



PROPOSED RULE MAKING

CR-102 (June 2024)
(Implements RCW 34.05.320)
Do NOT use for expedited rule making

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STATE OF WASHINGTON
FILED

DATE: September 17, 2025

TIME: 9:20 AM

WSR 25-19-096

Agency: Health Care Authority

☒ Original Notice

☐ Supplemental Notice to WSR _____

☐ Continuance of WSR _____

☒ Preproposal Statement of Inquiry was filed as WSR 25-15-065 ; or

☐ Expedited Rule Making--Proposed notice was filed as WSR _____; or

☐ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or

☐ Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject) 182-500-0100, Medical assistance definitions—S; 182-502-0002, Eligible provider types; 182-531-0425, Collaborative care; 182-531-1400, Psychiatric physician-related services and other professional mental health services; 182-531-1710, Alcohol and substance misuse counseling; and 182-538D-0200, Behavioral health services—Definitions

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
October 21, 2025	10:00 AM	The Health Care Authority holds public hearings virtually without a physical meeting place	To attend the virtual public hearing, you must register in advance: https://us02web.zoom.us/webinar/register/WN_lxu593o4TDu87EcrTG7gJw If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing

Date of intended adoption: Not sooner than October 22, 2025 (Note: This is **NOT** the **effective** date)

Submit written comments to:

Name HCA Rules Coordinator

Address PO Box 42716, Olympia WA 98504-2716

Email arc@hca.wa.gov

Fax 360-586-9727

Other

Beginning (date and time) September 18, 2025, 8:00 AM

By (date and time) October 21, 2025, by 11:59 PM

Assistance for persons with disabilities:

Contact Jessica Nguyen

Phone 360-725-1174

Fax 360-586-9727

TTY Telecommunication Relay Service (TRS): 711

Email jessica.nguyen@hca.wa.gov

Other

By (date) October 3, 2025

Purpose of the proposal and its anticipated effects, including any changes in existing rules: HCA is amending these rules for the following reasons:

- 182-500-0100 to add a definition for substance use disorder professional.
- 182-502-0002 to change certified peer specialist to certified peer support specialist and certified peer specialist trainee to certified peer support specialist trainee in response to SSHB 1427, 69th Legislature, 2025 Regular Session.
- 182-502-0002, 182-531-0425, 182-531-1400, 182-531-1710, and 182-538D-0200 to add psychological associates in response to E2SHB 2247, 68th Legislature, 2024 Regular Session.
- 182-502-0002, 182-531-0425, 182-531-1400, and 182-531-1710 to make minor organizational changes to improve clarity.
- 182-538D-0200 to add definitions for certified peer support specialist and certified peer support specialist trainee and to add definitions for substance use disorder professional and substance use disorder professional trainee AND to reflect changes in definitions referencing Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and other related changes. The EPSDT revisions align with recent amendments to Chapter 182-534 WAC under WSR 25-13-048.

Reasons supporting proposal: See Purpose.[]

Statutory authority for adoption: RCW 41.05.021, 41.05.160			
Statute being implemented: RCW 41.05.021, 41.05.160, SSHB 1427, 69th Legislature, 2025 Regular Session, E2SHB 2247, 68th Legislature, 2024 Regular Session			
Is rule necessary because of a:			
Federal Law?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, CITATION:			
Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A			
Name of proponent: (person or organization) Health Care Authority			
Type of proponent: <input type="checkbox"/> Private. <input type="checkbox"/> Public. <input checked="" type="checkbox"/> Governmental.			
Name of agency personnel responsible for:			
	Name	Office Location	Phone
Drafting	Jason Crabbe	PO Box 42716, Olympia, WA 98504-2716	360-725-9563
Implementation	Susan Mathey	PO Box 45506, Olympia, WA 98504-5506	564-233-3087
Enforcement	Susan Mathey	PO Box 45506, Olympia, WA 98504-5506	564-233-3087
Is a school district fiscal impact statement required under RCW 28A.305.135? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, insert statement here:			
<p>The public may obtain a copy of the school district fiscal impact statement by contacting:</p> <p>Name</p> <p>Address</p> <p>Phone</p> <p>Fax</p> <p>TTY</p> <p>Email</p> <p>Other</p>			
Is a cost-benefit analysis required under RCW 34.05.328?			
<input type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting: Name Address Phone Fax TTY Email Other			
<input checked="" type="checkbox"/> No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.			
Regulatory Fairness Act and Small Business Economic Impact Statement			
Note: The Governor's Office for Regulatory Innovation and Assistance (ORIA) provides support in completing this part.			
(1) Identification of exemptions:			
This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). For additional information on exemptions, consult the exemption guide published by ORIA . Please check the box for any applicable exemption(s):			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted. Citation and description:			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.			

☐ This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570](#)(2) because it was adopted by a referendum.

☒ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(3). Check all that apply:

☐ [RCW 34.05.310](#) (4)(b)

(Internal government operations)

☐ [RCW 34.05.310](#) (4)(c)

(Incorporation by reference)

☒ [RCW 34.05.310](#) (4)(d)

(Correct or clarify language)

☒ [RCW 34.05.310](#) (4)(e)

(Dictated by statute)

☐ [RCW 34.05.310](#) (4)(f)

(Set or adjust fees)

☐ [RCW 34.05.310](#) (4)(g)

((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(4). (Does not affect small businesses).

☐ This rule proposal, or portions of the proposal, is exempt under RCW _____.

Explanation of how the above exemption(s) applies to the proposed rule:

(2) Scope of exemptions: *Check one.*

☒ The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.

☐ The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):

☐ The rule proposal: Is not exempt. (*Complete section 3.*) No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

☐ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. _____

☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name

Address

Phone

Fax

TTY

Email

Other

Date: September 17, 2025

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-500-0100 ((Medical assistance)) Definitions—S. "Self-attestation" means a person's written, verbal, or electronic declaration of the person's income, resources, or circumstances made under penalty of perjury, confirming a statement to be true. (See also "attested income" or "attested resources.")

"Spenddown" is a term used in the medically needy (MN) program and means the process by which a person uses incurred medical expenses to offset income and/or resources to meet the financial standards established by the agency. See WAC 182-519-0110.

"Spouse" means a person who is legally married to another person. Washington state recognizes other states' determinations of legal and common-law marriages between two persons.

(1) **"Community spouse"** means a person who:

(a) Does not reside in a medical institution; and

(b) Is legally married to a client who resides in a medical institution or receives services from a home and community-based waiver program. A person is considered married if not divorced, even when physically or legally separated from the person's spouse.

(2) **"Eligible spouse"** means an aged, blind or disabled husband or wife of an SSI-eligible person, who lives with the SSI-eligible person, and is also eligible for SSI.

(3) **"Essential spouse"** means a husband or wife whose needs were taken into account in determining old age assistance (OAA), aid to the blind (AB), or disability assistance (DA) for a client in December 1973, who continues to live in the home and remains married to the client.

(4) **"Ineligible spouse"** means the husband or wife of an SSI-eligible person, who lives with the SSI-eligible person, and who has not applied or is not eligible to receive SSI.

(5) **"Institutionalized spouse"** means a legally married person who has attained institutional status as described in chapter 182-513 WAC, and receives services in a medical institution or from a home or community-based waiver program described in chapter 182-515 WAC. A person is considered married if not divorced, even when physically or legally separated from the person's spouse.

(6) **"Nonapplying spouse"** means an SSI-related person's husband or wife, who has not applied for medical assistance.

"SSI-related" means an aged, blind or disabled person not receiving an SSI cash grant.

"State supplemental payment (SSP)" is a state-funded cash benefit for certain individuals who are either recipients of the Title XVI supplemental security income (SSI) program or who are clients of the division of developmental disabilities. The SSP allotment for Washington state is a fixed amount of \$28,900,000 and must be shared between all individuals who fall into one of the groups listed below. The amount of the SSP may vary each year depending on the number of individuals who qualify. The following groups are eligible for an SSP:

(1) **Mandatory SSP group**—SSP made to a mandatory income level client (MIL) who was grandfathered into the SSI program. To be eligible in this group, an individual must have been receiving cash assistance in December 1973 under the department of social and health services former old age assistance program or aid to the blind and disa-

bility assistance. Individuals in this group receive an SSP to bring their income to the level they received prior to the implementation of the SSI program in 1973.

(2) Optional SSP group—SSP made to any of the following:

(a) An individual who receives SSI and has an ineligible spouse.

(b) An individual who receives SSI based on meeting the age criteria of 65 or older.

(c) An individual who receives SSI based on blindness.

(d) An individual who has been determined eligible for SSP by the division of developmental disabilities.

(e) An individual who is eligible for SSI as a foster child as described in WAC 388-474-0012.

"Substance use disorder professional (SUDP)" - See WAC 246-811-010.

"Supplemental security income (SSI) program (Title XVI)" is the federal grant program for aged, blind, and disabled persons, established by section 301 of the Social Security amendments of 1972, and subsequent amendments, and administered by the Social Security Administration (SSA).

WAC 182-502-0002 Eligible provider types. The following health care professionals, health care entities, suppliers or contractors of service may request enrollment with the Washington state health care authority (medicaid agency) to provide covered health care services to eligible clients. For the purposes of this chapter, health care services include treatment, equipment, related supplies, and drugs.

- (1) Professionals:
 - (a) Advanced registered nurse practitioners;
 - (b) ~~((Advanced social workers;~~
 - ~~(c) Advanced social worker associates;~~
 - ~~(d))~~ Anesthesia providers, as provided in WAC 182-531-0300:
 - (i) Physician anesthesiologists;
 - (ii) Anesthesiology residents;
 - (iii) Certified anesthesiologist assistants; and
 - (iv) Certified registered nurse anesthetists;
 - ~~((e))~~ (c) Applied behavior analysis (ABA) professionals, as provided in WAC 182-531A-0800:
 - (i) Licensed behavior analysts;
 - (ii) Licensed assistant behavior analysts; and
 - (iii) Certified behavior technicians;
 - ~~((f))~~ (d) Audiologists;
 - ~~((g) Behavioral health support specialists (BHSS);~~
 - ~~(h))~~ (e) Birth doulas;
 - ~~((i))~~ (f) Certified peer counselors;
 - ~~((j))~~ (g) Certified behavioral health support specialists;
 - (h) Certified peer support specialists;
 - ~~((k))~~ (i) Certified peer support specialist trainees;
 - ~~((l))~~ (j) Chiropractors;
 - ~~((m))~~ (k) Community health workers (CHWs);
 - ~~((n) Dentists;~~
 - ~~(o))~~ (l) Dental health aide therapists, as provided in chapter 70.350 RCW;
 - ~~((p))~~ (m) Dental hygienists;
 - ~~((q))~~ (n) Dental therapists;
 - ~~((r))~~ (o) Denturists;
 - ~~((s))~~ (p) Dentists;
 - (q) Dietitians or nutritionists;
 - ~~((t))~~ (r) Hearing aid fitters/dispensers;
 - ~~((u))~~ (s) Home health aides credentialed with the department of health (DOH) as nursing assistants certified or nursing assistants registered;
 - ~~((v))~~ (t) Licensed independent clinical social worker associates;
 - (u) Licensed independent clinical social workers;
 - ~~((w) Independent clinical social worker associates;~~
 - ~~(x) Licensed practical nurse;~~
 - ~~(y))~~ (v) Licensed marriage and family therapists;
 - ~~((z))~~ (w) Licensed marriage and family therapist associates;
 - (x) Licensed mental health counselors;
 - ~~((aa))~~ (y) Licensed mental health counselor associates;
 - ~~((bb) Mental health care providers;))~~ (z) Licensed practical nurses;
 - (aa) Licensed social workers advanced;

(bb) Licensed social worker associates advanced;
 (cc) Midwives;
 (dd) Naturopathic physicians;
 (ee) Nurse anesthetists;
 (ff) Ocularists;
 (gg) Occupational therapists;
 (hh) Ophthalmologists;
 (ii) Opticians;
 (jj) Optometrists;
 (kk) Orthodontists;
 (ll) Orthotists;
 (mm) Osteopathic physicians;
 (nn) Osteopathic physician assistants;
 (oo) ~~((Peer counselors;~~
~~(pp))~~ Podiatric physicians;
~~((qq))~~ (pp) Pharmacists;
~~((rr))~~ (qq) Physicians;
~~((ss))~~ (rr) Physician assistants;
~~((tt))~~ (ss) Physical therapists;
~~((uu))~~ (tt) Prosthetists;
~~((vv))~~ (uu) Psychiatrists;
 (vv) Psychological associates;
 (ww) Psychologists;
 (xx) Radiologists;
 (yy) Registered nurses;
 (zz) Registered nurse delegators;
 (aaa) Registered nurse first assistants;
 (bbb) Respiratory therapists;
 (ccc) Speech/language pathologists; and
 (ddd) Substance use disorder professionals(~~((including mental health providers))~~).
 (2) Agencies, centers, and facilities:
 (a) Adult day health centers;
 (b) Ambulance services (ground and air);
 (c) Ambulatory surgery centers (medicare-certified);
 (d) Birthing centers (licensed by ~~((the department of health))~~
 DOH);
 (e) Cardiac diagnostic centers;
 (f) Case management agencies;
 (g) Substance use disorder treatment facilities certified by
~~((the department of health - () DOH(+))~~;
 (h) Withdrawal management treatment facilities certified by DOH;
 (i) Community acquired immune deficiency syndrome (AIDS) services
 alternative agencies;
 (j) Community behavioral health support services provider facilities;
 (k) Community mental health centers;
 (l) Diagnostic centers;
 (m) Family planning clinics;
 (n) Federally qualified health centers (designated by the federal
 department of health and human services);
 (o) Genetic counseling agencies;
 (p) Health departments;
 (q) Health maintenance organizations (HMOs)/managed care organizations (MCOs);
 (r) Human immunodeficiency virus (HIV)/AIDS case management agencies;

(s) Home health agencies;
 (t) Hospice agencies;
 (u) Hospitals;
 (v) Independent diagnostic testing facilities;
 (w) Indian health service facilities/tribal 638 facilities;
 (x) ~~((Tribal or urban Indian clinics;~~
~~(y))~~ Inpatient psychiatric facilities;
~~((z))~~ (y) Intermediate care facilities for individuals with in-
 tellectual disabilities (ICF-IID);
~~((aa))~~ (z) Kidney centers;
~~((bb))~~ (aa) Laboratories (clinical laboratory improvement
amendments (CLIA) certified);
~~((ee))~~ (bb) Maternity support services agencies; maternity case
 managers; infant case management, first steps providers;
~~((dd))~~ (cc) Neuromuscular and neurodevelopmental centers;
~~((ee))~~ (dd) Nurse services/delegation;
~~((ff))~~ (ee) Nursing facilities (approved by the ~~((DSHS aging~~
and long-term support)) department of social and health services home
and community living administration);
~~((gg))~~ (ff) Pathology laboratories;
~~((hh))~~ (gg) Pharmacies;
~~((ii))~~ (hh) Private duty nursing agencies;
~~((jj))~~ (ii) Radiology - Stand-alone clinics;
~~((kk))~~ (jj) Rural health clinics (medicare-certified);
~~((ll))~~ (kk) School districts and educational service districts;
 ((and
~~(mm))~~ (ll) Sleep study centers; and
(mm) Tribal or urban Indian clinics.
 (3) Suppliers of:
 (a) Blood, blood products, and related services;
 (b) ~~((Durable and nondurable medical equipment and supplies;~~
~~(e))~~ Complex rehabilitation technologies;
(c) Durable and nondurable medical equipment and supplies;
(d) Hearing aids;
(e) Infusion therapy equipment and supplies;
~~((e))~~ (f) Prosthetics/orthotics; and
~~((f) Hearing aids; and))~~
 (g) Respiratory care, equipment, and supplies.
 (4) Contractors:
 (a) ~~((Transportation brokers))~~ Eyeglass and contact lens provid-
ers;
 (b) Independent sign language interpreters;
(c) Spoken language interpreter services agencies; and
~~((e) Independent sign language interpreters; and))~~
 (d) ~~((Eyeglass and contact lens providers))~~ Transportation brok-
ers.

WAC 182-531-0425 Collaborative care. (1) Under the authority of RCW 74.09.497, and subject to available funds, the medicaid agency covers collaborative care provided in clinical care settings.

(2) For the purposes of this section:

(a) **Collaborative care** means a specific type of integrated care where medical providers and behavioral health providers work together to address behavioral health conditions, including mental health conditions and substance use disorders.

(b) **Collaborative care model** is a model of behavior health integration that enhances usual clinical care by adding two key services:

(i) Care management support for clients receiving behavioral health treatment; and

(ii) Regular psychiatric or board certified addiction medicine consultation with the clinical care team, particularly for clients whose conditions are not improving.

(c) **Collaborative care team** means a team of licensed or certified behavioral health professionals operating within their scope of practice who participate on the clinical care team along with the collaborative care billing provider to provide collaborative care to eligible clients. The team must include a collaborative care billing provider, a behavioral health care manager, and a psychiatric consultant. Professionals making up this team include, but are not limited to:

(i) Advanced registered nurse((s)) practitioner;

(ii) Behavioral health support specialist under the supervision of a licensed practitioner whose scope of practice includes assessment, diagnosis, and treatment of identifiable mental and behavioral health conditions;

(iii) Marriage and family therapist;

(iv) Marriage and family therapist associate under the supervision of a licensed marriage and family therapist or equally qualified mental health practitioner;

(v) Mental health counselor;

(vi) Mental health counselor associate under the supervision of a licensed mental health counselor, psychiatrist, or physician;

(vii) Psychiatric advanced registered nurse practitioner;

(viii) Psychiatrist;

(ix) Psychological associate under the supervision of a licensed supervisor under chapter 246-924 WAC;

(x) Psychologist;

(xi) Physician;

(xii) Physician assistant;

(xiii) Registered nurse;

(xiv) Social worker;

(xv) Social worker associate-advanced, under the supervision of a licensed independent clinical social worker, advanced social worker, or equally qualified mental health practitioner;

(xvi) Social worker associate-independent clinical, under the supervision of a licensed independent clinical social worker or equally qualified mental health practitioner;

(xvii) Substance use disorder professional((s)) (SUDP); and

~~((iii) Substance use disorder professional trainees (SUDPT) under the supervision of a certified SUDP;~~

~~(iv) Marriage and family therapists;~~

~~(v) Marriage and family therapist associates under the supervision of a licensed marriage and family therapist or equally qualified mental health practitioner;~~

~~(vi) Mental health counselors;~~

~~(vii) Mental health counselor associates under the supervision of a licensed mental health counselor, psychiatrist, or physician;~~

~~(viii) Physicians;~~

~~(ix) Physician assistants;~~

~~(x) Psychiatrists;~~

~~(xi) Psychiatric advanced registered nurses;~~

~~(xii) Psychologists;~~

~~(xiii) Registered nurses;~~

~~(xiv) Social workers;~~

~~(xv) Social worker associate-independent clinical, under the supervision of a licensed independent clinical social worker or equally qualified mental health practitioner;~~

~~(xvi) Social worker associate-advanced, under the supervision of a licensed independent clinical social worker, advanced social worker, or equally qualified mental health practitioner; and~~

~~(xvii) Behavioral health support specialists under the supervision of a licensed practitioner whose scope of practice includes assessment, diagnosis, and treatment of identifiable mental and behavioral health conditions))~~ (xviii) Substance use disorder professional trainee (SUDPT) under the supervision of a certified SUDP.

(3) The behavioral health care manager is a designated licensed professional with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the treating medical provider.

(4) The collaborative care billing provider must meet all of the following:

(a) Be enrolled with the agency as one of the following:

(i) A physician licensed under Titles 18 RCW and 246 WAC;

(ii) An advanced registered nurse practitioner licensed under Titles 18 RCW and 246 WAC;

(iii) A federally qualified health center (FQHC);

(iv) A rural health clinic (RHC); or

(v) A clinic that is not an FQHC or RHC that meets the requirements of Titles 70 RCW and 247 WAC.

(b) Complete, sign, and return the Attestation for Collaborative Care Model, form HCA 13-0017, to the agency; and

(c) Agree to follow the agency's guidelines for practicing a collaborative care model.

(5) Providers of collaborative care must:

(a) Use a registry to track the client's clinical outcomes;

(b) Use at least one validated clinical rating scale;

(c) Ensure the registry is used in conjunction with the practice's electronic health records (EHR);

(d) Include a plan of care; and

(e) Identify outcome goals of the treatments.

(6) If a provider no longer meets the agreed upon requirements in the agency's Attestation for Collaborative Care Model, form HCA 13-0017, the provider must immediately notify the agency. The agency does not pay for collaborative care if a provider does not meet the agreed upon requirements.

(7) Providers are subject to post pay review by the agency. The agency may recoup payment if the provider is found to have not met the

requirements for providing collaborative care as agreed to in the agency's Attestation for Collaborative Care Model, form HCA 13-0017.

AMENDATORY SECTION (Amending WSR 25-04-011, filed 1/23/25, effective 2/23/25)

WAC 182-531-1400 Psychiatric physician-related services and other professional mental health services. (1) The mental health services covered in this section are different from the mental health services covered under community mental health and involuntary treatment programs in chapter 182-538D WAC.

(2) Inpatient and outpatient mental health services not covered under chapter 182-538D WAC may be covered by the medicaid agency under this section.

Inpatient mental health services

(3) For hospital inpatient psychiatric admissions, providers must comply with chapter 182-538D WAC.

(4) The agency covers professional inpatient mental health services as follows:

(a) When provided by a psychiatrist, psychiatric advanced registered nurse practitioner (ARNP), psychiatric mental health nurse practitioner-board certified (PMHNP-BC), or psychologist in conjunction with the prescribing provider;

(b) The agency pays only for the total time spent on direct psychiatric client care during each visit, including services provided when making rounds. The agency considers services provided during rounds to be direct client care services and may include, but are not limited to:

(i) Individual psychotherapy up to one hour;

(ii) Family/group therapy; or

(iii) Electroconvulsive therapy.

(c) One electroconvulsive therapy or narcosynthesis per client, per day, and only when performed by a psychiatrist.

Outpatient mental health services

(5) The agency covers outpatient mental health services when provided by the following licensed or certified health care practitioners who are eligible providers under chapter 182-502 WAC:

(a) Advanced social worker;

(b) Advanced social worker associate;

(c) Certified behavioral health support specialist;

(d) Independent clinical social worker;

(e) Independent clinical social worker associate;

(f) Marriage and family therapist;

(g) Marriage and family therapist associate;

(h) Mental health counselor;

(i) Mental health counselor associate;

(j) Psychiatric advanced registered nurse practitioner (ARNP);

(k) Psychiatric mental health nurse practitioner-board certified (PMHNP-BC);

(l) Psychiatrist((s));

((~~(b)~~)) (m) Psychological associate; or

(n) Psychologist((~~s~~);

~~(c) Psychiatric advanced registered nurse practitioners (ARNP);~~
~~(d) Psychiatric mental health nurse practitioners board certified~~
~~(PMHNP-BC);~~

~~(e) Mental health counselors;~~

~~(f) Mental health counselor associates;~~

~~(g) Independent clinical social workers;~~

~~(h) Independent clinical social worker associates;~~

~~(i) Advanced social workers;~~

~~(j) Advanced social worker associates;~~

~~(k) Marriage and family therapists;~~

~~(l) Marriage and family therapist associates; or~~

~~(m) Certified behavioral health support specialists)).~~

(6) With the exception of child psychiatrists, as defined in RCW 71.34.020, qualified practitioners listed in subsection (5) of this section who diagnose and treat clients age 18 and younger must meet one of the following:

(a) The education and experience requirements for a child mental health specialist found in WAC 182-538D-0200; or

(b) Be working under the supervision of a practitioner who meets these requirements.

(7) The agency does not limit the total number of outpatient mental health visits a licensed health care professional can provide.

(8) The agency evaluates a request for covered outpatient mental health services in excess of the limitations in this section under WAC 182-501-0169.

(9) The agency covers outpatient mental health services with the following limitations:

(a) Diagnostic evaluations. One psychiatric diagnostic evaluation, per provider, per client, per calendar year, unless significant change in the client's circumstances renders an additional evaluation medically necessary and is authorized by the agency.

(i) For clients 20 years of age and younger, additional evaluations are paid for when medically necessary and authorized by the agency, per WAC 182-534-0100 and 182-501-0165.

(ii) For clients five years of age and younger, the agency pays for the following without requiring prior authorization:

(A) Up to five sessions to complete a psychiatric diagnostic evaluation; and

(B) Evaluations in the home or community setting, including reimbursement for provider travel.

(iii) For clients age five through age 20, the services in (a)(ii)(A) and (B) of this subsection are paid for when medically necessary and authorized by the agency.

(b) Psychotherapy. One or more individual or family/group psychotherapy visits, with or without the client, per day, per client, when medically necessary.

(c) Medication management. One psychiatric medication management service, per client, per day, in an outpatient setting when performed by one of the following:

(i) Psychiatrist;

(ii) Psychiatric ((advanced registered nurse practitioner ~~(ARNP)~~)) ARNP; or

(iii) ((Psychiatric mental health nurse practitioner board certified ~~(PMHNP-BC)~~)) PMHNP-BC.

(10) To receive payment for providing mental health services, providers must bill the agency using the agency's published billing instructions.

WAC 182-531-1710 ((Alcohol and substance misuse counseling))
Screening, brief intervention, and referral to treatment (SBIRT). (1) The medicaid agency covers alcohol and substance misuse counseling through screening, brief intervention, and referral to treatment (SBIRT) services when delivered by, or under the supervision of, a qualified licensed physician or other qualified licensed health care professional within the scope of their practice.

(2) SBIRT is a comprehensive, evidence-based public health practice designed to identify, reduce and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. SBIRT can be used to identify people who are at risk for or have some level of substance use disorder which can lead to illness, injury, or other long-term morbidity or mortality. SBIRT services are provided in a wide variety of medical and community health care settings such as primary care centers, hospital emergency rooms, trauma centers, and dental offices.

(3) The following health care professionals are eligible to become qualified SBIRT providers to deliver SBIRT services or supervise qualified staff to deliver SBIRT services:

(a) Advanced registered nurse practitioners, in accordance with chapters 18.79 RCW and 246-840 WAC;

(b) Certified behavioral health support specialist, in accordance with chapters 18.227 RCW and 246-821 WAC;

(c) Dental hygienist, in accordance with chapters 18.29 RCW and 246-815 WAC;

(d) Dentist, in accordance with chapters 18.260 RCW and 246-817 WAC;

(e) Independent and advanced social worker, in accordance with chapters 18.225 RCW and 246-809 WAC;

(f) Licensed practical nurse, in accordance with chapters 18.79 RCW and 246-840 WAC;

(g) Marriage and family therapist, in accordance with chapters 18.225 RCW and 246-809 WAC;

(h) Marriage and family therapist associate, in accordance with chapters 18.225 RCW and 246-809 WAC;

(i) Mental health counselor, in accordance with chapters 18.225 RCW and 246-809 WAC;

(j) Mental health counselor associate, in accordance with chapters 18.225 RCW and 246-809 WAC;

(k) Psychological associate, in accordance with chapters 18.83 RCW and 246-924 WAC;

(l) Psychologist, in accordance with chapters 18.83 RCW and 246-924 WAC;

(m) Physician, in accordance with chapters 18.71 RCW and 246-919 WAC;

(n) Physician assistant, in accordance with chapters 18.71A RCW and 246-918 WAC;

(o) Registered nurse, in accordance with chapters 18.79 RCW and 246-840 WAC; and

(p) Substance use disorder professional((s)) (SUDP), in accordance with chapters 18.205 RCW and 246-811 WAC((+)

~~(c) Licensed practical nurses, in accordance with chapters 18.79 RCW and 246-840 WAC;~~

~~(d) Mental health counselors, in accordance with chapters 18.225 RCW and 246-809 WAC;~~

~~(e) Marriage and family therapists, in accordance with chapters 18.225 RCW and 246-809 WAC;~~

~~(f) Independent and advanced social workers, in accordance with chapters 18.225 RCW and 246-809 WAC;~~

~~(g) Physicians, in accordance with chapters 18.71 RCW and 246-919 WAC;~~

~~(h) Physician assistants, in accordance with chapters 18.71A RCW and 246-918 WAC;~~

~~(i) Psychologists, in accordance with chapters 18.83 RCW and 246-924 WAC;~~

~~(j) Registered nurses, in accordance with chapters 18.79 RCW and 246-840 WAC;~~

~~(k) Dentists, in accordance with chapters 18.260 RCW and 246-817 WAC;~~

~~(l) Dental hygienists, in accordance with chapters 18.29 RCW and 246-815 WAC; and~~

~~(m) Certified behavioral health support specialists, in accordance with chapters 18.227 RCW and 246-821 WAC)).~~

(4) To become a qualified SBIRT provider, eligible licensed or certified health care professionals must:

(a) Complete agency-approved SBIRT training and mail or fax the SBIRT training certificate or other proof of this training completion to the agency; or

(b) Have an addiction specialist certification and mail or fax proof of this certification to the agency.

(5) The agency pays for SBIRT as follows:

(a) Screenings, which are included in the reimbursement for the evaluation and management code billed;

(b) Brief interventions, limited to four sessions per client, per provider, per calendar year; and

(c) When billed by one of the following qualified SBIRT health care professionals:

(i) Advanced registered nurse practitioner((s));

(ii) Dental hygienist;

(iii) Dentist;

(iv) Independent and advanced social worker;

(v) Marriage and family therapist;

(vi) Mental health counselor((s));

~~((iii) Marriage and family therapists;~~

~~(iv) Independent and advanced social workers;~~

~~(v)) (vii) Physician((s);~~

~~(vi) Psychologists;~~

~~(vii) Dentists; and~~

~~(viii) Dental hygienists)); and~~

(viii) Psychologist.

(6) The agency evaluates a request for additional sessions in excess of the limitations or restrictions according to WAC 182-501-0169.

(7) To be paid for providing alcohol and substance misuse counseling through SBIRT, providers must bill the agency using the agency's published billing instructions.

WAC 182-538D-0200 Behavioral health services—Definitions. The following definitions and those found in chapters 182-500, 182-538, and 182-538C WAC apply to this chapter. If conflict exists, this chapter takes precedence.

"Adult" means a person age 18 or older. ~~((For purposes of the medicaid program, people age 18 through age 20 have the early and periodic screening, diagnostic and treatment (EPSDT) benefit described in chapter 182-534 WAC. In the medicaid program, EPSDT is available until a person reaches age 21.))~~

"Assessment" means the process of obtaining all pertinent biopsychosocial information, as identified by the person, and family and collateral sources, for determining a diagnosis and to plan individualized services and supports.

"Behavioral health" means the prevention, treatment of, and recovery from substance use disorders, mental health disorders or problem and pathological gambling disorders.

"Behavioral health administrative service organization (BH-ASO)" - See WAC 182-538-050.

"Behavioral health agency" means an entity licensed by the department of health (DOH) to provide behavioral health services, including services for mental health disorders and substance use disorders.

"Certified behavioral health support specialist (BHSS)" means a person who delivers brief behavioral health services under the supervision of a provider outlined in WAC 246-821-410. To provide services as a BHSS, this person must have a bachelor's degree and have completed the BHSS educational program recognized by DOH.

~~((**"Chemical dependency professional" or "CDP"** means a person credentialed by DOH as a chemical dependency professional (CDP) with primary responsibility for implementing an individualized service plan for substance use disorder services.))~~ **"Certified peer counselor"** - See chapter 182-115 WAC.

"Certified peer support specialist" or "CPSS" - See chapter 246-929 WAC.

"Certified peer support specialist trainee" or "CPSST" - See chapter 246-929 WAC.

"Child" means ~~((a person under the age of 18. For the purposes of the medicaid program, people age 18 through age 20 have the EPSDT benefit described in chapter 182-534 WAC. In the medicaid program, EPSDT is available until a person reaches age 21))~~ the same as in RCW 71.24.025. For clients age 20 and younger, providers must follow the rules for the early periodic screening, diagnosis, and treatment (EPSDT) program; see chapter 182-534 WAC.

"Clinical record" means a paper or electronic file that is maintained by the provider and contains pertinent psychological, medical, and clinical information for each person served.

"Community support services" means ~~((services authorized, planned, and coordinated through resource management services including, at a minimum, assessment, diagnosis, emergency crisis intervention available 24 hours, seven days a week; prescreening determinations for people who are mentally ill being considered for placement in nursing homes as required by federal law; screening for patients being consid-~~

~~ered for admission to residential services; diagnosis and treatment for children who are mentally or severely emotionally disturbed discovered under screening through the federal Title XIX EPSDT program; investigation, legal, and other nonresidential services under chapter 71.05 RCW; case management services; psychiatric treatment including medication supervision; counseling; psychotherapy; assuring transfer of relevant patient information between service providers; recovery services; and other services determined by behavioral health administrative service organizations (BH-ASOs) and managed care organizations (MCOs)) the same as in RCW 71.24.025.~~

"Complaint" = See "grievance" in WAC 182-538-050.

"Consent" means agreement given by a person after the person is provided with a description of the nature, character, anticipated results of proposed treatments and the recognized serious possible risks, complications, and anticipated benefits, including alternatives and nontreatment. Informed consent must be provided in a terminology that the person can reasonably be expected to understand.

"Consultation" means the clinical review and development of recommendations regarding activities, or decisions of, clinical staff, contracted employees, volunteers, or students by people with appropriate knowledge and experience to make recommendations.

"Crisis" means an actual or perceived urgent or emergent situation that occurs when a person's stability or functioning is disrupted and there is an immediate need to resolve the situation to prevent a serious deterioration in the person's mental or physical health, or to prevent the need for referral to a significantly higher level of care.

"Cultural competence" or **"culturally competent"** means the ability to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Examples of culturally competent care include striving to overcome cultural, language, and communications barriers, providing an environment in which people from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options, encouraging people to express their spiritual beliefs and cultural practices, and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.

"Designated crisis responder (DCR)" means a mental health professional appointed by the county, or an entity appointed by the county, to perform the duties described in chapter 71.05 RCW.

"Disability" means a physical or mental impairment that substantially limits one or more major life activities of a person and the person:

- (a) Has a record of such an impairment; or
- (b) Is regarded as having such impairment.

"Ethnic minority" or **"racial/ethnic groups"** means, for the purposes of this chapter, any of the following general population groups:

- (a) African American;
- (b) An American Indian or Alaskan native, which includes:
 - (i) A person who is a member or considered to be a member in a federally recognized tribe;
 - (ii) A person determined eligible to be found Indian by the secretary of interior;
 - (iii) An Eskimo, Aleut, or other Alaskan native; and
 - (iv) An unenrolled Indian meaning a person considered Indian by a federally or nonfederally recognized Indian tribe or off-reservation Indian/Alaskan native community organization.

- (c) Asian/Pacific Islander; or
- (d) Hispanic.

"Housing services" means the active search and promotion of individual access to, and choice in, safe and affordable housing that is appropriate to the person's age, culture, and needs.

"Integrated managed care (IMC)" = See WAC 182-538-050.

"Less restrictive alternative (LRA)" = See WAC 182-538C-050.

"Mental health professional" means a person who meets the following:

(a) A psychiatrist, psychologist, psychological associate, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner (ARNP), psychiatric nurse, or social worker as defined in chapters 71.05 and 71.34 RCW;

(b) A person who is licensed by DOH as a mental health counselor, mental health counselor associate, marriage and family therapist, or marriage and family therapist associate; or

(c) A person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university who has at least two years of experience in direct treatment of people with mental illness or emotional disturbance, experience that was gained under the supervision of a mental health professional recognized by DOH or attested to by the licensed behavioral health agency.

"Mental health specialist" means:

(a) A **"child mental health specialist"** is defined as a mental health professional with the following education and experience:

(i) A minimum of 100 actual hours (not quarter or semester hours) of special training in child development and the treatment of children and youth with serious emotional disturbance and their families; and

(ii) The equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

(b) A **"geriatric mental health specialist"** is defined as a mental health professional who has the following education and experience:

(i) A minimum of 100 actual hours (not quarter or semester hours) of specialized training devoted to the mental health problems and treatment of people age 60 and older; and

(ii) The equivalent of one year of full-time experience in the treatment of people age 60 and older, under the supervision of a geriatric mental health specialist.

(c) An **"ethnic minority mental health specialist"** is defined as a mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including:

(i) Evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and

(ii) One of the following:

(A) Evidence of support from the ethnic minority community attesting to the person's commitment to that community; or

(B) A minimum of 100 actual hours (not quarter or semester hours) of specialized training devoted to ethnic minority issues and treatment of ethnic minorities.

(d) A **"disability mental health specialist"** is defined as a mental health professional with special expertise in working with an identified disability group. For purposes of this chapter only, "disa-

bled" means a person with a disability other than a mental illness, including a developmental disability, serious physical handicap, or sensory impairment.

(i) If the consumer is deaf, the specialist must be a mental health professional with:

(A) Knowledge about the deaf culture and psychosocial problems faced by people who are deaf; and

(B) Ability to communicate fluently in the preferred language system of the consumer.

(ii) The specialist for people with developmental disabilities must be a mental health professional who:

(A) Has at least one year experience working with people with developmental disabilities; or

(B) Is a developmental disabilities professional as defined in RCW 71.05.020.

~~((**"Peer counselor"** means a person recognized by the medicaid agency as a person who:~~

~~(a) Is a self-identified consumer of behavioral health services who:~~

~~(i) Has applied for, is eligible for, or has received behavioral health services; or~~

~~(ii) Is the parent or legal guardian of a person who has applied for, is eligible for, or has received behavioral health services;~~

~~(b) Is a counselor credentialed under chapter 18.19 RCW;~~

~~(c) Has completed specialized training provided by or contracted through the medicaid agency. If the person was trained by trainers approved by the department of social and health services before October 1, 2004, and has met the requirements in (a), (b) and (d) of this subsection by January 31, 2005, the person is exempt from completing this specialized training;~~

~~(d) Has successfully passed an examination administered by the medicaid agency or an authorized contractor; and~~

~~(e) Has received a written notification letter from the medicaid agency stating that the medicaid agency recognizes the person as a "peer counselor.")~~

"Quality plan" means an overarching system or process, or both, whereby quality assurance and quality improvement activities are incorporated and infused into all aspects of a BH-ASO's or MCO's operations.

"Residential services" means a complete range of residences and supports authorized by resource management services and which may involve a facility, a distinct part thereof, or services which support community living, for people who are acutely mentally ill, adults who are chronically mentally ill, children who are severely emotionally disturbed, or adults who are seriously disturbed and determined by the behavioral health organization to be at risk of becoming acutely or chronically mentally ill.

"Resource management services" means the ~~((planning, coordination, and authorization of residential services and community support services for people who are:~~

~~(a) Adults and children who are acutely mentally ill;~~

~~(b) Adults who are chronically mentally ill;~~

~~(c) Children who are severely emotionally disturbed; or~~

~~(d) Adults who are seriously disturbed and determined solely by a behavioral health organization to be at risk of becoming acutely or chronically mentally ill))~~ same as in RCW 71.24.025.

"Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that a person continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substances.

"Substance use disorder professional" or "SUDP" - See WAC 182-500-010.

"Substance use disorder professional trainee" or "SUDPT" - See WAC 246-811-010.

"Supervision" means the regular monitoring of the administrative, clinical, or clerical work performance of a staff member, trainee, student, volunteer, or employee on contract by a person with the authority to give direction and require change.

"Youth" means a person (~~who is~~) age 13 through age 17 (~~or younger~~). For clients age 20 and younger, providers must follow the rules for the early periodic screening, diagnosis, and treatment (EPSDT) program; see chapter 182-534 WAC.