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,

Jeremy Silanskis
Kristin Fan
Director
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 20-0016
2. STATE Washington
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

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
   - 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):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
    - COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    - NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
    - OTHER, AS SPECIFIED: Exempt

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

17. DATE RECEIVED: 3/30/2020
18. DATE APPROVED: 04/16/20

**FOR REGIONAL OFFICE USE ONLY**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 2/1/2020
20. SIGNATURE OF REGIONAL OFFICIAL:
    Jeremy Silanskis
21. TYPED NAME: Kristin Fan
22. TITLE: Director FMG

23. REMARKS:
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.