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State/Territory Name: Washington

State Plan Amendment (SPA) #: 24-0038

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

June 18, 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) – 24-0038

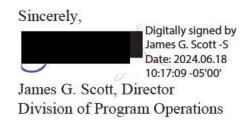
Dear Director Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0038. This amendment will remove a typographical error in Attachment 3.1-B page 21a.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Washington State Plan Amendment (SPA) – 24-0038 was approved on June 18, 2024, with an effective date of July 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.



Enclosures

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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE			
STATE PLAN MATERIAL	2 4 — 0 0 3 8 <u>WA</u>			
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL			
	SECURITY ACT XIX XXI			
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE			
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2024			
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)			
1902(a) of the Social Security Act	a FFY 2024 \$ 0 b. FFY 2025 \$ 0			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)			
Attachment 3.1-B page 21a				
	Attachment 3.1-B page 21a (TN# 24-0012)			
9. SUBJECT OF AMENDMENT	<u> </u>			
Remove Typographical Error in Attachment 3.1-B page 21a				
10. GOVERNOR'S REVIEW (Check One)	*			
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: EXEMPT			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	0 0 771271,770 07 2011 (22) 2721111 7			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
11. SIGNATURE OF STATL AGENC OFFICIAL 15	5. RETURN TO			
m) ms	State Plan Coordinator			
POB 42/16				
Charissa Founds, MD, MSC	lympia, WA 98504-2716			
13. TITLE				
Medicaid and Behavioral Health Medical Director 14. DATE SUBMITTED				
June 13, 2024				
FOR CMS USE ONLY				
A CONTRACTOR OF THE CONTRACTOR	7. DATE APPROVED June 18, 2024			
June 13, 2024 PLAN APPROVED - ONE				
	B. SIGN ROVING OFFICIAL Digitally signed by James G. Scott -S			
July 1, 2024	Digitally signed by James G. Scott -S Date: 2024.06.18 10:17:40 -05'00'			
20. TYPED NAME OF APPROVING OFFICIAL 21	1. TITLE OF APPROVING OFFICIAL			
James G. Scott	Director, Division of Program Operations			
22. REMARKS				

FORM CMS-179 (09/24)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	<u> </u>	GTON	
_	UNT, DURATION, AN	ID SCOPE OF SERVICES	PROVIDED TO THE
	MEDICALLY NEEDY (GROUP(S):	ALL

- (3) Mental health outpatient services may be provided by the following providers licensed by the state under 42 CFR 440.060(a):
 - Licensed Advanced Social Workers
 - Licensed Advanced 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 Advance Nurse Practitioners
 - Licensed Psychologists

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.
- (4) Reserved
- (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.

TN# 24-0038 Approval Date: 6/18/2024 Effective Date: 7/1/2024