

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 15, 2021

Susan Birch, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-21-0010. This SPA brings the state into compliance with a court order that instructs the state to cover medically necessary Applied Behavior Analysis (ABA) therapy to treat Autism Spectrum Disorder (ASD) for Medicaid Managed Care Organization (MCO) clients over the age of twenty. Currently the Medicaid State Plan limits ABA services to clients in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, which is limited to clients aged 20 and younger; therefore, this SPA removes that limitation for managed care and fee-for-service enrollees in the ABA program.

This SPA is approved effective January 27, 2021. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If you have any questions, please contact Nikki Lemmon at 303-844-2641 or via email at nicole.lemmon@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James G.
Scott -S
Date: 2021.04.15 14:21:32 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosure

cc:
Ann Myers, HCA

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

1. TRANSMITTAL NUMBER:
21-0010

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 27, 2021

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 2021 \$90,000
b. FFY 2022 \$390,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 21
Attachment 3.1-B page 22

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A page 21
Attachment 3.1-B page 22

10. SUBJECT OF AMENDMENT:

Applied Behavior Analysis Services

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:

03-30-2021

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: 3/30/21

18. DATE APPROVED:
April 15, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/27/21

20. SIGNATURE OF REGIONAL OFFICIAL:

Digitally signed by James G. Scott -S
Date: 2021.04.15 14:22:03 -05'00'

21. TYPED NAME: James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:

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

d. Other practitioners' services (cont.)

- (4) The Medicaid agency does not cover services provided by:
- Acupuncturists
 - Christian Science practitioners or theological healers
 - Herbalists
 - Homeopaths
 - Masseuses
 - Masseurs
 - Sanipractors
- (5) Licensed non-nurse midwives
To participate in home births and in birthing centers, midwives must be an agency-approved provider.
- (6) Psychologists
- Psychological testing must be medically necessary, prior authorized, in an outpatient setting, and is limited to 2 units per client.
 - Neurobehavioral status examinations require prior authorization.
 - Neuropsychological testing requires prior authorization.
 - Prior authorization is required for additional services that are medically necessary.
- (7) Intensive behavior services (applied behavior analysis (ABA) provided by:
- A. A lead behavior analysis therapist (LBAT) who under Washington State law is licensed under one of the following provisions:
- A licensed behavior analyst (LBA) practicing under the scope of state law as defined in Department of Health (DOH) RCW and WAC (may bill independently)
 - A licensed psychiatrist, psychiatric advanced nurse practitioner, psychologist, mental health counselor, marriage or family therapist, or clinical social worker practicing under the scope of state law as defined in DOH RCW and WAC who is licensed as an LBA (may bill independently)
 - A licensed assistant behavior analyst (LABA) practicing under the scope of state law as defined by DOH RCW and WAC and supervised by an LBA practicing under the scope of state law as defined in DOH RCW and WAC (may not bill independently)

Note: When licensed as an LBA, these professionals may supervise other providers, including certified behavior technicians (CBTs), in accordance with their scope of practice in applicable DOH RCW and WAC. All licensed supervising practitioners will bill for services performed by unlicensed practitioners.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO
MEDICALLY NEEDY GROUP(S): ALL

6. d. Other practitioners' services (cont)

(7) Intensive behavior services (applied behavior analysis (ABA) provided by:

A. A lead behavior analysis therapist (LBAT) who under Washington State law is licensed under one of the following provisions:

- A licensed behavior analyst (LBA) practicing under the scope of state law as defined in Department of Health (DOH) RCW and WAC (may bill independently)
- A licensed psychiatrist, psychiatric advanced nurse practitioner, psychologist, mental health counselor, marriage or family therapist, or clinical social worker practicing under the scope of state law as defined in DOH RCW and WAC who is licensed as an LBA (may bill independently)
- A licensed assistant behavior analyst (LABA) practicing under the scope of state law as defined by DOH RCW and WAC and supervised by an LBA practicing under the scope of state law as defined in DOH RCW and WAC (may not bill independently)

Note: When licensed as an LBA, these professionals may supervise other providers including certified behavior technicians (CBTs), in accordance with their scope of practice in applicable DOH RCW and WAC. All licensed supervising practitioners will bill for services performed by unlicensed practitioners.

- B. A licensed certified behavior technician (CBT) practicing under the scope of state law as defined in DOH RCW and WAC and supervised by an LBAT practicing under the scope of state law as defined in DOH RCW and WAC (may not bill independently)
- C. A licensed psychiatrist, psychiatric advanced nurse practitioner, psychologist, mental health counselor, marriage or family therapist, or clinical social worker practicing under the scope of state law as defined by DOH RCW and attesting to having the training and experience to provide applied behavior analyst services in accordance with state law as defined in WAC (may bill independently)

The State provides assurance that these licensed providers:

- Provide services consistent with §440.60.
- Supervise according to the State's Scope of Practice Act for licensed practitioners.
- Assume professional responsibility for the services provided by the unlicensed practitioner.