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State/Territory Name: Washington

State Plan Amendment (SPA) #: 19-0031

This file contains the following documents in the order listed:

1) Approval Letter
2) 179 Form
3) Approved SPA Page
Financial Management Group/ Division of Reimbursement Review

February 12, 2020

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

RE: TN 19-0031

Dear Ms. Birch and Ms. Lindeblad:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 19-0031. The proposed amendment was submitted to add a reimbursement methodology and increase the reimbursement rate for secure withdrawal management and stabilization.

Based upon the information provided by the State, we have approved the amendment for incorporation into the official State Plan with an effective date of January, 1, 2020. A copy of the CMS-179 and the approved plan page(s) are enclosed with this letter.

If you have any questions, please call DRR analyst James Moreth at (206) 615-2043 or by email at James.Moreth@CMS.HHS.GOV.

Sincerely,

Todd McMillion
Acting Director

Enclosures
**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

**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)*

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER:</th>
<th>19-0031</th>
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<tr>
<td>2. STATE</td>
<td>Washington</td>
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<tr>
<td>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</td>
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<tr>
<td>4. PROPOSED EFFECTIVE DATE</td>
<td>January 1, 2020</td>
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<td>5. TYPE OF PLAN MATERIAL (Check One):</td>
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**6. FEDERAL STATUTE/REGULATION CITATION:**
1902(a) of the Social Security Act

**7. FEDERAL BUDGET IMPACT:**
a. FFY 2020 $ 2,053,630
b. FFY 2021 $ 4,067,260

**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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**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:**
Detoxification services

**11. GOVERNOR’S REVIEW (Check One):**
- [x] OTHER, AS SPECIFIED: Exempt
- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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

**13. TYPED NAME:**
Mary Anne Lindeblad

**14. TITLE:**
Director

**15. DATE SUBMITTED:**
12-31-19

**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

**FOR REGIONAL OFFICE USE ONLY**

<table>
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<tr>
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<td>18. DATE APPROVED:</td>
<td>2/12/2020</td>
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<tr>
<td>19. EFFECTIVE DATE OF APPROVED MATERIAL</td>
<td>1/1/2020</td>
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<tr>
<td>20. SIGNATURE OF REGIONAL OFFICIAL:</td>
<td>[redacted]</td>
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<tr>
<td>21. TYPED NAME:</td>
<td>Todd McMillion</td>
</tr>
<tr>
<td>22. TITLE:</td>
<td>Acting Director</td>
</tr>
</tbody>
</table>

**23. REMARKS:**
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. The per diem rate on the Agency fee schedule for secure withdrawal management and stabilization is set at a flat fee based upon market value, other states’ fees, and budget impacts.

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 January 1, 2020, 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.