

Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 22-0032

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

February 28, 2023

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

Re: Washington State Plan Amendment (SPA) Transmittal Number 22-0032

Dear Susan Birch and Dr. Fotinos:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA 22-0032. This amendment updates the requirements in the Medicaid State Plan for licensed mental health professionals who provide outpatient mental health services to clients eighteen years of age and younger.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 1902(a) of the Act. This letter is to inform you that Washington Medicaid SPA TN 22-0032 is approved, February 28, 2023, with an effective date of October 1, 2022.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

 Digitally signed by Ruth
Hughes -S
2023.02.28
10:03 -06'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 2 — 0 0 3 2 2. STATE WA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
1902(a) of the Act


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A page 20
Attachment 3.1-B page 21

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A page 20
Attachment 3.1-B page 21

9. SUBJECT OF AMENDMENT
Mental Health Professionals Providing Services to Clients Age 18 and Younger

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL
 D, MSc

12. TYPED NAME
Charissa Fotinos MD, MSc

13. TITLE
Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED
December 29, 2022

15. RETURN TO
State Plan Coordinator
POB 42716
Olympia, WA 98504-2716

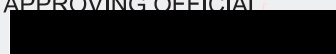
FOR CMS USE ONLY

16. DATE RECEIVED
December 29, 2022

17. DATE APPROVED
February 28, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
 signed by Ruth Hughes -5
23.02.28 09:55:00 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. 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.
- c. Other practitioners' services
 - (1) All other practitioners covered by the Medicaid agency include, but are not limited to, the following licensed practitioners: pharmacists, 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, denturists, chiropractors (for EPSDT only), opticians, and licensed non-nurse midwives. These practitioners are limited to services within their scope of practice and specialty area.
 - Pharmacy interns and pharmacy technicians may furnish services in accordance with their professional scope of practice in accordance with state law.
 - Pharmacies are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations.
 - (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.

To diagnose and treat clients eighteen years of age and younger, the practitioner must be listed above and must:

 - a. Meet state requirements for a Children's Mental Health Specialist; or
 - b. Be working under the supervision of a licensed practitioner listed above who meets the state requirement for a Children's Mental Health Specialist.

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

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. d. Other practitioners' services

- (1) All other practitioners covered by the department include, but are not limited to, the following licensed practitioners: pharmacists, 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, denturists, chiropractors (for EPSDT only), opticians, and licensed non-nurse midwives. These practitioners are limited to services within their scope of practice and specialty area.
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- (4) The Medicaid agency does not cover services provided by:
- Acupuncturists
 - Christian Science practitioners or theological healers
 - Herbalists
 - Homeopathists
 - Masseuses
 - Masseurs
 - Sanipractors
- (5) Licensed non-nurse midwives
To participate in home births and in birthing centers, midwives must be an agency-approved provider.
- (6) Psychologists.
- Psychological testing must be medically necessary, prior authorized, in an outpatient setting, and is limited to 2 units per client.
 - Neurobehavioral status examinations require prior authorization.
 - Neuropsychological testing requires prior authorization.
 - Prior authorization is required for additional services that are medically necessary.