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State/Territory Name: Washington

State Plan Amendment (SPA) #: 20-0033

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



Financial Management Group

January 5, 2021

MaryAnne Lindeblad Medicaid Director Washington State Health Care Authority P.O. Box 45502 Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) 20-0033

Dear Ms. Lindeblad:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 20-0033 effective for services on or after August 1, 2020. The purpose of this SPA is to remove an add-on payment rate. Washington submitted Medicaid State Plan Amendment (SPA) 20-0033 in order to remove language regarding an add-on rate related to enhanced match due to COVID-19.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act. We hereby inform you that Medicaid State plan amendment 20-0033 is approved effective August 1, 2020. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

For

Rory Howe Acting Director

Enclosure

SERVICES		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-0033	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION		
	August 1, 2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1902(a) of the Social Security Act	a. FFY 2020 \$0	
2502(4) 02 020 000 000 000 000 000 000 000 000	b. FFY 2021 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED DI AN SECTION
6. FAGE NOMBER OF THE FLAN SECTION OR ATTACHMENT.		
A441	OR ATTACHMENT (If Applicable):	
Attachment 4.19-D Part I page 8		
	Attachment 4.19-D Part I page 8	
10. SUBJECT OF AMENDMENT:	<u> </u>	
10. SUBJECT OF AMENDMENT.		
Nursing Facility Add-On Rate		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPEC	IFIED: Evennt
	☐ OTHER, AS SPEC	IFIED. Exempt
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
	1	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Ann Myers	
13. TYPED NAME:	Rules and Publications	
	Division of Legal Services	
MaryAnne Lindeblad	Health Care Authority	
14. TITLE:		
Director	626 8 th Ave SE MS: 42716	
15. DATE SUBMITTED:	Olympia, WA 98504-2716	
9-30-2020		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	
17. DATE RECEIVED.	1/5/21	
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20.	For
8/1/20		101
21. TYPED NAME:	22. TITLE:	
Rory Howe	Acting Director, FMG	
23. REMARKS:		

ATTACHMENT 4.19-D, Part I Page 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State	WASHINGTON	-
NURSING FAC	CILITIES AND SWIN	G BED HOSPITALS (cont.)	
Section VII.	Reserved for futu	ire use	