

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.

Sincerely,

James G. Scott, 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 4 — 00 38

2. STATE

WA

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

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

1902(a) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-B page 21a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-B page 21a (TN# 24-0012)

9. SUBJECT OF AMENDMENT

Remove Typographical Error in Attachment 3.1-B page 21a

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: EXEMPT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

Charissa Fotinos MD, MSc

12. TYPED NAME

Charissa Fotinos, MD, MSc

13. TITLE

Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED

June 13, 2024

15. RETURN TO

State Plan Coordinator
POB 42716
Olympia, WA 98504-2716

FOR CMS USE ONLY

16. DATE RECEIVED

June 13, 2024

17. DATE APPROVED

June 18, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND 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.