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State/Territory Name: Washington

State Plan Amendment (SPA) #: 23-0017

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



August 3, 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 23-0017

Dear Susan Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-23-0017. This amendment proposes to temporarily modify the increased supplemental payments for Small Rural Disproportionate Share Hospitals (SRDSH) that were originally approved in Disaster Relief SPA WA-21-0038 with the following modifications: Effective April 1, 2023, this SPA will gradually decrease the enhanced supplemental payments through December 31, 2023.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Washington's Medicaid SPA Transmittal Number 23-0017 is approved effective 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.

Sincerely,

Courtney L.
Miller -S

Digitally signed by
Courtney L. Miller -S
Date: 2023.08.03
06:16:25 -05'00'

Courtney Miller
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: 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 <u>2 3</u> — <u>0 0 1 7</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
April 1, 2023

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 1,110,793
b. FFY 2024 \$ 506,771

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 7.4.C page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 7.4.C page 1 NEW

9. SUBJECT OF AMENDMENT
Supplemental Payments for Small Rural Disproportionate Hospitals Post-PHE Unwind

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL
Charissa Fotinos MD, MSc

12. TYPED NAME
Charissa Fotinos MD, MSc

13. TITLE
Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED
June 20, 2023

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

FOR CMS USE ONLY

16. DATE RECEIVED
June 20, 2023

17. DATE APPROVED
August 3, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL
Courtney Miller -S
Digitally signed by Courtney L. Miller
Date: 2023.08.03 06:16:48 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
Courtney Miller

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

22. REMARKS

7/27/23-The state authorizes P&I change to BOX 8.

Section 7 – General Provisions

7.4.C Temporary Policies to the Disaster Relief Policies for the COVID-19 National Emergency

Effective April 1, 2023, through December 31, 2023, the agency temporarily extends the following election(s) of section 7.4 (approved on 02/22/2022 in SPA Number WA-21-0038) of the state plan with modifications:

Section E – Payments

Increases to state plan payment methodologies:

2. X agency increases payment rates for the following services:

Small Rural Disproportionate Share Hospital (SRDSH) Program

b. Payments are increased through:

i. X A supplemental payment or add-on within applicable upper payment limits:

Please describe.

Fee-for-service supplemental small rural disproportionate share hospital (SRDSH) payments are increased to account for the enhanced Federal match due to the Covid Public Health Emergency.

Effective April 1, 2023, through December 31, 2023, SRDSH payments will be enhanced at the following percentages such that total payment will equal the non-federal share of payments based on Washington maintaining its level of effort (i.e., the same commitment of non-federal share funds) plus applicable federal matching funds:

- April 1, 2023, through June 30, 2023: 55.0%
- July 1, 2023, through September 2023: 52.5%
- October 1, 2023, through December 31, 2023: 51.5%