## **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 21, 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) – 24-0007

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) 24-0007. This amendment will add Community Health Aide Providers (CHAPs) to the other licensed practitioner's benefit in the state plan.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(6) of the Act and 42 CFR 440.60. This letter informs you that Washington State Plan Amendment (SPA) – 24-0007 was approved on June 21, 2024, with an effective date of April 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.

Sincerely,

James G. Scott, Director Division of Program Operations

**Enclosures** 

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

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 0938	3-019
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	
TOK. CENTERS FOR MEDICARE & MEDICARD SERVICES	SECURITY ACT XIX XXI	
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICAID & CHIP SERVICES		
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
	a. FFY\$ b. FFY \$	
Section 1905(a)(6) of the Act and 42 CFR 440.60  7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
7. PAGE NUMBER OF THE FLAN SECTION OR ATTACHMENT	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. ŞIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
Chan for MD MSC		
12. TYPED NAME		
12. THED IVALVIE		
13. TITLE		
14. DATE SUBMITTED		
FOR CMS	USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED	
May 6, 2024	June 21, 2024	
PLAN APPROVED - C	NE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL	
April 1, 2024		
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	
James G. Scott	Director, Division of Program Operations	
22. REMARKS	Director, Division of Fregram operations	
ZZ. NEIWANNO		
6/20/24-State authorizes the following pen and ink changes:  • Box 5: Change to Section 1905(a)(6) of the Act and 42 CFR 4-	40.60	

FORM CMS-179 (09/24)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	WASHINGTON	
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

6.d. Other licensed practitioners (cont)

(9) Emergency Medical Services (EMS) providers

EMS providers furnish services within their scope of practice as defined by state law. EMS practitioner certification is equivalent to licensure in the state.

(10) Social Work Services to Enhance the Effectiveness of Home Health Services

Licensed social workers are covered within their scope of practice in accordance with state law. Medical Social Services are provided as part of an authorizing practitioner-ordered Home Health service.

(11) Certified Community Health Aide Program (CHAP) providers, supervised by any licensed practitioner covered under this benefit within their scope of practice as defined under state law.

TN# 24-0007 Approval Date: 6/21/2024 Effective Date: 4/1/2024

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