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State/Territory Name: Washington

State Plan Amendment (SPA) #: 19-0031

This file contains the following documents in the order listed:

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179 Form
Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group/ Division of Reimbursement Review

February 12, 2020

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

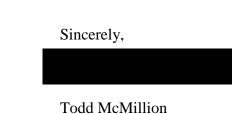
RE: TN 19-0031

Dear Ms. Birch and Ms. Lindeblad:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 19-0031. The proposed amendment was submitted to add a reimbursement methodology and increase the reimbursement rate for secure withdrawal management and stabilization.

Based upon the information provided by the State, we have approved the amendment for incorporation into the official State Plan with an effective date of January, 1, 2020. A copy of the CMS-179 and the approved plan page(s) are enclosed with this letter.

If you have any questions, please call DRR analyst James Moreth at (206) 615-2043 or by email at James.Moreth@CMS.HHS.GOV.



Todd McMillion Acting Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	19-0031	Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2020	à
5. TYPE OF PLAN MATERIAL (Check One):		
Image: Image: New STATE PLAN Image: Amendment To BE CONSIDERED AS NEW PLAN Image: Amendment To BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	amenament)
1902(a) of the Social Security Act	a. FFY 2020 \$ 2,033,630	
1902(a) of the Social Security Act	b. FFY 2021 \$ 4,067,260	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	FDFD PLAN SECTION
	OR ATTACHMENT (If Applicable):	
	(j.,	
Attachment 4.19-B, Page 21a	Attachment 4.19-B, Page 21a	
10. SUBJECT OF AMENDMENT:		
Detoxification services	4	
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		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. BIGHATOKI APOTALE AGENOS DI MORAL.	Ann Myers	
12 TYDED NAME	Rules and Publications	
13. TYPED NAME:	Division of Legal Services	
MaryAnne Lindeblad	Health Care Authority	
14. TITLE:	626 8th Ave SE MS: 42716	
Director	Olympia, WA 98504-2716	
15. DATE SUBMITTED: 12 - 31 - 19		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED: 2/12/2020	
12/31/19	2/12/2020	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/2020	20. SIGNATURE OF REGIONAL OFF	ICIAL:
21. TYPED NAME: Todd McMillion	22. TITLE: Acting Director	
23. REMARKS:		
같아요즘 잘 많아? 아파 다 바람이 말한 것 같아. 것 같아?		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: ______WASHINGTON_____

D. Rehabilitative Services

3. Alcohol/Drug Treatment and Detoxification Services

Payment for detoxification services provided in freestanding Medicaid Agency-approved alcohol/drug treatment centers is on a fee-for-service basis, with one day being the unit of service. The Medicaid Agency pays the lesser of the usual and customary charge or a fee based on an Agency fee schedule. The per diem rate on the Agency fee schedule for secure withdrawal management and stabilization is set at a flat fee based upon market value, other states' fees, and budget impacts.

There is no room and board paid for these services.

Payment for alcohol/drug treatment services is provided to certified facilities on a fee-for-services basis for specific services. The Medicaid Agency pays the lesser of the usual and customary charge or a fee based on a Medicaid Agency fee schedule. There is no room and board paid for these services. Licensed chemical dependency professionals who are paid by the facility, provide services

Except as otherwise noted in the plan, payment for these services is based on fee schedule rates, which are the same for both governmental and private providers of alcohol/drug treatment and detoxification services. The Agency's rates were set as of January 1, 2020, and are effective for services rendered on or after that date. See 4.19-B I, General, #G, for the agency's website where the fee schedules are published.