

WAC 182-533-0325 Maternity support services—Provider requirements. Maternity support service providers may include community clinics, federally qualified health centers, local health departments, hospitals, nonprofit organizations, and private clinics.

(1) To be paid for providing maternity support services (MSS) and infant case management (ICM) services to eligible clients, a provider must:

(a) Be enrolled as an eligible provider with the medicaid agency (see WAC 182-502-0010).

(b) Be currently approved as an MSS/ICM provider by the medicaid agency.

(c) Meet the requirements in this chapter, chapter 182-502 WAC and the medicaid agency's current billing instructions.

(d) Ensure that professional staff providing services:

(i) Meet the minimum regulatory and educational qualifications for the scope of services provided under WAC 182-533-0327; and

(ii) Follow the requirements in this chapter and the medicaid agency's current billing instructions.

(e) Screen each client for risk factors using the agency's designated MSS screening tool, located on the agency's website under forms. Agency approval is required for a provider to use an alternate MSS screening tool.

(f) Screen clients for ICM eligibility.

(g) Conduct case conferences under WAC 182-533-0327(2).

(h) Develop and implement an individualized care plan for each client.

(i) Initiate and participate in care coordination activities throughout the maternity cycle with at least MSS interdisciplinary team members, the client's prenatal care provider, and the Women, Infants, and Children (WIC) Nutrition Program.

(j) Comply with Section 1902 (a)(23) of the Social Security Act regarding the client's freedom to choose a provider.

(k) Comply with Section 1915 (g)(1) of the Social Security Act regarding the client's voluntary receipt of services.

(2) MSS providers may provide services in any of the following locations:

(a) A provider's office or clinic.

(b) The client's residence.

(c) An alternate site that is not the client's residence. (The reason for using an alternate site for visitation instead of the home must be documented in the client's record.)

(3) An individual or service organization that has a written contractual agreement with a qualified MSS provider also may provide MSS and ICM services to eligible clients. The provider must:

(a) Keep a copy of the written subcontractor agreement on file;

(b) Ensure that an individual or service organization staff member providing MSS/ICM services (the subcontractor) meets the minimum regulatory and educational qualifications required of an MSS/ICM provider;

(c) Ensure that the subcontractor provides MSS/ICM services under the requirements of this chapter;

(d) Maintain professional, financial, and administrative responsibility for the subcontractor;

(e) Bill for services using the provider's national provider identifier and MSS/ICM taxonomy; and

(f) Reimburse the subcontractor for MSS/ICM services provided under the written agreement.

(4) Providers must obtain agency approval of all MSS/ICM outreach-related materials, including web sites and publications, prior to making those materials available to clients.

[Statutory Authority: RCW 41.05.021, 41.05.160. WSR 16-12-060, § 182-533-0325, filed 5/26/16, effective 6/26/16; WSR 15-12-075, § 182-533-0325, filed 5/29/15, effective 7/1/15. Statutory Authority: RCW 41.05.021. WSR 14-09-061, § 182-533-0325, filed 4/16/14, effective 5/17/14. Statutory Authority: RCW 41.05.021 and 2011 c 5. WSR 12-01-097, § 182-533-0325, filed 12/20/11, effective 1/20/12. WSR 11-14-075, recodified as § 182-533-0325, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.760 through 74.09.910, and 2009 c 564 § 1109. WSR 10-12-011, § 388-533-0325, filed 5/21/10, effective 6/21/10. Statutory Authority: RCW 74.08.090, 74.09.760 through 74.09.910. WSR 04-13-049, § 388-533-0325, filed 6/10/04, effective 7/11/04.]