Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 22-0002

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

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

January 25, 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-22-0002

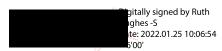
Dear Ms. Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-22-0002. This amendment proposes to add information regarding nurse midwife services.

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-22-0002 was approved on January 25, 2022, with an effective date of January 1, 2022.

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

Sincerely,



Ruth A. Hughes, Acting Director Division of Program Operations

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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE 2 2 0 0 2 WA
STATE PLAN MATERIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT SIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES	January1, 2022
DEPARTMENT OF HEALTH AND HUMAN SERVICES	•
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$_0
1902(a) of the Social Security Act	b. FFY 2023 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attachment 3.1-A pg 58a (new)	OR ATTACHMENT (If Applicable)
Attachment 3.1-B pg 57a	Attachment 3.1-B pg 57a
9. SUBJECT OF AMENDMENT	
Nurse Midwife Services	
10. GOVERNOR'S REVIEW (Check One)	
\frown	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	• OTHER, AS SPECIFIED:
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
<u> </u>	
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1/19/22: State authorizes the following P&I changes to box 7 & 8 of the 179 form: -Revised Spa Page: Removal of Attachment 3.1-B pg 57a

ATTACHMENT 3.1-A Page 58a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

17. Nurse midwife services

Nurse midwife services within the scope of practice in accordance with state law are covered.