

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

June 3, 2025

MaryAnne Lindeblad, Director
Dr. Charissa Fotinos, State Medicaid Director
Washington State Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) Transmittal Number - 25-0003-A

Dear Director Lindeblad and Dr. Fotinos:

Enclosed please find a corrected approval package for your Washington State Plan Amendment (SPA) submitted under transmittal Number (TN) WA-25-0003-A. This SPA was submitted as part of the Consolidated Appropriations Act, 2023 (CAA, 2023), Section 5122, which addresses Medicaid and CHIP requirements for certain Medicaid and CHIP eligible juvenile beneficiaries who are pending disposition of charges.

The approval package sent to Washington included the following errors:

- Incorrect federal statute in box 5 of the Form CMS-179 and reference in the approval letter.
- Incorrect subject of the amendment in box 9 of the Form CMS-179.

The state has authorized a Pen and Ink changes to the Form CMS-179 accurately reflect the correct citation in the approval package.

The enclosed corrected package contains the corrected approval letter, the corrected Form CMS-179, and the approved SPA pages.

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

Sincerely,

**Shantrina
Roberts**

Digitally signed by
Shantrina Roberts
Date: 2025.06.03
13:02:57 -04'00'

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures cc: Ann Myers, Section Manager & State Plan Coordinator, Health Care Authority

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

June 3, 2025

MaryAnne Lindeblad, Director
Dr. Charissa Fotinos, State Medicaid Director
Washington State Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) – 25-0003-A

Dear Director Lindeblad and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003-A. This amendment was submitted as part of the Consolidated Appropriations Act, 2023 (CAA, 2023), Section 5122, which addresses Medicaid and CHIP requirements for certain Medicaid and CHIP eligible juvenile beneficiaries who are pending disposition of charges.

We conducted our review of your submittal according to statutory requirements in Section 1905 of Title XIX of the Social Security Act (The Act). This letter informs you that Washington's Medicaid SPA TN WA-25-0003-A was approved on May 30, 2025, with an effective date of July 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Washington State Plan.

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

Sincerely,

**Shantrina
Roberts**

Digitally signed by
Shantrina Roberts
Date: 2025.06.03
13:04:08 -04'00'

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Ann Myers, Section Manager & State Plan Coordinator, Health Care Authority

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 3A

2. STATE

WA3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(9) of the Social Security Act; 42 CFR 440.90

Paragraph (A) following the last numbered paragraph of section 1905(a) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 2,385b. FFY 2026\$ 9,545

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-M page 3 (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

NA

9. SUBJECT OF AMENDMENT

Reentry TCM Services for Incarcerated Juveniles - Pre-release
for Incarcerated Juveniles - Pre-release

Section 5122 of the Consolidated Appropriations Act, 2023 Reentry TCM Services

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

Charissa Fotinos MD, MSc

13. TITLE

Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED

March 31, 2025

15. RETURN TO

State Plan Coordinator

POB 42716

Olympia, WA 98504-2716

FOR CMS USE ONLY

16. DATE RECEIVED

March 31, 2025

17. DATE APPROVED

May 30, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL **Shantrina
Roberts**Digitally signed by
Shantrina Roberts
Date: 2025.06.03
13:04:24 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

5/30/25: State authorizes the following pen and ink change:

- Box 5: Remove the existing citations and add: "Paragraph (A) following the last numbered paragraph of section 1905(a) of the Act"
- Box 9: Add to the beginning of the existing title "Section 5122 of the Consolidated Appropriations Act, 2023"

**Optional Coverage for Eligible Juveniles
Who are Inmates of a Public Institution
Pending Disposition of Charges**

State/Territory: Washington

Consistent with subdivision (A) following the last paragraph of section 1905(a) of the Social Security Act (the Act), optional coverage for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) while such individuals are inmates of a public institution, pending disposition of charges. For Medicaid beneficiaries under the age of 21, this includes all medically necessary section 1905(a) services provided in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements as outlined in section 1905(r) of the Act, and any additional services as covered in the state plan, waiver of such state plan, and/or 1115 demonstration project for which a beneficiary is entitled. For former foster care youth ages 21-26, this includes all Medicaid mandatory and optional benefits provided to adults in the state plan, waiver of such state plan, and/or 1115 demonstration project for which a beneficiary is entitled. (check below)

☒ The state assures it is electing the option and provides such coverage.

Additional Information (Optional):

The coverage effective date is 07/01/25.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services for states implementing Section 5122 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 22 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: WA-25-0003-A
Supersedes TN: NEW

Approval Date: May 30, 2025
Effective Date: July 1, 2025