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State/Territory Name: Washington

State Plan Amendment (SPA) #: 24-0026

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 27, 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) – 24-0026

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) 24-0026. This amendment will add community health workers as providers of preventative services to the Medicaid state plan.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(13) of the Act and 42 CFR 440.130(c). This letter informs you that Washington State Plan Amendment (SPA) 24-0026 was approved on November 27, 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 black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible above the redaction.

Digitally signed by James G.
Scott-S
Date: 2024.11.27 11:02:19
-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 2 --6 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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
~~1902a of the Social Security Act, 42 CFR 440.130~~
1905(a)(13) of the Act and 42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 89,897
b. FFY 2026 \$ 119,863

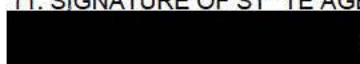
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A pages 36b through 36d, all new
Attachment 3.1-B pages 36b through 36d, all new
Attachment 4.19-B page ~~24d~~ (new) 24c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
Add Community Health Workers as Providers of Preventative Services

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: EXEMPT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL
 MD, MSc

12. TYPED NAME
Charissa Fotinos, MD, MSc

13. TITLE
Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED
October 31, 2024

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

FOR CMS USE ONLY

16. DATE RECEIVED
October 31, 2024

17. DATE APPROVED
November 27, 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: 2024.11.27 11:02:46 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

11/06/24: State authorizes the following pen and ink change:
-Box 1: Add "24-0026" as the SPA number to the 179 form.
-Box 5: Change federal statute/regulation citation to 1905(a)(13) of the Act and 42 CFR 440.130(c).
11/26/24: State authorizes the following pen and ink change:
-Box 7: Change page number on 4.19-B page from '24D' to '24C'

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

13.c. Preventive Services

Community Health Worker Services

Per 42 CFR Section 440.130(c), Community Health Worker services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.

I. Services

Community Health Worker (CHW) services are preventive health service to prevent disease, disability, and other health conditions or their progression, to prolong life and/or to promote physical and mental health and efficiency. CHW services leverage lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals.

The following component services are covered when performed by CHWs:

- 1) Person-centered assessment, performed to better understand the individual context and needs, facilitate patient-driven goal setting, and establish a care plan.
- 2) Care coordination and health system navigation
 - a. Communicate with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding:
 - i. patient's psychosocial strengths and needs,
 - ii. functional deficits,
 - iii. goals,
 - iv. preferences, and
 - v. desired outcomes, including cultural and linguistic factors.
 - b. Provide coordination of receipt of needed services and care transitions between and among health care practitioners and settings, including:
 - i. access/health system navigation involving referral to other healthcare services, including identifying appropriate providers and helping secure appointments.
 - ii. follow-up after discharges from emergency departments, hospitals, skilled nursing facilities or other health care facilities.
 - iii. facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the social determinates of health (SDOH) need(s).
- 3) Facilitating behavior change
 - a. Facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals.
 - b. Facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the principal illness, facilitating access to community-based social services (E.g., housing, utilities, transportation, food assistance) to address social determinant of health (SDOH) need(s), and adjusting daily routines to better meet diagnosis and treatment goals

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

13.c. Preventive Services (cont)

Community Health Worker Services (cont)

- 4) Health education and promotion
 - a. Help patients to contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the principal illness and/or SDOH need(s) and educating the patient on how to best participate in medical decision-making.
 - b. Build patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the principal illness and SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment.

II. Providers

Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have a close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Community Health Representatives (CHRs) are well-trained, medically guided, tribal and Native community people, who provide a variety of health services within American Indian and Alaska Native communities. CHRs are recognized as CHWs for the purposes of CHW services.

- 1) CHWs must deliver services under the supervision of any licensed practitioner within the scope of their licensure as described in state law.
- 2) CHWs must have lived experience that aligns with and provides a connection between the CHW and the community being served.
- 3) CHWs must meet the following requirements:
 - a. Have 2,000 supervised hours working as a CHW in paid or volunteer positions within the previous three years and demonstrated skills and practical training in the following areas:
 - i. Communication
 - ii. Interpersonal and relationship-building
 - iii. Service coordination and navigation
 - iv. Advocacy
 - v. Capacity building
 - vi. Professional conduct
 - vii. Outreach
 - viii. Individual and community assessment
 - ix. Knowledge base in public health principles and social determinants of health
 - x. Education and facilitation
 - xi. Evaluation and research

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

13.c. Preventive Services (cont)

Community Health Worker Services (cont)

- b. Demonstrate minimum qualifications through one of the following:
 - i. CHW/CHR Certificate: A certificate of completion, including but not limited to any certificate issued by Washington State Department of Health or designee, or Indian Health Services of a curricula that attests to demonstrated skills and/or competencies in the list above.
 - ii. Supervision Attestation: Medicaid-enrolled licensed supervisors may conduct a CHW assessment and attest to CHW skills and proficiencies to demonstrate the CHW's skills and competencies. The supervising provider must maintain documentation of the CHW assessment.
- 4) CHWs that do not meet any of the identified skills and/or practical training areas must obtain the necessary training within 18 months of employment.
- 5) All CHWs must complete a minimum of six hours of additional training annually. The supervising provider must maintain documentation of the CHW's completion of continuing education requirements.

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

13.c. Preventive Services

Community Health Worker Services

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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

13.c. Preventive Services (cont)

Community Health Worker Services (cont)

- 4) Health education and promotion
 - a. Help patients to contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the principal illness and/or SDOH need(s) and educating the patient on how to best participate in medical decision-making.
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 - ix. Knowledge base in public health principles and social determinants of health
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

13.c. Preventive Services (cont)

Community Health Worker Services (cont)

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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.)

III. Other Noninstitutional Services (cont.)

P. Preventive Services

Community Health Worker Services

Maximum allowable fees are established and updated using the Resource Based Relative Value Scale (RBRVS) methodology as adopted in the Medicare Fee Schedule Data Base (MFSDB). In this methodology, the agency uses CMS-established relative value units (RVU) multiplied by both the Geographic Practice Cost Indices (GPCI) for Washington State (supplied by the Federal Register) and the conversion factors specific to Washington. The agency's conversion factor is annually adjusted based on utilization and budget neutrality from year-to-year. For the current conversion factor and further description, see Supplement 3 to Attachment 4.19-B.

Rate increases will be a percentage increase to the methodology as described or a percentage of Medicare rates.

Other codes are reimbursed using flat fees; based upon market value, other state's fees, budget impacts, historical pricing, and/or comparable services. Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services. See 4.19-B I, General, #G for the agency's website where the fee schedules are published.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of services and the fee schedule and any annual/periodic adjustments to the fee schedule(s).