



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

DEC 16 2011

Douglas Porter, Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 11-007

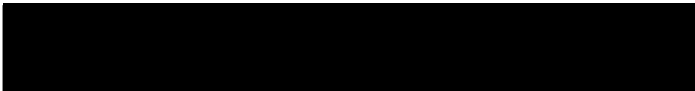
Dear Mr. Porter:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington State Plan Amendment (SPA) Transmittal Number 11-007. This amendment implements concurrent care for children on hospice in compliance with Section 2302 of the Affordable Care Act. In addition, this amendment provides comprehensive coverage language on hospice services within the State plan in accordance with 1905(o) of the Social Security Act.

This SPA is approved effective November 1, 2011.

If you have any additional questions or require any further assistance regarding this amendment, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,


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

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

1. TRANSMITTAL NUMBER:
11-07

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
November 1, 2011

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:

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$206,132
b. FFY 2013 \$224,872

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pgs 7, 59 (P&I) 59a and 59b
Attachment 3.1-B pgs 8, 58, 59 (P&I) 58a
Attachment 4.19-B pg 30

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A pgs 7, 59
Attachment 3.1-B pgs 8, 58, 59
Attachment 4.19-B pg 30

10. SUBJECT OF AMENDMENT:

Hospice-Concurrent Care

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Doug Porter

14. TITLE:

Director

15. DATE SUBMITTED:

9/30/11

16. RETURN TO:

Ann Myers
Health Care Authority
626 8th Ave SE MS: 45504
POB 5504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2011

18. DATE APPROVED: **DEC 16 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

NOV 01 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carol J.C. Peverly

22. TITLE:

Associate Regional Administrator

23. REMARKS:

10/3/11 state authorizes P&I change to box 8.

Division of Medicaid &
Children's Health

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

-
17. Nurse -midwife services.
 Provided: No limitations With limitations*
 Not Provided:
18. Hospice care in accordance with section 1905(o) of the Act.
 Provided: No limitations
 Provided in accordance with section 2302 of the Affordable Care Act
 With limitations* Not Provided:
19. Case management services and Tuberculosis related services.
- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
 Provided: With limitations*
 Not Provided:
- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.
 Provided: With limitations*
 Not Provided:
20. Special sickle-cell anemia-related services in accordance with section 1905(a) and section 1903(a)(3)(E) of the Act.
 Provided: With limitations*
 Not Provided

*Description provided on following pages.

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

17. Hospice care in accordance with section 1905(o) of the Act.

A. Services

1. All curative treatment, including all related services and related medications, require prior authorization.
2. The Medicaid agency reviews all requests for curative treatment, related services, and related medications for medical necessity.
3. Exception to rule requests for non-covered services are reviewed for medical necessity.
4. Hospice care is provided in accordance with the State Medicaid Manual at section 4305.
5. Covered services
 - a. Covered services are intermittent except during brief periods of acute symptom control.
 - b. Core services are provided directly by hospice agency staff or contracted through a hospice agency as necessary, and include:
 - Physician services related to administration of the plan of care.
 - Nursing care provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN.
 - Medical social services provided by a social worker under the direction of a physician.
 - Counseling services provided to a client and the client's family members or caregivers.
 - c. Additional services, which must be related to the hospice diagnosis, written in the plan of care, identified by the hospice interdisciplinary team, safe and meet the client's needs within the limits of the hospice program, and made available by the hospice agency on a 24-hour basis:
 - A brief period of inpatient care for general or respite care provided in a Medicare-certified hospice care center, hospital, or nursing facility.
 - Drugs, biologicals, and over-the-counter medications used for the relief of pain and symptom control of a client's terminal illness and related conditions.
 - Home health aide, homemaker, and/or personal care services ordered by the client's physician and documented in the plan of care. (Home health aide services must be provided by a qualified home health aide and are an extension of skilled nursing or therapy services).
 - Interpreter services as necessary for the plan of care.
 - Medical equipment and supplies that are medically necessary for the palliation and management of a client's terminal illness and related conditions.
 - Medical transportation services as required by the plan of care related to the terminal illness.
 - Physical therapy, occupational therapy, and speech-language pathology therapy to manage symptoms or enable the client to safely perform activities of daily living and basic functional skills.
 - Skilled nursing care.
 - Other services or supplies documented as necessary for the palliation and management of the client's terminal illness and related conditions.
 - Bereavement counseling

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

18. Hospice care in accordance with section 1905(o) of the Act (cont)

D. Hospice Agency and Practitioner Qualifications

1. Hospice agency requirements:

- Documentation that it is Medicare, Title XVIII-certified by the State's Department of Health; and
- Has received written notification from the Medicaid Agency of enrollment as an approved hospice care center.

2. Practitioner requirements:

- All practitioners who provide hospice services must be licensed, certified, accredited, or registered according to Washington State's laws and rules, including but not limited to physicians, registered nurses, licensed practical nurses, and social workers.

E. Hospice Election Periods

Hospice coverage is available for two (2) 90-day election periods followed by an unlimited number of 60-day election periods. A client or a client's authorized representative must sign an election statement to initiate or reinstate an election period for hospice care. An election period to receive hospice care continues through the initial election period and subsequent election periods without a break in care as long as the client:

- Remains in the care of a hospice agency; and
- Does not revoke the election.

F. Face-to-face Encounters

Hospice agencies must have a face-to-face encounter with every hospice client prior to the one hundred eightieth-day recertification and prior to each subsequent recertification in order to determine continued eligibility of the client for hospice care. These encounters are not covered separately – they are included in the core services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 18. Concurrent care for children on hospice in accordance with section 2302 of the Affordable Care Act.
 - A. Hospice clients 20 years of age and under are eligible.
 - B. The hospice benefit may be elected without foregoing curative services to which the client is entitled for treatment of the terminal condition.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

15.b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.

Provided: No limitations With limitations*

Not Provided:

16. Inpatient psychiatric facility services for individuals under 21 years of age.

Provided: No limitations With limitations*

Not Provided:

17. Nurse -midwife services.

Provided: No limitations With limitations*

Not Provided:

18. Hospice care in accordance with section 1905(o) of the Act.

Provided: No limitations

Provided in accordance with section 2302 of the Affordable Care Act

With limitations* Not Provided:

19 Case management services and Tuberculosis related services.

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided: With limitations*

Not Provided:

*Description provided on following pages.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

18. Hospice care in accordance with section 1905(o) of the Act.

A. Services

1. All curative treatment, including all related services and related medications, require prior authorization.
2. The Medicaid agency reviews all requests for curative treatment, related services, and related medications for medical necessity.
3. Exception to rule requests for non-covered services are reviewed for medical necessity.
4. Hospice care is provided in accordance with the State Medicaid Manual at section 4305.
5. Covered services
 - a. Covered services are intermittent except during brief periods of acute symptom control.
 - b. Core services are provided directly by hospice agency staff or contracted through a hospice agency as necessary, and include:
 - Physician services related to administration of the plan of care.
 - Nursing care provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN.
 - Medical social services provided by a social worker under the direction of a physician.
 - Counseling services provided to a client and the client's family members or caregivers.
 - c. Additional services, which must be related to the hospice diagnosis, written in the plan of care, identified by the hospice interdisciplinary team, safe and meet the client's needs within the limits of the hospice program, and made available by the hospice agency on a 24-hour basis:
 - A brief period of inpatient care for general or respite care provided in a Medicare-certified hospice care center, hospital, or nursing facility.
 - Drugs, biologicals, and over-the-counter medications used for the relief of pain and symptom control of a client's terminal illness and related conditions.
 - Home health aide, homemaker, and/or personal care services ordered by the client's physician and documented in the plan of care. (Home health aide services must be provided by a qualified home health aide and are an extension of skilled nursing or therapy services).
 - Interpreter services as necessary for the plan of care.
 - Medical equipment and supplies that are medically necessary for the palliation and management of a client's terminal illness and related conditions.
 - Medical transportation services as required by the plan of care related to the terminal illness.
 - Physical therapy, occupational therapy, and speech-language pathology therapy to manage symptoms or enable the client to safely perform activities of daily living and basic functional skills.
 - Skilled nursing care.
 - Other services or supplies documented as necessary for the palliation and management of the client's terminal illness and related conditions.
 - Bereavement counseling

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

18. Hospice care in accordance with section 1905(o) of the Act (cont)

B. Hospice Agency and Practitioner Qualifications

1. Hospice agency requirements:

- Documentation that it is Medicare, Title XVIII-certified by the State's Department of Health; and
- Has received written notification from the Medicaid Agency of enrollment as an approved hospice care center.

2. Practitioner requirements:

- All practitioners who provide hospice services must be licensed, certified, accredited, or registered according to Washington State's laws and rules, including but not limited to physicians, registered nurses, licensed practical nurses, and social workers.

C. Hospice Election Periods

Hospice coverage is available for two (2) 90-day election periods followed by an unlimited number of 60-day election periods. A client or a client's authorized representative must sign an election statement to initiate or reinstate an election period for hospice care. An election period to receive hospice care continues through the initial election period and subsequent election periods without a break in care as long as the client:

- Remains in the care of a hospice agency; and
- Does not revoke the election

D. Face-to-face Encounters

Hospice agencies must have a face-to-face encounter with every hospice client prior to the one hundred eightieth-day recertification and prior to each subsequent recertification in order to determine continued eligibility of the client for hospice care. These encounters are not covered separately – they are included in the core services.

Concurrent care for children on hospice in accordance with section 2302 of the Affordable Care Act.

- A. Hospice clients 20 years of age and under are eligible.
- B. The hospice benefit may be elected without foregoing curative services to which the client is entitled for treatment of the terminal condition.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

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20. Extended services for pregnant women, through the sixty days postpartum period.
- The extended services include:
- a. Maternity support services (MSS) by a provider approved by the Department of Health and the department consisting of the following. All staff meet Washington State licensure requirements according to Washington State's law cited in the Revised Code of Washington, RCW 43.24.030.
 - (1) Nursing assessment and/or counseling visits, provided by licensed registered nurses;
 - (2) Psychosocial assessment and/or counseling visits, provided by licensed or credentialed behavior health specialists;
 - (3) Nutrition assessment and/or counseling visit, provided by registered, state-certified dieticians;
 - (4) Community health worker visit, provided by community health educators; and
 - (5) Child birth education, provided by licensed or credentialed child birth educators.
 - b. Outpatient alcohol and drug treatment for pregnant and postpartum women consisting of a chemical dependency assessment by an Alcohol and Drug Abuse Treatment and Services Act assessment center, parenting education, and chemical dependency treatment. These services are provided by Chemical Dependency Counselors approved by the Division of Behavioral and Health Rehabilitation according to Washington State's law cited in the Revised Code of Washington, RCW 43.24.030.
 - c. Rehabilitation alcohol and drug treatment services, excluding room and board, for pregnant and postpartum women recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under State law. Services are provided in residential treatment facilities with 16 beds or less certified by the Division of Behavioral and Health Rehabilitation.
 - d. Genetic counseling performed by a genetic counselor approved by Parent-Child Health Services and Washington State's Department of Health according to Washington State's law cited in the Revised Code of Washington, RCW 43.24.030.

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.)

XIV. Hospice Services

- A. Payment for hospice care is made to a designated hospice provider based on a daily rate. The rates are contingent on the type of service provided that day. The rates are based on the Medicaid guidelines and are wage adjusted.

The Agency does not pay for face-to-face encounters to recertify a hospice client.

The Medicaid agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule, for the professional service provided for pediatric palliative care.

The Medicaid agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule for authorized medically necessary concurrent care services.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of pediatric palliative and concurrent care services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at <http://hrsa.dshs.wa.gov/RBRVS/Index.html>. The agency's fee schedule rate was set as of July 1, 2010 and is effective for services provided on or after that date.