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State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

June 22, 2017

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0017

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 17-0017. This SPA adds a reference to dentists as providers who are eligible to provide encounter services in Federally Qualified Health Centers (FQHC).

This SPA is approved effective April 1, 2017. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Betsy Conklin at Elizabeth.Conklin@cms.hhs.gov or (206) 615-2357.

Sincerely,

A black rectangular box redacting the signature of David L. Meacham.

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government,
ou=HHS, ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=200004185
8, cn=David L. Meacham -S
Date: 2017.06.23 06:24:33 -07'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Madina Cavendish, HCA
Ann Myers, HCA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
17-0017

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2017

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905(a) of the Social Security Act; 42 USC Chapter 6A,
Subchapter II, Part D, Subpart i, Section 254b

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 11b
Attachment 3.1-B page 12b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 3.1-A page 11b
Attachment 3.1-B page 12b

10. SUBJECT OF AMENDMENT

Add Dentists to FQHC Provider List

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. [REDACTED]

16. RETURN TO:
Ann Myers
Office of Rules and Publications
Division of Legal Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

5-25-17

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
5-25-17

18. DATE APPROVED:
6/22/17

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
4/1/17

20. SIGNATURE OF REGIONAL OFFICIAL:

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041868,
cn=David L. Meacham -S
Date: 2017.06.22 10:25:00 -0700

21. TYPED NAME:
David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC.

Federally qualified health centers (FQHC)

- I. An FQHC is a facility that is any of the following:
 - a. Receiving grants under Title 42, Chapter 6A, Subchapter II, Part D, subpart I, section 254b of the U.S. Code
 - b. Receiving a Section 330 of the Public Health Service Act (PHS) grant based on the recommendation of the Health Resources and Services Administration within the Public Health Service, as determined by the secretary, to meet the requirements for receiving such a grant
 - c. A tribe or tribal organization operating outpatient health programs or facilities under the Indian Self-Determination Act that elects to be designated as an FQHC

- II. Covered services

Covered services in accordance with 1905(a)(2)(c)

- III. Other ambulatory services

In addition to all Medicaid-covered core services, FQHCs will furnish other ambulatory services included in the state plan.

- IV. Core service providers

FQHC services include services provided by physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers and other ambulatory services included in the state plan. FQHC services also include services and supplies that are furnished incidental to professional services furnished by a physician, physician assistant, nurse practitioner, or nurse midwife, and, for visiting nurse care, related medical supplies other than drugs and biologicals.

- V. Additional providers

Providers who meet the qualifications in 3.1-A, 5.a "Physicians' Services," 6.d. "Other Practitioners' Services" and 10. "Dental services and dentures" may provide services in an FQHC.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

2.e. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC.

I. Federally qualified health centers (FQHC)

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- Receiving grants under Title 42, Chapter 6A, Subchapter II, Part D, subpart I, section 254b of the U.S. Code
- Receiving a Section 330 of the Public Health Service Act (PHS) grant based on the recommendation of the Health Resources and Services Administration within the Public Health Service, as determined by the secretary, to meet the requirements for receiving such a grant
- A tribe or tribal organization operating outpatient health programs or facilities under the Indian Self-Determination Act that elects to be designated as an FQHC

II. Covered services

Covered services in accordance with 1905(a)(2)(c)

III. Other ambulatory services

In addition to all Medicaid-covered core services, FQHCs will furnish other ambulatory services included in the state plan.

IV. Core service providers

FQHC services include services provided by physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers and other ambulatory services included in the state plan. FQHC services also include services and supplies that are furnished incidental to professional services furnished by a physician, physician assistant, nurse practitioner, or nurse midwife, and, for visiting nurse care, related medical supplies other than drugs and biologicals.

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