
Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 19-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Western Division - Regional Operations Group

October 16, 2019

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

RE: Washington State Plan Amendment (SPA) Transmittal Number WA-19-0020

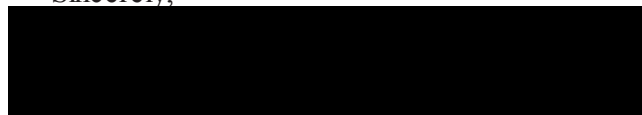
Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-19-0020. This SPA removes the detailed lists of specific covered drugs or classes of drugs and replacing the lists with references, including links, to other sources containing the information. The SPA was approved on October 9, 2019, with an effective date of January 1, 2020.

Enclosed you will find a copy of the official CMS Form 179, amended state plan pages, and a copy of the October 09, 2019, approval letter from the CMS Pharmacy Team for your records.

If there are any questions concerning this approval, please contact me or your staff may contact Maria Garza at maria.garza@cms.hhs.gov or at 206-615-2542.

Sincerely,



David L. Meacham
Deputy Director

Enclosures

CC: Ann Myers, State Plan Coordinator, HCA



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

October 9, 2019

Ms. MaryAnne Lindeblad
Medicaid Director
State of Washington
Health Care Authority
626 8th Avenue, SE
P.O. Box 45502
Olympia, Washington 98504-5502

Dear Ms. Lindeblad:

We have reviewed Washington State Plan Amendment (SPA) 19-0020 received in the Centers for Medicare and Medicaid Services (CMS) Seattle Regional Operations Group on August 26, 2019. This SPA proposes to streamline the coverage sections of the Prescribed Drugs pages in the Medicaid State Plan by removing the detailed lists of specific covered drugs or classes of drugs and replacing the lists with references containing the information.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0020 is approved with an effective date of January 1, 2020. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Washington's state plan will be forwarded by the Seattle Regional Operations Group.

If you have any questions regarding this request, please contact Lisa Shochet at (410) 786-5445 or Lisa.Shochet@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of John M. Coster.

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: David L. Meacham, Deputy Director, Seattle Regional Operations Group
Maria Garza, Seattle Regional Operations Group
Charles Agte, Program Specialist, State of Washington, Health Care Authority
Ann Myers, State Plan Coordinator, State of Washington, Health Care Authority

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
19-0020

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 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:
1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 \$0
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 32a, 32b
Attachment 3.1-B page 32a, 32b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A page 32a, 32b
Attachment 3.1-B page 32a, 32b

10. SUBJECT OF AMENDMENT:

Pharmacy Update

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:

[Redacted Signature]

16. RETURN TO:

Ann Myers
Rules and Publications
Division of Legal Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

13. TYPED NAME:

MaryAnne Lindeblad

14. TITLE:

Director

15. DATE SUBMITTED:

8-26-19

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

8/26/19

18. DATE APPROVED:

10/09/19

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/01/20

20. SIGNATURE

[Redacted Signature]

21. TYPED NAME:

David L. Meacham

22. TITLE:

Deputy Director

Date: 2019.10.16 08:03:12 -07'00'

23. REMARKS:

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

a. Prescribed Drugs (continued)

Citation

Provision

1935(d)(1)

In January 2006, the Medicaid agency ceased covering any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

1927(d)(2) and
1935(d)(2)

(a) The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.

X **The following excluded drugs are covered:**

select

(i) Agents when used for anorexia, weight loss, or weight gain as listed on the Washington Apple Health Preferred Drug List located on the agency’s website.

no

(ii) Agents when used to promote fertility

select

(iii) Agents when used for the symptomatic relief cough and colds as listed on the Washington Apple Health Preferred Drug List located on the agency’s website.

X

(iv) Prescription vitamins and mineral products, except prenatal vitamins and fluoride, for documented deficiency.

select

(v) Nonprescription (OTC) drugs when determined by the agency to be the least costly therapeutic alternative for a medically accepted indication. OTC product coverage is listed within a product’s therapeutic class on the Washington Apple Health Preferred Drug List located on the agency’s website.

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

12. a. Prescribed Drugs (continued)

none (vii) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

 No excluded drugs are covered

(b) Agents when used for cosmetic purposes or hair growth are noncovered. Exceptions for noncovered services are allowed when medically necessary and prior authorized by the state

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

12. a. Prescribed Drugs (continued)

Citation Provision

1935(d)(1) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

1927(d)(2) (a) The Medicaid agency provides coverage for the following excluded
And or otherwise restricted drugs or classes of drugs, or their medical uses to all
1935(d)(2) Medicaid recipients, including full benefit dual eligible beneficiaries under the
Medicare Prescription Drug Benefit –Part D.

X The following excluded drugs are covered:

select (i) Agents when used for anorexia, weight loss, or weight gain as listed on the Washington Apple Health Preferred Drug List located on the agency’s website.

No (ii) Agents when used to promote fertility

select (iii) Agents when used for the symptomatic relief cough and colds as listed on the Washington Apple Health Preferred Drug List located on the agency’s website.

X (iv) Prescription vitamins and mineral products, except prenatal vitamins and fluoride, for documented deficiency

select (v) Nonprescription (OTC) drugs when determined by the agency to be the least costly therapeutic alternative for a medically accepted indication OTC product coverage is listed within a product’s therapeutic class on the Washington Apple Health Preferred Drug List located on the agency’s website.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

12. a. Prescribed Drugs (continued)

none (vii) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee

 No excluded drugs are covered.

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[Back to TOC](#)