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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 <u>Elizabeth.Conklin@cms.hhs.gov</u> if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S
Date: 2020.10.23
10:19 06 -04'00'

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL. (Check One): □ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT Generate Transmittal for each amendment COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT Generate Transmittal for each amendment 6. FEDERAL STATUTE RECULATION CITATION: Sections 113(b) and 1902 of the Social Security Act* 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7.4.A 10. SUBJECT OF AMENDMENT: Medicaid Disaster Relief for the COVID-19 National Emergency Addendum 11. GOVERNOR'S REVIEW (Check One): □ GOVERNOR'S REVIEW (Check One): □ GOVERNOR'S GOFFICE EPROCEED NO COMMENT □ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: AIN MYETS ALTITLE: Health Care Additions Division of Legal Services Health Care Additions 15. DATE SUBMITTED: 9/30/2020 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: SCHOOL PLAN APPROVED ONC COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: Olympia. WA 98504-2716 9/30/2020 PLAN APPROVED ONC COPY ATTACHED 19. EFFECTIVE MATER AGENCY DEBOY 21. TYPED NAME: AINS MOONEY DEBOY 22. TITLE: Cottober 23, 2020 PLAN APPROVED ONC COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 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, temove the reference to 113(b) and add to 1902(a) "(10)(4)(ii)(XXIII) of the Social Security Act" - In box 4, change the effective date to March 18, 2020 - In box 6, temove the reference to 113(b) and add to 1902(a) "(10)(4)(ii)(XXIII) of the Social Security Act" - On 10/21/20, the state abundance ap	HEALTH CARE FINANCING ADMINISTRATION		OIVIB NO. 0938-0193	
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19. EFFECTIVE DATE OF APPROVED MATERIAL: March 18, 2020 21. TYPED NAME: Alissa Mooney DeBoy 22. TITLE: Acting Deputy Director of 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".		E COPY ATTACHED		
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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.

TN# 20-0028 Effective Date: <u>03/18/2020</u>
Supersedes TN#: New Approval Date: <u>10/23/2020</u>