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State/Territory Name: Washington

State Plan Amendment (SPA) #: 24-0013

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 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 21, 2024

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

Re: Washington State Plan Amendment (SPA) – 24-0013

Dear Director Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0013. This amendment will add Behavioral Health Support Specialists as providers to the Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(6) of the Act and 42 CFR 440.60. This letter informs you that Washington State Plan Amendment (SPA) – 24-0013 was approved on November 20, 2024, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated 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 handwritten signature in blue ink, appearing to read "James G. Scott", is written over a black rectangular redaction box.

Digitally signed by James
G. Scott -S
Date: 2024.11.21 12:35:18
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Ann Myers, Section Manager & State Plan Coordinator, Health Care Authority

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 3

2. STATE

WA3. 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

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

~~1902a of the Social Security Act~~

1905(a)(6) of the Act and 42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 5,843,467 \$54,000b. FFY 2026 \$ 14,537,206 \$117,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A pages 2, 20, 20a, 21c

Attachment 3.1-B pages 3, 20, 21, 22b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Attachment 3.1-A pages 2 (TN#03-019), 20 (TN#24-0012),
20a (TN#24-0012), 21c (TN#24-0007)~~~~Attachment 3.1-B pages 3 (TN#03-019), 20 (TN#24-0012),
21 (TN#24-0012), 22b (TN#24-0007)~~

9. SUBJECT OF AMENDMENT

~~Add adult chiropractic services as a covered service; add acupuncturists and Behavioral Health Services Specialists as Medicaid providers~~

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

12. TYPED NAME

Charissa Fotinos, MD, MSc

13. TITLE

Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED

October 22, 2024

15. RETURN TO

State Plan Coordinator

POB 42716

Olympia, WA 98504-2716

FOR CMS USE ONLY

16. DATE RECEIVED

October 22, 2024

17. DATE APPROVED

November 20, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL



Digitally signed by James G. Scott -S

Date: 2024.11.21 12:35:53 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

10/28/24: State authorizes the following pen and ink change:

-Box 5: Change federal statute/regulation citation to 1905(a)(6) of the Act and 42 CFR 440.60.

11/15/24: State authorizes the following pen and ink changes:

-Box 6- 6a: 2025 = \$54,000 6b. 2026 = \$117,000

-Box 7: Attachment 3.1-A, remove pages 2 and 21c. Pages 20 and 20a remain. For Attachment 3.1-B, remove pages 3, 20, and 22b.

-Box 8: Attachment 3.1-A, remove pages 2 (TN#03-019) and 21c (TN#24-0007). For Attachment 3.1-B, remove pages 3

(TN#03-019), 20 (TN#24-0012), and 22b (TN#24-0007).

-Box 9: Amend the title to "Add Behavioral Health Support Specialists as Medicaid providers".

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.

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. These practitioners are limited to services within their scope of practice and specialty area.
 - Advanced registered nurse practitioners including certified registered nurse anesthetists
 - Certified behavior support specialists under the supervision of a licensed practitioner covered under this benefit whose scope of practice includes assessment, diagnosis, and treatment of identifiable mental and behavioral health conditions.
 - Chiropractors (for EPSDT only)
 - Dental health aide therapists* (under the supervision of a dentist within the 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.) **Technical correction: Dental health aide therapists added per SPA 17-0027 approved 6/21/2023 effective 7/23/2017.*
 - Dental hygienists
 - Denturists
 - Licensed non-nurse midwives
 - Naturopathic physicians (services are limited to physician-related primary care services)
 - Opticians
 - Pharmacists
 - 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.

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 (cont)

- Physician assistants
- Psychologist
- Certified substance use disorder professionals

(2) 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 Advance Social Workers
- Licensed Advance Social Worker Associates
- Licensed Independent Clinical Social Workers
- Licensed Independent Clinical Social Worker Associates
- Licensed Marriage and Family Therapists
- Licensed Marriage and Family Therapist Associates
- Licensed Mental Health Counselors
- Licensed Mental Health Counselor Associates
- Licensed Psychiatric Advanced Nurse Practitioner
- Licensed Psychologist

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.

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. These practitioners are limited to services within their scope of practice and specialty area.

- Advanced registered nurse practitioners including certified registered nurse anesthetists
- Certified behavior support specialists under the supervision of a licensed practitioner covered under this benefit whose scope of practice includes assessment, diagnosis, and treatment of identifiable mental and behavioral health conditions.
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- Physician assistants
- Psychologist
- Certified substance use disorder professionals

(2) Other practitioners are covered as specified in other sections of the State Plan and as approved by the Medicaid agency.