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State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0033

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

December 03, 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 18-0033

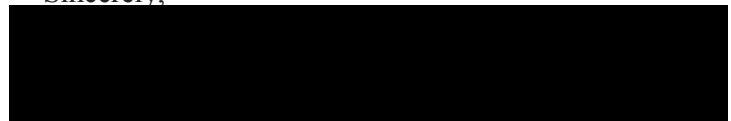
Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 18-0033. This amendment implemented a rate enhancement to increase access to Medication Assisted Treatment (MAT) for opioid disorder.

This SPA is approved with an effective date of October 1, 2018.

If there are additional questions, please contact me or your staff may contact James Moreth at James.Moreth@cms.hhs.gov or (206) 615-2043.

Sincerely,



David L. Meacham
Associate Regional Administrator

Cc:
Ann Myers, SPA Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
18-0033

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
October 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:
Section 1905(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 \$ 6,177,500
b. FFY 2020 \$ 4,942,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 18b
Attachment 3.1-B page 18b
Attachment 4.19-B page 7b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A page 18b
Attachment 3.1-B page 18b
Attachment 4.19-B page 7b

10. SUBJECT OF AMENDMENT

Medication Assisted Treatment Enhancement Rate

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

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

10-11-18

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:
10/11/18

18. DATE APPROVED:
12/3/18

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/1/18

20. SIGNATURE:

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

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

5. a. Physicians' services (continued)

- (11) All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether performed by a physician or an optometrist in accordance with 42 CFR 441.30.

Optometric physicians are subject to Washington scope of practice laws and are held to the same standards as are people licensed as physicians to practice medicine and surgery by the Washington Medical Board.

Optometric physicians are eligible providers for the Electronic Health Records (EHR) incentive program to the extent they provide services to children under age 21 and meet EHR participation criteria.

- (12) Medication Assisted Treatment (MAT)
- Must be provided by a practitioner who is waived by the Drug Addiction Treatment Act of 2000 (DATA) to write prescriptions for buprenorphine or other FDA-approved products under this waiver;
 - Includes opioid counseling; and
 - Must not duplicate addiction services provided and reimbursed through other payment methodologies.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
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Optometric physicians are eligible providers for the Electronic Health Records (EHR) incentive program to the extent they provide services to children under age 21 and meet EHR participation criteria.

- (12) Medication Assisted Treatment (MAT)
- Must be provided by a practitioner who is waived by the Drug Addiction Treatment Act of 2000 (DATA) to write prescriptions for buprenorphine or other FDA-approved products under this waiver;
 - Includes opioid counseling; and
 - Must not be provided in a mobile treatment unit.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES.

III. Physician Services (cont)

H. Pediatric Vaccine Administration and Evaluation and Management

The Medicaid agency pays an enhanced rate for pediatric vaccine administration codes and evaluation and management (E&M) codes for services provided on and after October 1, 2018, for clients age 18 and younger. The agency determines the base rates according to the RBRVS methodology described in Supplement 3 to Attachment 4.19-B. The enhanced rate is a calculated flat percentage increase over the base rates and is subject to funding appropriated by the state legislature. See 4.19-B.I. General, #G, for the agency's website where the fee schedules are published.

I. Enhanced payments for Medication Assisted Treatment (MAT)

1. Effective October 1, 2018, the Medicaid agency pays an enhanced rate to qualified providers for selected evaluation and management (E/M) codes when Medication Assisted Treatment (MAT) is part of the visit. The enhanced rate is the Medicare rate for the selected codes.
2. The agency does not pay the enhanced rate when the service is billed on the same date as a separately billable opioid treatment billed by any Opioid Treatment Program licensed by the Department of Health.
3. The agency pays one enhanced payment per day per client.
4. See 4.19-B.I. General, #G, for the agency's website where the fee schedules are published.