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State/Territory Name: Washington

State Plan Amendment (SPA) #: 21-0039

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 & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 3, 2022

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

Re: Washington State Plan Amendment (SPA) WA-21-0039

Dear Ms. Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-21-0039. This amendment submitted is to ensure compliance with Section 209 of the Consolidated Appropriations Act, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Washington Medicaid SPA WA-21-0039 was approved on February 3, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or by email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area, with a small blue arc visible at the bottom left corner.

Digitally signed by James G.
Scott -S
Date: 2022.02.03 15:55:33
-06'00'

James G. Scott, Director
Division of Program Operations

cc: Ann Myers-ann.myers@hca.wa.gov

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 3 9

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

12/27/2021

5. FEDERAL STATUTE/REGULATION CITATION

1902(a) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2021 \$ 0
b. FFY 2022 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-D page 1
Attachment 3.1-D page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-D page 1

9. SUBJECT OF AMENDMENT

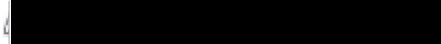
Non-Emergency Medical Transportation (NEMT) Update

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

 MD, MSc

12. TYPED NAME
Charissa Fotinos MD MSc

13. TITLE
Acting Medicaid Director

14. DATE SUBMITTED
12/30/2021

15. RETURN TO

State Plan Coordinator
Health Care Authority
POB 42716
Olympia, WA 98504-2716

FOR CMS USE ONLY

16. DATE RECEIVED
December 30, 2021

17. DATE APPROVED
February 3, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
December 27, 2021

19. SIGNING OFFICIAL
 Digitally signed by James G. Scott -S
Date: 2022.02.03 15:56:05 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

1/27/22: State authorizes the following P&I changes to box 7 & 8 of the CMS 179 form:

- Following "Attachment 3.1-D" remove page "1" and add page "2"

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

METHODS OF ASSURING TRANSPORTATION

Non-Emergency Medical Transportation (NEMT) (cont)

The Medicaid agency attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.