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State/Territory Name: Washington

State Plan Amendment (SPA) #: 15-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

September 17, 2015

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0018

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number WA 15-0018. This SPA updated information regarding certain Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program services. Specifically, this SPA added a cross-reference to the dental services section and describes enhanced foster care services and payments.

This SPA is approved with an effective date of July 1, 2015.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact James Moreth at (360) 943-0469 or James.Moreth@cms.hhs.gov.



Sincerely,

A black rectangular box redacting the handwritten signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041858,
cn=David L. Meacham -S
Date: 2015.09.18 09:55:58 -05'00'

cc:
Ann Myers, SPA Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0018	2. STATE Washington
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE April 1, 2015 July 1, 2015 (P&I)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		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)(43), 1905(4)(B) and 1905(r) (P&I)		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0 b. FFY 2016 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A pg 14 (new) Att. 3.1-A pg 14 (P&I) Att. 3.1-B pg 14e (new) Att. 4.19-B pg 22, 22a (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 4.19-B pg 22 Att. 3.1-A pg 14 P&I	
10. SUBJECT OF AMENDMENT EPSDT Well-Child Checks			
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. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Ann Myers Office of Rules and Publications Legal and Administrative 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: 6-24-15		17. DATE RECEIVED: 6.24.15	
		18. DATE APPROVED: September 17, 2015	
FOR REGIONAL OFFICE USE ONLY			
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015		20. TYPED NAME:  Associate Regional Administrator	
21. TYPED NAME: David L. Meacham		22. REMARKS: 7/21/15: State authorizes P&I change to box 8 and 9 8/26/15: State authorizes P&I change to box 6 9/14/15: State authorizes P&I change to box 4	

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ou=People, 0.9.2342.19200300.100.1.1=2000041858,
cn=David L. Meacham - S
Date: 2015.09.18 10:47:03 -05'00'

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

4. b. Early and periodic screening, diagnostic, and treatment

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a program providing EPSDT to persons under age 21 who are eligible for Medicaid. In conformance with 1905(r) of the Act, all medically necessary diagnosis and treatment services are provided regardless of whether the service is included in the plan. Limitations to EPSDT and all services provided to children do not apply other than based on medical necessity.

EPSDT health screening visits (well child checks) are provided based on the periodicity schedule described in the agency's provider guides.

Covered services available for children include, but are not limited to:

1. Dental services as described in 3.1-A. 10. II.
2. Eye examinations, refractions, eyeglasses (frames and glasses) and fitting fees:
 - (A) Medically necessary eye examinations, refractions, and fitting fees are covered every 12 months.
 - (B) Frames, lenses, and contact lenses must be ordered from the Medicaid agency's contractor.

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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

4. b. Early and periodic screening, diagnostic, and treatment

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a program providing EPSDT to persons under 21 years of age who are eligible for Medicaid. In conformance with 1905(r) of the Act, all medically necessary diagnosis and treatment services are provided regardless of whether the service is included in the plan. Limitations to EPSDT and all services provided to children do not apply other than based on medical necessity.

EPSDT health screening visits (well child checks) are provided based on the periodicity schedule described in the agency's provider guides.

Covered services available for children include, but are not limited to:

1. Dental services as described in 3.1-B. 10. II.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)

IX. Other Noninstitutional Services (cont.)

F. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of EPSDT services. The Medicaid agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule.

EPSDT fees are established and updated using the Resource Based Relative Value Scale (RBRVS) methodology as adopted in the Medicare Fee Schedule Data Base (MFSDDB). In this methodology, under Washington Administrative Code (WAC) chapter 182-531, the agency uses CMS-established relative value units (RVU) multiplied by the Geographic Practice Cost indices (GPCI) and the conversion factors, both of which are specific to Washington. In conformance with 1905(r) of the Act, all medically necessary diagnosis and treatment services are provided regardless of whether the service is included in the plan. Limitations do not apply other than based on medical necessity. Current conversion factors and descriptions are found in Supplement 3 to Attachment 4.19-B. Washington's Medicaid State Plan may be found at <http://www.hca.wa.gov/medicaid/medicaidsp/Pages/index.aspx>

The agency pays providers an enhanced rate or the allowed amount, whichever is higher, per EPSDT health screening examination for children in foster care. The enhanced is a flat fee for these services, which is based on market value, other states' fees, historical pricing, and comparable services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)

IX. Other Noninstitutional Services (cont.)

School-based healthcare services.

The fees for the codes under School-based Healthcare Services are established and updated using the Resource Based Relative Value Scale (RBRVS) methodology as adopted in the Medicare Fee Schedule Data Base (MFSDDB). In this methodology, under Washington Administrative Code, chapter 182-531, the agency uses CMS-established relative value units (RVUs) multiplied by the Geographic Practice Cost Indices (GPCI) and the conversion factors, both of which are specific to Washington. Current conversion factor, service descriptions, and their effective dates are found in Supplement 3 to Attachment 4.19-B. Washington's Medicaid State Plan may be found at <http://www.hca.wa.gov/medicaid/medicaidsp/Pages/index.aspx>

Codes not valued under the RVU methodology are reimbursed using flat rate. These fees are based upon market value, other states' fees, budget impacts, etc

Except as otherwise noted in the plan, fee schedule rates for school-based healthcare services are the same as the rates paid to similar providers within the community outside of the school setting.

The fee schedule is published on the agency's website at:
<http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx>.