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State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0033

This file contains the following documents in the order listed:

1) Approval Letter
2) 179 Form
3) Approved SPA Pages
December 03, 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 18-0033

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 18-0033. This amendment implemented a rate enhancement to increase access to Medication Assisted Treatment (MAT) for opioid disorder.

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

If there are additional questions, please contact me or your staff may contact James Moreth at James.Moreth@cms.hhs.gov or (206) 615-2043.

Sincerely,

David L. Meacham  
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**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER:</th>
<th>18-0033</th>
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<tbody>
<tr>
<td>2. STATE</td>
<td>Washington</td>
</tr>
<tr>
<td>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</td>
<td></td>
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<tr>
<td>4. PROPOSED EFFECTIVE DATE</td>
<td>October 1, 2018</td>
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**5. TYPE OF PLAN MATERIAL (Check One):**

- [ ] NEW STATE PLAN
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
- [X] AMENDMENT

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

<table>
<thead>
<tr>
<th>6. FEDERAL STATUTE/REGULATION CITATION:</th>
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<tbody>
<tr>
<td>Section 1905(a) of the Social Security Act</td>
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<th>7. FEDERAL BUDGET IMPACT:</th>
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<tbody>
<tr>
<td>a. FFY 2019 $ 6,177,500</td>
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<tr>
<td>b. FFY 2020 $ 4,942,000</td>
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<tr>
<th>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</th>
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<tbody>
<tr>
<td>Attachment 3.1-A page 18b</td>
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<tr>
<td>Attachment 3.1-B page 18b</td>
</tr>
<tr>
<td>Attachment 4.19-B page 7b</td>
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<tr>
<th>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</th>
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<tbody>
<tr>
<td>Attachment 3.1-A page 18b</td>
</tr>
<tr>
<td>Attachment 3.1-B page 18b</td>
</tr>
<tr>
<td>Attachment 4.19-B page 7b</td>
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**10. SUBJECT OF AMENDMENT**

Medication Assisted Treatment Enhancement Rate

**11. GOVERNOR’S REVIEW (Check One):**

- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

**[X] OTHER, AS SPECIFIED: Exempt**

<table>
<thead>
<tr>
<th>12. SIGNATURE OF STATE AGENCY OFFICIAL:</th>
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<tbody>
<tr>
<td>MARYANNE LINDEBLAD</td>
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<tr>
<th>13. TYPED NAME:</th>
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<tbody>
<tr>
<td>MARYANNE LINDEBLAD</td>
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<tr>
<th>14. TITLE:</th>
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<tbody>
<tr>
<td>MEDICAID DIRECTOR</td>
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<th>15. DATE SUBMITTED:</th>
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<tr>
<td>10-11-18</td>
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**16. RETURN TO:**

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

**17. DATE RECEIVED:**

10/11/18

**18. DATE APPROVED:**

12/3/18

**19. EFFECTIVE DATE OF APPROVED MATERIAL:**

10/1/18

**20. SIGNATURE:**

**21. TYPED NAME:**

David L. Meacham

**22. TITLE:**

Associate Regional Administrator

**23. REMARKS:**


5. a. Physicians’ services (continued)

(11) All physician services that an optometrist is legally authorized to perform are included in physicians’ services under this plan and are reimbursed whether performed by a physician or an optometrist in accordance with 42 CFR 441.30.

Optometric physicians are subject to Washington scope of practice laws and are held to the same standards as are people licensed as physicians to practice medicine and surgery by the Washington Medical Board.

Optometric physicians are eligible providers for the Electronic Health Records (EHR) incentive program to the extent they provide services to children under age 21 and meet EHR participation criteria.

(12) Medication Assisted Treatment (MAT)
- Must be provided by a practitioner who is waived by the Drug Addiction Treatment Act of 2000 (DATA) to write prescriptions for buprenorphine or other FDA-approved products under this waiver;
- Includes opioid counseling; and
- Must not duplicate addiction services provided and reimbursed through other payment methodologies.
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

5.  a.  Physicians’ services (continued)

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Optometric physicians are eligible providers for the Electronic Health Records (EHR) incentive program to the extent they provide services to children under age 21 and meet EHR participation criteria.

(12) Medication Assisted Treatment (MAT)
- Must be provided by a practitioner who is waived by the Drug Addiction Treatment Act of 2000 (DATA) to write prescriptions for buprenorphine or other FDA-approved products under this waiver;
- Includes opioid counseling; and
- Must not be provided in a mobile treatment unit.
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES.

III. Physician Services (cont)

H. Pediatric Vaccine Administration and Evaluation and Management

The Medicaid agency pays an enhanced rate for pediatric vaccine administration codes and evaluation and management (E&M) codes for services provided on and after October 1, 2018, for clients age 18 and younger. The agency determines the base rates according to the RBRVS methodology described in Supplement 3 to Attachment 4.19-B. The enhanced rate is a calculated flat percentage increase over the base rates and is subject to funding appropriated by the state legislature. See 4.19-B.I. General, #G, for the agency’s website where the fee schedules are published.

I. Enhanced payments for Medication Assisted Treatment (MAT)

1. Effective October 1, 2018, the Medicaid agency pays an enhanced rate to qualified providers for selected evaluation and management (E/M) codes when Medication Assisted Treatment (MAT) is part of the visit. The enhanced rate is the Medicare rate for the selected codes.

2. The agency does not pay the enhanced rate when the service is billed on the same date as a separately billable opioid treatment billed by any Opioid Treatment Program licensed by the Department of Health.

3. The agency pays one enhanced payment per day per client.

4. See 4.19-B.I. General, #G, for the agency’s website where the fee schedules are published.