

**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

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February 4, 2022

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

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

Dear Ms. Birch and Dr. Fotinos:

Please find enclosed a corrected approval package for Washington State Plan Amendment (SPA) WA-21-0039. The approval package previously forwarded to Washington, indicates the Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-21-0039, while implementing regulations under 42 CFR § 435.733.

This letter should have read, The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-21-0039. This SPA proposes to incorporate language based on provisions for Medicaid non-emergency medical transportation (NEMT) services added to Section 1902(a)(87), Title XIX of the Social Security Act, as part of the Consolidated Appropriations Act, 2021.

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.

We apologize for any inconvenience that this may have caused. If you have any questions, please contact Edwin Walaszek at 212-616-2512 or by email at [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

cc: Ann Myers-[ann.myers@hca.wa.gov](mailto:ann.myers@hca.wa.gov)

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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](mailto:Edwin.Walaszek1@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'James G. Scott', is positioned above the typed name.

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](mailto: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

*Charissa Fotinos 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. SIGNATURE OF APPROVING OFFICIAL

*James G. Scott*

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

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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.