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State/Territory Name: Washington

State Plan Amendment (SPA) #: 24-0019

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

May 17, 2024

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

Re: Washington State Plan Amendment (SPA)–24-0019

Dear Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0019. This amendment proposes to align with the provisions of section 1262 of the Consolidated Appropriations Act, 2023, by removing the requirement for a waiver for prescribing practitioners from the Medicaid State Plan.

We conducted our review of your submittal according to requirements in Section 1905(a)(5) and (29) of the Social Security Act. This letter informs you that Washington’s Medicaid SPA TN 24-0019 was approved on May 17, 2024, with an effective date of April 1, 2024.

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

Digitally signed by James
G. Scott -S
Date: 2024.05.17 13:19:05
-05'00'

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 <u>2 4 — 0 0 1 9</u>	2. STATE <u>WA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

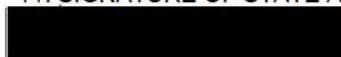
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>April 1, 2024</u>
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5. FEDERAL STATUTE/REGULATION CITATION <u>Section 1902a of the Social Security Act 1905(a)(5) and (29)</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A page 18b</u> <u>Supplement 4 to Attachment 3.1-A pages 2, 5</u> <u>Attachment 3.1-B page 18b</u> <u>Supplement 2 to Attachment 3.1-B pages 2, 5</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-A page 18b (TN# 18-0033)</u> <u>Supplement 4 to Attachment 3.1-A pgs 2 (TN# 21-0007), 5 (TN# 21-0007)</u> <u>Attachment 3.1-B page 18b (TN# 18-0033)</u> <u>Supplement 2 to Attachment 3.1-B pgs 2 (TN# 21-0007), 5 (TN# 21-0007)</u>
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9. SUBJECT OF AMENDMENT <u>Remove MAT DATA Waiver 2000 Requirement</u>

10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED: EXEMPT

11. SIGNATURE OF STATE AGENCY OFFICIAL  <u>MD, MSc</u>	15. RETURN TO State Plan Coordinator POB 42716 Olympia, WA 98504-2716
12. TYPED NAME <u>Charissa Fotinos, MD, MSc</u>	
13. TITLE <u>Medicaid and Behavioral Health Medical Director</u>	
14. DATE SUBMITTED <u>April 11, 2024</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>April 11, 2024</u>	17. DATE APPROVED <u>May 17, 2024</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>April 1, 2024</u>	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.05.17 13:19:38 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS <u>5/9/24-State authorizes the following pen and ink change:</u> <u>-Box 5 of the CMS-179, the federal statute citation should be sections 1905(a)(5) and (29).</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

5. a. Physicians' services (continued)

- (11) All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether performed by a physician or an optometrist in accordance with 42 CFR 441.30.

Optometric physicians are subject to Washington scope of practice laws and are held to the same standards as are people licensed as physicians to practice medicine and surgery by the Washington Medical Board.

Optometric physicians are eligible providers for the Electronic Health Records (EHR) incentive program to the extent they provide services to children under age 21 and meet EHR participation criteria.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

1905(a)(29) Medication-Assisted Treatment (MAT) (cont)

a. Service	a. Service Description	b. Providers Able to Render Service
Medication Management		
Screening	Obtain client history, review medications, demographics, determine services client is seeking	ARNP, MD/DO, PA (all may prescribe medication for MAT)
Medication Management	The prescribing of and monitoring of all drugs in all forms identified for use as MAT, under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).	ARNP, MD/DO, PA (all may prescribe medication for MAT)
Physical health management	Provision of an initial examination, review of past medical history and current medications to determine the appropriateness of medication assisted treatment. The identification, management, and referral to care as indicated for the treatment of medical conditions resulting from the use of MAT or those that might interfere with the success of MAT.	MD/DO, ARNP, PA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

1905(a)(29) Medication-Assisted Treatment (MAT) (cont)

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training, and supervisory arrangements that the state requires.
- *Advanced Registered Nurse Practitioner (ARNP) is licensed and provides services within their scope of practice in accordance with state law. May prescribe medication for MAT .*
 - *Behavioral Health Co-occurring Disorder Specialist is licensed and provides services within their scope of practice in accordance with state law.*
 - *Licensed Practical Nurse (LPN) is licensed and provides services within their scope of practice in accordance with state law.*
 - *Marriage and Family Therapist is licensed and provides services within their scope of practice in accordance with state law.*
 - *Mental Health Counselor is licensed and provides services within their scope of practice in accordance with state law.*
 - *Physician/osteopathic physician (MD/DO): is licensed and provides services within their scope of practice in accordance with state law. May prescribe medication for MAT.*
 - *Physician Assistant is licensed and provides services within their scope of practice in accordance with state law. May prescribe medication for MAT.*
 - *Registered Nurse (RN) is licensed and provides services within their scope of practice in accordance with state law.*
 - *Substance Use Disorder Professional (SUDP) is certified and provides services within their scope of practice in accordance with state law.*
 - *Substance Use Disorder Professional Trainee (SUDPT) is certified and provides services within their scope of practice in accordance with state law, working under the supervision of an SUDP.*
 - *Peer Counselor is certified and provides services within their scope of practice in accordance with state law. See Attachment 3.1-A page 38 for requirements.*

Note: Providers prescribing medications for MAT must prescribe according to the authorities granted to them by the DEA and must follow all federal regulations/requirements when dispensing and administering methadone to treat people with opioid use disorder.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

5. a. Physicians' services (continued)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

1905(a)(29) Medication-Assisted Treatment (MAT) (cont)

b. Service	c. Service Description	d. Providers Able to Render Service
Medication Management		
Screening	Obtain client history, review medications, demographics, determine services client is seeking	ARNP, MD/DO, PA (all may prescribe medication for MAT)
Medication Management	Medical treatment of Substance Use Disorders involving abstinence, medication to address withdrawal symptoms, monitoring client until they are free of toxins.	ARNP, MD/DO, PA (all may prescribe medication for MAT)
Physical health management	Provision of an initial examination, review of past medical history and current medications to determine the appropriateness of medication assisted treatment. The identification, management, and referral to care as indicated for the treatment of medical conditions resulting from the use of MAT or those that might interfere with the success of MAT.	MD/DO, ARNP, PA

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