

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 20-0028**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



---

October 23, 2020

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

Re: Washington State Plan Amendment (SPA) 20-0028

Dear Ms. Birch and Ms. Lindeblad:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to your state plan, as submitted under transmittal number (TN) 20-0028. This amendment proposes to rescind the temporary election in section 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency of the COVID-19 testing group described at 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act (the Act). The amendment also proposes to rescind the temporary allowance for hospitals to make presumptive eligibility determinations for the uninsured individuals under the same COVID-19 testing group.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, and because the state has not yet implemented the COVID-19 testing group and no individuals have been enrolled for coverage, TN 20-0028 is approved effective March 18, 2020, pursuant to 42 CFR 430.20(b)(3).

Please note that if Washington State wishes to cover the COVID-19 testing group after it is removed from the state plan, you may submit a new Medicaid Disaster Relief for the COVID-19 National Emergency SPA at any time during the public health emergency.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Betsy Conklin at 206-615-2357 or by email at [Elizabeth.Conklin@cms.hhs.gov](mailto:Elizabeth.Conklin@cms.hhs.gov) if you have any questions about this approval.

Sincerely,

Alissa Mooney DeBoy  
Acting Deputy Director  
Center for Medicaid & CHIP Services

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>20-0028</b>	2. STATE Washington
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	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 <del>July 1, 2020</del> March 18, 2020	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

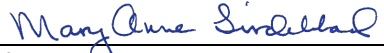
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <del>Sections 1135(b) and 1902 of the Social Security Act</del> 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act (SSA); Title XIX of the SSA	7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$0 b. FFY 2021 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 7.4.A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <del>Section 7.4.A</del> N/A

10. SUBJECT OF AMENDMENT:  
Medicaid Disaster Relief for the COVID-19 National Emergency Addendum

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: 	16. RETURN TO: Ann Myers Rules and Publications Division of Legal Services Health Care Authority 626 8 <sup>th</sup> Ave SE MS: 42716 Olympia, WA 98504-2716
13. TYPED NAME: MaryAnne Lindeblad	
14. TITLE: Director	
15. DATE SUBMITTED: 9/30/2020	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: September 30, 2020	18. DATE APPROVED: October 23, 2020
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 18, 2020	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Alissa Mooney DeBoy	22. TITLE: Acting Deputy Director Center for Medicaid & CHIP Services

23. REMARKS:

On 10/15/20, the state requested the following P&I changes to the form 179:

- In box 4, change the effective date to March 18, 2020
- In box 6, remove the reference to 1135(b) and add to 1902(a) “(10)(A)(ii)(XXIII) of the Social Security Act”
- In boxes 8 and 9, remove “A” so the reference is to “7.4”

On 10/21/20, the state authorized P&I changes on the form 179 to revert box 8 to “Section 7.4.A” and change box 9 to “N/A”.  
 On 10/21/20, the state also authorized a P&I change to the form 179 to add Title XIX of the Social Security Act to box 6.

State/Territory: WASHINGTON

#### **7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency**

Effective March 18, 2020, the agency rescinds the following which were approved on April 24, 2020, in SPA WA 20-0014:

- Election at A.1. to furnish medical assistance to the optional eligibility group described at section 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act.
- Election of B.1. to allow hospitals to make presumptive eligibility determinations for the uninsured individuals described at section 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act.