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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
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 if you have any questions about this approval.

Sincerely,

Alissa M. 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 20-0028

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2020 – 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:
Sections 1135(b) and 1902 of the Social Security Act
1902(a)(10)(A)(ii)(XXIII) of the Social Security Act (SSA); Title XIX of the

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):
Section 7.4.A 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
    ☐ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
    ☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
    Alissa Mooney DeBoy

14. TITLE:
    Director

15. DATE SUBMITTED:
    9/30/2020

FOR REGIONAL OFFICE USE ONLY

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

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:
    Alissa Mooney DeBoy
    Date: 2020.10.23

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.
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.