DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

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.

Sincerely,

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 23 — 0044

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
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 $ 0
b. 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*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
Charissa Fotinos 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
James G. Scott
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

REVISION: HCFA-PM-90-2 (BPD) OMB No.: 0938-0193
January 1990

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

State/Territory: WASHINGTON

Citation			
	4.35		Remedies for Skilled Nursing and Intermediate Care Facilities that do not Meet Requirements of Participation
1919(h)(1) and (2) of the Act, P.L. 100-203		(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 section1919(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.