

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 23-0024**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 29, 2023

Susan Birch, Director  
Dr. Charissa Fotinos, Medicaid Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) Transmittal Number 23-0024

Dear Susan Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-23-0024. This amendment reflects the appointment of Dr. Charissa Fotinos as the state's Medicaid Director, in the Washington State Health Care Authority, which is the single state agency.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Washington state Medicaid SPA TN 23-0024 was approved on June 29, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James G.  
Scott -S  
Date: 2023.06.29 10:20:12  
-05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: [Ann Myers-ann.myers@hca.wa.gov](mailto:Ann.Myers-ann.myers@hca.wa.gov)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 3 — 0 0 2 4 2. STATE WA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**April 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
1902(a) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 0  
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Numbered Page 89

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Numbered Page 89

9. SUBJECT OF AMENDMENT  
State Governor's Review - Appointment of Medicaid Director

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted Signature] MD, MSc

12. TYPED NAME  
Charissa Fotinos MD, MSc

13. TITLE  
Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED  
June 26, 2023

15. RETURN TO  
State Plan Coordinator  
POB 42716  
Olympia, WA 98504-2716

**FOR CMS USE ONLY**

16. DATE RECEIVED  
June 26, 2023

17. DATE APPROVED  
June 29, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
April 1, 2023

19. SIGNING OFFICIAL  
[Redacted Signature]  
Digitally signed by James G. Scott -S  
Date: 2023.06.29 10:20:38 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS

REVISION:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

Citation

7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the office of the Governor to review the State plan amendments, long range program planning projections, and other periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

/X/ Not applicable. The Governor –

/X/ Does not wish to review any plan material

/ / Wishes to review only the plan materials specified in the enclosed document:

I hereby certify that I am authorized to submit this plan on behalf of:

THE WASHINGTON STATE HEALTH CARE AUTHORITY  
(Designated Single State Agency)

Date: June 26, 2023

*Charissa Fotinos MD, MSc*  
(Signature)

Charissa Fotinos, MD, MSc, Medicaid and Behavioral Health Medical Director  
Washington State Health Care Authority  
(Title)