

STATE OF WASHINGTON WASHINGTON STATE HEALTH CARE AUTHORITY

November 10, 2015

NOTICE

Title or Subject: Medicaid State Plan Amendment (SPA) 16-0001

Effective Date: January 1, 2016

Description: The Agency regularly submits Medicaid State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS) to update the Alternative Benefit Plan (ABP) section of the Medicaid State Plan so it reflects recently approved changes made to other sections of the State Plan. Agency anticipates submitting 16-0001 to reflect the approval of SPA 15-0016, which added the state's policy of not paying for elective deliveries that are less than 39 weeks gestation unless they are medically necessary. Notice of this SPA appeared under WSR#15-23-017 with the incorrect SPA number 16-0003.

This SPA is expected to have no impact on annual aggregate expenditures.

The SPA is in the development process; therefore a copy is not yet available for review. To contact the Agency for additional information and a copy of the SPA when it becomes available, please contact:

Name: Gail Kreiger

Program: Medicaid Monitoring

Address: POB 45506, Olympia, WA 98504-5506

Phone: 360-725-1681 TDD/TTY: 800-848-6529

Fax: 360-725-1328

E-mail address: gail.kreiger@hca.wa.gov

OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED

DATE: November 10, 2015

TIME: 7:47 AM

WSR 15-23-026