



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

**OCT 13 2011**

Douglas Porter, Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: Washington State Plan Amendment (SPA) Transmittal Number 11-012**

Dear Mr. Porter:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington State Plan Amendment (SPA) Transmittal Number 11-012. This amendment is in response to behavior rehabilitative services issues detailed in a companion letter issued during the review and approval of Washington SPA 10-010.

The SPA is approved effective April 1, 2011.

If you have any questions or comments, please contact me, or have your staff contact Daphne Hicks at (410) 786-6572 or via email at [daphne.hicks@cms.hhs.gov](mailto:daphne.hicks@cms.hhs.gov).

Sincerely,

A handwritten signature in cursive script that reads "Carol J.C. Peverly" with a date "10/24" written at the end.

Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: MaryAnn Lindeblad, Assistant Secretary

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 11-12	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE April 1, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

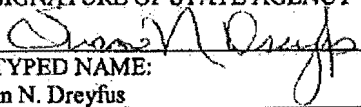
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2011 (\$6,558,056) b. FFY 2012 (\$19,746,236)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A pg. 58, 55, 56, 57, 59 (P&I) Attachment 3.1-B, pages 55-57a (P&I) Attachment 4.19-B, pages 21, 21a (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A pg. 58, 55, 56, 57, 59 (P&I) Attachment 3.1-B, pages 55-57a (P&I) Attachment 4.19-B, pages 21, (P&I)

10. SUBJECT OF AMENDMENT:  
  
Behavior Rehabilitation

11. GOVERNOR'S REVIEW (Check One):


GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: Exempt  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Ann Myers Department of Social and Health Services Medicaid Purchasing Administration 626 8 <sup>th</sup> Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504
13. TYPED NAME: Susan N. Dreyfus	
14. TITLE: Secretary	
15. DATE SUBMITTED: April 13, 2011	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: April 13, 2011	18. DATE APPROVED: OCT 13 2011
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVAL: APR 13 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:  
  
6/23/11 - Pen and Ink (P&I) changes authorized by the State.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

## 13. d. 9. Behavior Rehabilitation Services.

Behavior rehabilitative services are health and remedial services provided to children to remediate debilitating disorders, ordered by a physician or other licensed practitioner of the healing arts within the scope of his or her practice within state law, intended for the maximum reduction of mental disability and restoration of the individual to his or her best possible functional level. Prior approval is required.

**Service Settings**

BRS may be delivered in a group living setting (in the community), in a treatment foster home, or in a small number of cases, in the child's own home. In all setting, BRS is always provided by the credentialed staff of the BRS provider. Natural parents or foster parents do not provide BRS, nor does the State claim for such.

**Service Description**

Upon assessment and development of an individual service and treatment plan, specific services include milieu therapy, crisis counseling, regularly scheduled counseling and therapy, and health services. Care management and planning are ongoing and may include coordination with other agencies. When the child returns home, after care may be provided for up to six (6) months.

*Milieu therapy:* Refers to those activities performed with children to normalize their psycho-social development and promote the safety of the child and stabilize his or her behavior in any given environment. The child is monitored in structured activities conducive to interpersonal interaction (e.g., group work assignments), with the aim of promoting living skills development. As the child is monitored, intervention is provided to remediate the dysfunctional behaviors and encourage appropriate responses which the child may then apply in a broad range of settings. Aggression replacement training is provided to teach children to understand and replace aggression and anti-social behavior with positive alternatives. Providers include Social Service and Care Management staff. Child care staff provide assistance to these staff in the form of day-to-day supervision and behavioral feedback to the youth. (*see Provider Qualifications*).

*Crisis counseling:* Available on a 24 hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions. Children in the population served by BRS are subject to sudden, escalating disturbed behavior patterns. Crisis counseling is intended to quickly intervene and address escalating behavior, while scheduled counseling and therapy are intended to address the child's problems in the longer term. Example: A short term intervention would include the child having a face-to-face encounter with a counselor to discuss the nature of the child's current emotional/behavioral disturbance and his/her feelings that caused the disturbance. The child has the opportunity to work out a plan to cope with the immediate situation until longer term solutions can be developed. Providers include Social Service staff and Care Management staff (*see Provider Qualifications*).

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

## 13. d. 9. Behavior Rehabilitative Services (cont)

## Service Description (cont)

*Regularly scheduled counseling and therapy:* May include psychological testing. Each child has an individual services and treatment plan which identifies the child's specific behavioral dysfunctions. Services and treatment are tailored to the child in his/her individual plan. Therapy may be in an individual or group setting, which may include members of the child's peer group or family members, but therapy is directed at the child's behavioral problems. Irrespective of the therapeutic setting, counseling and therapy are provided to, or directed exclusively toward, the treatment of the Medicaid-eligible individual.

Providers include Social Services and Care Management staff. Child care staff may provide assistance to these staff in the form of day-to-day supervision and behavioral feedback to the youth (see *Provider Qualifications*).

*Health Counseling:* This component includes any service recommended by a licensed practitioner of the healing arts within the scope of his/her practice, aimed at reducing physical or mental disability of the individual and restoring the individual to his/her best possible functional level. Emergency and routine medical services are not claimed as BRS.

An EPSDT examination for the child must be arranged within the first 30 days of entry into BRS, and any recommendations resulting from the examination must be acted upon.

Youth may receive health counseling regarding health maintenance, disease prevention, nutrition, hygiene, pregnancy prevention, and prevention of sexually transmitted infections in a group setting or on a one-on-one basis with BRS social service staff or care management staff.

The population of youth served by BRS are at a higher risk of unsafe behaviors than the general population of youth in the community. They are also less concerned with maintaining personal habits that promote and sustain health such as nutrition, personal hygiene, and the prevention of disease. The counseling they receive reduces their dysfunctional behaviors.

BRS providers are required to provide or arrange for drug and/or alcohol treatment for all youth who require such treatment irrespective of the setting in which the youth resides, i.e., all settings. Drug and/or alcohol treatment may be sought in the community network of providers and paid for with the youth's Medicaid benefit and is not billed for in the BRS provider's rate. A small number of BRS providers have staff members who possess the required credentials to provide substance abuse treatment. In such cases, treatment could be provided within the facility without an increase in the provider's rate. Whether provided by a subcontracting community resource or within the BRS facility, substance abuse treatment is integrated into the youth's treatment plan and supported by the social service staff, the care management staff, and the child care staff.

Milieu therapy, crisis counseling, scheduled counseling and therapy, and health counseling are provided by care management staff and social service staff. The role of the child care staff is a supporting role to the care management and social service staff. (see *Provider Qualifications and Responsibilities*).

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

## 13. d. 9 Behavior Rehabilitative Services (cont)

Demonstrations by staff of recreational or work activities are not claimed as BRS.

**Population to be Served**

Children who receive these services suffer from conditions that prevent them from functioning normally in their homes, schools, and communities. Dysfunctional behaviors may include drug and alcohol abuse; anti-social behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; behaviors symptomatic of victims of severe family conflict; and behavioral disturbances resulting from psychiatric disorders of the parents.

**Provider Qualifications and Responsibilities**

Each provider must be licensed by the state's Division of Licensed Resources. Specific qualifications for all BRS providers' staff are listed below. In all settings, it is the providers' credentialed staff who perform BRS services.

*Social Services Staff.* The minimum qualification is a Masters Degree in social work or a social science such as psychology, counseling, or sociology. Social workers must meet the requirements in 18.225 RCW and chapter 246-809 WAC and have a Master's or Doctoral level degree from an educational program accredited by the Council on Social Work Education. Licensed/certified staff must successfully complete the Department of Health's examination and supervised/supervisory experience requirements. Social service staff without a Master's Degree must have a Bachelor's Degree in social work or a social science such as psychology, counseling, or sociology, and must consult at least eight hours per month with a person who has a Master's Degree.

Responsibilities include development of service plans; individual, group, and family counseling; and assistance to child care staff in providing appropriate treatment for clients.

The social service staff provides the child care staff with oversight and direction, when necessary, in the provision of appropriate treatment for children, in accordance with each child's specific treatment plan. Because the Social Service staff possess a higher educational credential and greater experience than the child care staff, they provide leadership to the child care staff.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

## 13. d. 9. Behavior Rehabilitative Services (cont)

**Provider Qualifications and Responsibilities (cont)**

*Care Management Staff:* The minimum qualification is a Master's Degree with major study in social work or a social science such as psychology, counseling, or sociology, or a Bachelor's Degree with major study in social work or a social science such as psychology, counseling, or sociology, and two (2) years' experience working with children and families. Mental health counselors must meet the requirements in 18.225 RCW and chapter 246-809WAC and have a Master's or Doctoral level degree in mental health counseling or a related field from an approved college or university. Licensed/certified staff must successfully complete the Department of Health's examination and supervised/supervisory experience requirements.

Responsibilities include case planning, individual and group counseling, assistance to child care staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

Care managers are in a leadership role to the child care staff. The care manager is responsible for maintaining oversight and providing direction to child care staff on a day-to-day basis for the child's behavior management, in accordance with each child's specific treatment plan. Care managers coordinate with other agencies to ensure that the child, when returned home, will have adequate supports to enable him/her to remain in the community. Examples of such supports could include ensuring that the child has a medical home, has a community treatment resource for drug and/or alcohol abuse, or has counseling for the treatment of sexually aggressive behavior. Coordination with other agencies depends on the specific problems of a specific child.

Therapeutic interventions are provided by social services staff, care management staff, and subcontracted individuals. All providers must meet the qualifications above, and as required, be licensed or certified by the Department of Health (DOH) according to chapter 18.25 RCW to furnish the service(s) provided by the BRS contractor.

*Child Care Staff:* Minimum qualifications require that no less than 50% of the childcare staff in a facility have a Bachelor's Degree. Combinations of formal education and experience working with children and families may be substituted for a Bachelor's degree.

Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise. Child care staff are responsible for understanding each child's treatment plan and providing day-to-day supervision and behavioral feedback to the child, in accordance with each child's individual treatment plan. These staff may provide input, based on their experience with the child, during case staffing and counseling sessions with the child and/or his/her family.

*Master's Level Oversight:* In addition to the staffing qualifications listed in this section, the Contractor's program must have Master's level oversight. This requirement may be met through a Master's level Program Director or Social Service staff or by subcontracting with a consultant.

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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17. Nurse midwife services

Limited to facilities approved by the department to provide this services, or in the case of home births, to clients and residences approved for this service. All midwives participating in home births are Agency-approved.

18. Hospice care (in accordance with section 1903(o) of the Act)

Also includes pediatric palliative care services that are provided for approved clients 20 years old and younger who have a life limiting diagnosis.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

## 13. d. Rehabilitative Services (cont)

Behavior rehabilitative services are health and remedial services provided to children to remediate debilitating disorders, ordered by a physician or other licensed practitioner of the healing arts within the scope of his or her practice within state law, intended for the maximum reduction of mental disability and restoration of the individual to his or her best possible functional level. Prior approval is required.

**Service Settings**

BRS may be delivered in a group living setting (in the community), in a treatment foster home, or in a small number of cases, in the child's own home. In all setting, BRS is always provided by the credentialed staff of the BRS provider. Natural parents or foster parents do not provide BRS, nor does the State claim for such.

**Service Description**

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*Crisis counseling:* Available on a 24 hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions. Children in the population served by BRS are subject to sudden, escalating disturbed behavior patterns. Crisis counseling is intended to quickly intervene and address escalating behavior, while scheduled counseling and therapy are intended to address the child's problems in the longer term. Example: A short term intervention would include the child having a face-to-face encounter with a counselor to discuss the nature of the child's current emotional/behavioral disturbance and his/her feelings that caused the disturbance. The child has the opportunity to work out a plan to cope with the immediate situation until longer term solutions can be developed. Providers include Social Service staff and Care Management staff (*see Provider Qualifications*).

*Regularly scheduled counseling and therapy:* May include psychological testing. Each child has an individual services and treatment plan which identifies the child's specific behavioral dysfunctions. Services and treatment are tailored to the child in his/her individual plan.



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE  
MEDICALLY NEEDED GROUP(S): ALL

## 13. d. 9. Rehabilitative services/Behavior rehabilitation (cont.)

## Service Description (cont)

Therapy may be in an individual or group setting, which may include members of the child's peer group or family members, but therapy is directed at the child's behavioral problems. Irrespective of the therapeutic setting, counseling and therapy are provided to, or directed exclusively toward, the treatment of the Medicaid-eligible individual.

Providers include Social Services and Care Management staff. Child care staff may provide assistance to these staff in the form of day-to-day supervision and behavioral feedback to the youth (*see Provider Qualifications*).

*Health Counseling:* This component includes any service recommended by a licensed practitioner of the healing arts within the scope of his/her practice, aimed at reducing physical or mental disability of the individual and restoring the individual to his/her best possible functional level. Emergency and routine medical services are not claimed as BRS.

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BRS providers are required to provide or arrange for drug and/or alcohol treatment for all youth who require such treatment irrespective of the setting in which the youth resides, i.e., all settings. Drug and/or alcohol treatment may be sought in the community network of providers and paid for with the youth's Medicaid benefit and is not billed for in the BRS provider's rate. A small number of BRS providers have staff members who possess the required credentials to provide substance abuse treatment. In such cases, treatment could be provided within the facility without an increase in the provider's rate. Whether provided by a subcontracting community resource or within the BRS facility, substance abuse treatment is integrated into the youth's treatment plan and supported by the social service staff, the care management staff, and the child care staff.

Milieu therapy, crisis counseling, scheduled counseling and therapy, and health counseling are provided by care management staff and social service staff. The role of the child care staff is a supporting role to the care management and social service staff (*see Provider Qualifications and Responsibilities*).

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

## 13. d. 9. Behavior Rehabilitative Services (cont)

Demonstrations by staff of recreational or work activities are not claimed as BRS.

**Population to be Served**

Children who receive these services suffer from conditions that prevent them from functioning normally in their homes, schools, and communities. Dysfunctional behaviors may include drug and alcohol abuse; anti-social behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; behaviors symptomatic of victims of severe family conflict; and behavioral disturbances resulting from psychiatric disorders of the parents.

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Responsibilities include development of service plans; individual, group, and family counseling; and assistance to child care staff in providing appropriate treatment for clients.

The social service staff provides the child care staff with oversight and direction, when necessary, in the provision of appropriate treatment for children, in accordance with each child's specific treatment plan. Because the Social Service staff possess a higher educational credential and greater experience than the child care staff, they provide leadership to the child care staff.

*Care Management Staff:* The minimum qualification is a Master's Degree with major study in social work or a social science such as psychology, counseling, or sociology, or a Bachelor's Degree with major study in social work or a social science such as psychology, counseling, or sociology, and two (2) years' experience working with children and families. Mental health counselors must meet the requirements in 18.225 RCW and chapter 246-809WAC and have a Master's or Doctoral level degree in mental health counseling or a related field from an approved college or university. Licensed/certified staff must successfully complete the Department of Health's examination and supervised/supervisory experience requirements.

Responsibilities include case planning, individual and group counseling, assistance to child care staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

## 13. d. 9. Behavior Rehabilitative Services (cont)

Care managers are in a leadership role to the child care staff. The care manager is responsible for maintaining oversight and providing direction to child care staff on a day-to-day basis for the child's behavior management, in accordance with each child's specific treatment plan. Care managers coordinate with other agencies to ensure that the child, when returned home, will have adequate supports to enable him/her to remain in the community. Examples of such supports could include ensuring that the child has a medical home, has a community treatment resource for drug and/or alcohol abuse, or has counseling for the treatment of sexually aggressive behavior. Coordination with other agencies depends on the specific problems of a specific child.

Therapeutic interventions are provided by social services staff, care management staff, and subcontracted individuals. All providers must meet the qualifications above, and as required, be licensed or certified by the Department of Health (DOH) according to chapter 18.25 RCW to furnish the service(s) provided by the BRS contractor.

*Child Care Staff.* Minimum qualifications require that no less than 50% of the childcare staff in a facility have a Bachelor's Degree. Combinations of formal education and experience working with children and families may be substituted for a Bachelor's degree.

Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise. Child care staff are responsible for understanding each child's treatment plan and providing day-to-day supervision and behavioral feedback to the child, in accordance with each child's individual treatment plan. These staff may provide input, based on their experience with the child, during case staffing and counseling sessions with the child and/or his/her family.

*Master's Level Oversight:* In addition to the staffing qualifications listed in this section, the Contractor's program must have Master's level oversight. This requirement may be met through a Master's level Program Director or Social Service staff or by subcontracting with a consultant.

## 17. Nurse midwife services

Limited to facilities approved by the Medicaid Agency to provide this service, or in the case of home births, to clients and residences approved for this service. All midwives participating in home births are Agency-approved.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

## D. Rehabilitative Services

1. Payment for physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders is described in Section IX. J.
2. Behavior Rehabilitative Services (BRS)

Payment for behavioral rehabilitative services is on a fee-for-service basis. Services are authorized by month; claims are pro-rated to pay for the actual number of days of service provided within that month. The State assures that only BRS is claimed; maintenance is not claimed. Documentation is recorded by all providers and by the State which provides the elements necessary for claiming Title XIX funding: name of person who received the service, name of provider of the service, provider identification number, date the service was provided, location of the service provided, and the nature and scope of the service.

Rates are tiered based upon the level of the intensity, duration, and severity of behavioral dysfunction experienced by the child being served; the levels range from moderate to extreme.

Behavioral rehabilitative services and the practitioners who can provide and bill for these services are described in Attachments 3.1-A and 3.1-B, Section 13.d.9.

The State requires BRS providers to participate in a time study and submit cost reports that address the service components described in Attachments 3.1-A and 3.1-B, Section 13.d.9. The system of time studying and cost reporting provides an accurate representation of the time spent in Title XIX allowable activities and the costs associated with them. The time study and cost reports also expressly exclude the room and board component in BRS and direct it to Title IV-E.

Based on documentation from the provider, the State's automated payment system captures the elements necessary for Title XIX claiming, (i.e., who received the service, who provided the service, where the service was provided, when the service was provided, and the nature and scope of the service). The State provides oversight with respect to all the provider's activities and reporting, and reviews data on a per practitioner, per Medicaid service basis during its ongoing monitoring process, to ensure that the rate paid is economic and efficient for the services rendered.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Behavior Rehabilitation Services. The State's rates were set as of February 1, 2011 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates, including current and prior rates, are published and maintained on the State's website. Specifically, the fee schedule and any periodic adjustments to the fee schedule are published at [http://www.dshs.wa.gov/pdf/ca/Fee\\_BRS.pdf](http://www.dshs.wa.gov/pdf/ca/Fee_BRS.pdf)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

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## 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. 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 state-developed 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 July 1, 2011 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates, including current and prior rates, are published and maintained on the Agency's website. Specifically, the fee schedule and any periodic adjustments to the fee schedule are published at <http://hrsa.dshs.wa.gov/RBRVS/Index.html#H>