

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 23-0044**

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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October 27, 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 23-0044

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-23-0044. This amendment will update the section of the Medicaid State Plan that ensures compliance and enforcement for Intermediate Care Facilities for People with Developmental Disabilities (ICF/IID).

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's Medicaid SPA WA-23-0044 was approved on October 27, 2023, with an effective date of July 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 redacts the signature of James G. Scott. A small blue circular mark is visible below the box.

Digitally signed by James  
G. Scott -S  
Date: 2023.10.27 17:38:11  
-05'00'

James G. Scott, Director  
Division of Program Operations

cc: Ann Myers, Section Manager & State Plan Coordinator, Health Care Authority

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 4 4

2. STATE

WA3. 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

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

1902(a) of the Act; 1919(h) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Numbered Page 79c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Numbered Page 79c (TN# 90-4)

9. SUBJECT OF AMENDMENT

Update Cross-Reference for ICF/IID Compliance

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

 MD, MSC

12. TYPED NAME

Charissa Fotinos, MD, MSC

13. TITLE

Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED

September 7, 2023

15. RETURN TO

State Plan Coordinator

POB 42716

Olympia, WA 98504-2716

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 7, 2023

17. DATE APPROVED

October 27, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S  
Date: 2023.10.27 17:39:00 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

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

State/Territory: WASHINGTON

Citation

1919(h)(1)  
and (2)  
of the Act,  
P.L. 100-203

4.35 Remedies for Skilled Nursing and Intermediate Care  
Facilities that do not Meet Requirements of Participation

(a) The Medicaid agency meets the requirements of Section 1919(h)(2)(A) through (D) of the Act concerning remedies for skilled nursing and intermediate care facilities that do not meet one or more requirements of participation. ATTACHMENT 4.35-A describes the criteria for applying the remedies specified in section 1919(h)(2)(A)(i) through (iv) of the Act.

/ / Not applicable to intermediate care facilities;  
these services are not furnished under this plan.

/X/ (b) The agency uses the following remedy(ies):

- (1) Denial of payment for new admissions.
- (2) Civil money penalty.
- (3) Appointment of temporary management.
- (4) In emergency cases, closure of the facility and/or transfer of residents.

/X / (c) The agency establishes alternative State remedies to the specified Federal remedies(except for termination of participation).ATTACHMENT 4.35-H describes these alternative remedies and specifies the basis for their use.

/ / (d) The agency uses one of the following incentive programs to reward skilled nursing or intermediate care facilities that furnish the highest quality care to Medicaid residents:

/ / (1) Public recognition

/ / (2) Incentive payments.