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State/Territory Name: Washington

State Plan Amendment (SPA) #: 24-0035

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

October 25, 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) – 24-0035

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) 24-0035. This amendment will update Physician Assistant Services, Screening, Brief Intervention, Referral and Treatment Services Providers, and Collaborative Care Services Providers to the Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(6) and (13); and 42 CFR 440.60 and 130(c). This letter informs you that Washington State Plan Amendment (SPA) – 24-0035 was approved on October 25, 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 "J. Scott", is written over a black rectangular redaction box.

James G. Scott, Director
Division of Program Operations

Digitally signed by James G.
Scott-S
Date: 2024.10.25 15:18:45
-05'00'

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 3 5

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

~~1902(a) & 1905(a) of the Social Security Act; 42 CFR 440.60~~
1905(a)(6) and (13); and 42 CFR 440.60 and 130(c).

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 4,390b. FFY 2026 \$ 5,854

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A pages 21b, 35, 36

Attachment 3.1-B pages 22a, 35, 36

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1-A pages 21b (TN# 18-0002), 35 (TN#
17-0026), 36 (TN# 23-0025)Attachment 3.1-B pages 22a (TN# 18-0002), 35 (TN#
17-0026), 36 (TN# 23-0025)

9. SUBJECT OF AMENDMENT

Updates to Physician Assistant Services, Screening, Brief Intervention, Referral and Treatment Services Providers, and
Collaborative Care Services 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

 MD, MSc

12. TYPED NAME

Charissa Fotinos, MD, MSc

13. TITLE

Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED

October 16, 2024

15. RETURN TO

State Plan Coordinator

POB 42716

Olympia, WA 98504-2716

FOR CMS USE ONLY

16. DATE RECEIVED

October 16, 2024

17. DATE APPROVED

October 25, 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: 2024.10.25 15:19:22 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

10/23/24: State authorizes the following pen and ink change:

-Box 5: Change federal statute/regulation citation to 1905(a)(6) and (13); and 42 CFR 440.60 and 130(c).

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. d. Other practitioners' services (cont.)

(8) Collaborative care

The following health care professionals are eligible to participate on the collaborative care team to provide collaborative care and will furnish services in accordance with their scope of practice as defined by state law:

1. State-licensed advanced registered nurse practitioners
2. State certified behavioral health 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.
3. State-certified substance use disorder professionals
4. Substance use disorder professional trainees under the supervision of a state-certified substance use disorder professional
5. State-licensed marriage and family therapists
6. State-licensed marriage and family therapist associates under the supervision of a state-licensed marriage and family therapist or equally qualified mental health practitioner
7. State-licensed mental health counselors
8. Mental health counselor associates under the supervision of a state-licensed mental health counselor, psychiatrist, or physician
9. State-licensed physicians
10. State-licensed physician assistants
11. State-licensed psychiatrists
12. State-licensed psychiatric advanced registered nurses
13. State-licensed psychologists
14. State-licensed registered nurses
15. State-licensed social workers
16. State-licensed social worker associate independent clinical, under the supervision of a state-licensed independent clinical social worker or equally qualified mental health practitioner.
17. State-licensed social worker associate advance, under the supervision of a state-licensed independent clinical social worker, state-licensed advance social worker, or equally qualified mental health practitioner.

For unlicensed practitioners that require supervision to furnish services, Washington assures that the supervising state-licensed or state-certified practitioner assumes professional responsibility for the services provided by the unlicensed practitioner.

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

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services

In accordance with 42 CFR 440.130(c), the Medicaid agency covers alcohol and substance misuse counseling through screening, brief interventions, and referral to treatment (SBIRT) services when recommended by a physician or other licensed practitioner within their scope of practice as defined in state law, and when provided by, or under the supervision of, a physician or other licensed practitioner within the scope of their practice as defined in state law.

A. PROVIDERS

To qualify as a qualified SBIRT provider, eligible health care professionals must complete an agency-approved SBIRT training.

The following health care professionals are eligible to become qualified SBIRT providers to deliver SBIRT services within their scope of practice as defined in state law:

- Licensed advanced registered nurse practitioners (ARNP)
- Licensed dentist
- Licensed dental hygienists
- Licensed marriage and family therapists
- Licensed marriage and family therapist associates
- Licensed mental health counselors
- Licensed mental health counselor associates
- Licensed practical nurse
- Licensed psychologist
- Licensed physician
- Licensed physician assistant
- Licensed registered nurse
- Licensed advance social workers
- Licensed advance social worker associates
- Licensed independent social workers
- Licensed independent social worker associates
- Certified substance use disorder professionals (SUDP)
- Certified behavioral health support specialists

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

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services (cont.)

B. SERVICES

SBIRT services are covered for determining risk factors that are related to alcohol and other drug use disorders. SBIRT services are:

- *Screening and assessment* (Occurs during an Evaluation and Management (E/M) exam which involves client history, a physical exam, and medical decision-making): The health care professional uses a standardized screening tool to assess a client's substance use behaviors.
- *Brief intervention* in the form of counseling (Limited to 4 sessions per client per provider per calendar year; additional sessions are allowed with prior authorization when medically necessary. In accordance with EPSDT requirements at 1905(r), clients under 21 years of age will receive all medically necessary services to which they are entitled): The health care professional engages the client in a short conversation, providing health information, feedback, motivation, and advice.
- *Referral for treatment*, if indicated: The health care professional provides a referral to a licensed and certified behavioral health agency for assessment and treatment as appropriate.

Washington covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing. Changes to ACIP recommendations are incorporated into coverage and billing codes as necessary.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUPS: ALL

6. d. Other practitioners' services (cont.)

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