DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Seattle Regional Office 701 Fifth Avenue, Suite 1600, MS/RX-200 Seattle, WA 98104



Division of Medicaid & Children's Health Operations

November 10, 2015

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0032

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of State Plan Amendment (SPA) Transmittal Number WA 15-0032. This SPA updated the effective dates of the fee schedules for alcohol and drug treatment and detoxification services (substance use disorder services).

This SPA is approved with an effective date of July 2, 2015.

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

Sincerely,

David L. Meacham Associate Regional Administrator

cc: Ann Myers, SPA Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF		OMB NO. 0938-019
	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	15-0032	Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MED	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	July 2, 2015	
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 AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	ich amenameni)
1902a of the Social Security Act	a. FFY 2015 \$1.0 million	
	b. FFY 2016 \$3.4 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	RSEDED PLAN SECTION
	OR ATTACHMENT (If Applicabl	le)
Att. 4.19-B page 21a		
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1		
10. SUBJECT OF AMENDMENT		
Substance Use Disorder (Drug/Alcohol Treatment Services)	Fee Schedule Effective Date	
	Fee Schedule Effective Date ⊠ OTHER, AS SPI	CIFIED: Exempt
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: ______WASHINGTON_____

- 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 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 2, 2015, and are effective for services rendered on or after that date. All rates are published and maintained on the Agency's website at http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx