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State/Territory Name: Washington

State Plan Amendment (SPA) #: 14-0036

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 701 Fifth Avenue, Suite 1600, MS/RX-200 Seattle, Washington 98104



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

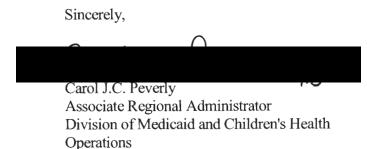
RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0036

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 WA 14-0036. This SPA updated the effective dates of rates paid for dental services which included a rate reduction for children's orthodontics.

This SPA is approved with an effective date of October 1, 2014.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact James Moreth at (360) 943-0469 or James.Moreth@cms.hhs.gov.



cc: Ann Myers, SPA Coordinator

TO ANOMINTAL AND NOTICE OF ADDROUTE OF	1 TRANSMITTAL MUNICIP	OMB NO. 0938-01
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-0036	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2014	
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 AME		
5. FEDERAL STATUTE/REGULATION CITATION: 1905a of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2014 (\$87,182) b. FFY 2015 (\$975,817) FFY 2015 (\$1,211,440) (P&I)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Att. 4.19-B page 14	Att. 4.19-B page 14	
0. SUBJECT OF AMENDMENT:		
Effective Date for Rates for Dental Services		
1. 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 SP	ECIFIED: Exempt
2. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Ann Myers	
3. TYPED NAME:	Office of Rules and Publications	
MARYANNE LINDEBLAD	Legal and Administrative Services	
4. TITLE:	Health Care Authority	
	626 8 th Ave SE MS: 42716	
MEDICAID DIRECTOR		
5. DATE SUBMITTED:	Olympia, WA 98504-2716	
MEDICAID DIRECTOR 5. DATE SUBMITTED: 9-30-14 FOR REGIONAL OF	Olympia, WA 98504-2716	
5. DATE SUBMITTED: 9-30-14	Olympia, WA 98504-2716	3.14
5. DATE SUBMITTED: 9-30-14 FOR REGIONAL OF 7. DATE RECEIVED:	Olympia, WA 98504-2716 FICE USE ONLY 18. DATE APPROVED: 12.23	3.14
5. DATE SUBMITTED: 9-30-14 FOR REGIONAL OF 7. DATE RECEIVED: 9/30/14 PLAN APPROVED - ON 9. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2014	Olympia, WA 98504-2716 FICE USE ONLY 18. DATE APPROVED: 12.23 E COPY ATTACHED	3.14
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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.)

VI. Dental Services and Dentures

- A. The Medicaid agency pays directly to the specific provider the lesser of the usual and customary charge or a fee based on an agency fee schedule, for dental services provided within their specific scope of practice by dentists, dental hygienists, and denturists throughout the state. There are no geographical or other variations in the fee schedule.
- B. The usual and customary charge is defined as that fee usually charged for a given service by an individual dentist, dental hygienist, or denturist to private patients (e.g., that provider's usual fee) and which fee is within the range of usual fees charged by dentists, dental hygienists, or denturists of similar training and experience.
- C. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dental services and dental hygiene. The fee schedule is published on the agency's website at http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx. The agency's fee schedule rate was set as of October 1, 2014, and is effective for services provided on or after that date.
- VI.(a) Dentures
 - A. The Medicaid agency pays directly to the specific provider the lesser of the usual and customary charge or a fee based on an agency fee schedule for dentures. There are no geographical or other variations in the fee schedule.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dentures. The fee schedule is published on the agency's website at http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx. The agency's fee schedule rate was set as of October 1, 2014, and is effective for service's provided on or after that date.

TN# 14-0036 Supersedes TN# 13-26