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State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

November 21, 2018

Susan Birch, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number WA-18-0020

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number WA-18-0020. This SPA amends the state plan to reflect that prior authorization may be required for prosthetic devices. Previously, prior authorization was required for all prosthetic devices, including hearing aides.

This SPA is approved on November 15, 2018, with the effective date January 1, 2019. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Betsy Conklin at Elizabeth.Conklin@cms.hhs.gov or at 206-615-2357.

Sincerely,

A large black rectangular box redacting the signature of the Associate Regional Administrator.

Associate Regional Administrator

Enclosure

cc:
Myra Davis, HCA
Robin Brake, HCA

Page 2 – Ms. Birch and Ms. Lindeblad

Jean Gowen, HCA

Josh Morse, HCA

Katherin Bellrose, HCA

Tonja Nichols, HCA

Ann Myers, HCA

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
18-0020

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
January 1, 2019

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:
Section 1905(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. ~~FFY 2018 \$0~~ FFY 2019 \$1,681,298
b. ~~FFY 2019 \$0~~ FFY 2020 \$2,224,220

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 33
Attachment 3.1-B page 33

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A page 33
Attachment 3.1-B page 33

10. SUBJECT OF AMENDMENT

Adult Hearing Aids – Remove Prior Authorization Requirement for All Prosthetics, Including Hearing Aids

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:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

11-6-18

16. RETURN TO:

Ann Myers
Office of 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: 11/6/18

18. DATE APPROVED: 11/15/18

PLAN APPROVED – ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

11/7/18-State authorizes a P&I change to block #7

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

12. b. Dentures

These services have been moved under "Dental Services" based on CMS recommendation.

12. c. Prosthetic devices

- Prior approval may be required
- Hearing aids provided on the basis of minimal decibel loss

12. d. Eyeglasses (Included under "Optometrists' Services", section 6.b.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF CARE AND SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

12. b. Dentures

These services have been moved under "Dental Services" based on CMS recommendation.

12. c. Prosthetic devices

- Prior approval may be required
- Hearing aids provided on the basis of minimal decibel loss

12. d. Eyeglasses (Included under "Optometrists' Services", section 6.b.)