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**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 15-0038**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



Division of Medicaid & Children's Health Operations

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March 14, 2016

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

**RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0038.**

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 15-0038. This SPA allows for payment of enhanced rates for codes directly related to implants or insertion of Long Acting Reversible Contraceptives (LARC).

This SPA is approved with an effective date of September 1, 2015.

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

Sincerely,

A black rectangular redaction box covering the handwritten signature of David L. Meacham.

Digitally signed by David L. Meacham -S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=CMS, ou=People,  
0.9.2342.19200300.100.1.1=2000041858,  
cn=David L. Meacham -S  
Date: 2016.03.14 16:11:51 -07'00'

David L. Meacham  
Associate Regional Administrator

cc:  
Ann Myers, SPA Coordinator

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

1. TRANSMITTAL NUMBER:  
**15-0038**

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  
September 1, 2015

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:  
1905(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2015 \$ 500,241  
b. FFY 2016 \$7,537,867

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 4.19-B, page 23

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
Attachment 4.19-B, page 23  
Attachment 4.19-B, page 23a (remove) (P&I)

10. SUBJECT OF AMENDMENT:

Enhanced rate reimbursement for Long Acting Reversible Contraceptives

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  
Rules and Publications  
Division of Legal Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716

13. TYPED NAME:  
MaryAnne Lindeblad

14. TITLE:  
Director

15. DATE SUBMITTED: 9-29-15

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 09/29/15

18. DATE APPROVED: 03/14/16

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/01/15

20. SIGNATURE OF

Digitally signed by David L. Meacham -S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=ACMS, ou=People,  
0.9.2342.19200300.100.1.1=2000041858,  
cn=David L. Meacham -S  
Date: 2016.03.14 16:13:05 -0700

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

01/26/16 - P&I change authorized by the state.

## 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.)

## G. Family Planning Services

The agency pays the lesser of the usual and customary charge, or a fee based on an agency fee schedule for covered family planning services. See 4.19-B I, General, #G for the agency's website where the fee schedules are published.

The agency pays providers an enhanced rate for codes directly related to implant or insertion of Long Acting Reversible Contraceptives (LARCs). The enhanced rate is a flat fee added to the RBRVS values obtained as described in Supplement 3 to Attachment 4.19-B.

The agency's enhanced rates related to implant or insertion of LARCs is effective September 1, 2015.

## H. Extended Services For Pregnant Women Through the Sixty Days Postpartum Period

Services include maternity support services, outpatient alcohol and drug treatment, rehabilitation alcohol and drug treatment services, genetic counseling, and smoking cessation counseling. The agency pays the lesser of the usual and customary charge, or a fee based on an agency fee schedule.

## I. Private Duty Nursing Services

The agency pays the lesser of the usual and customary charge, or a fee based on an agency fee schedule for private duty nursing services.

## J. Physical therapy, occupational therapy, and services for Individuals with speech, hearing and language disorders

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

The agency does not pay separately for therapy services that are included as part of payment for other treatments or programs.

## K. Hearing Services and Hearing Aids

The agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule for authorized medically necessary services and hearing aids. See 4.19-B, I, General, #G for the agency's website where the fee schedule is located.