



Financial Management Group

April 16, 2020

MaryAnne Lindeblad, Director
Health Care Authority
626 8th Ave SE
Olympia, WA 98504

Reference: TN 20-0016

Dear Ms. Lindeblad:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 20-0016. This amendment proposes a COVID-19 related \$29 add-on to the daily rate for all nursing facilities. The increased reimbursement will end on the last day of the calendar quarter in which the COVID-19 declared emergency period ends.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment WA-20-0016 is approved effective February 1, 2020. The CMS-179 and the plan page are attached.

If you have any additional questions or need further assistance, please contact Betsy Pinho at 518-396-3816 or betsy.pinho@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Jeremy Silanskis". The signature is written in a cursive, flowing style.

Kristin Fan
Director

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

1. TRANSMITTAL NUMBER:
20-0016

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
February 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:
1905(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 \$~~0~~ 62,887,500 *
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-D Part 1 page 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 4.19-D Part 1 page 8

10. SUBJECT OF AMENDMENT:
Nursing Facilities Add-on Payment (during COVID-19 emergency)

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:



13. TYPED NAME:
MaryAnne Lindeblad

14. TITLE:
Director

15. DATE SUBMITTED:
3-30-2020

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

FOR REGIONAL OFFICE USE ONLY

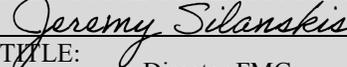
17. DATE RECEIVED: 3/30/2020

18. DATE APPROVED: 04/16/20

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
2/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Kristin Fan

22. TITLE: Director FMG

23. REMARKS:

On 4/3/2020, Washington State authorized CMS to make Pen & Ink changes to Box 7, Federal Budget Impact.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

NURSING FACILITIES AND SWING BED HOSPITALS (cont.)

Section VII. Add-on payment

An add-on payment of \$29 will be included in the daily Medicaid rate that is paid to all nursing facilities. The add-on payment will be set in a manner to capitalize on enhanced federal match assistance percentages during the national emergency declared regarding the COVID-19 virus.

This add-on payment will end on the last day of the calendar quarter in which the last day of the above referenced emergency period ends.