

WSR 21-20-132

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed October 6, 2021, 9:04 a.m., effective November 6, 2021]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The health care authority is amending these rules to change "chemical dependency" to "substance use disorder." This is a housekeeping fix to align with behavioral health integration.

Citation of Rules Affected by this Order: Amending WAC 182-531-0425 and 182-531-1710.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Adopted under notice filed as WSR 21-16-003 on July 22, 2021.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 2, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 2, Repealed 0.

Date Adopted: October 6, 2021.

Wendy Barcus  
Rules Coordinator

OTS-3173.2

AMENDATORY SECTION (Amending WSR 19-13-022, filed 6/10/19, effective 7/11/19)

**WAC 182-531-0425 Collaborative care.** (1) Under the authority of RCW 74.09.497, and subject to available funds, the medicaid agency covers collaborative care provided in clinical care settings.

(2) For the purposes of this section:

(a) **Collaborative care** means a specific type of integrated care where medical providers and behavioral health providers work together to address behavioral health conditions, including mental health conditions and substance use disorders.

(b) **Collaborative care model** is a model of behavior health integration that enhances usual clinical care by adding two key services:

(i) Care management support for clients receiving behavioral health treatment; and

(ii) Regular psychiatric or board certified addiction medicine consultation with the clinical care team, particularly for clients whose conditions are not improving.

(c) **Collaborative care team** means a team of licensed behavioral health professionals operating within their scope of practice who participate on the clinical care team along with the collaborative care

billing provider to provide collaborative care to eligible clients. The team must include a collaborative care billing provider, a behavioral health care manager, and a psychiatric consultant. Professionals making up this team include, but are not limited to:

- (i) Advanced registered nurses;
- (ii) ~~((Chemical dependency))~~ Substance use disorder professionals (SUDP);
- (iii) ~~((Chemical dependency))~~ Substance use disorder professional trainees (SUDPT) under the supervision of a certified ~~((chemical dependency professional))~~ SUDP;
- (iv) Marriage and family therapists;
- (v) Marriage and family therapist associates under the supervision of a licensed marriage and family therapist or equally qualified mental health practitioner;
- (vi) Mental health counselors;
- (vii) Mental health counselor associates under the supervision of a licensed mental health counselor, psychiatrist, or physician;
- (viii) Physicians;
- (ix) Physician assistants under the supervision of a licensed physician;
- (x) Psychiatrists;
- (xi) Psychiatric advanced registered nurses;
- (xii) Psychologists;
- (xiii) Registered nurses;
- (xiv) Social workers;
- (xv) Social worker associate-independent clinical, under the supervision of a licensed independent clinical social worker or equally qualified mental health practitioner; and
- (xvi) Social worker associate-advanced, under the supervision of a licensed independent clinical social worker, advanced social worker, or equally qualified mental health practitioner.

(3) The behavioral health care manager is a designated licensed professional with formal education or specialized training in behavioral health (including social work, nursing, or psychology), working under the oversight and direction of the treating medical provider.

(4) The collaborative care billing provider must meet all of the following:

- (a) Be enrolled with the agency as one of the following:
    - (i) A physician licensed under Titles 18 RCW and 246 WAC;
    - (ii) An advanced registered nurse practitioner licensed under Titles 18 RCW and 246 WAC;
    - (iii) A federally qualified health center (FQHC);
    - (iv) A rural health clinic (RHC); or
    - (v) A clinic that is not an FQHC or RHC that meets the requirements of Titles 70 RCW and 247 WAC.
  - (b) Complete, sign, and return the Attestation for Collaborative Care Model, form HCA 13-0017, to the agency; and
  - (c) Agree to follow the agency's guidelines for practicing a collaborative care model.
- (5) Providers of collaborative care must:
- (a) Use a registry to track the client's clinical outcomes;
  - (b) Use at least one validated clinical rating scale;
  - (c) Ensure the registry is used in conjunction with the practice's electronic health records (EHR);
  - (d) Include a plan of care; and
  - (e) Identify outcome goals of the treatments.

(6) If a provider no longer meets the agreed upon requirements in the agency's Attestation for Collaborative Care Model, form HCA 13-0017, the provider must immediately notify the agency. The agency does not pay for collaborative care if a provider does not meet the agreed upon requirements.

(7) Providers are subject to post pay review by the agency. The agency may recoup payment if the provider is found to have not met the requirements for providing collaborative care as agreed to in the agency's Attestation for Collaborative Care Model, form HCA 13-0017.

[Statutory Authority: RCW 41.05.021, 41.05.160 and 2017 c 226. WSR 19-13-022, § 182-531-0425, filed 6/10/19, effective 7/11/19.]

AMENDATORY SECTION (Amending WSR 18-12-045, filed 5/30/18, effective 7/1/18)

**WAC 182-531-1710 Alcohol and substance misuse counseling.** (1)

The medicaid agency covers alcohol and substance misuse counseling through screening, brief intervention, and referral to treatment (SBIRT) services when delivered by, or under the supervision of, a qualified licensed physician or other qualified licensed health care professional within the scope of their practice.

(2) SBIRT is a comprehensive, evidence-based public health practice designed to identify, reduce and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. SBIRT can be used to identify people who are at risk for or have some level of substance use disorder which can lead to illness, injury, or other long-term morbidity or mortality. SBIRT services are provided in a wide variety of medical and community health care settings such as primary care centers, hospital emergency rooms, trauma centers, and dental offices.

(3) The following health care professionals are eligible to become qualified SBIRT providers to deliver SBIRT services or supervise qualified staff to deliver SBIRT services:

(a) Advanced registered nurse practitioners, in accordance with chapters 18.79 RCW and 246-840 WAC;

(b) (~~Chemical dependency professionals~~) Substance use disorder professionals (SUDP), in accordance with chapters 18.205 RCW and 246-811 WAC;

(c) Licensed practical nurses, in accordance with chapters 18.79 RCW and 246-840 WAC;

(d) Mental health counselors, in accordance with chapters 18.225 RCW and 246-809 WAC;

(e) Marriage and family therapists, in accordance with chapters 18.225 RCW and 246-809 WAC;

(f) Independent and advanced social workers, in accordance with chapters 18.225 RCW and 246-809 WAC;

(g) Physicians, in accordance with chapters 18.71 RCW and 246-919 WAC;

(h) Physician assistants, in accordance with chapters 18.71A RCW and 246-918 WAC;

(i) Psychologists, in accordance with chapters 18.83 RCW and 246-924 WAC;

(j) Registered nurses, in accordance with chapters 18.79 RCW and 246-840 WAC;

(k) Dentists, in accordance with chapters 18.260 and 246-817; and

(1) Dental hygienists, in accordance with chapters 18.29 and 246-815 WAC.

(4) To become a qualified SBIRT provider, eligible licensed health care professionals must:

(a) Complete agency-approved SBIRT training and mail or fax the SBIRT training certificate or other proof of this training completion to the agency; or

(b) Have an addiction specialist certification and mail or fax proof of this certification to the agency.

(5) The agency pays for SBIRT as follows:

(a) Screenings, which are included in the reimbursement for the evaluation and management code billed;

(b) Brief interventions, limited to four sessions per client, per provider, per calendar year; and

(c) When billed by one of the following qualified SBIRT health care professionals:

(i) Advanced registered nurse practitioners;

(ii) Mental health counselors;

(iii) Marriage and family therapists;

(iv) Independent and advanced social workers;

(v) Physicians;

(vi) Psychologists;

(vii) Dentists; and

(viii) Dental hygienists.

(6) The agency evaluates a request for additional sessions in excess of the limitations or restrictions according to WAC 182-501-0169.

(7) To be paid for providing alcohol and substance misuse counseling through SBIRT, providers must bill the agency using the agency's published billing instructions.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 18-12-045, § 182-531-1710, filed 5/30/18, effective 7/1/18; WSR 15-03-041, § 182-531-1710, filed 1/12/15, effective 2/12/15.]