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State/Territory Name: Washington

State Plan Amendment (SPA) #: 25-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

June 13, 2025

MaryAnne Lindeblad, 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) – 25-0015

Dear Director Lindeblad and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0015. This amendment will comply with the mandatory exception to the Medicaid clinic services benefit “four walls” requirement for Indian Health Services (IHS) and Tribal clinics.

We conducted our review of your submittal according to statutory requirements in Section 1905 of Title XIX of the Social Security Act (The Act) and implementing regulations at 42 Code of Federal Regulations (CFR) 440.90. This letter informs you that Washington’s Medicaid SPA TN WA-25-0015 was approved on June 13, 2025, 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,

Ruth A. Hughes, Acting 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 5 — 0 0 1 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
1905(a)(9) of the Social Security Act; 42 CFR 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Supplement 6 to Attachment 3.1-A pages 1-6 (all new)~~
~~Supplement 3 to Attachment 3.1-B pages 1-6 (all new)~~26 and 26a-26d (all
new)
27 and 27a-27d (all
new)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

NA

Attachment 3.1-A, page 26 (TN# 03-019)

Attachment 3.1-B, page 27 (TN# 03-019)

9. SUBJECT OF AMENDMENT

Clinic Benefit Supplement

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:

12. TYPED NAME
Charissa Fotinos MD, MSc13. TITLE
Medicaid and Behavioral Health Medical Director14. DATE SUBMITTED
March 31, 202515. RETURN TO
State Plan Coordinator
POB 42716
Olympia, WA 98504-2716

FOR CMS USE ONLY

16. DATE RECEIVED
March 31, 202517. DATE APPROVED
June 13, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

4/22/25: State authorizes the following pen and ink change:

•Box 7:

-For Attachment 3.1-A, remove "Supplement 6 to" and pages "1 – 6 (all new)" and add pages "26 and 26a – 26f (all new)"

-For Attachment 3.1-B, remove "Supplement 3 to" and pages "1 – 6 (all new)" and add pages "27 and 27a – 27f (all new)"

•Box 8:

-Remove "NA"

-Add "Attachment 3.1-A, page 26 (TN# 03-019)"

-Add "Attachment 3.1-B page 27 (TN# 03-019)"

•Box 9:

-Remove "Supplement" leaving the subject "Clinic Benefit"

State Plan under Title XIX of the Social Security Act
State/Territory: Washington

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- ☐ Limitations apply to all services within the benefit category.
Click or tap here to enter text.

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- ☐ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**
Click or tap here to enter text.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0015
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State Plan under Title XIX of the Social Security Act
State/Territory: Washington

Section 1905(a)(9) Clinic Services

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Click or tap here to enter text.

☒ IHS and Tribal Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

Click or tap here to enter text.

☒ Renal Dialysis Clinics **[Select below if applicable.]**:

☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Freestanding kidney centers

(1) Description of facility: A center devoted specially to treating End Stage Renal Disease (ESRD)

(2) Description of service: Peritoneal dialysis or hemodialysis for ESRD.

(3) Program coverage: Covered as an outpatient service when provided by a freestanding renal dialysis center or a freestanding community hemodialysis unit. Includes physician services, medical supplies, equipment, drugs, and laboratory tests.

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:

Freestanding ambulatory surgery centers

(1) Allowed procedures are covered when they are medically necessary

(2) Some procedures are covered only when they meet certain limitation requirements and have been prior authorized by the agency,

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State Plan under Title XIX of the Social Security Act
State/Territory: Washington

Section 1905(a)(9) Clinic Services

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Click or tap here to enter text.

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**:

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

Click or tap here to enter text.

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State Plan under Title XIX of the Social Security Act
State/Territory: Washington

Section 1905(a)(9) Clinic Services

Four Walls Exceptions (continued)

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:
Click or tap here to enter text.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:
Click or tap here to enter text.

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**

☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:

- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

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State Plan under Title XIX of the Social Security Act
State/Territory: Washington

Section 1905(a)(9) Clinic Services

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:

[Click or tap here to enter text.](#)

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State Plan under Title XIX of the Social Security Act
State/Territory: Washington

Section 1905(a)(9) Clinic Services

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General Assurances

[Select all three checkboxes below.]

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
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[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

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State Plan under Title XIX of the Social Security Act
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Section 1905(a)(9) Clinic Services

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State Plan under Title XIX of the Social Security Act
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Section 1905(a)(9) Clinic Services

Four Walls Exceptions (continued)

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Section 1905(a)(9) Clinic Services

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**

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