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State/Territory Name: WA

State Plan Amendment (SPA) #: 21-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

November 17, 2021

Susan Birch, Director Dr. Charissa Fotinos, Acting Medicaid Director Health Care Authority PO Box 45502 Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) WA-21-0027

Dear Ms. Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-21-0027. This amendment proposes to add Licensed Social Workers under the OLP benefit to the types of providers who may furnish Home Health services, and amends the Home Health benefit. Anticipated impact to beneficiaries is positive.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Washington Medicaid SPA WA-21-0027 was approved on November 17, 2021, with an effective date of January 1, 2022.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek@cms.hhs.gov

Sincerely,

James G. Scott, Director Division of Program Operations

cc: Ann Myers-ann.myers@hca.wa.gov Cynthia Rivers-cynde.rivers@hca.wa.gov

HEALTH CARE FINANCING ADMINISTRATION	T	OMB NO. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	21-0027	Washington		
		The control of the co		
	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE		
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDIC.			
	SOCIAL SECORITI ACT (MEDIC.	AID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION				
	January 1, 2022			
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
5. TYPE OF PLAN MATERIAL (Check One):				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	□ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Senarate Transmittal for each	amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	итенитенту		
1902 of the Social Security Act	a. FFY 2022 \$224,625			
	b. FFY 2023 \$299,500			
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 nagge 21C 22		•		
Attachment 3.1-A pages 21C, 22	Attachment 3.1-A pages 21C, 22			
Attachment 3.1-B pages 22B, 23	Attachment 3.1-B pages 22B, 23			
	1-8			
10. SUBJECT OF AMENDMENT:				
Add Social Worker as a Home Health Provider				
11. GOVERNOR'S REVIEW (Check One):				
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPEC	IFIED: Exempt		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	1. 	9.5%		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
THO REFET RECEIVED WITHIN 45 DATS OF SOBWITTAE				
12 SIGNATURE OF STATE AGENCY OFFICIAL.	Lic negriniza			
13 CHARATHDE ME CTATE AMERICA MELICIAL.	16. RETURN TO:			
	Ann Myers			
13. TYPED NAME:	Rules and Publications			
	Division of Legal Services			
Charissa Fotinos, MD, MSc				
14. TITLE:	Health Care Authority			
Acting Medicaid Director	626 8th Ave SE, MS: 42716			
 	Olympia, WA 98504-2716			
15. DATE SUBMITTED:	Orympia, W11 70304-2710			
September 7, 2021				
FOR REGIONAL OF	FICE USE ONLY			
17 DATE RECEIVED:	18. DATE APPROVED:			
9/07/2021	November 17, 2021			
PLAN APPROVED – ON				
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SI			
1/01/2022				
21. TYPED NAME:	22. TITLE: Discourse Discourse CP			
James G. Scott	Director, Division of Pro	ogram Operations		
23. REMARKS:	1			
25. KLIVIAKKS.				
11/8/21				
• Replace 3.1-A page to read Attachment 3.1-A pages 21c, 22				
Replace 3.1-B pages to read Attachment 3.1-B pages 22b, 23				
11/4/21:				
• Replace 3.1-A page "22" with page "21c"				
• Replace 3.1-B pages "23, 24" with page "22b"				
1 10 10				

State	WASHINGTON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 6.d. Other licensed practitioners (cont)
 - (9) Emergency Medical Services (EMS) providers

EMS providers furnish services within their scope of practice as defined by state law. EMS practitioner certification is equivalent to licensure in the state.

(10) Social Work Services to Enhance the Effectiveness of Home Health Services

Licensed social workers are covered within their scope of practice in accordance with state law. Medical Social Services are provided as part of an authorizing practitioner-ordered Home Health service.

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TN# 21-0027 Supersedes TN# 19-0007 Approval Date: 11/17/2021 Effective Date: 1/1/2022

State	WASHINGTON	
25		56

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

7. Home health care services

- Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 - 1) Applies to home health agencies and to services provided by a registered nurse when no home health agency exists in the area.
 - Approval required when period of service exceeds limits established by the single state agency.
 - 3) Nursing care services are limited to:
 - (a) Services that are medically necessary;
 - (b) Services that can be safely provided in the home setting;
 - (c) Two visits per day (except for the services listed below);
 - (d) Three high risk obstetrical visits per pregnancy; and
 - (e) Infant home phototherapy that was not initiated in the hospital setting.
 - 4) Services must be ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) as part of a written plan of care.
 - 5) Exceptions are made on a case-by-case basis.
- Home health care services provided by a home health agency
 - Home health aide services must be:
 - 1) Intermittent or part time;
 - 2) Ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) on a plan of care established by the nurse or therapist;
 - 3) Provided by a Medicare-certified home health agency;
 - 4) Limited to one medically necessary visit per day; and
 - 5) Supervised by the nurse or therapist biweekly in the client's home.

Exceptions are made on a case-by-case basis

TN# 21-0007 Supersedes TN# 20-0025 Approval Date: 11/17/2021 Effective Date: 1/1/2022

State	WASHINGTON	
AMOUNT,	DURATION, AND SCOPE OF SEF	RVICES PROVIDED TO THE
MEDI	CALLY NEEDY GROUP(S):	ALL

- 6.d. Other Licensed practitioners (cont)
 - (9) Emergency Medical Services (EMS) providers

EMS providers furnish services within their scope of practice as defined by state law. EMS practitioner certification is equivalent to licensure in the state.

(10) Social Work Services to Enhance the Effectiveness of Home Health Services

Licensed social workers are covered within their scope of practice in accordance with state law. Medical Social Services are provided as part of an authorizing practitioner-ordered Home Health service.

TN# 21-0027 Supersedes TN# 19-0007 Approval Date: <u>11/17/2021</u> Effective Date: <u>1/1/2022</u>

State	WASHINGTON	
	DURATION, AND SCOPE OF SE CALLY NEEDY GROUP(S):	RVICES PROVIDED TO THE ALL

7. Home health services

- Intermittent or part-time nursing services
 - (1) Applies to home health agencies and to services provided by a registered nurse when no home health agency exists in the area.
 - (2) Approval required when period of service exceeds limits established by the single state agency.
 - (3) Nursing care services are limited to:
 - (a) Services that are medically necessary;
 - (b) Services that can be safely provided in the home setting;
 - (c) Two visits per day (except for the services listed below);
 - (d) Three obstetrical visits per pregnancy for high-risk pregnancy clients; and
 - (e) Infant home phototherapy that was not initiated in the hospital setting.
 - (4) Exceptions are made on a case-by-case basis.

Approval required when period or services or total monthly reimbursement exceeds limits established by the single state agency. Applies to home health agency and to services provided by a registered nurse when no home health agency exists in area.

- Home health care services provided by a home health agency
 - · Home health aide services must be:
 - (1) Intermittent or part time;
 - (2) Ordered by a physician on a plan of care established by the nurse or therapist;
 - (3) Provided by a Medicare-certified home health agency;
 - (4) Limited to one medically necessary visit per day; and
 - (5) Supervised by the nurse or therapist biweekly in the client's home.

Exceptions are made on a case-by-case basis.

TN# 21-0027 Approval Date: 11/17/2021 Effective Date: 1/1/2022