DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: **21-0011**

2. STATE: Washington

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
October 1, 2021

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) & 1915(k) of the Social Security Act; Title 42 Part 441 CFR

7. FEDERAL BUDGET IMPACT:
a. FFY 2022 $42,603,000
b. FFY 2023 $54,435,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 65
Attachment 3.1-K pages 2, 6, 6a (new)
Attachment 4.19-B pages 31, 32, 46, 48, 49

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 3.1-A page 65
Attachment 3.1-K pages 2, 6
Attachment 4.19-B pages 31, 32, 46, 48, 49

10. SUBJECT OF AMENDMENT:

Consumer Directed Employer

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:
MaryAnne Lindeblad

13. TYPED NAME:
MaryAnne Lindeblad

14. TITLE:
Medicaid Director

15. DATE SUBMITTED:
03-30-2021

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:
3/30/2021 (initial submission)
7/1/2021 (submission of response to formal RAI)
9/9/2021 (resubmission of response to formal RAI)

18. DATE APPROVED: 9/16/2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2021

20. SIGNATURE OF REGIONAL OFFICIAL:
George P. Failla Jr -S
Digitally signed by George P. Failla Jr -S
Date: 2021.09.16 13:30:56 -04'00'

21. TYPED NAME: George P. Failla, Jr.

22. TITLE: Acting Division Director, DHCBSO

23. REMARKS:
5/26/21: State authorized P&I change to Box 8 and 9.
6/3/21: State authorized P&I change to Box 7.
8/17/21: State authorized P&I change to Box 8.