



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

**MAY 24 2012**

Doug Porter, Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: Washington State Plan Amendment (SPA) Transmittal Number 11-029**

Dear Mr. Porter:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-029. Under this SPA, Washington is adding certain services to comply with section 4107 of the Patient Protection and Affordable Care Act. This provides for Medicaid coverage of comprehensive tobacco cessation services for pregnant women, including both counseling and pharmacotherapy, without cost sharing.

However, during the review of Washington SPA 11-029, CMS' analysis revealed issues that will require additional changes to the state plan. Those changes, when completed by the State, will align pharmacy pages with requirements for tobacco cessation. Under separate cover, CMS will release a letter detailing those issues and providing guidance on timeframes for correction.

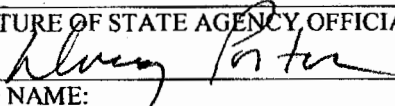
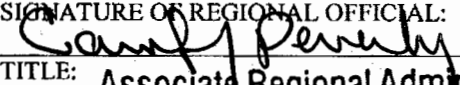
This SPA is approved effective July 1, 2011.

If you have any additional questions or require any further assistance concerning this SPA, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or [Tania.Seto@cms.hhs.gov](mailto:Tania.Seto@cms.hhs.gov).

Sincerely,

Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's  
Health Operations

cc: Ann Myer, State Plan Coordinator  
Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>11-29</b>	2. STATE Washington
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE July 1, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2011 <del>50</del> \$101,217 (P&I) b. FFY 2012 <del>50</del> \$404,872 (P&I)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-A pp. 1, 16d Att. 3.1-B pp. 2, 16d Att. 4.19-B pg 24b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Att. 3.1-A pg 1 Att. 3.1-B pg 2	
10. SUBJECT OF AMENDMENT:  Tobacco Cessation Counseling Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Ann Myers Health Care Authority 626 8 <sup>th</sup> Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504	
13. TYPED NAME: Doug Porter			
14. TITLE: Director, Health Care Authority			
15. DATE SUBMITTED: 9-29-11			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 29, 2011		18. DATE APPROVED: <b>MAY 24 2012</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUL 01 2011</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Reverby		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: 3/1/12 state authorizes pen & ink change to box 7			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

1. Inpatient hospital services other than those provided in an institution for mental diseases.  
 Provided:       No limitations       With limitations\*
  
- 2.a. Outpatient hospital services.  
 Provided:       No limitations       With limitations\*
  
- b. Rural health clinic services and other ambulatory services furnished.  
 Provided:       No limitations       With limitations
  
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).  
 Provided:       No limitations       With limitations
  
3. Other laboratory and x-ray services.  
 Provided:       No limitations       With limitations\*
  
- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
 Provided:       No limitations       With limitations\*
  
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
  
- c. Family planning services and supplies for individuals of child-bearing age.  
 Provided:       No limitations       With limitations
  
- d. Tobacco cessation counseling services for pregnant women
  - 1) Face-to-face tobacco cessation counseling services  
 Provided       No limitations       With limitations
  
  - 2) Face-to-face tobacco cessation counseling services benefit package for pregnant women  
 Provided:       No limitations       With limitations

\* Limitations described on following pages

## 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

## d. Tobacco cessation counseling services for pregnant women

## 1) Face-to-face tobacco cessation counseling services provided:

- (i) By or under supervision of a physician.
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services.\*
- (iii) By any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use).

\* Describe if there are any limits on who can provide these counseling services

## 2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

\*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

*The State's benefit package duplicates the benefits described above.  
Providers may request a limitation extension according to Washington  
Administrative Code (WAC).*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided:  No limitations  With limitations\*

2.a. Outpatient hospital services.

Provided:  No limitations  With limitations\*

d. Rural health clinic services and other ambulatory services furnished.

Provided:  No limitations  With limitations\*

e. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided:  No limitations  With limitations\*

3. Other laboratory and x-ray services.

Provided:  No limitations  With limitations\*

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:  No limitations  With limitations\*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided

c. Family planning services and supplies for individuals of childbearing age.

Provided:  No limitations  With limitations\*

d. Tobacco cessation counseling services for pregnant women

1) Face-to-face tobacco cessation counseling services

Provided  No limitations  With limitations

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

Provided:  No limitations  With limitations

\*Description provided on following pages

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

4. d. Tobacco cessation counseling services for pregnant women

1) Face-to-face tobacco cessation counseling services provided:

 (i) By or under supervision of a physician. (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services.\* (iii) By any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use).

\* Describe if there are any limits on who can provide these counseling services

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

\*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

*The State's benefit package duplicates the benefits described above. Providers may request a limitation extension according to Washington Administrative Code (WAC).*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

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IX. Other Noninstitutional Services (cont)

N. Tobacco Cessation Counseling Services

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 are based on state-developed fee schedule rates, which are the same for both governmental and private providers of these services. The Agency's rates were set as of July 1, 2011, 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>