
Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0008

This file contains the following documents in the order listed:

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

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

March 13, 2018

Susan Birch, Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 18-0008.

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 18-0008. This amendment updated the effective date of the Behavior Rehabilitation Services fee schedule and updated the link to the fee schedule.

This SPA is approved with an effective date of January 1, 2018.

If there are additional questions please contact me, or your staff may contact James Moreth at James.Moreth@cms.hhs.gov or (360) 943-0469.

Sincerely,

A black rectangular box redacting 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**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
18-0008

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2018

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:
1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 \$0
b. FFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B page 21

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19-B page 21

10. SUBJECT OF AMENDMENT:
Behavior Rehabilitation Services Rates Effective Date and Website Update

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:

Director

15. DATE SUBMITTED:

2-28-18

16. RETURN TO:

Ann Myers
Rules and Publications
Division of Legal Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

2-28-18

18. DATE APPROVED:

3/13/18

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/18

20. SIGNATURE

Digitally signed by David L. Meacham

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

X.. D. Rehabilitative Services

1. Payment for physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders is described in Section IX. J.
2. Behavior Rehabilitative Services (BRS)

Payment for behavioral rehabilitative services is on a fee-for-service basis. Services are authorized by month; claims are pro-rated to pay for the actual number of days of service provided within that month. The State assures that only BRS is claimed; maintenance is not claimed. Documentation is recorded by all providers and by the State which provides the elements necessary for claiming Title XIX funding: name of person who received the service, name of provider of the service, provider identification number, date the service was provided, location of the service provided, and the nature and scope of the service.

Rates are tiered based upon the level of the intensity, duration, and severity of behavioral dysfunction experienced by the child being served; the levels range from moderate to extreme.

Behavioral rehabilitative services and the practitioners who can provide and bill for these services are described in Attachments 3.1-A and 3.1-B, Section 13.d.9.

The State requires BRS providers to participate in a time study and submit cost reports that address the service components described in Attachments 3.1-A and 3.1-B, Section 13.d.9. The system of time studying and cost reporting provides an accurate representation of the time spent in Title XIX allowable activities and the costs associated with them. The time study and cost reports also expressly exclude the room and board component in BRS and direct it to Title IV-E.

Based on documentation from the provider, the State's automated payment system captures the elements necessary for Title XIX claiming, (i.e., who received the service, who provided the service, where the service was provided, when the service was provided, and the nature and scope of the service). The State reviews data and provides oversight with respect to all providers' activities and reporting.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Behavior Rehabilitation Services. The State's rates were set as of January 1, 2018, and are effective for services rendered on or after that date. The fee schedule is published at: https://www.dshs.wa.gov/sites/default/files/CA/cp/documents/Fee_BRS.pdf.

[Back to TOC](#)