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State/Territory Name: Washington

State Plan Amendment (SPA) #: 20-0033

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

January 5, 2021

MaryAnne Lindeblad
Medicaid Director
Washington State Health Care Authority
P.O. Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) 20-0033

Dear Ms. Lindeblad:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 20-0033 effective for services on or after August 1, 2020. The purpose of this SPA is to remove an add-on payment rate. Washington submitted Medicaid State Plan Amendment (SPA) 20-0033 in order to remove language regarding an add-on rate related to enhanced match due to COVID-19.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act. We hereby inform you that Medicaid State plan amendment 20-0033 is approved effective August 1, 2020. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For
Rory Howe
Acting Director

Enclosure

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

NURSING FACILITIES AND SWING BED HOSPITALS (cont.)

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