

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 23-0016**

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 23-0016

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-23-0016. This amendment proposes to temporarily modify the increased supplemental payments for inpatient and outpatient services originally approved in Disaster Relief SPA WA-21-0036 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 WA-23-0016 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](mailto:Edwin.Walaszek1@cms.hhs.gov).

Sincerely,

Courtney L.  
Miller -S

Digitally signed by  
Courtney L. Miller -S  
Date: 2023.08.03  
06:14:54 -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](mailto: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 1 6

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 \$ 5,034,474  
b. FFY 2024 \$ 950,915

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 7.4.C page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 7.4.C page 2-NEW

9. SUBJECT OF AMENDMENT

Inpatient & Outpatient Supplemental Payments Post-PHE Unwind (Safety Net Assessment Fund)

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

*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 L. Miller -S*  
Miller -S  
Date: 2023.08.03  
06:15:16 -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 11/10/2021 in SPA Number WA-21-0036) of the state plan with modifications:*

**Payments**

19.  X  The agency increases payment rates for the following services:

j. Payments are increased through:

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

*Please describe.*

Fee-for-service supplemental payments for inpatient and outpatient hospital services is increased to account for the enhanced Federal match due to the Covid Public Health Emergency.

Effective April 1, 2023, through December 31, 2023, supplemental payments are paid for inpatient and outpatient Medicaid services not to exceed the upper payment limit as determined by available federal financial participation for fee-for-service claims. The supplemental payment is based on the distribution amount mandated by the legislature to the following hospital categories as defined in RCW 74.60.010:

- Prospective payment hospitals other than psychiatric or rehabilitation hospitals
- Psychiatric hospitals
- Rehabilitation hospitals
- Border hospitals

Payments described above 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 available federal matching funds:

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