

Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



April 3, 2024

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

RE: CMS Concurrent Approval of WA-24-0001 (1915(i) SPA), WA-24-0002 (1932(a) SPA), and WA.0008.R11.02 (1915(b) Amendment)

Dear Director Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) is approving Washington's request to amend its state plan to add a new 1915(i) home and community-based services (HCBS) benefit, transmittal number WA-24-0001, to add Community Behavioral Health Support Services - Supported Supervision and Oversight. CMS conducted the review of the state's submittal according to statutory requirements in Title XIX of the Social Security Act and relevant federal regulations. Enclosed is a copy of the approved state plan amendment (SPA).

It is important to note that CMS' approval of this 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, §504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

Per 42 CFR §441.745(a)(1)(i), the state will annually provide CMS with the projected number of individuals to be enrolled in the benefit and the actual number of unduplicated individuals enrolled in the §1915(i) State Plan HCBS in the previous year. Additionally, at least 21 months prior to the end of the five-year approval period, the state must submit evidence of the state's quality monitoring in accordance with the Quality Improvement Strategy in their approved state plan amendment. The evidence must include data analysis, findings, remediation, and describe any system improvement for each of the §1915(i) requirements.

Concurrently, CMS is approving Washington's 1932(a) State Plan Amendment (SPA) Transmittal Number WA-24-0002, submitted on January 8, 2024. We conducted our review of this SPA according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This SPA authorizes Washington to add the new 1915(i) service, titled Community Behavioral Health Support Services – Supportive Supervision & Oversight to the list of services delivered via managed care in the Integrated Managed Care (IMC) managed care program.

Concurrently, CMS is approving Washington's request to amend its 1915(b) Waiver, with CMS control number WA.0008.R11.02, titled Behavioral Health Services Only (BHSO). This waiver amendment authorizes Washington to add the new 1915(i) service, titled Community Behavioral Health Support Services – Supportive

Supervision & Oversight to the list of services delivered via managed care in the BHSO program. The base 1915(b) waiver is authorized under sections 1915(b)(1) and 1915(b)(4) of the Social Security Act.

Our decision is based on the evidence submitted to CMS demonstrating that the state's proposal is consistent with the purposes of the Medicaid program, will meet all the statutory and regulatory requirements for assuring beneficiaries' access to and quality of services, and will be a cost-effective means of providing services to enrollees under this waiver.

The WA-24-0001 1915(i) SPA is effective for five years beginning July 1, 2024 through June 30, 2029 and operate concurrently with the WA-24-0002 1932(a) SPA and the WA.0008.R11.02 1915(b) waiver amendment. SPA 24-0002 and the 1915(b) waiver amendment WA.0008.R11.02 are effective July 1, 2024. The state may request renewal of these waiver authorities by providing evidence and documentation of satisfactory performance and oversight. Washington's request that the 1915(b) waiver authority be renewed should be submitted to CMS no later than March 31, 2028, which is 90 days prior to the underlying base waiver's expiration. Since the state has elected to target the population who can receive §1915(i) State Plan HCBS, the state must submit a renewal application to CMS at least 180 days prior to the end of the approval period, January 1, 2028.

We appreciate the cooperation and effort provided by you and your staff during the review of these concurrent actions. If you have any questions concerning this information, please contact Nick Sukachevin at (206) 615-2416 or via email at Nickom.Sukachevin@cms.hhs.gov for the 1915(i) SPA or John Kivisaari at (312)-353-0508 or via email at John.Kivisaari@cms.hhs.gov for the 1915(b) waiver amendment or 1932(a) SPA.

Sincerely,



Digitally signed by George
P. Failla Jr -S
Date: 2024.04.03
17:57:45 -04'00'

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight



Bill Brooks, Director
Division of Managed Care Operations

Cc:

Jessica Diaz, WA HCA
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James Moreth, FMG
Kathy Poisal, DLTSS
Kevin Patterson, DLTSS
Deanna Clark, DLTSS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 4 - 0 0 0 2

2. STATE
W A

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

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
Sections 1902a & 1915i of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-F Part 2 page 220


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-F Part 2 page 220 (TN# 23-0051 20-0001)

9. SUBJECT OF AMENDMENT
Add 1915i State Plan Home & Community-Based Services to Managed Care

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


12. TYPED NAME
Susan E Birch, MBA, BSN, RN

13. TITLE
Director and Acting Medicaid Director

14. DATE SUBMITTED
January 8, 2024

15. RETURN TO
State Plan Coordinator
POB 42716
Olympia, WA 98504-2716


FOR CMS USE ONLY

16. DATE RECEIVED
January 8, 2024

17. DATE APPROVED
April 3, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. SIGNATURE


20. TYPED NAME OF APPROVING OFFICIAL
Bill Brooks

21. TITLE OF APPROVING OFFICIAL
Director, Division of Managed Care Operations

22. REMARKS

On March 15, 2024, Washington State staff authorized CMS to make the following "pen and ink" changes to this form 179:

- Box 7: replace page "20" with "22"
- Box 8: replace page "20" with "22." Replace the superseded TN# "20-0001" with "23-0051"

State: Washington

APPLE HEALTH MANAGED CARE

Rehabilitative services			
<i>Behavioral health care coordination and community integration</i>	3.1-A	43	13.d.1(b)ix
<i>Crisis intervention</i>	3.1-A	39	13.d.1(b)i
<i>Crisis stabilization</i>	3.1-A	39, 40	13.d.1(b)ii
<i>Intake evaluation, assessment, and screening for mental health</i>	3.1-A	40	13.d.1(b)iii
<i>Intake evaluation, assessment, and screening for substance use or problem gambling disorder</i>	3.1-A	40, 41	13.d.1(b)iv
<i>Medication for Opioid Use Disorder (formerly Medication Assisted Treatment (MAT)- the medication component of the treatment plan for treating an SUD, including prescribing or administering medication, except for methadone, in the SUD clinic setting</i>	3.1-A Supplement 4 to 3.1-A	18.b	5.a.(12)
<i>Medication management</i>	3.1-A	41	13.d. 1(b)v
<i>Medication monitoring</i>	3.1-A	41	13.d. 1(b)vi
<i>Mental health treatment interventions</i>	3.1-A	42	13.d.1(b)vii
<i>Peer support</i>	3.1-A	43	13.d. 1(b)viii
<i>Substance use disorder brief intervention</i>	3.1-A	44	13.d.1(b)x
<i>Substance use or problem gambling disorder treatment interventions</i>	3.1-A	45	13.d.1(b)xi
<i>Substance use disorder withdrawal management</i>	3.1-A	46	13.d.1(b)xii
<i>1915i Community Behavioral Health Support Services – Supportive Supervision & Oversight</i>	3.1-i	1, 28, 30, 54	1, 1, -, 1