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**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 15-0034**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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, WA 98104



Division of Medicaid & Children's Health Operations

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November 9, 2015

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

**RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0034**

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 15-0034. This SPA updated the effective dates of the fee schedules for several Medicaid services, including: All other practitioners and Targeted Case Management for infants and parents.

This SPA is approved with an effective date of August 6, 2015.

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](mailto:James.Moreth@cms.hhs.gov).


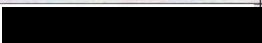
Sincerely,

A black rectangular box redacting the signature of David L. Meacham.

Digitally signed by David L. Meacham -S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=CMS, ou=People,  
0.9.2342.19200300.100.1.1=2000041858,  
cn=David L. Meacham -S  
Date: 2015.11.10 14:45:29 -08'00'

David L. Meacham  
Associate Regional Administrator

cc:  
Ann Myers, SPA Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>15-0034</b>	2. STATE Washington
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 August 6 , 2015	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2015 \$0 b. FFY 2016 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B page 25, <del>28</del> 28a (P&I)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B page 25, <del>28</del> 28a (P&I)	
10. SUBJECT OF AMENDMENT  Fee Schedules Effective Date Update			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Ann Myers Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 <sup>th</sup> Ave SE MS: 42716 Olympia, WA 98504-2716	
13. TYPED NAME: MARYANNE LINDEBLAD			
14. TITLE: MEDICAID DIRECTOR			
15. DATE SUBMITTED: 9-24-15			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 09/24/2015		18. DATE APPROVED: 11/09/15	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/06/15		20. SIGNATURE OF 	
21. TYPED NAME: David L. Meacham		22. TITLE: Associate Regional Administrator	
23. REMARKS: 11/04/15: State authorizes P&I to boxes 8 and 9			

Digitally signed by David L. Meacham -S  
DN: c=US, o=U.S. Government, ou=HHS,  
j=CMS, ou=People,  
9.2342.19200300.100.1.1=2000041858,  
cn=David L. Meacham -S  
Date: 2015.11.10 14:46:18 -08'00'

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

STATE: WASHINGTON

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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.)

## X. All Other Practitioners

“All other practitioners” refers to other practitioners as described in section 6.d of Attachments 3.1-A and 3.1-B.

The agency pays the lesser of the usual and customary charge, or a fee based on an agency fee schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of services and the fee schedule and any annual/periodic adjustments to the fee schedule(s).

The facility fees used to calculate the payment rates for intensive behavior services (Applied Behavior Analysis (ABA) services) in facility settings will be calculated using methods that are consistent with Medicaid State Plan attachment 4.19-B sections II and VIII. A Outpatient hospital services. Outpatient hospitals and clinics rendering intensive behavior services as a day program do not receive a facility fee in addition to the per diem rate identified on the state’s ABA Services fee schedule.

The agency’s fee schedule rate was set as of August 6, 2015, and is effective for dates of services provided on or after that date. See 4.19-B, I. General #G for the agency’s website where the fee schedules are published.

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

STATE: WASHINGTON

## XIII. Targeted Case Management Services (cont)

## B. Infant Case Management (ICM)

The agency provides infant case management services to Medicaid infants and their parent(s) for the direct benefit of the eligible infant from the time the infant is three months of age through the month of the infant's first birthday.

For the purpose of this program, the State defines a parent(s) as a person who resides with an infant, provides the day-to-day care, is authorized to make health care decisions, and is:

- ✓ The infant's natural or adoptive parent(s);
- ✓ A person other than a foster parent who has been granted legal custody of the infant; or
- ✓ A person who is legally obligated to support the infant.

Payment for Title XIX targeted case management services may not duplicate payments made to public agencies or private entities under other programs for this same purpose. If the eligible infant and family are involved in services for another targeted group, ICM is closed and case management for the other targeted group is initiated.

Targeted case management for ICM is billed on a per-visit basis, with each visit based on time increments of 15 minutes equaling one unit. Unit limitations are described in agency billing instructions.

Computation of the per-unit rate takes the following into consideration:

- Relative value of targeted case management services provided by similar professionals in different settings;
- Historical expenditures for ICM services; and
- Other expenses related to provision of targeted case management services (e.g., travel time and associated travel costs, charting/documentation time, etc.)

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services. The agency's case management fee was set as of August 6, 2015, and is effective for dates of service on and after that date. See 4.19-B, I, General, #G for the agency's website where the fee schedules are published.