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State/Territory Name: Washington

State Plan Amendment (SPA) #: 19-0016

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 179 Form
 Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



Financial Management Group

September 19, 2019

Susan Birch, Director MaryAnne Lindeblad, Medicaid Director Health Care Authority 626 8th Avenue SE Post Office Box 45502 Olympia, Washington 98504-5502

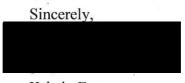
RE: State Plan Amendment (SPA) WA-19-0016

Dear Ms. Birch and Ms. Lindeblad:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 19-0016. This amendment establishes a new cost-based per diem rate for tribal nursing facility services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended approved plan page.

If you have any questions, please call Tom Couch at (208) 861-9838.



Kristin Fan Director

cc: Hamilton Johns Tom Couch

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-0016	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 July 1, 2019	
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 AME	ENDMENT (Separate Transmittal for eac	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1902(a) of the Social Security Act	a. FFY 2019 \$1,138,000 \$779,47	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	 b. FFY 2020 \$2,174,000 \$3,100,9 9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable, 	SEDED PLAN SECTION
Attachment 4.19-D, Part 1, Page 23 (new)	or minimizer (i) approace,	
	N/A	
10. SUBJECT OF AMENDMENT:		
Tribal Nursing Facility Rates		с алы ст. 1 ⁰ г.
11. 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 SPEC	CIFIED: Exempt
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	5
	Ann Myers	
13. TYPED NAME:	Rules and Publications	
MaryAnne Lindeblad	Division of Legal Services	
14. TITLE:	Health Care Authority	
Director	626 8 th Ave SE MS: 42716	
15. DATE SUBMITTED: 6-28-19	Olympia, WA 98504-2716	
6-20 · 7 FOR REGIONAL OI	FFICE USE ONLY	
17. DATE RECEIVED:		1 9 2019
PLAN APPROVED – ON	IE COPY ATTACHED	2
19. EFFECTIVE DATE OF APPROVED MATOR A2019	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: Kristin Fan	22. TITLE: Director, FMC	Â
23. REMARKS:		
9/13/19-State authorized a P&I change to block 9		

ATTACHMENT 4.19-D, Part 1 Page 23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

NURSING FACILITIES AND SWING BED HOSPITALS

Tribal Nursing Facilities

Payment for nursing homes will be on a per patient, per day rate. The rate negotiated with tribes for calendar year 2019 is \$639.57. This 2019 rate will be adjusted annually based on the percentage increase or decrease of the inpatient hospital per diem rate published each year in the Federal Register by the U.S. Department of Health and Human Services' Indian Health Service, under the authority of Sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. §§ 248 and 249(b)), Public Law 83-568 (42 U.S.C. § 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. § 1601 et seq.). On and after July 1, 2029, the rate will be reduced by the portion of the rate related to building a new facility (which is \$73.27 for calendar year 2019), as adjusted from 2020 through 2029 in accordance with this paragraph.

The rate applies to nursing homes of the Indian Health Service (IHS) which includes, at the option of the tribe, nursing homes operated by a tribe or tribal organization and funded by Title I or V of the Indian Self Determination and Education Assistance Act (also known as Tribal nursing homes).

TN# 19-0016 Supersedes TN# NEW Approval Date SEP 19 2019

Effective Date 07/01/19

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