DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

FEB 17 2011

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 10-030

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-030. This Amendment eliminates coverage of medical services provided in the school setting (school-based services such as occupational therapy, physical therapy, speech therapy, etc), and adds clarifying information to the Early Periodic Screening Diagnosis and Treatment (EPSDT) section of the State plan.

This SPA is approved effective January 1, 2011.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Jan Mertel at (206) 615-2317 or Jan.Mertel@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Douglas Porter, Administrator, State Medicaid Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 10-030

2. STATE: Washington

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
January 1, 2011

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:

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 ~~($3,728,000)~~ -0- (P+I) ($3,728,000)
b. FFY 2012 ~~($8,400,000)~~ -0- (P+I) ($8,400,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A pages 14 – 16, ~~IIea, IIeb, IIec (P+I)~~ (P+I)
Attachment 3.1-B pages 14 – 16, ~~IIea, IIeb, IIec (P+I)~~ (P+I)
Attachment 4.19-B page 22

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A pages 14 – 16
Attachment 3.1-B pages 14 – 16
Attachment 4.19-B page 22

10. SUBJECT OF AMENDMENT:

EPSDT

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 SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL: Susan N. Dreyfus

13. TYPED NAME: Susan N. Dreyfus

14. TITLE: Secretary

15. DATE SUBMITTED: 12/16/10

16. RETURN TO:
Ann Myers
Department of Social and Health Services
Medicaid Purchasing Administration
626 8th Ave SE MS: 45504
POB 5504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: DEC 06 2010

18. DATE APPROVED: FEB 17 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2011

20. SIGNATURE OF REGIONAL OFFICIAL: Barbara K. Richards

21. TYPED NAME: Barbara K. Richards

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

12/7/10 - State authorized changes via pen + ink to the 179.
12/8/10 - Pen + Ink changes authorized by the state on 12/8/10.
12/21/10 - Pen + ink changes authorized by the State

FORM HCFA-179 (07-92)

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

4. b. Early and periodic screening, diagnosis, and treatment

Early Periodic Screening, Diagnosis and Treatment (EPSDT) is a program providing EPSDT to persons under 21 years of age who are eligible for Medicaid. In conformance with 1905(r) of the Act, all medically necessary diagnosis and treatment services are provided regardless of whether the service is included in the plan. Limitations do not apply other than based on medical necessity. Noncovered and certain other services may require prior authorization.

Covered services available for children include, but are not limited to:

1. Dental services:
   (A) Coverage of preventative and dental treatment services. Limitations do not apply other than based on medical necessity. Some of these services may require prior authorization.

   (B) Crowns are covered and require prior authorization.

   (C) Orthodontic treatment is limited to medically necessary treatment only for children with craniofacial anomalies or cleft lip or palate or severe handicapping malocclusion. Limits may be exceeded based on medical necessity.

   (D) Dentures:
   - Immediate dentures – one maxillary and one mandibular denture in a lifetime; requires prior authorization.
   - Complete, immediate, and overdenture dentures - one maxillary and one mandibular denture in a five year period; requires prior authorization.
   - Partial dentures - once every five years if cast metal; once every three years if resin; requires prior authorization.
   - Complete or partial rebase or relines - once every three years when performed at least 6 months after the seating date.
   - Limitations may be exceeded based on medical necessity.

   (E) Oral surgery in an ambulatory surgery center, outpatient, or inpatient hospital setting when the surgery cannot be performed in an office setting. Prior authorization may be required. Documentation must be maintained in the client's record.

2. Eye examinations, refractions, eyeglasses (frames and glasses) and fitting fees:
   (A) Medically necessary eye examinations, refractions, and fitting fees are covered every 12 months.
   (B) Frames, lenses, and contact lenses must be ordered from the Medicaid agency's contractor.

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

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4. b. EPSDT (cont)

3. Hearing aids are covered on the basis of minimal decibel loss

4. Outpatient physical therapy, occupational therapy, and services for children with speech, hearing and language disorders are provided in accordance with 42 CFR 440.110.

   Duplicate services for occupational, physical, and speech therapy are not allowed for the same client when providers are performing the same or similar procedure(s).

5. Home health services;

   Outpatient occupational therapy, physical therapy, and services for individuals with speech, hearing and language disorders are limited to:
   (A) Clients who are not able to access their care in the community; and
   (B) Medically necessary care.

   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.

   - Physical therapy services may be provided by a licensed physical therapist or a physical therapist assistant supervised by a licensed physical therapist. Physical therapist assistants must meet the requirements in chapter 18.74 RCW in effect as of July 1, 2009. Chapter 18.74 RCW specifies required education, experience, and the state's application and examination process for these providers.
   - Occupational therapy services may be provided by a licensed occupational therapist or a licensed occupational therapy assistant supervised by a licensed occupational therapist trained and supervised by a licensed occupational therapist. Licensed occupational therapy assistants must meet the requirements in chapter 18.59 RCW in effect as of July 1, 2009. Chapter 18.59 RCW specifies required education, experience, and the state's application and examination process for these providers.
   - Services for clients with speech, hearing, and language disorders must be provided by or under the supervision of a speech pathologist or audiologist. Speech pathologists, audiologists, and individuals providing services under their supervision must meet the requirements in chapter 18.35 RCW in effect as of July 1, 2009. Chapter 18.35 RCW specifies required education, experience, and the state's application and examination process for these providers.

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

4. b. EPSDT (cont)

6. Hospice care, including palliative care

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUP(S): ALL

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4. a. Nursing facility services

Prior approval of admission

b. Early and periodic screening, diagnosis, and treatment

Early Periodic Screening, Diagnosis and Treatment (EPSDT) is a program providing EPSDT to persons under 21 years of age who are eligible for Medicaid. In conformance with 1905(r) of the Act, all medically necessary diagnosis and treatment services are provided regardless of whether the service is included in the plan. Limitations do not apply other than based on medical necessity. Noncovered and certain other services may require prior authorization.

Covered services available for children include, but are not limited to:

1. Dental services:

(A) Coverage of preventative and dental treatment services. Limitations do not apply other than based on medical necessity. Some of these services may require prior authorization.

(B) Crowns are covered and require prior authorization.

(C) Orthodontic treatment is limited to medically necessary treatment for children with craniofacial anomalies or cleft lip or palate or severe handicapping malocclusion. Limits may be exceeded based on medical necessity.

(D) Dentures:

- Immediate dentures – one maxillary and one mandibular denture in a lifetime; requires prior authorization.
- Complete, immediate, and overdenture dentures - one maxillary and one mandibular denture in a five year period; requires prior authorization.
- Partial dentures - once every five years if cast metal; once every three years if resin; requires prior authorization.
- Complete or partial rebase or relines - once every three years when performed at least 6 months after the seating date.
- Limitations may be exceeded based on medical necessity.

(E) Oral surgery in an ambulatory surgery center, outpatient, or inpatient hospital setting when the surgery cannot be performed in an office setting. Prior authorization may be required. Documentation must be maintained in the client's record.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUP(S): ALL

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4. b. EPSDT (cont)

2. Eye examinations, refractions, eyeglasses (frames and glasses) and fitting fees:
   (A) Medically necessary eye examinations, refractions, and fitting fees are covered every 12 months.
   (B) Frames, lenses, and contact lenses must be ordered from the Medicaid agency's contractor.

3. Hearing aids are covered on the basis of minimal decibel loss

4. Outpatient physical therapy, occupational therapy, and services for children with speech, hearing and language disorders are provided in accordance with 42 CFR 440.110.

   Duplicate services for occupational, physical, and speech therapy are not allowed for the same client when providers are performing the same or similar procedure(s).

5. Home health services;

   Outpatient occupational therapy, physical therapy, and services for individuals with speech, hearing and language disorders are limited to:
   (A) Clients who are not able to access their care in the community; and
   (B) Medically necessary care.

   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.

   - Physical therapy services may be provided by a licensed physical therapist or a physical therapist assistant supervised by a licensed physical therapist. Physical therapist assistants must meet the requirements in chapter 18.74 RCW in effect as of July 1, 2009. Chapter 18.74 RCW specifies required education, experience, and the state's application and examination process for these providers.

   - Occupational therapy services may be provided by a licensed occupational therapist, a licensed occupational therapy assistant supervised by a licensed occupational therapist, or an occupational therapy aide, in schools, trained and supervised by a licensed occupational therapist. Licensed occupational therapy assistants and occupational therapy aides must meet the requirements in chapter 18.59 RCW in effect as of July 1, 2009. Chapter 18.59 RCW specified required education, experience, and the state's application and examination process for these providers.

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

4. b. EPSDT (cont)

- Services for clients with speech, hearing, and language disorders must be provided by or under the supervision of a speech pathologist or audiologist. Speech pathologists, audiologists, and individuals providing services under their supervision must meet the requirements in chapter 18.35 RCW in effect as of July 1, 2009. Chapter 18.35 RCW specifies required education, experience, and the state's application and examination process for these providers.

6. Hospice care, including palliative care

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)

IX. Other Noninstitutional Services (cont.)

F. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Except as otherwise noted in the plan state developed fee schedule rates are the same for both governmental and private providers of EPSDT services. The Medicaid agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule. The fee schedule was last updated on July 1, 2010 and is effective for services on or after that date. All rates are published on the agency's website at http://hrsa.dshs.wa.gov/download/ In conformance with 1905 (r) of the Act, all medically necessary diagnosis and treatment services are provided regardless of whether the service is included in the plan. Limitations do not apply other than based on medical necessity.