# **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

July 27, 2023

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

Re: Washington State Plan Amendment (SPA) Transmittal Number 23-0025

Dear Susan Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-23-0025. This amendment will add language back to the Medicaid State Plan to clarify the state covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Washington state Medicaid SPA TN 23-0025 was approved on July 20, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

**Enclosures** 

cc: Ann Myers-ann.myers@hca.wa.gov

CENTERS FOR MEDICARE & MEDICAID SERVICES	OWB NO. 0930-0190	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY\$ b. FFY\$	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
9. SUBJECT OF AMENDMENT		
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  Than John MS.	5. RETURN TO	
12. TYPED NAME		
13. TITLE		
14. DATE SUBMITTED		
FOR CMS US	E ONLY	
16. DATE RECEIVED June 30, 2023	7. DATE APPROVED July 27, 2023	
PLAN APPROVED - ONL	•	
18. EFFECTIVE DATE OF APPROVED MATERIAL  April 1, 2023	9. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL 2	21. TITLE OF APPROVING OFFICIAL	
James G. Scott	Director, Division of Program Operations	
22. REMARKS		

### 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

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## 13. c. Preventive services

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

Provider	Qualifications	Services Provided	Servicing or Billing Provider
Marriage & family therapist	Licensed per chapters 18.225     RCW & 246-809 WAC	All	Billing & servicing: may provide & bill for services
Mental health counselor	Licensed per chapters 18.225     RCW & 246-809 WAC	All	Servicing: may not bill independently for services
Physician	Licensed per chapters 18.71 RCW & 246-919 WAC	All	Billing & servicing: may provide & bill for services
Physician assistant	Licensed per chapters 18.71A     RCW & 246-918 WAC	All	Servicing: may not bill independently for services
Psychologist	Licensed per chapters 18.83     RCW & 246-840 WAC	All	Billing & servicing: may provide & bill for services
Registered nurse	Licensed per chapters 18.79     RCW & 246-840 WAC	All	Servicing: may not bill independently for services
Social worker: advanced & independent	Licensed per chapters 18.225     RCW & 246-809 WAC	All	Billing & servicing: may provide & bill for services

## 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.

TN# 23-0025 Approval Date: 7/20/2023 Effective Date: 4/1/2023

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State	WASHINGTON	
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