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

May 19, 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-21-0009. This SPA was submitted in response to the Companion Letter issued in conjunction with the approval of SPA WA-21-0025 on January 19, 2021. WA-21-0009 adds information regarding limitations on prosthetic devices provided under the Code of Federal Regulations at 42 CFR 440.70. The added information does not change current policy or practice; it is for clarification purposes only.

This SPA is approved effective April 1, 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 nicole.lemmon@cms.hhs.gov.

Sincerely,

Digitally signed by James G. Scott -S

Date: 2021.05.19 14:06:27

-05'00'

James G. Scott, Director Division of Program Operations

Enclosure

cc:

Ann Myers, HCA

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	21-0009	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	March 5, 2021 April 1, 2021		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	1441-15, 2021		
5. TYPE OF PLAN MATERIAL (Check One):	1		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
1902(a) of the Social Security Act; 42 CFR 440.70	a. FFY 2021 \$0		
	b. FFY 2022 \$0		
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 23 and 33			
Attachment 3.1-B page 24 and 33	Attachment 3.1-A page 23 and 33		
	Attachment 3.1-B page 24 and 33		
10. SUBJECT OF AMENDMENT:			
Home Health Services			
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 SPEC	IFIED: Exempt	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
Mary Ome Swallan	Ann Myers		
13. TYPED NAME:	Rules and Publications		
	Division of Legal Services		
MaryAnne Lindeblad	<u> </u>		
14. TITLE:	Health Care Authority 626 8 th Ave SE MS: 42716		
Medicaid Director			
15. DATE SUBMITTED:	Olympia, WA 98504-2716		
03/30/2021			
FOR REGIONAL OF			
17. DATE RECEIVED: $3/30/21$	18. DATE APPROVED:		
	May 17, 2021		
PLAN APPROVED – ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/21		FICIAL: y signed by James G. Scott -S 021.05.19 14:07:17 -05'00'	
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Prog	gram Operations	
23. REMARKS:		•	
25. KLIVIAKKU.			
1/15/21 state outhorized a D&I shares to have 4 to seffect a	n offective deta of 4/1/21		
4/15/21 state authorized a P&I change to box 4 to reflect a	in effective date of 4/1/21		
4/29/21 state authorized a P&I change to box 8 and 9 to : add page "33" to both			
"Attachment 3.1-A page 23" and "Attachment 3.1.B page 24"			
puge			

State	WASHINGTON

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

- 7. Home health care services (cont.)
 - c. Medical supplies, equipment, and appliances in accordance with 42 CFR 440.70.

Medical supplies, equipment, and appliances must be:

- Medically necessary;
- In the client's plan of care; and
- Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to medical equipment supplies, appliances, and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- All appliances: prosthetics meeting the definition of home health appliances that replace a body part and orthotics supporting a body part are limited to one (1) per upper limb, lower limb, cranium, or spine per year. Prior authorization is required to exceed the limitation.

Home infusion-parenteral nutrition equipment and supplies are provided when medically necessary.

The Medical Nutrition Program provides medically necessary nutrition and related equipment and supplies, when the client is unable to meet daily nutritional requirements using traditional foods alone, due to injury or illness.

Limitations described below do not apply to the Medical Nutrition Program for clients under age 21 under EPSDT. All other exceptions to these limitations require prior authorization on a case-by-case basis and are based on medical necessity.

- Initial assessments limited to 2 hours (or 8 units) per year.
- Reassessments limited to no more than 1 hour (or 4 units) per day.
 - Training and education provided to groups limited to 1 hour (or 4 units) per day
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders are provided in accordance with 42 CFR 440.110.

When physical therapy and occupational therapy are both medically necessary during the same certification period in order to meet the client's physical or occupational therapy needs, the physician must document on the plan of care that the services are distinctly different and not duplicated.

TN# 21-0009 Approval Date: <u>5/17/2021</u> Eff Supersedes

TN# 20-0025

State	WASHINGTON

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

12. b. Dentures

These services have been moved under "Dental Services" based on CMS recommendation.

12. c. Prosthetic devices

Prosthetics and orthotics must be:

- · Medically necessary;
- In the client's plan of care; and
- Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to prosthetics and orthotics and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- Prosthetics replacing a body part and orthotics supporting a body part are limited to one (1) per upper limb, lower limb, cranium, or spine per year. Prior authorization is required to exceed the limitation.
- Hearing aids provided on the basis of minimal decibel loss
- 12. d. Eyeglasses (Included under "Optometrists' Services", section 6.b.)

•

TN# 21-0009 Supersedes TN# 18-0020

Approval Date: <u>5/17/2021</u>

Effective Date: 4/1/2021

State	WASHINGTON	_
	DURATION, AND SCOP CALLY NEEDY GROUP(

- 7. Home health service (cont.)
 - (5) Supervised by the nurse or therapist biweekly in the client's home.
 - (6) Exceptions are made on a case-by-case basis.
 - c. Medical supplies, equipment, and appliances in accordance with 42 CFR 440.70.

Medical supplies, equipment and appliances must be:

- Medically necessary;
- In the client's plan of care; and
- Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to medical equipment supplies, appliances, and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- All appliances: prosthetics meeting the definition of home health appliances that replace a body part and orthotics supporting a body part are limited to one (1) per upper limb, lower limb, cranium, or spine per year. Prior authorization is required to exceed the limitation.

Home infusion-parenteral nutrition equipment and supplies are provided when medically necessary.

The Medical Nutrition Program provides medically necessary nutrition and related equipment and supplies, when the client is unable to meet daily nutritional requirements using traditional foods alone, due to injury or illness.

Limitations described below do not apply to the Medical Nutrition Program for clients under age 21 under EPSDT. All other exceptions to these limitations require prior authorization on a case-by-case basis and are based on medical necessity.

- Initial assessments limited to 2 hours (or 8 units) per year
- Reassessments limited to no more than 1 hour (or 4 units) per day
- Training and education provided to groups limited to 1 hour (or 4 units) per day
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders are provided in accordance with 42 CFR 440.110.

When physical therapy and occupational therapy are both medically necessary during the same certification period in order to meet the client's physical or occupational therapy needs, the physician must document on the plan of care that the services are distinctly different and not duplicated.

TN# 21-0009 Supersedes TN# 20-0025 Approval Date: 5/17/2021 Effective Date: 4/1/2021

State	WASHINGTON			
,	DURATION, AND SCO CALLY NEEDY GROUP	-	S PROVIDED ALL	TO THE

12. b. Dentures

These services have been moved under "Dental Services" based on CMS recommendation.

12. c. Prosthetic devices

- (1) Prosthetics and orthotics must be:
 - · Medically necessary;
 - In the client's plan of care; and
 - Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to prosthetics and orthotics and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- Prosthetics replacing a body part and orthotics supporting a body part are limited to one (1) per upper limb, lower limb, cranium, or spine per year. Prior authorization is required to exceed the limitation.
- (2) Hearing aids provided on the basis of minimal decibel loss
- 12. d. Eyeglasses (Included under "Optometrists' Services", section 6.b.)

TN# 21-0009 Supersedes TN# 18-0020 Approval Date; 5/17/2021