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State/Territory Name: Washington

State Plan Amendment (SPA) #: 21-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 15, 2021

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

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-21-0010. This SPA brings the state into compliance with a court order that instructs the state to cover medically necessary Applied Behavior Analysis (ABA) therapy to treat Autism Spectrum Disorder (ASD) for Medicaid Managed Care Organization (MCO) clients over the age of twenty. Currently the Medicaid State Plan limits ABA services to clients in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, which is limited to clients aged 20 and younger; therefore, this SPA removes that limitation for managed care and fee-for-service enrollees in the ABA program.

This SPA is approved effective January 27, 2021. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If you have any questions, please contact Nikki Lemmon at 303-844-2641 or via email at <u>nicole.lemmon@cms.hhs.gov</u>.

James G. Scott, Director
Division of Program Operations

Enclosure

cc:

Ann Myers, HCA

HEALTH CARE FINANCING ADMINISTRATION	1	OMB NO. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	21-0010	Washington		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDIC			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION	January 27, 2021			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Julian y 27, 2021			
5. TYPE OF PLAN MATERIAL (Check One):	1			
	CONSIDERED AS NEW PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		n amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
1902(a) of the Social Security Act	a. FFY 2021 \$90,000			
	b. FFY 2022 \$390,000			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION		
	OR ATTACHMENT (If Applicable)	:		
Attachment 3.1-A page 21				
Attachment 3.1-B page 22	Attachment 3.1-A page 21			
	Attachment 3.1-B page 22			
10. SUBJECT OF AMENDMENT:				
Applied Behavior Analysis Services				
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S REVIEW (Check One).	☐ OTHER, AS SPEC	TEIED: Evennt		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☑ OTHER, AS SIEC	TILD. Exempt		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
_ NO KEI ET KECEIVED WITHIN 43 DATS OF SODWITTAE				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
12. SIGNATORI, OF STATI, AGENCT OFFICIAL.	Ann Myers			
	Rules and Publications			
13. TYPED NAME:				
MaryAnne Lindeblad	Division of Legal Services			
14. TITLE:	Health Care Authority			
Medicaid Director	626 8 th Ave SE MS: 42716			
15. DATE SUBMITTED:	Olympia, WA 98504-2716			
03-30-2021				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED: 3/30/21	18. DATE APPROVED:			
DV LV LDDD OVER	April 15, 2021			
PLAN APPROVED – ON				
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/27/21	20. SIGNATURE OF REGIONAL OF			
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Prog	gram Operations		
23. REMARKS:				

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

- d. Other practitioners' services (cont.)
- (4) The Medicaid agency does not cover services provided by:
 - Acupuncturists
 - Christian Science practitioners or theological healers
 - Herbalists
 - Homeopathists
 - Masseuses
 - Masseurs
 - Sanipractors
- (5) Licensed non-nurse midwives

To participate in home births and in birthing centers, midwives must be an agency-approved provider.

- (6) Psychologists
 - Psychological testing must be medically necessary, prior authorized, in an outpatient setting, and is limited to 2 units per client.
 - Neurobehavioral status examinations require prior authorization.
 - Neuropsychological testing requires prior authorization.
 - Prior authorization is required for additional services that are medically necessary.
- (7) Intensive behavior services (applied behavior analysis (ABA) provided by:
 - A. A lead behavior analysis therapist (LBAT) who under Washington State law is licensed under one of the following provisions:
 - A licensed behavior analyst (LBA) practicing under the scope of state law as defined in Department of Health (DOH) RCW and WAC (may bill independently)
 - A licensed psychiatrist, psychiatric advanced nurse practitioner, psychologist, mental health counselor, marriage or family therapist, or clinical social worker practicing under the scope of state law as defined in DOH RCW and WAC who is licensed as an LBA (may bill independently)
 - A licensed assistant behavior analyst (LABA) practicing under the scope of state law as defined by DOH RCW and WAC and supervised by an LBA practicing under the scope of state law as defined in DOH RCW and WAC (may not bill independently)

Note: When licensed as an LBA, these professionals may supervise other providers, including certified behavior technicians (CBTs), in accordance with their scope of practice in applicable DOH RCW and WAC. All licensed supervising practitioners will bill for services performed by unlicensed practitioners.

TN# 21-0010 Approval Date: 4/15/2021 Effective Date: 1/27/2021

STATE PLAN UN	DER TITLE XIX OF THE SO	CIAL SECURITY ACT
State	WASHINGTON	
•	FION, AND SCOPE OF SER 'NEEDY GROUP(S):	

- 6. d. Other practitioners' services (cont)
 - (7) Intensive behavior services (applied behavior analysis (ABA) provided by:
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- B. A licensed certified behavior technician (CBT) practicing under the scope of state law as defined in DOH RCW and WAC and supervised by an LBAT practicing under the scope of state law as defined in DOH RCW and WAC (may not bill independently)
- C. A licensed psychiatrist, psychiatric advanced nurse practitioner, psychologist, mental health counselor, marriage or family therapist, or clinical social worker practicing under the scope of state law as defined by DOH RCW and attesting to having the training and experience to provide applied behavior analyst services in accordance with state law as defined in WAC (may bill independently)

The State provides assurance that these licensed providers:

- Provide services consistent with §440.60.
- Supervise according to the State's Scope of Practice Act for licensed practitioners.
- Assume professional responsibility for the services provided by the unlicensed practitioner.

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