## **Table of Contents**

**State/Territory Name: Washington** 

State Plan Amendment (SPA) #: 14-0010

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 2201 6<sup>th</sup> Avenue, Mailstop RX-43 Seattle, Washington 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

FEB 2 7 2014

RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0010

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-0010. This transmittal adds telemedicine as a delivery system in the state's fee-for-service network.

This SPA is approved effective January 1, 2014, as requested by the state.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Rick Dawson at (206) 615-2387 or <u>Rick.Dawson@cms.hhs.gov</u>.

Sincerely,

Carol J.C. Peverly

Associate Regional Administrator Division of Medicaid and Children's Health Operations

cc: Ann Myers, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	I, TRANSMITTAL NUMBER: 14-0010	2. STATE Washington	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MED		
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):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		al for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0		
42 CFR Part 440 (P&I)	b. FFY 2014 \$0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A pg Ha (new), Hb (new)  Attachment 3.1-B pg Ha (new), 11b (new)	9. PAGE NUMBER OF THE SUPE OR ATTACHMENT (If Applicat		
Attachment 4.19-B pg 45 (new)  10. SUBJECT OF AMENDMENT:  Tolomodicine			
Telemedicine			
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		PECIFIED: Exempt	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	_	
411	Ann Myers		
13. TYPED NAME:	Office of Rules and Publications		
MARYANNÉ LINDEBLAD	Legal and Administrative Service	es	
14. TITLE:	Health Care Authority 626 8 <sup>th</sup> Ave SE MS: 42716		
MEDICAID DIRECTOR	Olympia, WA 98504-2716		
15. DATE SUBMITTED:	Olympia, wA 98304-2716		
FOR REGIONAL O	FFICE USE ONLY		
17. DATE RECEIVED: 1-8-2014	18. DATE APPROVED: 2 · 2	7.14	
PLAN APPROVED – ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/2014	20. SIGNATURE OF REGIONAL	OFFICIAL:	
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regio	nal Administrator	
23. REMARKS:	Division of	Medicaid &	
2/18/14: State authorizes P&I change to box 6	Children	's Health	
2/19/14: State authorizes P&I change to box	8		
2/15/14: State authorizes Far change to box			

State	WASHINGTON
Olalo	VV/ (O) 111 VO 1 O1 V

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

#### **TELEMEDICINE**

Telemedicine is when a health care practitioner uses interactive real-time audio and video telecommunications to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.

#### **PROVIDERS**

The following providers are eligible to provide telemedicine services within their scope of practice:

- Physicians (must be licensed per chapter 18.71 RCW and chapter 246-919 WAC)
- Dentists (must be licensed per chapter 18.32 RCW and chapter 246-817 WAC)
- Advanced Registered Nurse Practitioners (must be licensed per chapter 18.79 RCW and chapter 246-840 WAC)
- Psychiatric Advanced Registered Nurse Practitioners (must be licensed per chapter 18.73 RCW and chapter 246-840 WAC)
- Physician Assistants (must be licensed per chapter 18.57A, 18.71.A and chapters 246-854 WAC and 246-918 WAC)
- Independent Clinical Social Workers (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Advanced Clinical Social Workers (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Mental Health Counselors (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Marriage and Family Therapists (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Psychologists (must be licensed per chapter 18.83 and chapter 246-924 WAC)
- Certified counselors acting as a lead behavior analyst therapist (must be licensed per chapters 185.19 RCW and 246-810 WAC)

#### **SERVICES**

Telemedicine is covered fee-for-service when it is used to substitute for a face-to-face, "hands on" encounter. Only the following services are covered using telemedicine:

- Consultations
- Office or other outpatient visits
- Psychiatric intake and assessment
- Individual psychotherapy
- Visit for drug monitoring

The following services are **not** covered as telemedicine:

- Email, telephone, and facsimile transmissions
- Installation or maintenance of any telecommunication devices or systems
- Home health monitoring
- "Store and forward" telecommunication-based services (store and forward is the asynchronous transmission of medical information to be reviewed at a later time by the physician or practitioner at the distant site)

State	WASHINGTON

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

Telemedicine (cont)

#### **SITES**

An originating site is the physical location of the client at the time the service is provided through telemedicine. Approved originating sites are:

- The office of a physician or practitioner
- A hospital
- A critical access hospital
- A rural health clinic (RHC)
- A federally qualified health center (FQHC)
- A home
- A school

A distant site is the physical location of the physician or practitioner providing the service through telemedicine.

.

	State	WASHIN	IGTON		
AMO		AND SCOPE OF EEDY GROUPS:		OVIDED TO	THE

#### **TELEMEDICINE**

Telemedicine is when a health care practitioner uses interactive real-time audio and video telecommunications to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.

#### **PROVIDERS**

The following providers are eligible to provide telemedicine services within their scope of practice:

- Physicians (must be licensed per chapter 18.71 RCW and chapter 246-919 WAC)
- Dentists (must be licensed per chapter 18.32 RCW and chapter 246-817 WAC)
- Advanced Registered Nurse Practitioners (must be licensed per chapter 18.79 RCW and chapter 246-840 WAC)
- Psychiatric Advanced Registered Nurse Practitioners (must be licensed per chapter 18.73 RCW and chapter 246-840 WAC)
- Physician Assistants (must be licensed per chapter 18.57A, 18.71.A and chapters 246-854 WAC and 246-918 WAC)
- Independent Clinical Social Workers (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Advanced Clinical Social Workers (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Mental Health Counselors (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Marriage and Family Therapists (must be licensed per chapter 18.225 RCW and chapter 246-809 WAC)
- Psychologists (must be licensed per chapter 18.83 and chapter 246-924 WAC)
- Certified counselors acting as a lead behavior analyst therapist (must be licensed per chapters 185.19 RCW and 246-810 WAC)

#### **SERVICES**

Telemedicine is covered fee-for-service when it is used to substitute for a face-to-face, "hands on" encounter. Only the following services are covered using telemedicine:

- Consultations
- Office or other outpatient visits
- Psychiatric intake and assessment
- Individual psychotherapy
- Visit for drug monitoring

The following services are **not** covered as telemedicine:

- Email, telephone, and facsimile transmissions
- Installation or maintenance of any telecommunication devices or systems
- Home health monitoring
- "Store and forward" telecommunication-based services (store and forward is the asynchronous transmission of medical information to be reviewed at a later time by the physician or practitioner at the distant site)

TN# 14-0010 Supersedes TN# ----

Approval Date

Effective Date 1/1/14

State	WASHINGTON	
· ·	I, AND SCOPE OF SERVICES PROVIDED TO THE NEEDY GROUPS: ALL	

Telemedicine (cont)

#### **SITES**

An originating site is the physical location of the client at the time the service is provided through telemedicine. Approved originating sites are:

- The office of a physician or practitioner
- A hospital
- A critical access hospital
- A rural health clinic (RHC)
- A federally qualified health center (FQHC)
- A home

A distant site is the physical location of the physician or practitioner providing the service through telemedicine.

State	WASHINGTON

#### XX. Telemedicine services

Payment for telemedicine services is made as follows:

- Originating sites (the physical location of the client at the time the service is provided) are paid a facility fee per completed transmission, according to the fee schedule. Approved originating sites are:
  - o The office of a physician or practitioner.
  - Hospitals. Only outpatient hospital agencies are paid a facility fee; inpatient hospitals may not bill for an originating site fee.
  - o Critical access hospitals (CAH).
  - Rural health centers (RHCs). The facility fee is not considered as an encounter and is not paid as such.
  - Federally qualified health centers (FQHCs). The facility fee is not considered as an encounter and is not paid as such.
- *Distant sites* (the physical location of the practitioner providing the service) are paid the current fee schedule amount for the service provided.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of telemedicine services and the fee schedule is published on the agency's website at <a href="http://hrsa.dshs.wa.gov/RBRVS/Index.html">http://hrsa.dshs.wa.gov/RBRVS/Index.html</a>. The agency's fee schedule rate was set as of January 1, 2014, and is effective for services provided on or after that date.