

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 25, 2022

Susan Birch, Director
Dr. Charissa Fotinos, Acting Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) WA-22-0002

Dear Ms. Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-22-0002. This amendment proposes to add information regarding nurse midwife services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Washington Medicaid SPA WA-22-0002 was approved on January 25, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Ann Myers-ann.myers@hca.wa.gov

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

| | |
|---|--|
| 1. TRANSMITTAL NUMBER _____ | 2. STATE _____ |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI | |
| 4. PROPOSED EFFECTIVE DATE | |
| 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ _____ | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT _____ | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) _____ |

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. SUBJECT OF AMENDMENT

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME

13. TITLE

14. DATE SUBMITTED
January 12, 2022

15. RETURN TO

FOR CMS USE ONLY

| | |
|---------------------------------------|---------------------------------------|
| 16. DATE RECEIVED January 12, 2022 | 17. DATE APPROVED January 25, 2022 |
|---------------------------------------|---------------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|--|--|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022 | 19. SIGNATURE OF APPROVING OFFICIAL |
| 20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes | 21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations |

22. REMARKS

1/12/22: State authorizes the following P&I changes to box 14 of the 179 form:
-Date Submitted: Changed to January 12, 2022

1/19/22: State authorizes the following P&I changes to box 7 & 8 of the 179 form:
-Revised Spa Page: Removal of Attachment 3.1-B pg 57a

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

17. Nurse midwife services

Nurse midwife services within the scope of practice in accordance with state law are covered.