



# RULE-MAKING ORDER

**CR-103P (May 2009)**  
(Implements RCW 34.05.360)

**Agency:** Health Care Authority, Washington Apple Health

**Permanent Rule Only**

**Effective date of rule:**

**Permanent Rules**

- 31 days after filing.
- Other (specify) \_\_\_\_\_ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- Yes
  - No
- If Yes, explain:

**Purpose:** The agency is updating eligibility programs, provider types, and existing policies, as well as incorporating specific State Plan language.

**Citation of existing rules affected by this order:**

Repealed:  
 Amended: WAC 182-533-0320, 182-533-0325, 182-533-0327, and 182-533-0375  
 Suspended:

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Other authority:**

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 16-09-081 on April 19, 2016.  
 Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: \_\_\_\_\_ phone ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ fax ( ) \_\_\_\_\_  
 e-mail \_\_\_\_\_

**Date adopted:**

May 26, 2016

**NAME (TYPE OR PRINT)**

Wendy Barcus

**SIGNATURE**

**TITLE**

HCA Rules Coordinator

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: May 26, 2016**

**TIME: 11:14 AM**

**WSR 16-12-060**

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

<b>Federal statute:</b>	New	_____	Amended	_____	Repealed	_____
<b>Federal rules or standards:</b>	New	_____	Amended	_____	Repealed	_____
<b>Recently enacted state statutes:</b>	New	_____	Amended	_____	Repealed	_____

**The number of sections adopted at the request of a nongovernmental entity:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted in the agency's own initiative:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	_____	Amended	<u>4</u>	Repealed	_____
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**The number of sections adopted using:**

<b>Negotiated rule making:</b>	New	_____	Amended	<u>4</u>	Repealed	_____
<b>Pilot rule making:</b>	New	_____	Amended	_____	Repealed	_____
<b>Other alternative rule making:</b>	New	_____	Amended	_____	Repealed	_____

AMENDATORY SECTION (Amending WSR 15-12-075, filed 5/29/15, effective 7/1/15)

**WAC 182-533-0320 Maternity support services—Client eligibility.**

(1) To receive maternity support services (MSS), a client must:

(a) Be covered under the alternative benefit plan, categorically needy, medically needy, or state-funded medical programs under Washington apple health; and

(b) Be within the eligibility period of a maternity cycle as defined in WAC 182-533-0315.

(2) Clients who do not agree with an eligibility decision for MSS have a right to a fair hearing under chapter 182-526 WAC.

AMENDATORY SECTION (Amending WSR 15-12-075, filed 5/29/15, effective 7/1/15)

**WAC 182-533-0325 Maternity support services—Provider requirements.** Maternity support service providers may include community clinics, federally qualified health centers, local health departments, hospitals, nonprofit organizations, and private clinics.

(1) To be paid for providing maternity support services (MSS) and infant case management (ICM) services to eligible clients, a provider must:

(a) Be enrolled as an eligible provider with the medicaid agency (see WAC 182-502-0010).

(b) Be currently approved as an MSS/ICM provider by the medicaid agency.

(c) Meet the requirements in this chapter, chapter 182-502 WAC and the medicaid agency's current billing instructions.

(d) Ensure that professional staff providing services:

(i) Meet the minimum regulatory and educational qualifications for the scope of services provided under WAC 182-533-0327; and

(ii) Follow the requirements in this chapter and the medicaid agency's current billing instructions.

(e) Screen each client for risk factors using the agency's designated MSS screening tool, located on the agency's web site under forms. Agency approval is required for a provider to use an alternate MSS screening tool.

(f) Screen clients for ICM eligibility.

(g) Conduct case conferences under WAC 182-533-0327(2).

(h) Develop and implement an individualized care plan for each client.

(i) Initiate and participate in care coordination activities throughout the maternity cycle with at least MSS interdisciplinary team members, the client's prenatal care provider, and the Women, Infants, and Children (WIC) Nutrition Program.

(j) Comply with Section 1902 (a)(23) of the Social Security Act regarding the client's freedom to choose a provider.

(k) Comply with Section 1915 (g)(1) of the Social Security Act regarding the client's voluntary receipt of services.

(2) MSS providers may provide services in any of the following locations:

- (a) A provider's office or clinic.
  - (b) The client's residence.
  - (c) An alternate site that is not the client's residence. (The reason for using an alternate site for visitation instead of the home must be documented in the client's record.)
- (3) An individual or service organization that has a written contractual agreement with a qualified MSS provider also may provide MSS and ICM services to eligible clients. ~~((a))~~ The provider must:
- ~~((i))~~ (a) Keep a copy of the written subcontractor agreement on file;
  - ~~((ii))~~ (b) Ensure that an individual or service organization staff member providing MSS/ICM services (the subcontractor) meets the minimum regulatory and educational qualifications required of an MSS/ICM provider;
  - ~~((iii))~~ (c) Ensure that the subcontractor provides MSS/ICM services under the requirements of this chapter; ~~(and~~
  - ~~(iv))~~ (d) Maintain professional, financial, and administrative responsibility for the subcontractor ~~(-~~
  - ~~(b) The provider must:~~
  - ~~(i))~~;
  - (e) Bill for services using the provider's national provider identifier and MSS/ICM taxonomy; and
  - ~~((ii))~~ (f) Reimburse the subcontractor for MSS/ICM services provided under the written agreement.
- (4) Providers must obtain agency approval of all MSS/ICM out-reach-related materials, including web sites and publications, prior to making those materials available to clients.

AMENDATORY SECTION (Amending WSR 14-09-061, filed 4/16/14, effective 5/17/14)

**WAC 182-533-0327 Maternity support services—Professional staff qualifications and interdisciplinary team.** (1) MSS providers must use qualified professionals, as specified in this section.

(a) Behavioral health specialists who are currently credentialed or licensed in Washington by the department of health under chapters 246-809, 246-810, and 246-924 WAC as one of the following:

- (i) Licensed mental health counselor.
- (ii) Licensed independent clinical social worker.
- (iii) Licensed social worker.
- (iv) Licensed marriage and family therapist.
- (v) Licensed psychologist.
- (vi) Associate mental health counselor.
- (vii) Associate independent clinical social worker.
- (viii) Associate social worker.
- (ix) Associate marriage and family therapist.
- (x) Certified counselor.
- (xi) Certified chemical dependency professional.

(b) Certified ~~((dietitians))~~ dietitians who are currently registered with the commission on dietetic registration and certified by the Washington state department of health under chapter 246-822 WAC.

(c) Community health nurses who are currently licensed as registered nurses in the state of Washington by the department of health under chapter 246-840 WAC.

(d) Community health workers (CHWs) who have a high school diploma or the equivalent and:

(i) Have a minimum of one year of health care and/or social services experience.

(ii) Carry out all activities under the direction and supervision of a professional member or supervisor of the MSS interdisciplinary team.

(iii) Complete a training plan developed by their provider.

(2) The provider's qualified staff must participate in an MSS interdisciplinary team consisting of at least a community health nurse, a certified registered dietitian, a behavioral health specialist, and, at the discretion of the provider, a community health worker.

(a) The interdisciplinary team must work together to address risk factors identified in a client's care plan.

(b) Each qualified staff member acting within her/his area of expertise must address the variety of client needs identified during the maternity cycle.

(c) An MSS interdisciplinary team case conference is required at least once prenatally for clients who are entering MSS during pregnancy, and are eligible for the maximum level of service. Using clinical judgment and the client's risk factors, the provider may decide which interdisciplinary team members to include in case conferencing.

(3) All Indian health programs, tribes, and any MSS provider within a county with fewer than fifty-five medicaid births per year are ((not)) required to have ((an)) at least one MSS interdisciplinary team(, although they must meet all the other requirements in this chapter. Instead of the interdisciplinary team, these counties and tribes must have at least one of the following qualified professionals) member, as described in subsection (1) of this section:

(a) A behavioral health specialist;

(b) A registered ((dietician)) dietitian; or

(c) A community health nurse.

AMENDATORY SECTION (Amending WSR 14-09-061, filed 4/16/14, effective 5/17/14)

**WAC 182-533-0375 Infant case management—Provider requirements.**

(1) Infant case management (ICM) services may be provided only by a qualified infant case manager who is employed by a provider meeting the requirements in WAC 182-533-0325.

(2) The infant case manager must meet at least one of the following qualifications under (a), (b), or (c) of this subsection:

(a) Be a current member of the maternity support services (MSS) interdisciplinary team under WAC 182-533-0327 (1)(a), (b), or (c).

(b) Have a bachelor of arts, bachelor of science, or higher degree in a social service-related field, such as social work, behavioral sciences, psychology, child development, or mental health, plus at least one year of full-time experience working in one or more of the following areas:

(i) Community services;

- (ii) Social services;
- (iii) Public health services;
- (iv) Crisis intervention;
- (v) Outreach and referral programs; or
- (vi) Other related fields.

(c) Have an associate of arts degree, or an associate's degree in a social service-related field, such as social work, behavioral sciences, psychology, child development, or mental health, plus at least two years of full-time experience working in one or more of the following areas:

- (i) Community services;
- (ii) Social services;
- (iii) Public health services;
- (iv) Crisis intervention;
- (v) Outreach and referral programs;
- (vi) Other related fields.

(3) The medicaid agency requires any staff person qualifying under subsection (2)(c) of this section to be under the supervision of a clinical staff person meeting the criteria in subsection (2)(a) or (b) of this section. Clinical supervision may include face-to-face meetings and/or chart reviews.