
Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 13-28

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, MS/RX -43
Seattle, WA 98121



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

MAR 04 2014

RE: Washington State Plan Amendment (SPA) Transmittal Number 13-28

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-28. This SPA removes mental health service limitations and adds naturopathic physicians and licensed advanced social workers as additional licensed practitioners pursuant to 42 CFR 440.060.

This SPA is approved effective January 1, 2014.


If you have any additional questions concerning this SPA or require further assistance, please contact me or have your staff contact Gary Ashby at 206-615-2333 or gary.ashby@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink, which appears to read "Carol J.C. Peverly", is written over a solid black rectangular redaction box.

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

cc:
Anne Myers, WA State Plan Coordinator, LAS, HCA
Gail Kreiger, Section Manager, HCS, HCA
Mark Ross, CMS Baltimore
Rachel Dressel, CMS Baltimore

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-28	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 Jan. 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2014 \$56,450 b. FFY 2015 \$107,100	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A pgs 18, 20, 21 Attachment 3.1-B pgs 18, 21		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A pgs 18, 20, 21 Attachment 3.1-B pgs 18, 21	
10. SUBJECT OF AMENDMENT: Mental Health Services & Naturopaths			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  12-31-13		16. RETURN TO: Ann Myers Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 th Ave SE MS: 42716 Olympia, WA 98504-2716	
13. TYPED NAME: MARYANNE LINDEBLAD		FOR REGIONAL OFFICE USE ONLY	
14. TITLE: MEDICAID DIRECTOR			
15. DATE SUBMITTED: 12-26-13			
17. DATE RECEIVED: 12/31/2013		18. DATE APPROVED: 3/04/2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/14		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:			

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

5. a. Physicians' services (continued)

(7) Physician visits.

Limited to:

- Two physician visits per month for a client residing in a nursing facility or an intermediate care facility.
- One inpatient hospital visit per client, per day, for the same or related diagnosis.
- One office or other outpatient visit per non-institutionalized client, per day, for an individual physician, except for return visits to an emergency room.

Professional inpatient services that are provided during the follow-up period for a surgery are covered only if the services are performed on an emergency basis and are unrelated to the original surgery.

(8) Psychiatric services.

Limited to:

Inpatient care

- One hospital call per day for direct psychiatric care

Outpatient care

- One psychiatric diagnostic interview examination per provider in a calendar year unless an additional evaluation is medically necessary.
- One individual or family/group psychotherapy visit, with or without the client, per day unless more is medically necessary
- One psychiatric medication management service per day in an outpatient setting unless more is medically necessary

Prior authorization is required for additional services that are medically necessary.

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

6. Other Practitioners Services

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law

a. Podiatrists' services

- (1) Foot care is covered only for medically necessary conditions that must be treated by a podiatrist.
- (2) Reimbursement is according to Attachment 4.19-B III. Physicians' Services.

b. Optometrists' services

- (1) The Medicaid agency covers medically necessary eye examinations, refractions, and fitting fees every 24 months for asymptomatic adults 21 years or older.
- (2) Exceptions will be considered for all individuals based on medical necessity.
- (3) For clients under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.

6. d. Other practitioners' services

All other practitioners covered by the Medicaid agency include, but are not limited to, the following licensed practitioners: naturopathic physicians (services are limited to physician-related primary care services), physician assistants, advanced registered nurse practitioners including certified registered nurse anesthetists, psychologists, dental hygienists, denturists, chiropractors (for EPSDT only), opticians, and licensed non-nurse midwives. These practitioners are limited to services within their scope of practice and specialty area.

Counselors, social workers, and other practitioners are covered as specified in other sections of the State Plan and as approved by the Medicaid agency.

[Back to TOC](#)

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

6. d. Other practitioners' services (cont.)

Mental health outpatient services may be provided by the following providers licensed by the state under 42 CFR 440.060(a): Licensed Psychologists; Licensed Psychiatric Advanced Nurse Practitioners; Licensed Independent Clinical Social Workers; Licensed Advance Social Workers; Licensed Marriage and Family Therapists; and Licensed Mental Health Counselors.

The practitioners listed above who want to diagnose and treat clients eighteen years of age and younger must have a minimum of two years' experience in the diagnosis and treatment of clients eighteen years of age and younger, including one year of supervision by a mental health professional trained in child and family mental health.

Mental health payment rate methodology is in accordance with Attachment 4.19-B, page 6.

- (1) The Medicaid agency does not cover services provided by:
 - Acupuncturists
 - Christian Science practitioners or theological healers
 - Herbalists
 - Homeopathists
 - Masseuses
 - Masseurs
 - Sanipractors
- (2) Licensed non-nurse midwives.
 - To participate in home births and in birthing centers, midwives must be an agency-approved provider.
- (3) Psychologists.
 - Psychological testing must be medically necessary, prior authorized, in an outpatient setting, and is limited to 2 units per client.
 - Neurobehavioral status examinations require prior authorization.
 - Neuropsychological testing requires prior authorization.
 - Prior authorization is required for additional services that are medically necessary.
- (4) Intentionally left blank.

[Back to TOC](#)

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 MEDICALLY NEEDY

5. a. Physicians' services (cont.)

(6) Physician care plan oversight.

Provided once per client, per month. A plan of care must be established by the home health agency, hospice, or nursing facility, and the physician must provide 30 minutes or more of oversight each calendar month to the client.

(7) Physician standby services.

Must be:

- Requested by another physician;
- Involve prolonged physician attendance without direct (face-to-face) patient contact; and
- Exceed 30 minutes.

(8) Physician visits.

Limited to:

- Two physician visits per month for a client residing in a nursing facility or an intermediate care facility.
- One inpatient hospital visit per client, per day, for the same or related diagnosis.
- One office or other outpatient visit per non-institutionalized client, per day, for an individual physician, except for return visits to an emergency room.

Professional inpatient services during the follow-up period for a surgery are only covered if the services are performed on an emergency basis and are unrelated to the original surgery.

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Limited to:

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