WSR 26-16-067
EXPEDITED RULES
HEALTH CARE AUTHORITY
[Filed August 4, 2026, 8:03 a.m.]

Title of Rule and Other Identifying Information: WAC 182-531-0425 Collaborative care.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The health care authority (HCA) is updating the references to the form number of the Attestation for Collaborative Care Model (CoCM) form. HCA is updating the form number from HCA 13-0017 to HCA 09-0003. This change aligns the language found within WAC with the current HCA form number assigned to the CoCM.

Reasons Supporting Proposal: See purpose.

Statutory Authority for Adoption: RCW 41.05.021 and 41.05.160.

Statute Being Implemented: RCW 41.05.021 and 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: HCA, governmental.

Name of Agency Personnel Responsible for Drafting: Blake O'Connor, P.O. Box 42716, Olympia, WA 98504-2716, 360-725-1344; Implementation and Enforcement: Susan Mathey, P.O. Box 42716, Olympia, WA 98504-2716, 564-233-3087.

This notice meets the following criteria to use the expedited adoption process for these rules:

Corrects typographical errors, makes address or name changes, or clarifies language of a rule without changing its effect.

Explanation of the Reason the Agency Believes the Expedited Rule-Making Process is Appropriate: This change aligns the language found within WAC with the current HCA form number being used for CoCM.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Wendy Barcus, Rules Coordinator, HCA, P.O. Box 42716, Olympia, WA 98504-2716, phone 360-725-1306, fax 360-596-9727, email arc@hca.wa.gov, BEGINNING August 5, 2026, 8:00 a.m., AND RECEIVED BY October 5, 2026, 11:59 p.m.

August 4, 2026
Wendy Barcus
Rules Coordinator

RDS-7339.1

AMENDATORY SECTION (Amending WSR 25-22-061, filed 10/30/25, effective 1/1/26)

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 or certified 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 nurse practitioner;

(ii) Behavioral health support specialist under the supervision of a licensed practitioner whose scope of practice includes assessment, diagnosis, and treatment of identifiable mental and behavioral health conditions;

(iii) Marriage and family therapist;

(iv) Marriage and family therapist associate under the supervision of a licensed marriage and family therapist or equally qualified mental health practitioner;

(v) Mental health counselor;

(vi) Mental health counselor associate under the supervision of a licensed mental health counselor, psychiatrist, or physician;

(vii) Psychiatric advanced registered nurse practitioner;

(viii) Psychiatrist;

(ix) Psychological associate under the supervision of a licensed supervisor under chapter 246-924 WAC;

(x) Psychologist;

(xi) Physician;

(xii) Physician assistant;

(xiii) Registered nurse;

(xiv) Social worker;

(xv) Social worker associate-advanced, under the supervision of a licensed independent clinical social worker, advanced social worker, or equally qualified mental health practitioner;

(xvi) Social worker associate-independent clinical, under the supervision of a licensed independent clinical social worker or equally qualified mental health practitioner;

(xvii) Substance use disorder professional (SUDP); and

(xviii) Substance use disorder professional trainee (SUDPT) under the supervision of a certified SUDP.

(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~~)) 09-0003, 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~~)) 09-0003, 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~~)) 09-0003.