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State/Territory Name: Washington

State Plan Amendment (SPA) #: 20-0009

This file contains the following documents in the order listed:

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

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 9, 2020

Susan Birch, Director
MaryAnne Lindeblad, Medicaid Director
P.O. Box 45502
Olympia, WA 98504-5010

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number WA 20-0009.

In response to the coronavirus pandemic, the Families First Coronavirus Response Act (FFCRA) was signed into law (Pub. L. 116-127). The FFCRA authorizes a temporary 6.2 percentage point increase to each qualifying state Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act. States may claim this enhanced FMAP for expenditures beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency is declared by the Secretary of Health and Human Services. However, in order to qualify for the enhanced FMAP, states need to meet certain requirements in section 6008 of the FFCRA. Under section 6008(b)(2) and (b)(3) of the FFCRA, states cannot increase premiums for any beneficiary above the amounts assessed on January 1, 2020 and may not terminate individuals for failure to pay premiums.

This SPA establishes a new premium for a new eligibility group, described at section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act. Because the premium is associated with an expansion of eligibility, the establishment of this new premium does not violate the requirements in section 6008(b)(2) of the FFCRA. Nonetheless, the state has indicated it will be suspending premiums for this group consistent with its disaster SPA #20-0014. Once CMS notifies the states that the public health emergency has ended and states can no longer claim enhanced FMAP, then the state can resume premium assessments for this eligibility group.

This SPA is approved on June 1, 2020, with an effective date of January 1, 2020. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Nikki Lemmon at (303) 844-2641 or at Nicole.lemmon@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc:

Ann Myers, SPA Coordinator

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

1. TRANSMITTAL NUMBER:
20-0009

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, 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:
1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 \$0
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.6-A page 12m

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 2.6-A page 12m

10. SUBJECT OF AMENDMENT:

Premiums for BBA Eligibility Group

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:
MaryAnne Lindeblad

14. TITLE:
Director

15. DATE SUBMITTED:
3-27-2020

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

FOR REGIONAL OFFICE USE ONLY

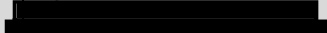
17. DATE RECEIVED: 3-27-2020

18. DATE APPROVED: 6-1-2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1-1-2020

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:
James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act	<p data-bbox="568 441 1435 472">Payment of Premiums or Other Cost Sharing Charges</p> <p data-bbox="665 535 1435 598">For individuals eligible under the BBA eligibility group described in No. 23 on page 23e of Attachment 2.2-A:</p> <p data-bbox="665 619 1435 777"><u>X</u> The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:</p> <p data-bbox="755 808 1435 1018">The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.</p> <p data-bbox="755 1050 1435 1144">The premiums or other cost-sharing charges, and how they are applied, are described in Attachment 2.6-A page 12o.</p>

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