Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0015

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Page
May 29, 2018

Susan Birch, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 18-0015

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 18-0015. This amendment updated the effective date for FFS rates paid for detoxification services provided in approved alcohol/drug treatment centers.

This SPA is approved with an effective date of April 1, 2018.

If there are additional questions please contact me, or your staff may contact James Moreth at James.Moreth@cms.hhs.gov or (360) 943-0469.

Sincerely,

Wendy Hill Petras
Acting Associate Regional Administrator

cc:
Ann Myers, SPA Coordinator
# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR:** HEALTH CARE FINANCING ADMINISTRATION

**TO:** REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. **TRANSMITTAL NUMBER:**
   18-0015

2. **STATE:**
   Washington

3. **PROGRAM IDENTIFICATION:** TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. **PROPOSED EFFECTIVE DATE:**
   April 1, 2018

5. **TYPE OF PLAN MATERIAL (Check One):**
   - [X] AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - [ ] AMENDMENT

6. **FEDERAL STATUTE/REGULATION CITATION:**
   1902(a) of the Social Security Act

7. **FEDERAL BUDGET IMPACT:**
   - a. FFY 2018 $0
   - b. FFY 2019 $2,295,090

8. **PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**
   Attachment 4.19-B page 21a

9. **PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**
   Attachment 4.19-B page 21a

10. **SUBJECT OF AMENDMENT:**
    Substance Use Disorder Rates

11. **GOVERNOR’S REVIEW (Check One):**
    - [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
    - [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    - [X] OTHER, AS SPECIFIED: Exempt

12. **SIGNATURE OF STATE AGENCY OFFICIAL:**

13. **TYPED NAME:**
MaryAnne Lindeblad

14. **TITLE:**
Director

15. **DATE SUBMITTED:**
5-10-18

16. **RETURN TO:**
Ann Myers
Rules and Publications
Division of Legal Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

17. **DATE RECEIVED:**
5/10/18

18. **DATE APPROVED:**
5/29/18

19. **EFFECTIVE DATE OF APPROVED MATERIAL:**
4/1/18

20. **SIGNATURE OF REGIONAL OFFICIAL:**

21. **TYPED NAME:**
Wendy Hill Petras

22. **TITLE:**
Acting Associate Regional Administrator

23. **REMARKS:**

**FOR REGIONAL OFFICE USE ONLY**
D. Rehabilitative Services

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 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 April 1, 2018, and are effective for services rendered on or after that date. See 4.19-B I, General, #G, for the agency's website where the fee schedules are published.