



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

DEC 16 2011

Douglas Porter, Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 11-023

Dear Mr. Porter:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-023. This amendment re-establishes the School-Based Healthcare Services program for children in special education.

This SPA is approved effective September 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,

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
11-23

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
Sept. 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 2012 \$0 \$6,203,475 (P&I)
b. FFY 2013 \$0 \$6,274,805 (P&I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A pgs 16, 16a (new), 16b (new), 16c (new)
Att. 3.1-B pgs 16, 16a (new), 16b (new), 16c (new)
Att. 4.19-B pg 22

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Att. 3.1-A pg 16
Att. 3.1-B pg 16
Att. 4.19-B pg 22

10. SUBJECT OF AMENDMENT:

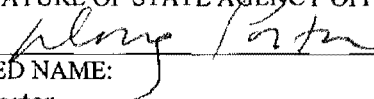
School Based Services

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 SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Doug Porter

14. TITLE:

Director

15. DATE SUBMITTED:

9-29-11

16. RETURN TO:

Ann Myers
Health Care Authority
626 8th Ave SE MS: 45504
POB 5504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

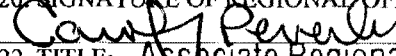
17. DATE RECEIVED: September 29, 2011

18. DATE APPROVED: **DEC 16 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
SEP 01 2011

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Carol J.C. Peverly

22. TITLE: Associate Regional Administrator

23. REMARKS:

Division of Medicaid &
Children's Health

11/22/2011 - Pen & Ink (P&I) changes authorized by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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4. b. EPSDT (cont)
6. Hospice care, including palliative care
7. School-based health care services
- (1) School-based healthcare services are provided to a child with a disability in accordance with the Individuals with Disabilities Education Act (IDEA) Part B:
- Addresses the physical and/or mental disabilities of the child;
 - Are prescribed by a currently licensed physician or another currently licensed healthcare practitioner within his or her scope of practice under state law; and
 - Are included the child's current Individualized Education Plan (IEP).
- (a) Provider qualifications – School-based healthcare services provided to a child with a disability must be delivered by a qualified provider who meets both federal and state licensing requirements. The professional must operate within the scope of his or her license and certification according to state law and professional practice standards.
- (i) *Physical Therapist* – A 'licensed physical therapist' is an individual who has met the requirements set forth in 42 CFR 440.110(a), passed the National Physical Therapy Examination (NPTE), and who is currently licensed according to the Washington State Board of Physical Therapy. Physical therapy services may be provided by a 'licensed physical therapy assistant' who has passed the National Physical Therapy Examination (NPTE), and meets the requirements of Chapter 18.74 RCW and Chapter 246-915 WAC. A 'licensed physical therapist assistant' must be under the direction and supervision of a licensed physical therapist.
- (ii) *Occupational Therapist* – A 'licensed occupational therapist' is an individual who has met the requirements set forth in 42 CFR 440.110(b), has passed the National Board for Certification in Occupational Therapy's (NBCOT) examination, and who is currently licensed according to the Washington State Occupational Therapy Practice Board. Occupational therapy services may be provided by a 'licensed occupational therapy assistant' who has passed the National Board for Certification in Occupational Therapy's (NBCOT) examination, and meets the requirements of Chapter 18.59 RCW and Chapter 246-847 WAC. A 'licensed occupational therapist assistant' must be under the direction and supervision of a licensed qualified occupational therapist.
- (iii) *Speech-Language Pathologist* – A 'licensed speech-language pathologist' is an individual who has met the requirements set forth in 42 CFR 440.110(c)(2), has passed the Speech and Hearing Association examination, and who is currently licensed according to the Washington State Board of Hearing and Speech. Speech-language pathology services may be provided by a 'certified speech-language pathology

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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4. b. EPSDT (cont)

assistant' who has met the requirements of Chapter 18.35 RCW and Chapter 246-828 WAC . A 'certified speech-language pathology assistant' must be under the direction and supervision of a licensed speech-language pathologist.

- (iv) *Audiologist* – A 'licensed audiologist' is an individual who has met the requirements set forth in 42 CFR 440.110(c)(2), is currently licensed, and has passed the examination or received official verification from the American Speech and Hearing Association (ASHA), clinical competency certifications from the American Board of Audiology (ABA) or the American Academy of Audiology (AAA). The licensed audiologist must be in compliance with the Washington State Board of Health and Speech, and conform to Chapter 18.250 RCW and Chapter 246-828 WAC.
- (v) *Registered Nurse or Licensed Practical Nurse* – A 'registered nurse or licensed practical nurse' is an individual who is currently licensed according to the Washington State Health Nursing Commission, and is in compliance with 42 CFR 440.60. Registered nurses must conform to Chapter 18.79 RCW, 246-840 of the Washington Administrative Codes. A licensed practical nurse must meet the requirements of Chapter 18.79 RCW and Chapter 246-840 WAC.
- (vi) *Psychologist* – A 'psychologist' is an individual who is currently licensed according to the Washington State Examining Board of Psychology, has passed the Examination for Professional Practice of Psychology (EPPP), and is in compliance with 42 CFR 440.130(d). A licensed psychologist must meet the requirements of Chapter 18.83 RCW and Chapter 246-924 WAC.
- (vii) *Social Worker* – A 'social worker' is an individual who is currently licensed according to the Washington State Board of Health, has passed the American Association of Social Work Boards (ASWB), and is in compliance with 42 CFR 440.130(d). A licensed social worker must meet the requirements of Chapter 18.225 RCW and Chapter 246-809 WAC.
- (viii) *Mental Health Counselor* – A 'licensed mental health counselor' is an individual who is currently licensed according to the Washington State Board of Health, has passed the National Board for Certified Counselors (NBCC), and is in compliance with 42 CFR 440.130(d). Mental health services may be provided by a 'licensed mental health counselor associate' who has not taken the National Board for Certified Counselors (NBCC) examination, but meets the requirements of Chapter 18.225 RCW and Chapter 246-809 WAC. A 'licensed mental health counselor associate' must be under the direction and supervision of a licensed mental health counselor.

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4. b. EPSDT (cont)

(ix) In those circumstances when a healthcare related service is provided under the direction and supervision of a licensed therapist (*e.g.*, *Occupational, Physical, or Speech Language Pathologist*), the following restrictions apply. Documentation must be kept to support the licensed therapist's supervision of services and ongoing treatment of services.

The supervising therapist must:

- (A) See the child face-to-face at the beginning of service and periodically during treatment;
- (B) Be familiar with the treatment plan as recommended by the prescribing physician under state law;
- (C) Have a continued involvement in the child's care recommended by the prescribing physician; and
- (D) Review the need for continued services through treatment.

(b) Covered services are provided in accordance with 1905(a) of the Social Security Act including: (4) (B), (6), (11), (13), (28), and subsection (r)(5).

- (i) *Physical therapy evaluations and treatment services* – Assessing, preventing, or alleviating movement dysfunction and related dysfunctional problems.
- (ii) *Occupational therapy evaluations and treatment services* – Assessing, improving, developing, restoring functional impairment, loss through illness, injury or deprivation, and improving the ability to perform tasks toward independence when functions are lost.
- (iii) *Speech-language therapy evaluations and treatment services* – Assessment of children with speech and language disorders, and diagnosis and appraisal of specific speech and language disorders. Referral to medical and other professional services necessary for the rehabilitation of speech and language disorders, provision of speech and language services, and for the prevention and improvement of communication disorders.
- (iv) *Audiology-hearing evaluations and treatment services* – Assessments of children with hearing loss, determination of the range, nature and degree of hearing loss, including the referral to medical or other professional services for restoration and rehabilitation due to hearing disorders. Provision of rehabilitative activities, such as speech restoration or rehabilitation, auditory training, hearing evaluation and speech conversation, and determination of the child's need for individual amplification.
- (v) *Nursing evaluations and treatment services* – Assessment of a child's medical needs ordered by a prescribing physician or other licensed healthcare provider within his or her scope of practice. Treatment services include assessment, treatment, and supervision of delegated health care services provided to prevent disease, disability, or the progression of other health conditions.

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4. b. EPSDT (cont)
- (vi) *Psychological assessments and counseling services* – Psychological assessments include testing and psychotherapy to assist a child in adjusting to their disability.
 - (vii) *Counseling assessments and therapy services* – Therapeutic intervention services to assist a child in adjusting to their disability.
 - (c) Medicaid beneficiaries have the freedom to choose their providers. The state and school districts may encourage, but may not require, Medicaid eligible children to receive necessary healthcare services in the school setting from school-based providers.

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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
7. School-based health care services
- (1) School-based healthcare services are provided to a child with a disability in accordance with the Individuals with Disabilities Education Act (IDEA) Part B:
- Addresses the physical and/or mental disabilities of the child;
 - Are prescribed by a currently licensed physician or another currently licensed healthcare practitioner within his or her scope of practice under state law; and
 - Are included the child's current Individual Education Plan (IEP).
- (a) Provider qualifications – School-based healthcare services provided to a child with a disability must be delivered by a qualified provider who meets both federal and state licensing requirements. The professional must operate within the scope of his or her license and certification according to state law and professional practice standards.
- (b) *Physical Therapist* – A 'licensed physical therapist' is an individual who has met the requirements set forth in 42 CFR 440.110(a), passed the National Physical Therapy Examination (NPTE), and who is currently licensed according to the Washington State Board of Physical Therapy. Physical therapy services may be provided by a 'licensed physical therapy assistant' who has passed the National Physical Therapy Examination (NPTE), and meets the requirements of Chapter 18.74 RCW and Chapter 246-915 WAC . A 'licensed physical therapist assistant' must be under the direction and supervision of a licensed physical therapist.
- (c) *Occupational Therapist* – A 'licensed occupational therapist' is an individual who has met the requirements set forth in 42 CFR 440.110(b), has passed the National Board for Certification in Occupational Therapy's (NBCOT) examination, and who is currently licensed according to the Washington State Occupational Therapy Practice Board. Occupational therapy services may be provided by a 'licensed occupational therapy assistant' who has passed the National Board for Certification in Occupational Therapy's (NBCOT) examination, and meets the requirements of Chapter 18.59 RCW and Chapter 246-847 WAC. A 'licensed occupational therapist assistant' must be under the direction and supervision of a licensed qualified occupational therapist.

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4. b. EPSDT (cont)

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- (B) See the child face-to-face at the beginning of service and periodically during treatment;
 - (B) Be familiar with the treatment plan as recommended by the prescribing physician under state law;
 - (C) Have a continued involvement in the child's care recommended by the prescribing physician; and
 - (D) Review the need for continued services through treatment.
- (b) Covered services are provided in accordance with 1905(a) of the Social Security Act including: (4) (B), (6), (11), (13), (28), and subsection (r)(5).
- (viii) *Physical therapy evaluations and treatment services* – Assessing, preventing, or alleviating movement dysfunction and related dysfunctional problems.
- (ix) *Occupational therapy evaluations and treatment services* – Assessing, improving, developing, restoring functional impairment, loss through illness, injury or deprivation, and improving the ability to perform tasks toward independence when functions are lost.
- (x) *Speech-language therapy evaluations and treatment services* – Assessment of children with speech and language disorders, and diagnosis and appraisal of specific speech and language disorders. Referral to medical and other professional services necessary for the rehabilitation of speech and language disorders, provision of speech and language services, and for the prevention and improvement of communication disorders.
- (xi) *Audiology-hearing evaluations and treatment services* – Assessments of children with hearing loss, determination of the range, nature and degree of hearing loss, including the referral to medical or other professional services for restoration and rehabilitation due to hearing disorders. Provision of rehabilitative activities, such as speech restoration or rehabilitation, auditory training, hearing evaluation and speech conversation, and determination of the child's need for individual amplification.
- (xii) *Nursing evaluations and treatment services* – Assessment of a child's medical needs ordered by a prescribing physician or other licensed healthcare provider within his or her scope of practice. Treatment services include assessment, treatment, and supervision of delegated health care services provided to prevent disease, disability, or the progression of other health conditions.

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4. b. EPSDT (cont)
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- (c) Medicaid beneficiaries have the freedom to choose their providers. The state and school districts may encourage, but may not require, Medicaid eligible children to receive necessary healthcare services in the school setting from school-based providers.

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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.

School-based healthcare services.

School-Based Services (SBS) rates are based on Resource-Based Relative Value Scale (RBRVS) methodology under WAC 182-531-1850, in which the State uses CMS-established relative value units multiplied by one of the conversion factors specific to Washington and these services. The rates are based on values established by CMS and the State's conversion factor that is annually adjusted based on utilization and budget neutrality from year-to-year. These are updated annually with all other professional rates. The rates paid for SBS are no different than rates paid to similar providers within the community outside of the school setting.