#### 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 11, 2024

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

Re: Washington State Plan Amendment (SPA) – 24-0012

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) 24-0012. This amendment will add Substance Use Disorder Professionals, Licensed Independent Clinical Social Worker Associates, Licensed Advance Social Worker Associates, Licensed Marriage & Family Therapist Associates, & Licensed Mental Health Counselor Associates as Other Licensed Practitioners 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) – 24-0012 was approved on June 11, 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.

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. 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL OF		2. STATE ———
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		
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amount	s in WHOLE dollars)
Section 1905(a)(6) of the Act and 42 CFR		
7. DAGE NUMBER OF THE BLANCESTION OF ATTACHMENT	b. FFY\$	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDE OR ATTACHMENT (If Applicable)	:DPLAN SECTION
20a-NEW	OR ATTAOTIMENT (ITApplicable)	
, 21a-NEW, 20		
, = .5, =5		
		,page 20
		(TN#10-032)
9. SUBJECT OF AMENDMENT		
J. GODGEOT OF AWIENDMENT		
10. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: EXEMP	Τ'
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	,	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
11. 27.	13. NETONN TO	
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12. TYPED NAME		
13. TITLE		
13. TITLE		
14. DATE SUBMITTED		
TI. BATE GOSIMITTES		
FOR CMS	USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED	
May 1, 2024	June 11, 2024	
	NE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL	
July 1, 2024		
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	

Director, Division of Program Operations

22. REMARKS

James G. Scott

5/22/24-State authorizes the following pen and ink change: -Box 7 of the CMS-179:

- Add "20a (new)" to Attachment 3.1-A Add "21a (new)" to Attachment 3.1-B

5/23/24-State authorizes the following pen and ink changes:

- Box 5: change to Section 1905(a)(6) of the Act and 42 CFR 440.60
- Add page 20 to Attachment 3.1-B (TN# 10-032) to Attachment 3.1-B

State	WASHINGTON		
AMOUNT, DI	URATION, AND SCOPE OF	MEDICAL AND REME	DIAL
CARE AND SE	RVICES PROVIDED TO TH	HE CATEGORICALLY N	NEEDY

#### 6. Other practitioners' services

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law

a. Podiatrists' services

Foot care is covered only for specific medical conditions that must be treated by a podiatrist.

- b. Optometrists' services
  - (1) The Medicaid agency covers medically necessary eye examinations, refractions, and fitting fees every 24 months for asymptomatic adults 21 years or older.
  - (2) Exceptions will be considered for all individuals based on medical necessity.
  - (3) For clients under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.
- d. Other practitioners' services
  - (1) All other practitioners covered by the Medicaid agency include, but are not limited to, the following licensed practitioners. These practitioners are limited to services within their scope of practice and specialty area.
    - Advanced registered nurse practitioners including certified registered nurse anesthetists
    - Chiropractors (for EPSDT only)
    - Dental health aide therapists\* (under the supervision of a dentist within the scope
      of practice as defined under state law. The supervising licensed practitioner
      assumes professional responsibility for the services provided by the unlicensed
      practitioner and the licensed practitioner bills for services furnished by unlicensed
      practitioners.) \*Technical correction: Dental health aide therapists added per SPA
      17-0027 approved 6/21/2023 effective 7/23/2017.
    - Dental hygienists
    - Denturists
    - Licensed non-nurse midwives
    - Naturopathic physicians (services are limited to physician-related primary care services)
    - Opticians
    - Pharmacists
      - Pharmacy interns and pharmacy technicians may furnish services in accordance with their professional scope of practice in accordance with state law.
      - Pharmacies are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations.
    - Physician assistants
    - Psychologist
    - · Certified substance use disorder professionals

TN# 24-0012 Approval Date: 6/11/2024 Effective Date: 7/1/2024

State	WASHINGTON	
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- 6. Other practitioners services' (cont)
  - (2) Other practitioners are covered as specified in other sections of the State Plan and as approved by the Medicaid agency.
  - (3) Mental health outpatient services may be provided by the following providers licensed by the state under 42 CFR 440.060(a):
    - Licensed Advance Social Workers
    - Licensed Advance 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 Advanced 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.

TN# 24-0012 Approval Date: 6/11/2024 Effective Date: 7/1/2024

State	WASHINGTON

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

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- 6. d. Other practitioners' services (cont.)
  - (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.
  - (7) Intensive behavior services (applied behavior analysis (ABA) provided by:
    - A. A lead behavior analysis therapist (LBAT) who under Washington State law is licensed under one of the following provisions:
      - A licensed behavior analyst (LBA) practicing under the scope of state law as defined in Department of Health (DOH) RCW and WAC (may bill independently)
      - A licensed psychiatrist, psychiatric advanced nurse practitioner, psychologist, mental health counselor, marriage or family therapist, or clinical social worker practicing under the scope of state law as defined in DOH RCW and WAC who is licensed as an LBA (may bill independently)
      - A licensed assistant behavior analyst (LABA) practicing under the scope of state law as defined by DOH RCW and WAC and supervised by an LBA practicing under the scope of state law as defined in DOH RCW and WAC (may not bill independently)

Note: When licensed as an LBA, these professionals may supervise other providers, including certified behavior technicians (CBTs), in accordance with their scope of practice in applicable DOH RCW and WAC. All licensed supervising practitioners will bill for services performed by unlicensed practitioners.

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  - a. Podiatrists' services
    - (1) Foot care is covered only for specific medical conditions that must be treated by a podiatrist.
    - (2) Foot conditions for which treatment is not medically necessary are not covered.
  - b. Optometrists' services
    - (1) The Medicaid agency covers medically necessary eye examinations, refractions, and fitting fees every 24 months for asymptomatic adults 21 years of age and older.
    - (2) Exceptions will be considered for all individuals based on medical necessity.
    - (3) For clients under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.

TN# 24-0012 Approval Date: <u>6/11/2024</u> Effective Date: <u>7/1/2024</u>

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Effective Date: 7/1/2024

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	State	WASHINGTON		
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