

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 23-0020**

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 26, 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 23-0020

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-23-0020. This amendment was submitted to comply with requirements regarding methods and procedures to safeguard against unnecessary utilization of care and services.

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-23-0020 was approved on October 25, 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 redaction box covers the signature area. A blue circular mark is visible to the left of the box.

Digitally signed by James G. Scott -5  
Date: 2023.10.26 12:03:44 -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 <u>2 3 — 0 0 2 0</u>	2. STATE <u>WA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> 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

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 46, ~~50a~~-50

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Numbered Page 46, ~~50a~~-----TN# (03-015)  
50 TN(03-015)

9. SUBJECT OF AMENDMENT  
~~Unnecessary Use of Care~~ Unnecessary Use of Care and Services

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. SENDING OFFICIAL  
[Redacted] MD, MSc

12. TYPED NAME  
Charissa Fotinos, MD, MSc

13. TITLE  
Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED  
August 1, 2023

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

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>August 1, 2023</u>	17. DATE APPROVED <u>October 25, 2023</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2023</u>	19. SIGNATURE OF APPROVING OFFICIAL <u>[Redacted]</u> Digitally signed by James G. Scott -S Date: 2023.10.26 12:04:13 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

**8/29/23: State authorizes the following pen and ink changes:**

- **Block 7: Replace page "50a" with page "50".**
- **Block 8: Add the underlined information to "Numbered Page 46" (TN# 03-015) ; replace Numbered Page "50a" with "50" and add "(TN# 03-015)"**

**10/24/23: State authorizes pen and ink change to modify box 9 to read as "Unnecessary Use of Care and Services".**

REVISION: HCFA-PM-91-10 (MB)  
December 1991

EQRO

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

State/Territory: WASHINGTON

Citation	4.14	Utilization/Quality Control
42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)	(a)	<p>A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:</p> <p><u>X</u> Directly</p> <p>_____ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —</p> <p>(1) Meets the requirements of §434.6(a):</p> <p>(2) Includes a monitoring and evaluation plan to ensure satisfactory performance;</p> <p>(3) Identifies the services and providers subject to PRO review;</p> <p>(4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and</p> <p>(5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.</p>
1932(c)(2) and 1902(d) of the ACT, P.L. 99-509 each (section 9431)	<u>X</u>	A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E for managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation

REVISION: HCFA-PH-85-3 (BERC)  
May 1985

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

State/Territory: WASHINGTON

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

- 4.14 (e) /X/ The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
- / / Facility-based review.
  - / / Direct review by personnel of the medical assistance unit of the State agency.
  - / / Personnel under contract to the medical assistance unit of the State agency.
  - / / Utilization and Quality Control Peer Review Organizations.
  - / / Another method as described in ATTACHMENT 4.14-A.
  - /X/ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
  - / / Not applicable. Intermediate care facility services are not provided under this plan.
- (f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a) (30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:
- / / A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
  - / / A private accreditation body.
  - /X/ An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.