

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 20-0039**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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March 23, 2021

Susan Birch, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) WA-20-0039

Dear Ms. Birch and Ms. Lindeblad:

We have reviewed the proposed amendment to add section 7.4.A-1, Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Washington Medicaid's state plan, as submitted under transmittal number (TN) WA-20-0039. This amendment proposes to rescind temporary policies previously approved in section 7.4 of the Medicaid State Plan through the submission of a Medicaid Disaster Relief State Plan Amendment (SPA).

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of these provisions and because Washington wants to terminate these provisions prior to the end of the public health emergency, Medicaid SPA Transmittal Number WA-20-0039 is approved effective October 20, 2020. This SPA is in addition to the Disaster Relief Rescission SPA approved on October 23, 2020 and does not supersede anything in that SPA.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Nikki Lemmon at 303-844-2461 or by email at [Nicole.lemmon@cms.hhs.gov](mailto:Nicole.lemmon@cms.hhs.gov) if you have any questions about this approval.

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2021.03.23  
09:06:47 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Acting Director  
Center for Medicaid and CHIP Services

Enclosures

|   |   |                        |
|---|---|------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b>  | 1. TRANSMITTAL NUMBER:<br><b>20-0039</b>                                      | 2. STATE<br>Washington |
|   | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID) |                        |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>  |   |                        |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE<br>October 20, 2020                                |                        |

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

|  |   |
|--|---|
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>Section 1902 of the Social Security Act | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2020 \$0<br>b. FFY 2021 <del>\$0</del> <del>\$123,802</del> \$1,065,300 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>Section 7.4.A-1               | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br>OR ATTACHMENT ( <i>If Applicable</i> ):<br>Section 7.4.A-1 |


10. SUBJECT OF AMENDMENT:  
Medicaid Disaster Relief for the COVID-19 National Emergency Addendum 2

11. 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

|   |  |
|---|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br> | 16. RETURN TO:<br>Ann Myers<br>Rules and Publications<br>Division of Legal Services<br>Health Care Authority<br>626 8 <sup>th</sup> Ave SE MS: 42716<br>Olympia, WA 98504-2716 |
| 13. TYPED NAME:<br>MaryAnne Lindeblad   |  |
| 14. TITLE:<br>Director  |  |
| 15. DATE SUBMITTED:<br>12/30/2020   |  |

| FOR REGIONAL OFFICE USE ONLY |                                   |
|------------------------------|-----------------------------------|
| 17. DATE RECEIVED: 12/30/20  | 18. DATE APPROVED: March 23, 2021 |

|  |   |
|--|---|
| PLAN APPROVED – ONE COPY ATTACHED                    |   |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>10/20/20 | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><br>Alissa M. Deboy -S<br>Date: 2021.03.23 09:07:28 -04'00' |
| 21. TYPED NAME:<br>Alissa Mooney Deboy               | 22. TITLE:<br>On Behalf of Anne Marie Costello, Acting Director<br>Center for Medicaid and CHIP Services  |

23. REMARKS:

On 1/12/21 the state authorized a P&I change to box 7 of the 179 form for FFY 2021 to delete "\$0" and add \$123,802.

On 3/2/21 the state authorized a second P&I change to box 7 of the 179, as they deleted a provision in their SPA which affected the federal budget impact.

State/Territory: WASHINGTON

#### **7.4.A-1 Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency**

Effective as indicated, the agency rescinds the following, which was approved on April 24, 2020, in SPA WA 20-0014:

- Increased rate per E.2. for certain codes for emergency dental extractions to assist providers in increasing access to care, effective through October 19, 2020.

Effective as indicated, the agency rescinds the following, which was approved on July 30, 2020, in SPA WA 20-0021:

- Added code D1999 per E.4 for dental PPE, effective through November 30, 2020.

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TN# 20-0039

Approval Date 03/23/2021

TN# NEW

Effective Date 10/20/2020

This SPA is in addition to the Disaster Relief Rescission SPA approved on October 23, 2020 and does not supersede anything in that SPA.