

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

NOV 21 2012

MaryAnne Lindeblad, Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 12-010

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of Washington State Plan Amendment (SPA) Transmittal Number 12-010. This amendment updates the school based services fee schedule by an average of 3.55 percent.

This SPA is approved effective January 1, 2012.

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

Sincerely,

A handwritten signature in blue ink that reads "Carol J.C. Peverly". The signature is written in a cursive style with a long horizontal stroke at the end.

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

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-010	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2012	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

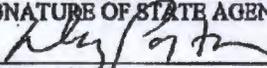
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 2,990,000 b. FFY 2013 \$ 3,298,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <i>Att. 3.1-A pp 16, 16a, 16b, 16c, 16d (new)</i> <i>Att. 3.1-B pp 16, 16a, 16b, 16c, 16d (new)</i> <i>Att. 4.19-B pg 22</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <i>Att. 3.1-A pp 16, 16a, 16b, 16c</i> <i>Att. 3.1-B pp 16, 16a, 16b, 16c</i> <i>Att. 4.19-B pg 22</i>

10. SUBJECT OF AMENDMENT:

School-Based Services

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: Ann Myers Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 th Ave SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: DOUG PORTER	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED: 3-21-12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 21, 2012 MAR 22 2012	18. DATE APPROVED: November 21, 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J. C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations

23. REMARKS:

08/28/2012 - Pen and Ink (P&I) changes authorized by State to Blocks 8 and 9.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)

IX. Other Noninstitutional Services (cont.)

F. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Except as otherwise noted in the plan state developed fee schedule rates are the same for both governmental and private providers of EPSDT services. The Medicaid agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule. The fee schedule was last updated on July 1, 2012, and is effective for services on or after that date. All rates are published on the agency's website at <http://www.medicaid.hca.wa.gov/rbrvs/index.html> In conformance with 1905 (r) of the Act, all medically necessary diagnosis and treatment services are provided regardless of whether the service is included in the plan. Limitations do not apply other than based on medical necessity.

School-based healthcare services.

School-Based Services (SBS) rates are based on Resource-Based Relative Value Scale (RBRVS) methodology under WAC 182-531-1850, (revised 07/01/2012), in which the State uses CMS-established relative value units multiplied by one of the conversion factors specific to Washington and these services. The rates are based on values established by CMS and the State's conversion factor that is annually adjusted based on utilization and budget neutrality from year-to-year. These are updated annually with all other professional rates. The rates paid for SBS are no different than rates paid to similar providers within the community outside of the school setting.

The fee schedule was last updated on July 1, 2012, and is effective for services on and after that date. All rates are published on the Agency's website at <http://www.medicaid.hca.wa.gov/rbrvs/index.html>