospice Concurrent Care

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:

13. TYPED NAME: 0
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

8-15-17

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: 8/15/17

18. DATE APPROVED: 9/5/17

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 MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

18. Hospice care in accordance with section 1905(o) of the Act.

A. Services

1. Items not included in the daily rate require prior authorization.
2. Covered services
 - a. Covered services are intermittent except during brief periods of acute symptom control.
 - b. Core services are provided directly by hospice agency staff or contracted through a hospice agency as necessary, and include:
 - Physician services related to administration of the plan of care.
 - Nursing care provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN.
 - Medical social services provided by a social worker under the direction of a physician.
 - Counseling services provided to a client and the client's family members or caregivers.
 - c. Additional services, which must be related to the hospice diagnosis, written in the plan of care, identified by the hospice interdisciplinary team, safe and meet the client's needs within the limits of the hospice program, and made available by the hospice agency on a 24-hour basis:
 - A brief period of inpatient care for general or respite care provided in a Medicare-certified hospice care center, hospital, or nursing facility.
 - Drugs, biologicals, and over-the-counter medications used for the relief of pain and symptom control of a client's terminal illness and related conditions.
 - Home health aide, homemaker, and/or personal care services ordered by the client's physician and documented in the plan of care. (Home health aide services must be provided by a qualified home health aide and are an extension of skilled nursing or therapy services).
 - Interpreter services as necessary for the plan of care.
 - Medical equipment and supplies that are medically necessary for the palliation and management of a client's terminal illness and related conditions.
 - Medical transportation services as required by the plan of care related to the terminal illness.
 - Physical therapy, occupational therapy, and speech-language pathology therapy to manage symptoms or enable the client to safely perform activities of daily living and basic functional skills.
 - Skilled nursing care.
 - Other services or supplies documented as necessary for the palliation and management of the client's terminal illness and related conditions.
 - Bereavement counseling

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