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State/Territory Name: Washington

State Plan Amendment (SPA) #: 19-0017

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 19-0017

Dear Ms. Birch and Ms. Lindeblad:

We have reviewed the proposed Washington State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 21st, 2019. This plan amendment updated the Behavioral Rehabilitation Services (BRS) rates.

Based upon the information provided by the State, we have approved this amendment with an effective date of October 1, 2019. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst James Moreth at James.Moreth@cms.hhs.gov or (206) 615-2043.

Sincerely,



Todd McMillion
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER:
19-0017

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
October 1, 2019

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 2020 \$3,153,000
b. FFY 2021 \$6,105,000

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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:

Behavioral Rehabilitation Services Rates

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:

MaryAnne Lindeblad

14. TITLE:

Director

15. DATE SUBMITTED:

8-21-19

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: 8/21/19

18. DATE APPROVED: 3/18/2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/1/2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Todd McMillion

22. TITLE: Acting Director

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

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 based upon an assessment of the child's needs and the appropriate level of care to meet the child's needs.

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 October 1, 2019, and are effective for services rendered on or after that date. The fee schedule is published at https://www.dcyf.wa.gov/sites/default/files/pdf/Fee_BRS.pdf.

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