DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

APR 23 2010

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number #09-027

Dear Ms. Dreyfus:

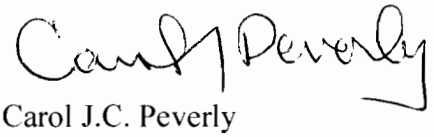
The Centers for Medicare & Medicaid Services (CMS) has completed our review of State Plan Amendment (SPA) Transmittal Number #09-027.

This amendment discontinues reimbursement for the Adult Day Health (ADH) program as of December 31, 2009. A new 1915(i) waiver was submitted by the State and approved by CMS to provide ADH services starting January 1, 2010.

This SPA is approved effective July 1, 2009, as requested by the State, however, during the review of SPA 09-027, CMS performed an analysis of the reimbursement for Home Health services, Behavioral Rehabilitation services and Outpatient Alcohol and Drug Treatment services. These provisions were initially submitted as part of TN 09-027. This analysis revealed issues that will require additional information and/or possible revision through a corrective action plan. Under separate cover, CMS will release a letter detailing those issues, and provide guidance on timeframes for correction.

I appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me or have your staff contact Lydia Skeen at (206) 615-2339 or Lydia.Skeen@cms.hhs.gov.

Sincerely,



Carol J.C. Peverly
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Douglas Porter, Assistant Secretary, Health and Recovery Services Administration

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **09-027**

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
July 1, 2009

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:

7. FEDERAL BUDGET IMPACT:
a. FFY 2009 $ 0
b. FFY 2010 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, pages 40 & ~~40b~~ (p+i), 37-39, 40a (p+i)
Attachment 3.1-B, pages 39 & 39b, 37-39a (p+i)
Attachment 4.19-B, pgs. ~~19-21~~ 19a (p+i)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, page 40 + ~~40b~~ (p+i), 37-39, 40a (p+i)
Attachment 3.1-B, page 39 + 39b, 37-39a (p+i)
Attachment 4.19-B, pgs. ~~19-21~~ (p+i)

10. SUBJECT OF AMENDMENT:

Adult Day Health Sunset Date

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: Susan N Dreyfus 9/26/09

13. TYPED NAME: Susan N. Dreyfus

14. TITLE: Secretary

15. DATE SUBMITTED: Sept 30, 2009

16. RETURN TO:
Ann Myers
Department of Social and Health Services
Health and Recovery Services Administration
POB 5504
Olympia, WA 98504-5504

(MS: 45504)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: SEP 30 2009

18. DATE APPROVED: APR 23 2010

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2009

20. SIGNATURE OF REGIONAL OFFICIAL: Carol J. Peverly

21. TYPED NAME: Carol J. C. Peverly

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

1/26/10 - State authorizes pen & ink changes.
3/11/10 - State authorizes pen & ink changes.
3/15/10 - State authorizes pen & ink changes.

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

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13. d. Rehabilitative services

(1) Physical medicine and rehabilitation as requested and approved.

(2) Alcohol and drug treatment services

(a) Alcohol/drug screening and brief intervention

(i) Description of services
A combination of services designed to screen for risk factors that appear to be related to alcohol and other drug use disorders, provide interventions to enhance patient motivation to change, and make appropriate referral as needed.

(ii) Provider qualifications
Alcohol/drug screening and brief intervention services must be performed by the following practitioners who are licensed and/or certified by the Washington State Department of Health (DOH) according to DOH Revised Code of Washington (RCW) and Washington Administrative Code (WAC) in effect as of July 1, 2009, as follows:
(A) Advanced registered nurse practitioner (ARNP) - chapter 18.79 RCW and chapter 246-840 WAC.
(B) Chemical dependency professionals (CDP) - chapter 18.205 RCW and chapter 246-924 WAC.
(C) Mental health counselor, marriage and family therapist, or social worker - chapter 18.225 RCW and chapter 246-809 WAC.
(D) Physician (MD) - chapter 18.71 RCW and chapter 246-919 WAC.
(E) Physician assistant (PA) - chapter 18.71A RCW and chapter 246-918 WAC.
(F) Psychologist - chapter 18.83 RCW and chapter 246-924 WAC.

(iii) Settings
Services may be delivered in the following settings: hospitals, residential facilities, outpatient facilities, health care clinics, FQHCs, and Indian Health Service facilities.

(b) Alcohol and drug detoxification

(i) Alcohol detoxification is limited to three days.

(ii) Drug detoxification is limited to five days.

(iii) Services required for the care and/or treatment of individuals intoxicated or incapacitated by alcohol or other drugs are provided during the initial period of care and treatment while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. Services are provided in certified facilities with 16 beds or less and exclude room and board. Services include:
(A) Screening and detoxification of intoxicated persons; and
(B) Counseling of persons admitted to a program within a certified facility, regarding their illness in order to stimulate motivation to obtain further treatment, and referral of detoxified chemically dependent (alcoholism or drug addiction) persons to other appropriate chemical dependency services providers (treatment programs).

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
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13. d. Rehabilitative Services (cont)

(iv) Screening and detoxification of intoxicated persons

(A) All personnel providing patient care, except licensed medical and nursing staff, must complete a minimum of forty hours of documented training before assignment of patient care duties. Training includes:

(I) Chemical dependency;
(II) HIV/AIDS and hepatitis B education;
(III) TB prevention and control;
(IV) Detoxification screening, admission, and signs of trauma;
(V) Cardio-pulmonary resuscitation (CPR); and
(VI) First aid.

(B) If providing acute detoxification services, a licensed nurse must be on-site to monitor the screening and detoxification of the intoxicated person.

(C) If providing sub-acute detoxification services, the facility must establish agreements with authorized health care providers or hospitals that include:

(I) Criteria for determining the degree of medical stability of a resident;
(II) Monitoring the resident after being admitted;
(III) Reporting abnormal symptoms according to established criteria;
(IV) Criteria requiring immediate transfer to a hospital; and
(V) Resident discharge or transfer criteria.

(vi) Screening, detoxification, and referral services must be performed by the following practitioners, as indicated below, who are licensed and/or certified by DOH according to DOH RCW and WAC:

(A) Advanced registered nurse practitioner (ARNP): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC.

(B) Chemical dependency professionals (CDP): provides screening and referral. Meets requirements of chapter 18.205 RCW and chapter 246-924 WAC.

(C) Licensed practical nurse (LPN): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC.

(D) Mental health counselor, marriage and family therapist, or social worker: provides screening and referral. Meets requirements of chapter 18.225 RCW and chapter 246-809 WAC.

(E) Physician (MD): provides screening, detoxification, and referral. Meets requirements of chapter 18.71 RCW and chapter 246-919 WAC.

(E) Physician assistant (PA): provides screening, detoxification, and referral. Meets requirements of chapter 18.71A RCW and chapter 246-918 WAC.

(F) Psychologist: provides screening and referral. Meets requirements of chapter 18.83 RCW and chapter 246-924 WAC.

(G) Registered nurse (RN): provides screening, detoxification, and referral. Meets requirements of chapter 18.79 RCW and chapter 246-840 WAC.

(v) Counseling services for persons admitted must be performed by a Chemical Dependency Professional certified in chemical dependency counseling by DOH according to DOH RCW and WAC.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

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13. d. Rehabilitative Services (cont)

(vi) Alcohol and drug detoxification is provided 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.

(vii) 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

(i) Description of services
- (A) Rehabilitative services of diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques that are:
  - (I) Directed toward patients who are harmfully affected by the use of mood-altering chemicals or are chemically dependent; and
  - (II) Directed toward a goal of abstinence for chemically dependent persons.
- (B) Patient placement decisions are based on admission, continued service, and discharge criteria found in the *Patient Placement Criteria for the Treatment of Substance-Related Disorders* as published by the American Society of Addiction Medicine (ASAM).

(ii) Provided in certified programs that include:
- (A) Outpatient treatment in chemical dependency treatment centers; and
- (B) Treatment services, *excluding board and room*, provided in residential treatment facilities with 16 beds or less.

(iii) Goal-oriented rehabilitation (treatment) plans are identified under a written rehabilitation plan that meets DBHR WAC requirements that include, but are not limited to:
- (A) Patient involvement in treatment planning;
- (B) Treatment goals and documentation of progress toward patient attainment of the treatment goals; and
- (C) Completeness of patient records, which include:
  - (I) Demographic information;
  - (II) Assessment and history of involvement with alcohol and other drugs:
  - (III) Initial and updated individual treatment plans;
  - (IV) Date, duration, and content of counseling sessions; and
  - (V) Voluntary consent to treatment, signed and dated by the patient.

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

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13. d. Rehabilitative Services (cont)

(iv) Provider Qualifications

(A) The outpatient chemical dependency service treatment center and program must be certified by DBHR, ensuring it meets all standards and processes necessary to be a certified chemical dependency service provider (treatment program) according to DBHR WAC.

(B) The residential treatment facility in which the care is provided and program must be certified by DBHR and licensed by DOH, ensuring it meets:

(I) All health and safety standards for licensure and operations for residential treatment facilities according to DOH WAC; and

(II) All standards and processes necessary to be a certified chemical dependency treatment program according to DBHR WAC.

(v) The persons providing the evaluation and treatment services in outpatient and residential treatment centers must be Chemical Dependency Professionals (CDPs) certified in chemical dependency counseling by DOH according to DOH WAC and RCW.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

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(3) Adult Day Health (ADH) is a supervised daytime program providing nursing and rehabilitative therapy services. Adult Day Health services are only appropriate for adults with medical or disabling conditions that require the intervention or services of a registered nurse or licensed rehabilitative therapist acting under the supervision of the client's physician. The coverage of Adult Day Health services will end on December 31, 2009.

(a) Provider Qualifications

The Adult Day Health Center must be certified per state law and have a core provider agreement with State Medicaid Agency. Minimum staffing requirements for Adult Day Health Centers include an administrator, program director, registered nurse, activity coordinator, a PT/OT or speech therapist, and a social worker. The administrator and program director may be the same person. Adult Day Health Center staff must meet employee qualifications outlined in state law.

(b) Settings

Adult Day Health is a site-based service located in community settings. Adult Day Health Centers must meet facility and physical environment requirements outlined in state law.

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

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

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

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13. d. Rehabilitative Services (cont)

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(v) The persons providing the evaluation and treatment services in outpatient and residential treatment centers must be Chemical Dependency Professionals (CDPs) certified in chemical dependency counseling by DOH according to DOH WAC and RCW.

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13. d. Rehabilitative Services (cont)

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(b) Settings

Adult Day Health is a site-based service located in community settings. Adult Day Health Centers must meet facility and physical environment requirements outlined in state law.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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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. B. Other Noninstitutional Services (cont)

Coverage for Adult Day Health services will end on December 31, 2009.