

WAC 182-533-0330 Maternity support services—Covered services.

(1) The medicaid agency must cover these maternity support services (MSS) provided by an MSS interdisciplinary team:

- (a) In-person screening(s) for risk factors related to pregnancy and birth outcomes;
- (b) Brief assessment when indicated;
- (c) Brief counseling;
- (d) Education that relates to improving pregnancy and parenting outcomes;
- (e) Interventions for risk factors identified on the care plan;
- (f) Basic health messages;
- (g) Case management services;
- (h) Care coordination;
- (i) Infant case management (ICM) screening.

(2) The medicaid agency must determine the maximum number of units of services allowed per client when directed by the legislature to achieve targeted expenditure levels for payment of maternity support services for any specific biennium. (The maximum number of MSS units allowed per client is published in the agency's current billing instructions.)

(3) The medicaid agency must pay for covered maternity support services according to WAC 182-533-0345.

[Statutory Authority: RCW 41.05.021. WSR 14-09-061, § 182-533-0330, filed 4/16/14, effective 5/17/14. WSR 11-14-075, recodified as § 182-533-0330, 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, § 388-533-0330, 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, § 388-533-0330, filed 6/10/04, effective 7/11/04.]