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State/Territory Name: Washington

State Plan Amendment (SPA) #: 14-0034

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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, Washington 98104



Division of Medicaid & Children's Health Operations

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

NOV 03 2014

RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0034

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number WA 14-0034. This SPA updated the effective dates of the Home health services-related fee schedules.

This SPA is approved with an effective date of September 4, 2014.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact James Moreth at (360) 943-0469 or James.Moreth@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area. Faint blue ink scribbles are visible above and below the redaction.

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

cc:
Ann Myers, SPA Coordinator

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

1. TRANSMITTAL NUMBER:
14-0034

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
~~July 1, 2014~~ P&I Sept. 4, 2014

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:
1905a of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$0
b. FFY 2015 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.19-B page 19

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Att. 4.19-B page 19

10. SUBJECT OF AMENDMENT:

Effective Date for Rates for Home Health Agencies

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:

9-18-14

16. RETURN TO:

Ann Myers
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/18/2014

18. DATE APPROVED: 11/03/14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
Sept. 4, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Carol J.C. Peverly

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

23. REMARKS:

10/28/14: state authorizes a P&I change to box 4

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.)

IX. Other Noninstitutional Services

A. Home Health

1. Home Health Agencies are reimbursed per-visit for services provided by acute nursing staff, physical therapy, occupational therapy, speech, hearing and language disorders therapy staff, and home health aides.

Reimbursement rates are determined using a historical base for the per-visit rates by profession, using the Medicare Metropolitan Statistical Area fees. Each year the State updates those per-visit rates using the state's annually published vendor rate adjustment factor.

The Medicaid agency pays the lesser of the usual and customary charge or a fee based on a Medicaid agency fee schedule for these services.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Home Health. The agency's rates were set as of September 4, 2014 and are effective for services rendered on or after that date. All rates, including current ~~and prior rates, are published and maintained on the agency's website.~~ The fee schedule can be found at <http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx>

2. Other Home Health-Related Services and Supplies

Oxygen and respiratory therapy services are paid by the Medicaid agency at the lesser of the usual and customary charge or a fee based on a Medicaid agency fee schedule.

Medical nutrition and related equipment rentals/purchases and supplies, are paid by the Medicaid agency at the lesser of the usual and customary charge or a fee based on a Medicaid agency fee schedule.

Home infusion-parenteral nutrition equipment and supplies are paid by the Medicaid agency at the lesser of the usual and customary charge or a fee based on a Medicaid agency fee schedule.

Except as otherwise noted in the plan, payment for other home health-related services and supplies is based on state-developed fee schedule rates, which are the same for both governmental and private providers of other home health-related services and supplies. The agency's rates were set as of September 4, 2014 and are effective for services rendered on or after that date. All rates, including current ~~and prior rates, are published and maintained on the agency's website.~~ The fee schedule can be found at <http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx>