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State/Territory Name: Washington

State Plan Amendment (SPA) #: 19-0003

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



Western Division - Regional Operations Group

June 7, 2019

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 WA-19-0003

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed SPA, Transmittal Number WA-19-0003. The SPA adds Substance Use Disorder (SUD) Peer Support services to the Medicaid State Plan.

The SPA is approved effective January 1, 2019. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Betsy Conklin at Elizabeth.Conklin@cms.hhs.gov or at 206-615-2357.

Sincerely,

Digitally signed by David L.
Meacham -S



Date: 2019.06.07 09:13:27 -07'00'

David L. Meacham
Deputy Director

Enclosure

cc:

Ann Myers, HCA
Richard VanCleave, HCA

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

1. TRANSMITTAL NUMBER:
19-0003

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
January 1, 2019

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 2019 \$ 1,250,000
b. FFY 2020 \$ 5,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A page 40, 40a(new) 40b(new) 40c(new) ,40d(new)

Attachment 3.1-A page 40

Attachment 3.19-B page 39, 39a, 39b(new), 39c(new), 39d(new)

Attachment 3.19-B page 39, 39a

10. SUBJECT OF AMENDMENT: Substance Use
Disorder Peer Support

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

13. TYPED NAME:
MaryAnne Lindeblad

14. TITLE:
Director

15. DATE SUBMITTED:
3-27-19

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
3/27/19

18. DATE APPROVED:
6/6/19

PLAN APPROVED - ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL


21. TYPED NAME:
David L. Meacham

22. TITLE:
Deputy Director

23. REMARKS:

6/3/19 State authorized a P&I change to block 8.
4/29/19 State authorized a P&I change to block 8.
4/2/19 State authorized a P&I change to blocks 8 and 9.

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

13. d. Rehabilitative Services

(c) Chemical dependency treatment

(i) Description of services

(A) Office or community-based rehabilitative services of diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques performed by Chemical Dependency Professionals (CDP) or Chemical Dependency Professional Trainees (CDP-T) under the supervision of a CDP.

(I) Diagnostic evaluation: The process by which a clinician evaluates the individual's strengths, resources, preferences, problems and needs and together with the individual develops a treatment plan to address the identified issues.

(II) Face-to-face individual or group counseling: The use of planned intentional intervention in the health, behavioral personal and/or family life of a person with a Substance Use Disorder. Interventions are designed to facilitate the affected individual to achieve and maintain maximum functional recovery.

(B) Services are:

(I) Directed toward individuals who are harmfully affected by the use of mood-altering chemicals or are chemically dependent; and

(II) Directed toward a goal of recovery for chemically dependent individuals.

(C) Peer Support: Services provided by peer counselors to Medicaid-enrolled individuals under the consultation, facilitation, or supervision of a CDP who understands rehabilitation and recovery. This service provides scheduled activities that promote recovery, self-advocacy, development of natural supports, and maintenance of community living skills.

Services provided by peer counselors to the individual are noted in the individuals' Individualized Service Plan which delineates specific goals that are flexible, tailored to the individual, and attempt to utilize community and natural supports. Progress notes document individual progress relative to goals identified in the Individualized Service Plan and indicates where treatment goals have not yet been achieved.

Peer counselors work with their peers (adults and youth) and the parents of children receiving or who have received behavioral health services. They draw upon their experiences to help peers find hope and make progress toward recovery. Peer counselors assist individuals and families in developing their own recovery goals. They provide individual or group peer support, a peer counselor may work in a treatment setting or meet peers where they are at in the community. Peer counselors model skills in recovery and self-management to help individuals meet their rehabilitative goals. Peer counselors assist in a wide range of services to facilitate meeting the recovery goals on treatment plans to help individuals regain control and achieve success in their own lives, such as developing supportive relationships and self-advocacy.

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

13.d. Rehabilitative services (cont)

(c) Chemical dependency treatment (cont)

- (ii) Provided by behavioral health agencies licensed by the Department of Health (DOH).
 - (A) Agencies submit an application and fee to DOH and are subject to on-site reviews. The agency is awarded licensure when it demonstrates it can meet requirements of DOH rules in the following areas:
 - (I) Documentation and record management
 - (II) Quality assurance
 - (III) Clinical assessment standards
 - (IV) Personnel records and background checks
 - (V) Clinical supervision
 - (VI) Client rights
 - (VII) Appeals and complaints
 - (VIII) Medication monitoring and storage
 - (iii) Provider Qualifications
 - (A) The outpatient behavioral health agency (formerly chemical dependency service treatment center) must meet the requirements to become a behavioral health agency licensed by DOH. Agencies submit an application and fee to DOH and are subject to on-site reviews. The agency is awarded licensure when it demonstrates it can meet requirements of DOH rules in the following areas:
 - (I) Documentation and record management
 - (II) Quality assurance
 - (III) Clinical assessment standards
 - (IV) Personnel records and background checks
 - (V) Clinical supervision
 - (VI) Client rights
 - (VII) Appeals and complains
 - (VIII) Medication monitoring and storage
 - (B) The residential treatment facility in which the care is provided must be certified and licensed by DOH. Room and board and residential treatment facilities over 16 beds are not eligible for reimbursement. Facilities must meet:
 - (I) The requirements to become a behavioral health agency described in (A) above, and
 - (II) The requirements obtain licensure as a Residential Treatment Facility (RTF) licensed by DOH. To obtain RTF licensure, Facilities submit an application and fee to DOH and are subject to on-site reviews. The facility must also submit a construction review application and fee, and functional program plan. The facility must obtain written approval of the chief of the Washington state patrol, through the director of fire protection. The agency is awarded licensure when it completes the requirements above and demonstrates it can meet requirements of DOH rules in the following areas:

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

13. d. Rehabilitative services (cont)

(c) Chemical dependency treatment (cont)

- (i) Documentation and record management
 - (ii) Quality assurance
 - (iii) Personnel records and background checks
 - (iv) Infection control
 - (v) Safety and security
 - (vi) Emergency disaster planning
 - (vii) Resident care service
 - (viii) Seclusion and restraint
 - (ix) Food and nutrition
 - (x) Clinical supervision
 - (xi) Client rights
 - (xii) Appeals and complains
 - (xiii) Medication monitoring and storage
- (iv) Counseling services must be performed by a Chemical Dependency Professional (CDP) or Chemical Dependency Professional Trainee (CDPT) under the supervision of an approved CDP supervisor certified in chemical dependency counseling by DOH. CDPs are licensed by the DOH. To become licensed, CDPs must
- (A) Have an associate's degree in human services or related field from an approved school; or successful completion of ninety quarter or sixty semester college credits in courses from an approved school. At least forty-five quarter or thirty semester credits must be in courses relating to the substance use disorder treatment profession.
 - (B) Obtain a minimum number of hours of experience depending on the individual's degree:
 - (I) Two thousand five hundred hours of substance use disorder counseling, for individuals who have an associate degree; or
 - (II) Two thousand hours of substance use disorder counseling for individuals who have a baccalaureate degree in human services or a related field from an approved school; or
 - (III) One thousand five hundred hours of substance use disorder counseling for individuals who possess a master or doctoral degree in human services or a related field from an approved school; or
 - (IV) One thousand hours of substance use disorder counseling for individuals who are credentialed according to a qualified alternative learning program.
 - (C) Pass the National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors or International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II or higher examination
 - (D) Complete twenty-eight hours of continuing education (CE) every two years.

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

13. d. Rehabilitative Services (cont)

(c) Chemical dependency treatment (cont)

(E) Complete a training in suicide assessment, including screening and referral.

(v) Chemical Dependency Professional Trainees (CDPT) means an individual working toward the education and experience requirements for certification as a CDP, and who has been credentialed as a CDPT by the DOH. To become credentialed as a CDPT, the individual must meet the following requirements:

(A) Submit an application to the DOH, including a declaration that he or she is enrolled in an approved school and gaining experience required to obtain the CDP credential (experience described above). This documentation is submitted at least annually.

(B) Submit evidence of the completion of four clock hours of AIDS education.

(C) A CDPT certificate can only be renewed four times.

(vi) "Substance Use Peer Counselor" means the individual who: has self-identified as in recovery from substance use disorders; has received specialized training provided or contracted by the Division of Behavioral Health and Recovery (DBHR); has passed a test, which includes both written and oral components of the training; has passed a Washington State background check; obtains and maintains a counselor credential with DOH; and has been certified by DBHR. SUD Peer Counselors must be supervised by a CDP.

Peer Counselors must demonstrate:

(A) That they are well grounded in their own recovery for at least one year;

(B) Reading comprehension and language composition; and

(C) Strong communication skills, ability to work effectively on a clinical team, and willingness share their recovery story.

(vii) Approved CDP supervisors must:

(A) Complete fifteen hundred hours of experience in a state approved behavioral health agency (formerly chemical dependency treatment agency).

(B) Complete twenty-eight clock hours of supervisory training provided by an industry-recognized local, state, national, or international organization or institution of higher learning.

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

13. d. Rehabilitative Services (cont)

(c) Chemical dependency treatment (cont)

- (C) Complete thirty-six hours of education specific to:
 - (I) Counselor development;
 - (II) Professional and ethical standards;
 - (III) Program development and quality assurance;
 - (IV) Performance evaluation;
 - (V) Administration;
 - (VI) Treatment knowledge; and
 - (VII) Washington state law regarding substance use disorder treatment

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

13.d. Rehabilitative services (cont)

- (vii) Alcohol and drug detoxification is provided on an inpatient basis in certified facilities which are:
 - (A) Within the physical location and the administrative control of a general hospital; or
 - (B) Freestanding facilities established to provide these services.
- (viii) Provider qualifications
 - (A) The freestanding facility in which the care is provided must be:
 - (I) Licensed by DOH, ensuring it meets all health and safety standards for licensure and operations for residential treatment facilities under DOH's WAC; and
 - (II) Certified by the Division of Behavioral Health and Recovery (DBHR), ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) under DBHR's WAC.
 - (B) The program under which services are provided must be certified by DBHR, ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) under DBHR's WAC

(c) Chemical dependency treatment

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13. d. Rehabilitative Services (cont)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
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13. .d. Rehabilitative Services (cont)

(c) Chemical dependency treatment (cont)

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13. .d. Rehabilitative Services (cont)

(c) Chemical dependency treatment (cont)

- (II) Two thousand hours of substance use disorder counseling for individuals who have a baccalaureate degree in human services or a related field from an approved school; or
 - (III) One thousand five hundred hours of substance use disorder counseling for individuals who possess a master or doctoral degree in human services or a related field from an approved school; or
 - (IV) One thousand hours of substance use disorder counseling for individuals who are credentialed according to a qualified alternative learning program.
- (C) Pass the National Association of Alcoholism and Drug Abuse Counselor (NAADAC) National Certification Examination for Addiction Counselors or International Certification and Reciprocity Consortium (ICRC) Certified Addiction Counselor Level II or higher examination.
- (D) Complete twenty-eight hours of continuing education (CE) every two years.
- (E) Complete a training in suicide assessment, including screening and referral.
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MEDICALLY NEEDY GROUP(S): ALL

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- (C) Strong communication skills, ability to work effectively on a clinical team and willingness share their recovery story.

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