

WSR 26-04-069

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed January 28, 2026, 12:44 p.m., effective February 28, 2026]

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

Purpose: The health care authority (agency) amended these rules to comply with RCW 74.09.837 and 2E2SSB 5580, section 2, updating the maternity support services program to address perinatal outcomes and increase equity and healthier birth outcomes. Additionally, the agency added tribal health clinics to the list of maternity support services (MSS) providers; amended language to align with gender neutrality; updated MSS screening requirements; added care coordination with birth doulas, allowing telehealth; and added an additional payment for a risk factor screening and a postpartum nurse home visit.

Citation of Rules Affected by this Order: Amending WAC 182-533-0300, 182-533-0310, 182-533-0325, 182-533-0330, and 182-533-0345.

Statutory Authority for Adoption: RCW 41.05.021 and 41.05.160.

Other Authority: RCW 74.09.837 and 2E2SSB 5580, section 2.

Adopted under notice filed as WSR 26-01-176 on December 22, 2025.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 1, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 4, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 5, Repealed 0.

Date Adopted: January 28, 2026.

Wendy Barcus
Rules Coordinator

RDS-6842.1

AMENDATORY SECTION (Amending WSR 12-01-097, filed 12/20/11, effective 1/20/12)

WAC 182-533-0300 Services under First Steps. (1) Under the 1989 Maternity Care Access Act, and RCW 74.09.760 through ((74.09.910)) 74.09.900, the agency established First Steps to provide access to services for eligible ((women)) people and their infants.

(2) The rules for the:

(a) Maternity support services (MSS) component of First Steps are found in WAC 182-533-0310 through 182-533-0345.

(b) Infant case management (ICM) component of First Steps are found in WAC 182-533-0360 through 182-533-0386.

(c) Childbirth education (CBE) component of First Steps are found in WAC 182-533-0390.

(3) Other services under First Steps include:

(a) Medical services, including full medical coverage, prenatal care, delivery, post-pregnancy follow-up, and ~~((twelve))~~ 12 months family planning services post-pregnancy;

(b) Ancillary services ~~((7))~~ including, but not limited to, expedited medical eligibility determination; and

(c) Alcohol and drug assessment and treatment services for pregnant ~~((women))~~ people available statewide and administered by the division of behavioral health and recovery ~~((see WAC 182-533-0701))~~.

AMENDATORY SECTION (Amending WSR 11-14-075, filed 6/30/11, effective 7/1/11)

WAC 182-533-0310 Maternity support services—Purpose. The purpose of maternity support services (MSS) is to:

(1) Improve and promote healthy birth outcomes. Services are delivered by an MSS interdisciplinary team to eligible pregnant and post-pregnant ~~((women))~~ people and their infants.

(2) Help eligible clients to access:

(a) Prenatal care as early in the pregnancy as possible; and

(b) Health care for their infants.

AMENDATORY SECTION (Amending WSR 16-12-060, filed 5/26/16, effective 6/26/16)

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, tribal health clinics, 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))~~ online 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, and if applicable, the client's birth doula (see WAC 182-533-0610 through 182-533-0680).

(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 websites and publications, prior to making those materials available to clients.

AMENDATORY SECTION (Amending WSR 14-09-061, filed 4/16/14, effective 5/17/14)

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.

AMENDATORY SECTION (Amending WSR 15-12-075, filed 5/29/15, effective 7/1/15)

WAC 182-533-0345 Maternity support services—Payment. The medicaid agency pays for the covered maternity support services (MSS) described in WAC 182-533-0330, subject to the requirements in this section:

(1) MSS are:

(a) Provided to a client who meets the eligibility requirements in WAC 182-533-0320.

(b) Provided to a client during (~~a face-to-face~~) an encounter on an individual basis or in a group setting. If provided in a group setting, the group must consist of at least three but no more than (~~twelve~~) 12 clients.

(c) Provided by a provider that meets the criteria in WAC 182-533-0325. When provided in a group setting, services may not be provided by a community health worker.

(d) Provided according to the agency's maternity support services (MSS)/infant case management (ICM) provider guide.

(e) Documented in the client's record or chart.

(f) Billed using:

(i) The eligible client's agency-assigned client identification number;

(ii) The appropriate procedure codes, modifiers, and allowed number of units identified in the agency's MSS/ICM provider guide; and

(iii) The provider's national provider identifier and MSS/ICM taxonomy.

(2) The agency:

(a) Reimburses providers for MSS-covered services using the agency's published fee schedule.

(b) Pays MSS-covered services in units of time with one unit being equal to (~~fifteen~~) 15 minutes of one-to-one service delivered (~~face-to-face~~) in-person or through telemedicine according to WAC 182-501-0300.

(c) Pays MSS-covered services in units of time with one unit being more than or equal to (~~sixty~~) 60 minutes for group services delivered face-to-face.

(d) Pays for one initial MSS screening, when provided by an MSS provider listed in WAC 182-533-0327 (1)(a) through (c), with the unit being more than or equal to 60 minutes and delivered in-person or through telemedicine.

(e) Pays for one postpartum MSS registered nurse visit, that takes place in the client's home or a homeless shelter within four

weeks after the pregnancy ends, with the unit being more than or equal to 90 minutes and delivered in-person.

(3) The provider may request authorization for a limitation extension under WAC 182-501-0169 to exceed the number of allowed MSS units of service.