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State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 21, 2023

Susan Birch, Director
Dr. Charissa Fotinos, State Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) WA-17-0027

Dear Susan Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number WA-17-0027. This amendment proposes to cover and reimburse for Dental Health Aide Therapists (DHAT) in accordance with state Senate Bill 5079 (codified in state law at RCW 70.350.020), signed into law on February 22, 2017. CMS disapproved this SPA on May 14, 2018. The CMS Administrator upheld CMS's disapproval on January 19, 2021 and the State thereafter filed a petition for review with the United States Court of Appeals for the Ninth Circuit.

On January 12, 2023, in *Washington State Health Care Authority v. Centers for Medicare & Medicaid Services*, Case No. 21-70338, the U.S. Court of Appeals for the Ninth Circuit held that CMS's disapproval of the SPA was not in accordance with law. The court of appeals remanded the State's petition for review to CMS with instructions to approve the SPA. Accordingly, WA-17-0027 was approved on June 21, 2023, with an effective date of July 23, 2017.

Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the Washington State plan. If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue ink smudge is visible below the box.

Digitally signed by James G.
Scott -S
Date: 2023.06.21 18:32:20
-05'00'

James G. Scott, Director
Division of Program Operations

cc: Ann Myers-ann.myers@hca.wa.gov

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

**1. TRANSMITTAL NUMBER:
17-0027**

**2. STATE
Washington**

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

**4. PROPOSED EFFECTIVE DATE
July 23, 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 CFR 440.100

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$ 131,000
b. FFY 2018 \$ 525,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 20
Attachment 3.1-B page 21
Attachment 4.19-B page 14

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

Attachment 3.1-A page 20
Attachment 3.1-B page 21
Attachment 4.19-B page 14

10. SUBJECT OF AMENDMENT

Add Dental Health Aide Therapists as Providers

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. SIGNATURE OF AGENCY OFFICIAL:

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

8-22-17

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
8/22/17

18. DATE APPROVED:
June 21, 2023

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/23/2017

20. SIGNATURE OF REGIONAL OFFICIAL:
Digitally signed by James G. Scott -S
Date: 2023.06.21 18:32:59 -05'00'

21. TYPED NAME:
James G. Scott

22. TITLE:
Director, Division of Program Operations

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

6. Other Practitioners Services

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law

a. Podiatrists' services

- (1) Foot care is covered only for specific medical conditions that must be treated by a podiatrist.
- (2) Reimbursement is according to Attachment 4.19-B III. Physicians' Services.

b. Optometrists' services

- (1) The Medicaid agency covers medically necessary eye examinations, refractions, and fitting fees every 24 months for asymptomatic adults 21 years or older.
- (2) Exceptions will be considered for all individuals based on medical necessity.
- (3) For clients under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.

d. Other practitioners' services

- (1) All other practitioners covered by the Medicaid agency include, but are not limited to, the following licensed practitioners: naturopathic physicians (services are limited to physician-related primary care services), physician assistants, advanced registered nurse practitioners including certified registered nurse anesthetists, psychologists, dental hygienists, denturist, chiropractors (for EPSDT only), opticians, licensed non-nurse midwives, and dental health aide therapists (under the supervision of a dentist within their scope of practice as defined under state law. The supervising licensed practitioner assumes professional responsibility for the services provided by the unlicensed practitioner and the licensed practitioner bills for services furnished by unlicensed practitioners). These practitioners are limited to services within their scope of practice and specialty area.
- (2) Counselors, social workers, and other practitioners are covered as specified in other sections of the State Plan and as approved by the Medicaid agency.
- (3) Mental health outpatient services may be provided by the following providers licensed by the state under 42 CFR 440.060(a): Licensed Psychologists; Licensed Psychiatric Advanced Nurse Practitioners; Licensed Independent Clinical Social Workers; Licensed Advance Social Workers; Licensed Marriage and Family Therapists; and Licensed Mental Health Counselors.

The practitioners listed above who want to diagnose and treat clients eighteen years of age and younger must have a minimum of two years' experience in the diagnosis and treatment of clients eighteen years of age and younger, including one year of supervision by a mental health professional trained in child and family mental health.

Mental health payment rates methodology is in accordance with Attachment 4.19-B.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

6. Other Practitioners Services

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON**POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)**

VI. Dental Services and Dentures

- A. The Medicaid agency pays directly to the specific provider the lesser of the usual and customary charge or a fee based on an agency fee schedule for dentures and dental services that are provided within their specific scope of practice by dentists, dental hygienists, denturists and dental health aide therapists (under the supervision of a dentist within their scope of practice as defined under state law. The supervising licensed practitioner assumes professional responsibility for the services provided by the unlicensed practitioner and the licensed practitioner bills for services furnished by unlicensed practitioners) throughout the state. There are no geographical or other variations in the fee schedule.
- B. The usual and customary charge is defined as that fee usually charged for a given service by an individual dentist, dental hygienist, dental health aide therapist, or denturist to private patients (e.g., that provider's usual fee) and which fee is within the range of usual fees charged by dentists, dental hygienists, dental health aide therapists, or denturists of similar training and experience.
- C. Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of dentures, dental services and dental hygiene.

See 4.19-B I, General, #G for the agency's website where the fee schedules are published.

The agency's fee schedule rate was set as of July 1, 2017, and is effective for services provided on or after that date.

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