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**State/Territory Name: Washington** 

State Plan Amendment (SPA) # WA 23-0032

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



# **Financial Management Group**

September 18, 2023 Charissa Fotinos, Acting Medicaid Director Health Care Authority PO Box 45502 Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) 23-0032

Dear Director Fotinos:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 23-0032 effective for services on or after July 1, 2023. The purpose is to update the inpatient rate for free standing psychiatric hospitals and evaluation and treatment centers to allow an enhanced payment for certain patients being discharged from state-owned psychiatric hospitals.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act. We hereby inform you that Medicaid State plan amendment 23-0032 is approved effective July 1, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

Rory Howe Director

Rory Howe

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE WA	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT XIX XXI	
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 1902(a)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 90,115 \$560,120 b. FFY 2025 \$ 360,460 \$4,284,427	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Attachment 4.19-A Part 1 page 39b	OR ATTACHMENT (If Applicable) Attachment 4.19-A Part 1 page 39b	
9. SUBJECT OF AMENDMENT	•	
Civil Commitment Rate Enhancement		
10. GOVERNOR'S REVIEW (Check One)		
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	0	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
Chan Fot MD MSC		
12. TYPED NAME Charissa Fotinos MD, MSc		
13. TITLE		
Medicaid and Behavioral Health Medical Director		
14. DATE SUBMITTED August 8, 2023		
FOR CMS USE ONLY		
16. DATE RECEIVED	17. DATE APPROVED	
August 8, 2023 September 18, 2023  PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL	
July 1, 2023	Rory Howe	
	21. TIPLE OF APPROVING OFFICIAL	
Rory Howe	Director, FMG	
	,	
22. REMARKS  Pen and ink change 8/10/2023 authorized by the state to box 6		

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	WASHINGTON	
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- E. PER DIEM, PER CASE, AND RCC PAYMENT METHODS (cont.)
  - 1. i. PER DIEM RATE (cont.)
    - ✓ Effective for dates of admission beginning July 1, 2020, Hospitals that have a 12-month Medicare cost report on file, their psychiatric per diem will be the greater of their costs or \$940. If the hospital does not have a 12-month cost report available, their long-term psychiatric per diem rate will be set at the greater of either the average of all in-state provider-specific long-term psychiatric per diem rates or their current short-term psychiatric per diem. The increase is applied to any hospital that accepts patients committed to a psychiatric facility for a period of 90 days or greater. The Agency set the rate so as not to exceed the amounts provided by the Legislature.
    - ✓ Effective for dates of admission beginning July 1, 2021 Acute Care Hospitals with distinct psychiatric units
      - Hospitals that have a 12-month Medicare cost report on file with at least 200
        psychiatric bed days, will receive a long term psychiatric per diem rate equivalent
        to their costs documented on their Medicare cost report on file with the agency.
      - Hospitals that do not have a 12-month cost report with at least 200 bed days, will receive a long-term psychiatric per diem rate equivalent to the greater of either the average of all acute care hospital's providing long term psychiatric services in-state provider-specific long-term psychiatric per diem rates or their current short-term psychiatric per diem. The increase is applied to any hospital that accepts patients committed to a psychiatric facility for a period of 90 days or greater. The Agency set the rate so as not to exceed the amounts provided by the Legislature.

## Free Standing Psychiatric hospitals

- Hospitals without an existing long-term Rate, will receive a per diem rate equivalent to either the greater of their short-term rate or the statewide average long term psychiatric rate for free standing psychiatric hospitals.
- Hospitals that have an existing long term per diem will continue to receive the \$940 established for July 1, 2021. In addition to the \$940 per diem rate, the hospital may submit supplemental cost data with their cost reports to the authority for consideration. If approved, the appropriate adjustments to the Medicaid inpatient psychiatric per diem payment rate of the hospital will be made. Adjustment of costs may include any of the following:
  - Costs associated with professional services and fees not accounted for in the hospital's Medicare cost report or reimbursed separately.
  - Costs associated with the hospital providing the long-term psychiatric patient access to involuntary treatment court services that are not reimbursed separately.
  - Other costs associated with caring for long-term psychiatric patients that are not reimbursed separately.
  - Hospitals that provide services for patients moving from a criminal to civil commitment will receive a rate enhancement for the additional requirements of these patients.

The Agency sets the rate so as not to exceed the amounts provided by the Legislature.