



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**MAR 01 2011**

Susan Dreyfus, Secretary  
Department of Social and Health Services  
Post Office Box 45010  
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number 10-010**

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington State Plan Amendment (SPA) Transmittal Number 10-010.

Washington SPA 10-010 was submitted as a response to a Correction Action Plan (CAP) for issues found during the review of Washington SPA 09-027. Washington SPA 09-027 originally was submitted to discontinue reimbursement for Adult Day Health, now reimbursed under a 1915(i) waiver. During the review for Washington 09-027, CMS found issues with the reimbursement methodologies for Home Health services, Behavioral Rehabilitation services and Outpatient Alcohol and Drug Treatment services. These issues have now been clarified and/or corrected.

However, during the review of Washington SPA 10-010, CMS performed a program analysis of Behavior Rehabilitative services, Alcohol/Drug Screening and Brief Intervention, Alcohol and Drug Detoxification services, and Chemical Dependency Treatment services. This analysis revealed issues that will require additional information and/or possible revision through a CAP. Under separate cover, CMS will release a letter detailing those issues, and provide guidance on timeframes for correction.

This SPA is approved effective April 1, 2010, as requested by the State.

We appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me, or have your staff contact Mary Jones at (360) 486-0243 or [Mary.Jones2@cms.hhs.gov](mailto:Mary.Jones2@cms.hhs.gov).

Sincerely,

Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Douglas Porter, Administrator, State Medicaid Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**10-010**

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  
April 1, 2010

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 AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$ 0

b. FFY 2010 \$ 0

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 pgs 19 - 21

Att. 4.19-B pgs 19 - 21

Attachment 3.1-A, pages 37-40, 55-58 (P+I)  
Attachment 3.1-B, pages 37-39a, 55, 56, 57a (P+I)

Attachment 3.1-A, pages 37-40, 55-58 (P+I)  
attachment 3.1-B, pages 37-39a, 55-57 (P+I)

10. SUBJECT OF AMENDMENT:

Miscellaneous Reimbursement Clarifications

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED: Exempt

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

*Susan N. Dreyfus 6/23/10*

Ann Myers  
Department of Social and Health Services  
Health and Recovery Services Administration  
626 8<sup>th</sup> Ave SE MS: 45504  
Olympia, WA 98504-5504

13. TYPED NAME:

Susan N. Dreyfus

14. TITLE:

Secretary

15. DATE SUBMITTED:

6-23-10

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 23 2010

18. DATE APPROVED: MAR 01 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 01 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

*Carol Penney for Barbara Richards*

21. TYPED NAME:

Barbara K. Richards

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Division of Medicaid &  
Children's Health

Pen+Inc changes authorized by the state on 12/2/10.  
Pen+Inc changes authorized by the state on 12/6/10

## 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

## 13. d. Rehabilitative services

(1) Physical medicine and rehabilitation as requested and approved.

(2) Alcohol and drug treatment services

(a) Alcohol/drug screening and brief intervention

(i) Description of services

A combination of services designed to screen for risk factors that appear to be related to alcohol and other drug use disorders, provide interventions to enhance patient motivation to change, and make appropriate referral as needed.

(ii) Provider qualifications

Alcohol/drug screening and brief intervention services must be performed by the following practitioners who are licensed and/or certified by the Washington State Department of Health (DOH) according to DOH Revised Code of Washington (RCW) and Washington Administrative Code (WAC) in effect as of July 1, 2009, as follows:

- (A) Advanced registered nurse practitioner (ARNP) - chapter 18.79 RCW and chapter 246-840 WAC. Must be licensed in Washington as a registered nurse and graduated from an advanced nursing education program within the last year.
- (B) Chemical dependency professionals (CDP) - chapter 18.205 RCW and chapter 246-811 WAC. Must have an AA in human services or a related field from an approved school or completion of 90 quarter or 60 semester credits. At least 45 quarter or 30 semester credits must be in courses related to the CDP profession.
- (C) Mental health counselor – chapter 18.225 RCW and chapter 246-809 WAC. Must have a Master's or Doctoral level degree in mental health counseling or a related field from an approved college or university.
- (D) Marriage and family therapist – chapter 18.225 RCW and chapter 246-809 WAC. Must have a Master's or Doctoral degree in marriage and family therapy or in behavioral science with equivalent course work from an approved school. American Association for Marriage and Family Therapy (AAMFT) clinical membership meets education requirements.
- (E) Social worker – chapter 18.225 RCW and chapter 246-809 WAC. Must have a Master's or Doctoral degree from an educational program accredited by the Council on Social Work Education.
- (F) Physician (MD) - chapter 18.71 RCW and chapter 246-919 WAC. Must be a graduate of a school of medicine approved by the Washington State Medical Quality Assurance Commission (WSMQA) and complete two years of postgraduate medical training in a program acceptable to WSMQA.
- (G) Physician assistant (PA) - chapter 18.71A RCW and chapter 246-918 WAC. Must have a Physician Assistant degree from an accredited program and successfully complete the National Commission on Certification of Physician Assistants (NCCPA) examination.
- (H) Psychologist - chapter 18.83 RCW and chapter 246-924 WAC. Must have a Doctoral degree from a regionally accredited institution.

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## 13. d. Rehabilitative Services (cont)

## (iii) Settings

Services may be delivered in residential facilities that do not exceed 16 beds, outpatient facilities, and Indian Health Service facilities. All service delivery settings must meet the requirements of chapters 388-805 and 246-337 WAC in effect as of July 1, 2010, including but not limited to the following: have a Department of Health or business license, whichever is applicable; have sufficient qualified staff to deliver services; have a department-approved program/treatment plan; and develop and maintain administration, personnel, and clinical policies and procedures.

## (b) Inpatient alcohol and drug detoxification

(i) Alcohol detoxification is limited to three days.

(ii) Drug detoxification is limited to five days.

(iii) Services required for the care and/or treatment of individuals intoxicated or incapacitated by alcohol or other drugs are provided during the initial period of care and treatment while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. Services are provided in certified facilities with 16 beds or less and exclude room and board. Services include:

(A) Screening and detoxification of intoxicated persons; and

(B) Counseling of persons admitted to a program within a certified facility, regarding their illness in order to stimulate motivation to obtain further treatment, and referral of detoxified chemically dependent (alcoholism or drug addiction) persons to other appropriate chemical dependency services providers (treatment programs).

## (iv) Screening and detoxification of intoxicated persons

(A) All personnel providing patient care, except licensed medical and nursing staff, must complete a minimum of forty hours of documented training before assignment of patient care duties. Training includes:

(I) Chemical dependency;

(II) HIV/AIDS and hepatitis B education;

(III) TB prevention and control;

(IV) Detoxification screening, admission, and signs of trauma;

(V) Cardio-pulmonary resuscitation (CPR); and

(VI) First aid.

(B) If providing acute detoxification services, a licensed nurse must be on-site to monitor the screening and detoxification of the intoxicated person.

(C) If providing sub-acute detoxification services, the certified facility must establish agreements with authorized health care providers or hospitals that include:

(I) Criteria for determining the degree of medical stability of a resident;

(II) Monitoring the resident after being admitted;

(III) Reporting abnormal symptoms according to established criteria;

(IV) Criteria requiring immediate transfer to a hospital, when necessary; and

(V) Resident discharge or transfer criteria.

(v) Screening, detoxification, and referral services must be performed by the following practitioners, as indicated below, who are licensed and/or certified by DOH according to DOH RCW and WAC:

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- 
13. d. Rehabilitative Services (cont)
- (A) Advanced registered nurse practitioner (ARNP): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (B) Chemical dependency professionals (CDP): provides screening and referral. Meets requirements of chapter 18.205 RCW and chapter 246-924 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (C) Licensed practical nurse (LPN): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC. Must be graduated from an approved practical nursing program.
  - (D) Mental health counselor: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (E) Marriage and family therapist: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (F) Social worker: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (G) Physician (MD): provides screening, detoxification, and referral. Meets requirements of chapter 18.71 RCW and chapter 246-919 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (H) Physician assistant (PA): provides screening, detoxification, and referral. Meets requirements of chapter 18.71A RCW and chapter 246-918 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (I) Psychologist: provides screening and referral. Meets requirements of chapter 18.83 RCW and chapter 246-924 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (J) Registered nurse (RN): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC. Must successfully complete an approved nursing education program
- (vi) Counseling services for persons admitted must be performed by a Chemical Dependency Professional (CDP) certified in chemical dependency counseling by DOH. To be certified, a CDP must meet the education, training, and experience required in chapter 246-811 WAC in effect as of July 1, 2010. See section (2)(a)(ii) *Provider Requirements* above.
- (vii) Alcohol and drug detoxification is provided on an inpatient basis in certified facilities which are:
- (A) Within the physical location and the administrative control of a general hospital; or
  - (B) Freestanding facilities established to provide these services.
- (viii) Provider qualifications
- (A) The freestanding facility in which the care is provided must be:
    - (I) Licensed by DOH, ensuring it meets all health and safety standards for licensure and operations for residential treatment facilities under DOH's WAC; and
    - (II) Certified by the Division of Behavioral Health and Recovery (DBHR), ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) under DBHR's WAC.
  - (B) The program under which services are provided must be certified by DBHR, ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) under DBHR's WAC.

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## 13. d. Rehabilitative Services (cont)

## (c) Chemical dependency treatment

## (i) Description of services

- (A) Rehabilitative services of diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques that are:
- (I) Directed toward patients who are harmfully affected by the use of mood-altering chemicals or are chemically dependent; and
  - (II) Directed toward a goal of abstinence for chemically dependent persons.
- (B) Patient placement decisions are based on admission, continued service, and discharge criteria found in the *Patient Placement Criteria for the Treatment of Substance-Related Disorders* as published by the American Society of Addiction Medicine (ASAM).

## (ii) Provided in certified programs that include:

- (A) Outpatient treatment in chemical dependency treatment centers; and
- (B) Treatment services, *excluding board and room*, provided in residential treatment facilities with 16 beds or less.

## (iii) Goal-oriented rehabilitation (treatment) plans are identified under a written rehabilitation plan that meets DBHR WAC requirements that include, but are not limited to:

- (A) Patient involvement in treatment planning;
- (B) Treatment goals and documentation of progress toward patient attainment of the treatment goals; and
- (C) Completeness of patient records, which include:
  - (I) Demographic information;
  - (II) Assessment and history of involvement with alcohol and other drugs;
  - (III) Initial and updated individual treatment plans;
  - (IV) Date, duration, and content of counseling sessions; and
  - (V) Voluntary consent to treatment, signed and dated by the patient.

## (iv) Provider Qualifications

- (A) The outpatient chemical dependency service treatment center and program must be certified by DBHR, ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) according to DBHR WAC.
- (B) The residential treatment facility in which the care is provided and program must be certified by DBHR and licensed by DOH, ensuring it meets:
  - (I) All health and safety standards for licensure and operations for residential treatment facilities according to DOH WAC; and
  - (II) All standards and processes necessary to be a certified chemical dependency treatment program according to DBHR WAC.

## (v) Counseling services for persons admitted must be performed by a Chemical Dependency Professional (CDP) certified in chemical dependency counseling by DOH. To be certified, a CDP must meet the education, training, and experience required in chapter 246-811 WAC.

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## 13. d. 9. Behavior Rehabilitative Services.

Behavior rehabilitative services are health and remedial services provided to children to remediate debilitating disorders, ordered by a physician or other licensed practitioner of the healing arts within the scope of his or her practice within state law, intended for the maximum reduction of mental disability and restoration of the individual to his or her best possible functional level. Prior approval is required.

**Service Description**

Upon assessment and development of an individual service and treatment plan, specific services include milieu therapy, crisis counseling, regularly scheduled counseling and therapy, and health services. Case management and planning are ongoing and may include coordination with other agencies. When the child returns home, after care may be provided for up to six (6) months.

*Milieu therapy:* Refers to those activities performed with children to normalize their psycho-social development and promote the safety of the child and stabilize his or her behavior in any given environment. The child is monitored in structured activities which may be recreational, rehabilitative, academic, or a variety of productive work activities, with the aim of promoting living skills development. As the child is monitored, intervention is provided to remediate the dysfunctional behaviors and encourage appropriate responses which the child may then apply in a broad range of settings. Aggression replacement training is provided to teach children to understand and replace aggression and anti-social behavior with positive alternatives. Providers include Social Service and Case Management staff. Child care staff provide assistance to these staff in the form of day-to-day supervision and behavioral feedback to the youth. (see *Provider Qualifications*).

*Crisis counseling:* Available on a 24 hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions. Children in the population served by BRS are subject to sudden, escalating disturbed behavior patterns. Crisis counseling is intended to quickly intervene and address escalating behavior, while scheduled counseling and therapy are intended to address the child's problems in the longer term. Example: A short term intervention would include the child having a face-to-face encounter with a counselor to discuss the nature of the child's current emotional/behavioral disturbance and his/her feelings that caused the disturbance. The child has the opportunity to work out a plan to cope with the immediate situation until longer term solutions can be developed. Providers include Social Service staff and Case Management staff (see *Provider Qualifications*).

*Regularly scheduled counseling and therapy:* May include psychological testing. Each child has an individual services and treatment plan which identifies the child's specific behavioral dysfunctions. Services and treatment are tailored to the child in his/her individual plan. Therapy may be in an individual or group setting, which may include members of the child's peer group or family members, but therapy is directed at the child's behavioral problems. Irrespective of the therapeutic setting, counseling and therapy are provided to, or directed exclusively toward, the treatment of the Medicaid-eligible individual.

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CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

## 13. d. 9. Behavior Rehabilitative Services (cont)

**Service Description (cont)**

Providers include Social Services and Case Management staff. Child care staff may provide assistance to these staff in the form of day-to-day supervision and behavioral feedback to the youth (see *Provider Qualifications*).

*Health care services.* This component includes any service recommended by a licensed practitioner of the healing arts within the scope of his/her practice, aimed at reducing physical or mental disability of the individual and restoring the individual to his/her best possible functional level. These services may include, but are not limited to, emergency care; routine health care; health maintenance and disease prevention services such as education for the child regarding nutrition, hygiene, pregnancy prevention, and prevention of sexually transmitted infections. Substance abuse assessment, education, treatment, and relapse prevention may also be provided. Youth may receive education regarding health maintenance, disease prevention, nutrition, hygiene, pregnancy prevention, and prevention of sexually transmitted infections in a group setting or on a one-on-one basis with social service staff or case management staff. Substance abuse assessment, education, treatment, and relapse prevention may also be provided to youth by social service or case management staff in group settings, when appropriate, or on a one-on-one basis. Substance abuse service may also be provided as part of a contractor's service network or in conjunction with community resources. An EPSDT examination for the child must be arranged within the first 30 days of entry into BRS, and any recommendations resulting from the examination must be acted upon. See *Provider Qualifications* for Counselor/Case Management and Social Services staff.

**Population to be Served**

Children who receive these services suffer from conditions that prevent them from functioning normally in their homes, schools, and communities. Dysfunctional behaviors may include drug and alcohol abuse; anti-social behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; behaviors symptomatic of victims of severe family conflict; and behavioral disturbances resulting from psychiatric disorders of the parents.

**Service Settings**

BRS may be delivered in a group living setting (in the community), in a treatment foster home, or in a small number of cases, in the child's own home.

Each provider must be licensed by the state's Division of Licensed Resources. Specific qualifications for all BRS providers' staff are listed below.

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## 13. d. 9. Behavior Rehabilitative Services (cont)

**Provider Qualifications and Responsibilities**

*Social Services Staff.* The minimum qualification is a Masters Degree in social work or a social science such as psychology, counseling, or sociology. Social Service staff without a Master's Degree must have a Bachelor's Degree in social work or a social science such as psychology, counseling, or sociology, and must consult at least eight hours per month with a person who has a Master's Degree.

Responsibilities include development of service plans; individual, group, and family counseling; and assistance to child care staff in providing appropriate treatment for clients.

The Social Service staff provides the child care staff with oversight and direction, when necessary, in the provision of appropriate treatment for children, in accordance with each child's specific treatment plan. Because the Social Service staff possess a higher educational credential and greater experience than the child care staff, they provide leadership to the child care staff.

*Counselor/Case Management Staff.* The minimum qualification is a Master's Degree with major study in social work or a social science such as psychology, counseling, or sociology, or a Bachelor's Degree with major study in social work or a social science such as psychology, counseling, or sociology, and two (2) years' experience working with children and families.

Responsibilities include case planning, individual and group counseling, assistance to child care staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

Counselors/case managers are in a leadership role to the child care staff. The case manager is responsible for maintaining oversight and providing direction to child care staff on a day-to-day basis for the child's behavior management, in accordance with each child's specific treatment plan. Counselors/case managers coordinate with other agencies to ensure that the child, when returned home, will have adequate supports to enable him/her to remain in the community. Examples of such supports could include ensuring that the child has a medical home, has a community treatment resource for drug and/or alcohol abuse, or has counseling for the treatment of sexually aggressive behavior. Coordination with other agencies depends on the specific problems of a specific child.

*Child Care Staff.* Minimum qualifications require that no less than 50% of the childcare staff in a facility have a Bachelor's Degree. Combinations of formal education and experience working with children and families may be substituted for a Bachelor's degree.

Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise. Child care staff are responsible for understanding each child's treatment plan and providing day-to-day supervision and behavioral feedback to the child, in accordance with

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## 13. d. 9. Behavior Rehabilitative Services (cont)

**Provider Qualifications and Responsibilities (cont)**

each child's individual treatment plan. These staff may provide input, based on their experience with the child, during case staffing and counseling sessions with the child and/or his/her family.

*Master's Level Oversight:* In addition to the staffing qualifications listed in this section, the Contractor's program must have Master's level oversight. This requirement may be met through a Master's level Program Director or Social Service staff or by subcontracting with a consultant.

## 17. Nurse midwife services

Limited to facilities approved by the Medicaid agency to provide this service, or in the case of home births, to clients and residences approved for this service. To participate in home births, midwives must be a Medicaid agency-approved provider.

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State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE  
MEDICALLY NEEDY GROUP(S): ALL

## 13. d. Rehabilitative services

(1) Physical medicine and rehabilitation as requested and approved.

(2) Alcohol and drug treatment services

(a) Alcohol/drug screening and brief intervention

(i) Description of services

A combination of services designed to screen for risk factors that appear to be related to alcohol and other drug use disorders, provide interventions to enhance patient motivation to change, and make appropriate referral as needed.

(ii) Provider qualifications

Alcohol/drug screening and brief intervention services must be performed by the following practitioners who are licensed and/or certified by the Washington State Department of Health (DOH) according to DOH Revised Code of Washington (RCW) and Washington Administrative Code (WAC) in effect as of July 1, 2009, as follows:

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- (D) Marriage and family therapist – chapter 18.225 RCW and chapter 246-809 WAC. Must have a Master's or Doctoral degree in marriage and family therapy or in behavioral science, with equivalent course work from an approved school. American Association for Marriage and Family Therapy (AAMFT) clinical membership meets education requirements.
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- (F) Physician (MD) - chapter 18.71 RCW and chapter 246-919 WAC. Must be a graduate of a school of medicine approved by the Washington State Medical Quality Assurance Commission (WSMQA) and complete two years of postgraduate medical training in a program acceptable to WSMQA.
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MEDICALLY NEEDY GROUP(S): ALL

## 13. d. Rehabilitative services (cont)

## (iii) Settings

Services may be delivered in residential facilities that do not exceed 16 beds, outpatient facilities, and Indian Health Service facilities. All service delivery settings must meet the requirements of chapters 388-805 and 246-337 WAC in effect as of July 1, 2010, including but not limited to, the following: have a Department of Health or business license, whichever is applicable; have sufficient qualified staff to deliver services; have a department-approved program/treatment plan; and develop and maintain administration, personnel, and clinical policies and procedures.

## (b) Inpatient alcohol and drug detoxification

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(A) Screening and detoxification of intoxicated persons; and

(B) Counseling of persons admitted to a program within a certified facility, regarding their illness in order to stimulate motivation to obtain further treatment, and referral of detoxified chemically dependent (alcoholism or drug addiction) persons to other appropriate chemical dependency services providers (treatment programs).

## (iv) Screening and detoxification of intoxicated persons

(A) All personnel providing patient care, except licensed medical and nursing staff, must complete a minimum of forty hours of documented training before assignment of patient care duties. Training includes:

(I) Chemical dependency;

(II) HIV/AIDS and hepatitis B education;

(III) TB prevention and control;

(IV) Detoxification screening, admission, and signs of trauma;

(V) Cardio-pulmonary resuscitation (CPR); and

(VI) First aid.

(B) If providing acute detoxification services, a licensed nurse must be on-site to monitor the screening and detoxification of the intoxicated person.

(C) If providing sub-acute detoxification services, the certified facility must establish agreements with authorized health care providers or hospitals that include:

(I) Criteria for determining the degree of medical stability of a resident;

(II) Monitoring the resident after being admitted;

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13. d. Rehabilitative Services (cont)
- (v) Screening, detoxification, and referral services must be performed by the following practitioners, as indicated below, who are licensed and/or certified by DOH according to DOH RCW and WAC in effect as of July 1, 2009, as follows:
- (A) Advanced registered nurse practitioner (ARNP): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC. See section (2)(a)(ii) *Provider Requirements* above.
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  - (C) Licensed practical nurse (LPN): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC. Must be graduated from an approved practical nursing program.
  - (D) Mental health counselor: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (E) Marriage and family therapist: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (F) Social worker: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (G) Physician (MD): provides screening, detoxification, and referral. Meets requirements of chapter 18.71 RCW and chapter 246-919 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (H) Physician assistant (PA): provides screening, detoxification, and referral. Meets requirements of chapter 18.71A RCW and chapter 246-918 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (I) Psychologist: provides screening and referral. Meets requirements of chapter 18.83 RCW and chapter 246-924 WAC. See section (2)(a)(ii) *Provider Requirements* above.
  - (J) Registered nurse (RN): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC. Must successfully complete an approved nursing education program
- (vi) Counseling services for persons admitted must be performed by a Chemical Dependency Professional (CDP) certified in chemical dependency counseling by DOH. To be certified, a CDP must meet the education, training, and experience required in chapter 246-811 WAC in effect as of July 1, 2010. See section (2)(a)(ii) *Provider Requirements* above.

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## 13. d. Rehabilitative Services (cont)

- (vii) Alcohol and drug detoxification is provided on an inpatient basis in certified facilities which are:
  - (A) Within the physical location and the administrative control of a general hospital; or
  - (B) Freestanding facilities established to provide these services.
- (viii) Provider qualifications
  - (A) The freestanding facility in which the care is provided must be:
    - (I) Licensed by DOH, ensuring it meets all health and safety standards for licensure and operations for residential treatment facilities under DOH's WAC; and
    - (II) Certified by the Division of Behavioral Health and Recovery (DBHR), ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) under DBHR's WAC.
  - (B) The program under which services are provided must be certified by DBHR, ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) under DBHR's WAC.

## (c) Chemical dependency treatment

- (i) Description of services
  - (A) Rehabilitative services of diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques that are:
    - (I) Directed toward patients who are harmfully affected by the use of mood-altering chemicals or are chemically dependent; and
    - (II) Directed toward a goal of abstinence for chemically dependent persons.
  - (B) Patient placement decisions are based on admission, continued service, and discharge criteria found in the *Patient Placement Criteria for the Treatment of Substance-Related Disorders* as published by the American Society of Addiction Medicine (ASAM).
- (ii) Provided in certified programs that include:
  - (A) Outpatient treatment in chemical dependency treatment centers; and
  - (B) Treatment services, *excluding board and room*, provided in residential treatment facilities with 16 beds or less.
- (iii) Goal-oriented rehabilitation (treatment) plans are identified under a written rehabilitation plan that meets DBHR WAC requirements that include, but are not limited to:
  - (A) Patient involvement in treatment planning;
  - (B) Treatment goals and documentation of progress toward patient attainment of the treatment goals; and
  - (C) Completeness of patient records, which include:
    - (I) Demographic information;
    - (II) Assessment and history of involvement with alcohol and other drugs;
    - (III) Initial and updated individual treatment plans;
    - (IV) Date, duration, and content of counseling sessions; and
    - (V) Voluntary consent to treatment, signed and dated by the patient.

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## 13. d. Rehabilitative services (cont)

## (iv) Provider Qualifications

(A) The outpatient chemical dependency service treatment center and program must be certified by DBHR, ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) according to DBHR WAC.

(B) The residential treatment facility in which the care is provided and program must be certified by DBHR and licensed by DOH, ensuring it meets:

(I) All health and safety standards for licensure and operations for residential treatment facilities according to DOH WAC; and

(II) All standards and processes necessary to be a certified chemical dependency treatment program according to DBHR WAC.

(v) Counseling services for persons admitted must be performed by a Chemical Dependency Professional (CDP) certified in chemical dependency counseling by DOH. To be certified, a CDP must meet the education, training, and experience required in chapter 246-811 WAC. See section (2)(a)(ii) *Provider Requirements* above.

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## 13. d. Rehabilitative services (cont.)

## 9. Behavior Rehabilitation Services.

Behavior rehabilitative services are health and remedial services provided to children to remediate debilitating disorders, ordered by a physician or other licensed practitioner of the healing arts within the scope of his or her practice within state law, intended for the maximum reduction of mental disability and restoration of the individual to his or her best possible functional level. Prior approval is required.

**Service Description**

Upon assessment and development of an individual service and treatment plan, specific services include milieu therapy, crisis counseling, regularly scheduled counseling and therapy, and health services. Case management and planning are ongoing and may include coordination with other agencies. When the child returns home, after care may be provided for up to six (6) months.

*Milieu therapy:* Refers to those activities performed with children to normalize their psycho-social development and promote the safety of the child and stabilize his or her behavior in any given environment. The child is monitored in structured activities which may be recreational, rehabilitative, academic, or a variety of productive work activities, with the aim of promoting living skills development. As the child is monitored, intervention is provided to remediate the dysfunctional behaviors and encourage appropriate responses which the child may then apply in a broad range of settings. Aggression replacement training is provided to teach children to understand and replace aggression and anti-social behavior with positive alternatives. Providers include Social Service staff and Case Management staff. Child care staff provide assistance to the social service and case management staff in the form of day to day supervision and behavioral feedback to the youth. (see *Provider Qualifications*).

*Crisis counseling:* Available on a 24 hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions. Children in the population served by BRS are subject to sudden, escalating disturbed behavior patterns. Crisis counseling is intended to quickly intervene and address escalating behavior, while scheduled counseling and therapy are intended to address the child's problems in the longer term. Example: A short term intervention would include the child having a face-to-face encounter with a counselor to discuss the nature of the child's current emotional/behavioral disturbance and his/her feelings that caused the disturbance. The child has the opportunity to work out a plan to cope with the immediate situation until longer term solutions can be developed. Providers include Social Service staff and Case Management staff (see *Provider Qualifications*).

*Regularly scheduled counseling and therapy:* May include psychological testing. Each child has an individual services and treatment plan which identifies the child's specific behavioral dysfunctions. Services and treatment are tailored to the child in his/her individual plan. Therapy may be in an individual or group setting, which may include members of the child's peer group or family members, but therapy is directed at the child's behavioral problems.

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## 13. d. 9. Rehabilitative services/Behavior rehabilitation (cont.)

**Service Description (cont)**

Irrespective of the therapeutic setting, counseling and therapy are provided to, or directed exclusively toward, the treatment of the Medicaid-eligible individual. Providers include Social Services staff and Case Management staff. Child care staff provide assistance to the social service and case management staff in the form of day to day supervision and behavioral feedback to the youth. (*see Provider Qualifications*).

*Health care services:* This component includes any service recommended by a licensed practitioner of the healing arts within the scope of his/her practice, aimed at reducing physical or mental disability of the individual and restoring the individual to his/her best possible functional level. These services may include, but are not limited to, emergency care; routine health care; and health maintenance and disease prevention services such as education for the child regarding nutrition, hygiene, pregnancy prevention, and prevention of sexually transmitted infections. Substance abuse assessment, education, treatment, and relapse prevention may also be provided. Youth may receive education regarding health maintenance, disease prevention, nutrition, hygiene, pregnancy prevention, and prevention of sexually transmitted infections in a group setting or on a one-on-one basis with social service staff or case management staff. Substance abuse assessment, education, treatment, and relapse prevention may also be provided to youth by social service or case management staff in group settings when appropriate or on a one-on-one basis. Substance abuse service may also be provided as part of a contractor's service network or in conjunction with community resources. An EPSDT examination for the child must be arranged within the first 30 days of entry into BRS, and any recommendations resulting from the examination must be acted upon. (*see Provider Qualifications for Counselor/Case Management and Social Services staff*).

**Population to be Served**

Children who receive these services suffer from conditions that prevent them from functioning normally in their homes, schools, and communities. Dysfunctional behaviors may include drug and alcohol abuse; anti-social behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; behaviors symptomatic of victims of severe family conflict; and behavioral disturbances resulting from psychiatric disorders of the parents.

**Service Settings**

BRS may be delivered in a group living setting (in the community), in a treatment foster home, or in a small number of cases, in the child's own home.

Each provider must be licensed by the state's Division of Licensed Resources. Specific qualifications for all BRS providers' staff are listed below.

**Provider Qualifications and Responsibilities**

*Social Services Staff:* The minimum qualification is a Masters Degree in social work or a social science such as psychology, counseling, or sociology. Social Service staff without a Master's Degree must have a Bachelor's Degree in social work or a social science such as psychology,

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## 13. d. 9. Behavior Rehabilitative Services (cont)

counseling, or sociology, and must consult at least eight hours per month with a person who has a Master's Degree.

Responsibilities include development of service plans; individual, group, and family counseling; and assistance to child care staff in providing appropriate treatment for clients.

The Social Service staff provides the child care staff with oversight and direction, when necessary, in the provision of appropriate treatment for children, in accordance with each child's specific treatment plan. Because the Social Service staff possess a higher educational credential and greater experience than the child care staff, they provide leadership to the child care staff.

*Counselor/Case Management Staff:* The minimum qualification is a Master's Degree with major study in social work or a social science such as psychology, counseling, or sociology, or a Bachelor's Degree with major study in social work or a social science such as psychology, counseling, or sociology, and two (2) years' experience working with children and families.

Responsibilities include case planning, individual and group counseling, assistance to child care staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

Counselors/case managers are in a leadership role to the child care staff. The case manager is responsible for maintaining oversight and providing direction to child care staff on a day-to-day basis for the child's behavior management, in accordance with each child's specific treatment plan. Counselors/case managers coordinate with other agencies to ensure that the child, when returned home, will have adequate supports to enable him/her to remain in the community. Examples of such supports could include ensuring that the child has a medical home, has a community treatment resource for drug and/or alcohol abuse, or has counseling for the treatment of sexually aggressive behavior. Coordination with other agencies depends on the specific problems of a specific child.

*Child Care Staff:* Minimum qualifications require that no less than 50% of the childcare staff in a facility have a Bachelor's Degree. Combinations of formal education and experience working with children and families may be substituted for a Bachelor's degree.

Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise. Child care staff are responsible for understanding each child's treatment plan and providing day-to-day supervision and behavioral feedback to the child in accordance with each child's individual treatment plan. These staff may provide input, based on their experience with the child, during case staffing and counseling sessions with the child and/or his/her family.

*Master's Level Oversight:* In addition to the staffing qualifications listed in this section, the Contractor's program must have Master's level oversight. This requirement may be met through a Master's level Program Director or Social Service staff or by subcontracting with a consultant

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17. Nurse midwife services

Limited to facilities approved by the department to provide this service, or in the case of home births, to clients and residences approved for this service. To participate in home births, midwives must be an MAA-approved provider.

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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.)

## IX. Other Noninstitutional Services

## D. Home Health

1. Home Health Agencies are reimbursed per-visit for services provided by acute nursing staff, physical therapy, occupational therapy, speech, hearing and language disorders therapy staff, and home health aides.

Reimbursement rates are determined using a historical base for the per-visit rates by profession, using the Medicare Metropolitan Statistical Area fees. Each year the State updates those per-visit rates using the state's annually published vendor rate adjustment factor.

The Medicaid agency pays the lesser of the usual and customary charge or a fee based on a Medicaid agency fee schedule for these services.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Home Health. The agency's rates were set as of July 1, 2010 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule and any periodic adjustments to the fee schedule are published at <http://hrsa.dshs.wa.gov/RBRVS/Index.html#H>

2. Other Home Health-Related Services and Supplies

Oxygen and respiratory therapy services are paid by the Medicaid agency at the lesser of the usual and customary charge or a fee based on a Medicaid agency fee schedule.

Medical nutrition and related equipment rentals/purchases and supplies, are paid by the Medicaid agency at the lesser of the usual and customary charge or a fee based on a Medicaid agency fee schedule.

Home infusion-parenteral nutrition equipment and supplies are paid by the Medicaid agency at the lesser of the usual and customary charge or a fee based on a Medicaid agency fee schedule.

Except as otherwise noted in the plan, payment for other home health-related services and supplies is based on state-developed fee schedule rates, which are the same for both governmental and private providers of other home health-related services and supplies. The agency's rates were set as of July 1, 2010 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule and any periodic adjustments to the fee schedule are published at <http://hrsa.dshs.wa.gov/RBRVS/Index.html#H>

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## IX. Other Noninstitutional Services (cont.)

- B. Adult Day Health is a supervised daytime program providing rehabilitative therapy and skilled nursing services. Adult Day Health services are provided to adults with medical or disabling conditions that require the intervention or services of a licensed rehabilitative therapist acting under the supervision of the client's physician. The department reimburses Adult Day Health providers at a flat fee, per-day-per-client rate for all services rendered. Payment will not exceed the prevailing charges in the locality for comparable services under comparable conditions.
- C. The Medicaid agency makes payment for transportation to and from medically necessary services covered by a client's medical assistance program as specifically listed below.
1. Ambulance services for emergency situations are paid as an optional medical service through direct vendor payments based on fee-for-service.
  2. All non-emergency transportation services, to assure clients have access to and from covered services, are provided using either administrative matched dollars or medical match dollars in accordance with Section 42 CFR 431.53 and Attachment 3.1-D.
  3. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of transportation services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at <http://hrsa.dshs.wa.gov/RBRVS/Index.htm>. The agency's fee schedule rate was set as of July 1, 2006 and is effective for services provided on or after that date.

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## D. Rehabilitative Services

1. Payment for physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders is described in Section IX. J.
2. Behavior Rehabilitative Services (BRS)

Payment for behavioral rehabilitative services is on a fee-for-service basis. Services are authorized by month; claims are pro-rated to pay for the actual number of days of service provided within that month. The State assures that only BRS is claimed; maintenance is not claimed.

Rates are tiered based upon the level of the intensity, duration, and severity of behavioral dysfunction experienced by the child being served; the levels range from moderate to extreme.

Behavioral rehabilitative services and the practitioners who can provide and bill for these services are described in Attachments 3.1-A and 3.1-B, Section 13.d.9.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Behavior Rehabilitation Services. The agency's rates were set as of Oct. 1, 2009 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule and any periodic adjustments to the fee schedule are published at <http://www.dshs.wa.gov/ca/partners/contractRates.asp>

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 state-developed 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 1, 2009 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule and any periodic adjustments to the fee schedule are published at <http://hrsa.dshs.wa.gov/RBRVS/Index.html#H>