Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0002

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

June 15, 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 18-0002.

Dear Ms. Birch and Ms. Lindeblad:

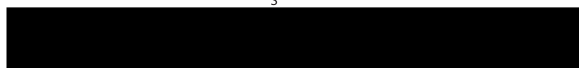
The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 18-0002. This amendment complied with senate bill 5883, section 213 (1)(hh) to pay for services provided through the Collaborative Care Model (CoCM).

This SPA was formally approved by CMS on June 12, 2018, with an effective date of January 1, 2018.

If there are additional questions please contact me, or your staff may contact James Moreth at James.Moreth@cms.hhs.gov or (360) 943-0469.

Sincerely,

Digitally signed by David L. Meacham -S



Date: 2018.06.15 07:37:40 -07'00'

David L. Meacham
Associate Regional Administrator

cc:
Ann Myers, SPA Coordinator

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **18-0002**

2. STATE Washington

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
January 1, 2018

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

☐ 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)*

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 $1,015,158
b. FFY 2019 $1,867,671

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 18, 21b (new)
Attachment 3.1-B page 18, 22a (new)
Attachment 4..19-B page 25

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 3.1-A page 18
Attachment 3.1-B page 18
Attachment 4..19-B page 25

10. SUBJECT OF AMENDMENT:
Collaborative Care Model

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
☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
for MaryAnne Lindeblad

14. TITLE:
Director

15. DATE SUBMITTED:
3-19-18

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
3/19/18

18. DATE APPROVED:
6/12/18

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/1/2018

20. SIGNATURE OF REGIONAL OFFICIAL:
Digitally signed by David L. Meacham -S

21. TYPED NAME:
David L. Meacham

22. TITLE:
Associate Regional Administrator

23. REMARKS:

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)

(7) Physician visits.

Limited to:

- Two physician visits per month for a client residing in a nursing facility or an intermediate care facility.
- One inpatient hospital visit per client, per day, for the same or related diagnosis.
- One office or other outpatient visit per non-institutionalized client, per day, for an individual physician, except for return visits to an emergency room.

Professional inpatient services that are provided during the follow-up period for a surgery are covered only if the services are performed on an emergency basis and are unrelated to the original surgery.

(8) Psychiatric services.

Limited to:

Inpatient care

- One hospital call per day for direct psychiatric care

Outpatient care

- One psychiatric diagnostic interview examination per provider in a calendar year unless an additional evaluation is medically necessary.
- One individual or family/group psychotherapy visit, with or without the client, per day unless more is medically necessary
- One psychiatric medication management service per day in an outpatient setting unless more is medically necessary

Prior authorization is required for additional services that are medically necessary.

(9) See section 6.d.(8) for collaborative care (integrated medical and behavioral health services) provided in primary care settings

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

---

6. d. Other practitioners' services (cont)

(8) Collaborative care

The following health care professionals are eligible to participate on the collaborative care team to provide collaborative care and will furnish services in accordance with their scope of practice as defined by state law:

1. State-licensed advanced registered nurse practitioners
2. State-certified chemical dependency professionals
3. Chemical dependency professional trainees under the supervision of a state-certified chemical dependency professional
4. State-licensed marriage and family therapists
5. State-licensed marriage and family therapist associates under the supervision of a state-licensed marriage and family therapist or equally qualified mental health practitioner
6. State-licensed mental health counselors
7. Mental health counselor associates under the supervision of a state-licensed mental health counselor, psychiatrist, or physician
8. State-licensed physicians
9. State-licensed physician assistants under the supervision of a licensed physician
10. State-licensed psychiatrists
11. State-licensed psychiatric advanced registered nurses
12. State-licensed psychologists
13. State-licensed registered nurses
14. State-licensed social workers
15. State-licensed social worker associate independent clinical, under the supervision of a state-licensed independent clinical social worker or equally qualified mental health practitioner.
16. State-licensed social worker associate advanced, under the supervision of a state-licensed independent clinical social worker, state-licensed advanced social worker, or equally qualified mental health practitioner.

For unlicensed practitioners that require supervision to furnish services, Washington assures that the supervising state-licensed or state-certified practitioner assumes professional responsibility for the services provided by the unlicensed practitioner.

.

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

5. a. Physicians' services (cont.)

(6) Physician care plan oversight.

Provided once per client, per month. A plan of care must be established by the home health agency, hospice, or nursing facility, and the physician must provide 30 minutes or more of oversight each calendar month to the client.

(7) Physician standby services.
Must be:
- Requested by another physician;
- Involve prolonged physician attendance without direct (face-to-face) patient contact; and
- Exceed 30 minutes.

(8) Physician visits.
Limited to:
- Two physician visits per month for a client residing in a nursing facility or an intermediate care facility.
- One inpatient hospital visit per client, per day, for the same or related diagnosis.
- One office or other outpatient visit per non-institutionalized client, per day, for an individual physician, except for return visits to an emergency room.

Professional inpatient services during the follow-up period for a surgery are only covered if the services are performed on an emergency basis and are unrelated to the original surgery.

Prior authorization is required for additional services that are medically necessary.

(9) Psychiatric services:
Limited to:
Inpatient care
- One hospital call per day for direct psychiatric care

Outpatient care
- One psychiatric diagnostic interview examination per provider in a calendar year unless an additional evaluation is medically necessary.
- One individual or family/group psychotherapy visit, with or without the client, per day unless more is medically necessary
- One psychiatric medication management service per day in an outpatient setting unless more is medically necessary

Prior authorization is required for additional services that are medically necessary.

(10) See section 6.d.(8) for collaborative care (integrated medical and behavioral health services) provided in primary care settings

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

6. d. Other practitioners' services (cont)

(8) Collaborative care

The following health care professionals are eligible to participate on the collaborative care team to provide collaborative care and will furnish services in accordance with their scope of practice as defined by state law:

1. State-licensed advanced registered nurse practitioners
2. State-certified chemical dependency professionals
3. Chemical dependency professional trainees under the supervision of a state-certified chemical dependency professional
4. State-licensed marriage and family therapists
5. State-licensed marriage and family therapist associates under the supervision of a state-licensed marriage and family therapist or equally qualified mental health practitioner
6. State-licensed mental health counselors
7. Mental health counselor associates under the supervision of a state-licensed mental health counselor, psychiatrist, or physician
8. State-licensed physicians
9. State-licensed physician assistants under the supervision of a licensed physician
10. State-licensed psychiatrists
11. State-licensed psychiatric advanced registered nurses
12. State-licensed psychologists
13. State-licensed registered nurses
14. State-licensed social workers
15. State-licensed social worker associate independent clinical, under the supervision of state-licensed independent clinical social worker or equally qualified mental health practitioner.
16. State-licensed social worker associate advanced, under the supervision of a state-licensed independent clinical social worker, state-licensed advanced social worker, or equally qualified mental health practitioner.

For unlicensed practitioners that require supervision to furnish services, Washington assures that the supervising state-licensed or state-certified practitioner assumes professional responsibility for the services provided by the unlicensed practitioner.

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.)

X. All Other Practitioners

"All other practitioners" refers to other practitioners as described in section 6.d of Attachments 3.1-A and 3.1-B.

The agency pays the lesser of the usual and customary charge, or a fee based on an agency fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of services and the fee schedule and any annual/periodic adjustments to the fee schedule(s).

The facility fees used to calculate the payment rates for intensive behavior services (Applied Behavior Analysis (ABA) services) in facility settings will be calculated using methods that are consistent with Medicaid State Plan attachment 4.19-B sections II and VIII. A Outpatient hospital services. Outpatient hospitals and clinics rendering intensive behavior services as a day program do not receive a facility fee in addition to the per diem rate identified on the state's ABA Services fee schedule.

The agency's fee schedule rate was set as of January 1, 2018, and is effective for dates of services provided on or after that date. See 4.19-B, I. General #G for the agency's website where the fee schedules are published.

Collaborative care services are delivered under the Collaborative Care Model (CoCM). Payment rates for CoCM are based on the 2016 Medicare rates for Integrated Behavioral Health Services and are effective for dates of service on and after January 1, 2018.

Under CoCM, a medical care provider bills for the services provided by the collaborative care team. Only state-licensed physicians and state-licensed advanced registered nurse practitioners are eligible to be a medical care billing provider: