

Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 21-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 19, 2021

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

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-21-0009. This SPA was submitted in response to the Companion Letter issued in conjunction with the approval of SPA WA-21-0025 on January 19, 2021. WA-21-0009 adds information regarding limitations on prosthetic devices provided under the Code of Federal Regulations at 42 CFR 440.70. The added information does not change current policy or practice; it is for clarification purposes only.

This SPA is approved effective April 1, 2021. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If you have any questions, please contact Nikki Lemmon at 303-844-2641 or via email at nicole.lemmon@cms.hhs.gov.


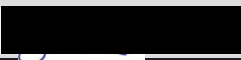
Sincerely,

 Digitally signed by James G. Scott
Date: 2021.05.19 14:06:27

James G. Scott, Director
Division of Program Operations

Enclosure

cc:
Ann Myers, HCA

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0009	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 March 5, 2021 April 1, 2021	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a) of the Social Security Act; 42 CFR 440.70		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 23 and 33 Attachment 3.1-B page 24 and 33		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A page 23 and 33 Attachment 3.1-B page 24 and 33	
10. SUBJECT OF AMENDMENT: Home Health Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. AGENCY OFFICIAL: 		16. RETURN TO: Ann Myers Rules and Publications Division of Legal Services Health Care Authority 626 8 th Ave SE MS: 42716 Olympia, WA 98504-2716	
13. TYPED NAME: MaryAnne Lindeblad			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: 03/30/2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/30/21		18. DATE APPROVED: May 17, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/21		20. SIG  AL OFFICIAL: Digitally signed by James G. Scott - S Date: 2021.05.19 14:07:17 -05'00'	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS: 4/15/21 state authorized a P&I change to box 4 to reflect an effective date of 4/1/21 4/29/21 state authorized a P&I change to box 8 and 9 to : add page "33" to both "Attachment 3.1-A page 23" and "Attachment 3.1.B page 24"			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

7. Home health care services (cont.)

c. Medical supplies, equipment, and appliances in accordance with 42 CFR 440.70.

Medical supplies, equipment, and appliances must be:

- Medically necessary;
- In the client's plan of care; and
- Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to medical equipment supplies, appliances, and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- All appliances: prosthetics meeting the definition of home health appliances that replace a body part and orthotics supporting a body part are limited to one (1) per upper limb, lower limb, cranium, or spine per year. Prior authorization is required to exceed the limitation.

Home infusion-parenteral nutrition equipment and supplies are provided when medically necessary.

The Medical Nutrition Program provides medically necessary nutrition and related equipment and supplies, when the client is unable to meet daily nutritional requirements using traditional foods alone, due to injury or illness.

Limitations described below do not apply to the Medical Nutrition Program for clients under age 21 under EPSDT. All other exceptions to these limitations require prior authorization on a case-by-case basis and are based on medical necessity.

- Initial assessments limited to 2 hours (or 8 units) per year.
- Reassessments limited to no more than 1 hour (or 4 units) per day.
- Training and education provided to groups limited to 1 hour (or 4 units) per day

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders are provided in accordance with 42 CFR 440.110.

When physical therapy and occupational therapy are both medically necessary during the same certification period in order to meet the client's physical or occupational therapy needs, the physician must document on the plan of care that the services are distinctly different and not duplicated.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. b. Dentures

These services have been moved under "Dental Services" based on CMS recommendation.

12. c. Prosthetic devices

Prosthetics and orthotics must be:

- Medically necessary;
- In the client's plan of care; and
- Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to prosthetics and orthotics and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- Prosthetics replacing a body part and orthotics supporting a body part are limited to one (1) per upper limb, lower limb, cranium, or spine per year. Prior authorization is required to exceed the limitation.

- Hearing aids provided on the basis of minimal decibel loss

12. d. Eyeglasses (Included under "Optometrists' Services", section 6.b.)

•

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

7. Home health service (cont.)

(5) Supervised by the nurse or therapist biweekly in the client's home.

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

c. Medical supplies, equipment, and appliances in accordance with 42 CFR 440.70.

Medical supplies, equipment and appliances must be:

- Medically necessary;
- In the client's plan of care; and
- Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to medical equipment supplies, appliances, and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- All appliances: prosthetics meeting the definition of home health appliances that replace a body part and orthotics supporting a body part are limited to one (1) per upper limb, lower limb, cranium, or spine per year. Prior authorization is required to exceed the limitation.

Home infusion-parenteral nutrition equipment and supplies are provided when medically necessary.

The Medical Nutrition Program provides medically necessary nutrition and related equipment and supplies, when the client is unable to meet daily nutritional requirements using traditional foods alone, due to injury or illness.

Limitations described below do not apply to the Medical Nutrition Program for clients under age 21 under EPSDT. All other exceptions to these limitations require prior authorization on a case-by-case basis and are based on medical necessity.

- Initial assessments limited to 2 hours (or 8 units) per year
- Reassessments limited to no more than 1 hour (or 4 units) per day
- Training and education provided to groups limited to 1 hour (or 4 units) per day

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders are provided in accordance with 42 CFR 440.110.

When physical therapy and occupational therapy are both medically necessary during the same certification period in order to meet the client's physical or occupational therapy needs, the physician must document on the plan of care that the services are distinctly different and not duplicated.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

12. b. Dentures

These services have been moved under “Dental Services” based on CMS recommendation.

12. c. Prosthetic devices

(1) Prosthetics and orthotics must be:

- Medically necessary;
- In the client’s plan of care; and
- Ordered by the treating physician, physician assistant (PA), or advanced registered nurse practitioner (ARNP) and renewed annually.

All of the following apply to prosthetics and orthotics and related services:

- Purchase of equipment and appliances and rental of medical equipment require prior approval.
- Prosthetics replacing a body part and orthotics supporting a body part are limited to one (1) per upper limb, lower limb, cranium, or spine per year. Prior authorization is required to exceed the limitation.

(2) Hearing aids provided on the basis of minimal decibel loss

12. d. Eyeglasses (Included under “Optometrists’ Services”, section 6.b.)