November 17, 2021

Susan Birch, Director
Dr. Charissa Fotinos, Acting Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) WA-21-0027

Dear Ms. Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-21-0027. This amendment proposes to add Licensed Social Workers under the OLP benefit to the types of providers who may furnish Home Health services, and amends the Home Health benefit. Anticipated impact to beneficiaries is positive.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Washington Medicaid SPA WA-21-0027 was approved on November 17, 2021, with an effective date of January 1, 2022.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek@cms.hhs.gov

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Ann Myers-ann.myers@hca.wa.gov
    Cynthia Rivers-cynde.rivers@hca.wa.gov
**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:** 21-0027

2. **STATE:** Washington

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

4. **PROPOSED EFFECTIVE DATE:** January 1, 2022

5. **TYPE OF PLAN MATERIAL (Check One):**

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

6. **FEDERAL STATUTE/REGULATION CITATION:**

   1902 of the Social Security Act

7. **FEDERAL BUDGET IMPACT:**

   a. FFY 2022 $224,625
   b. FFY 2023 $299,500

8. **PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

   Attachment 3.1-A pages 21C, 22
   Attachment 3.1-B pages 22B, 23

9. **PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**

   Attachment 3.1-A pages 21C, 22
   Attachment 3.1-B pages 22B, 23

10. **SUBJECT OF AMENDMENT:**

    Add Social Worker as a Home Health Provider

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

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

    OTHER, AS SPECIFIED: Exempt

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

    Charissa Fotinos, MD, MSc

13. **TYPED NAME:**

    Acting Medicaid Director

14. **TITLE:**

15. **DATE SUBMITTED:**

   September 7, 2021

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:** 9/07/2021

18. **DATE APPROVED:** November 17, 2021

**FOR REGIONAL OFFICE USE ONLY**

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

   1/01/2022

20. **SIGNATURE OF REGIONAL OFFICIAL:**

    Digitally signed by James G. Scott -S
    Date: 2021.11.17 20:38:39 -06'00'

21. **TYPED NAME:**

    James G. Scott

22. **TITLE:**

    Director, Division of Program Operations

23. **REMARKS:**

   - 11/8/21:
     - Replace 3.1-A page to read Attachment 3.1-A pages 21c, 22
     - Replace 3.1-B pages to read Attachment 3.1-B pages 22b, 23

   - 11/4/21:
     - Replace 3.1-A page “22” with page “21c”
     - Replace 3.1-B pages “23, 24” with page “22b”
6.d. Other licensed practitioners (cont)

(9) Emergency Medical Services (EMS) providers

EMS providers furnish services within their scope of practice as defined by state law. EMS practitioner certification is equivalent to licensure in the state.

(10) Social Work Services to Enhance the Effectiveness of Home Health Services

Licensed social workers are covered within their scope of practice in accordance with state law. Medical Social Services are provided as part of an authorizing practitioner-ordered Home Health service.
7. Home health care services
   a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
      1) Applies to home health agencies and to services provided by a registered nurse when no home health agency exists in the area.
      2) Approval required when period of service exceeds limits established by the single state agency.
      3) Nursing care services are limited to:
         a) Services that are medically necessary;
         b) Services that can be safely provided in the home setting;
         c) Two visits per day (except for the services listed below);
         d) Three high risk obstetrical visits per pregnancy; and
         e) Infant home phototherapy that was not initiated in the hospital setting.
      4) Services must be ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) as part of a written plan of care.
      5) Exceptions are made on a case-by-case basis.
   b. Home health care services provided by a home health agency
      • Home health aide services must be:
         1) Intermittent or part time;
         2) Ordered by a physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) on a plan of care established by the nurse or therapist;
         3) Provided by a Medicare-certified home health agency;
         4) Limited to one medically necessary visit per day; and
         5) Supervised by the nurse or therapist biweekly in the client's home.
      Exceptions are made on a case-by-case basis
6.d. Other Licensed practitioners (cont)

(9) Emergency Medical Services (EMS) providers

EMS providers furnish services within their scope of practice as defined by state law.
EMS practitioner certification is equivalent to licensure in the state.

(10) Social Work Services to Enhance the Effectiveness of Home Health Services

Licensed social workers are covered within their scope of practice in accordance with state law. Medical Social Services are provided as part of an authorizing practitioner-ordered Home Health service.
7. Home health services

   a. Intermittent or part-time nursing services

      (1) Applies to home health agencies and to services provided by a registered nurse
       when no home health agency exists in the area.

      (2) Approval required when period of service exceeds limits established by the single
       state agency.

      (3) Nursing care services are limited to:
      (a) Services that are medically necessary;
      (b) Services that can be safely provided in the home setting;
      (c) Two visits per day (except for the services listed below);
      (d) Three obstetrical visits per pregnancy for high-risk pregnancy clients; and
      (e) Infant home phototherapy that was not initiated in the hospital setting.

      (4) Exceptions are made on a case-by-case basis.

      Approval required when period or services or total monthly reimbursement exceeds limits
      established by the single state agency. Applies to home health agency and to services
      provided by a registered nurse when no home health agency exists in area.

   b. Home health care services provided by a home health agency

      • Home health aide services must be:
      (1) Intermittent or part time;
      (2) Ordered by a physician on a plan of care established by the nurse or therapist;
      (3) Provided by a Medicare-certified home health agency;
      (4) Limited to one medically necessary visit per day; and
      (5) Supervised by the nurse or therapist biweekly in the client’s home.

      Exceptions are made on a case-by-case basis.