

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



Susan Birch
Assistant Secretary
Medical Assistance Administration
Health Care Authority
P.O. Box 45502
Olympia, Washington 98504-5500

10/01/2023

Dear Sir or Madam:

ANNUAL GRANT AWARD PILOT PROJECT

INITIAL

SEE FUNDING RESTRICTION ATTACHMENT

The grant awards listed below have been approved for federal funding for allowable Medicaid expenditures incurred by your State during the period 10/01/2023 - 09/30/2024 under Appropriation 75X0512 Centers for Medicare & Medicaid Services.

| | |
|------------------------------------|------------------------|
| Medical Assistance Payments | \$3,792,865,944 |
| Administration Payments | \$131,554,616 |
| Total Grant Awards | \$3,924,420,560 |

The above listed grant award provides federal funds for matching state expenditures made in accordance with your Medicaid State Plan approved under Title XIX of the Social Security Act (Act). Computation of the awards is shown on the enclosed statement. This grant award includes federal funds authorized under section 6008 of the Families First Coronavirus Response Act (FFCRA) of 2020, as amended by section 5131 of subtitle D of title V of division FF of the Consolidated Appropriations Act, 2023 (CAA, 2023) (P.L. 117-328), enacted December 29, 2022. Until March 31, 2023, section 6008 of the FFCRA provided a temporary increase of 6.2 percentage points in the federal medical assistance percentage (FMAP) determined under section 1905(b) of the Act for each state that met conditions specified in section 6008 of the FFCRA (as that section was worded prior to the changes made by the CAA, 2023).

Starting April 1, 2023, the conditions for receiving the FFCRA temporary FMAP increase change, as does the amount of the increase. Under the changes made by the CAA, 2023, the expiration of the continuous enrollment condition at FFCRA section 6008(b)(3) and the availability of the temporary FMAP increase will no longer be linked to the end of the COVID-19 Public Health Emergency (PHE). The continuous enrollment condition will end on March 31, 2023, and the FFCRA's temporary FMAP increase will be gradually phased down beginning April 1, 2023, and will end on December 31, 2023. Described below are the conditions for receiving the temporary FMAP increase. Some of these conditions from the FFCRA will continue to apply through December 31, 2023: 6008(b)(1), section 6008(b)(4), and 1905(cc) of the Social Security Act (as amended by FFCRA section 6008(c)). The condition at FFCRA section 6008(b)(2), related to premium increases, will change for quarters beginning on or after April 1, 2023. In addition, new conditions will apply under FFCRA section 6008(f) for quarters in the period beginning April 1, 2023 and ending December 31, 2023, as summarized under item 4 below. For additional details see State Health Official (SHO) Letter #23-002, at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23002.pdf>.

The FFCRA temporary FMAP increase available for each qualifying state and territory during the phase-down period is as follows:

- April 1, 2023 – June 30, 2023 (quarter 3 of fiscal year (FY) 2023), 5 percentage points;
- July 1, 2023 – September 30, 2023 (quarter 4 of FY 2023), 2.5 percentage points; and
- October 1, 2023 – December 31, 2023 (quarter 1 of FY 2024), 1.5 percentage points.

With the acceptance of these awards, you agree to be responsible for limiting the drawing of federal funds so as to minimize federal cash on hand in accordance with policies established in Treasury Circular 1075 (Revised), and procedures established by the Department of Health and Human Services. You also agree to submit timely reports as required. Withdrawals of federal funds are not to exceed the individual programmatic grant awards shown above. You also are required to provide for effective control over the accountability for all federal funds as stated in Office of Management and Budget Circular No. 1075 (Revised). Failure to adhere to the above requirements may cause the unobligated portion of your letter-of-credit to be revoked. Part 75, Title 45, Code of Federal Regulations implements these circulars for this Department.

With the acceptance of this grant award and draw of such funds from the Payment Management System subaccount,

you are attesting that the state/territory is in compliance with all federal requirements, including that the state/territory meets all applicable conditions for receiving the FFCRA temporary FMAP increase, subject to expenditure review. By way of amplification and not limitation, you specifically agree and attest that the following conditions for any increased federal matching funds claimed for quarter 3 or 4 of FY 2023 or quarter 1 of FY 2024 (that is, for any quarter in the period beginning April 1, 2023, and ending December 31, 2023) pursuant to section 6008 of the FFCRA, as amended, are met:

- 1) Your state/territory is eligible for any increased FMAP claimed pursuant to section 6008 of the FFCRA, as amended, because your Medicaid eligibility standards, methodologies, or procedures in effect during the relevant quarter are no more restrictive than those in effect under the Medicaid State Plan (or any waiver or section 1115 demonstration project) on January 1, 2020 (Section 6008(b)(1) of the FFCRA).
- 2) Your state/territory is eligible for any increased FMAP claimed pursuant to section 6008 of the FFCRA, as amended, because the amount of any premium imposed by the state/territory pursuant to section 1916 or 1916A of the Act during the relevant quarter does not exceed the amount of such premium as of January 1, 2020 (Section 6008(b)(2) of the FFCRA).
- 3) Your state/territory is eligible for any increased FMAP claimed pursuant to section 6008 of the FFCRA, as amended, because the state/territory provides coverage under the Medicaid State Plan (or waiver or section 1115 demonstration project), without the imposition of cost sharing, during the relevant quarter, for any testing services and treatments for COVID-19, including vaccines, specialized equipment, and therapies (Section 6008(b)(4) of the FFCRA).
- 4) Your state/territory is eligible for any increased FMAP claimed pursuant to section 6008 of the FFCRA, as amended, because the state/territory:
 - a. Conducts Medicaid eligibility redeterminations in accordance with all applicable federal requirements, including renewal strategies authorized under section 1902(e)(14)(A) of the Act or other alternative processes and procedures approved by CMS (section 6008(f)(2)(A) of the FFCRA);
 - b. Uses the United States Postal Service (USPS) National Change of Address (NCOA) database, information maintained by state health and human services agencies, or other reliable sources of contact information to attempt to ensure that it has up-to-date contact information (including a mailing address, phone number, and email address) for each individual for whom it conducts a renewal (section 6008(f)(2)(B) of the FFCRA); and
 - c. Undertakes a good-faith effort to contact an individual using more than one modality prior to terminating their enrollment on the basis of returned mail (section 6008(f)(2)(C) of the FFCRA).
- 5) Your state/territory is eligible for any increased FMAP claimed pursuant to section 6008 of the FFCRA, as amended, because it does not require political subdivisions within the State to contribute a greater percentage of the non-federal share of expenditures under the plan (including for payments under section 1923 of the Act) than would have been required on March 11, 2020 (Section 1905(cc) of the Social Security Act, as amended by section 6008(c) of the FFCRA).

Any questions you may have in connection with the grant award should be referred to the appropriate Centers for Medicare & Medicaid Services financial contact for your state/territory.

Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management Program Support Center. Inquiries regarding payment should be directed to:

Director, Division of Payment Management Telephone Number 1-877-614-5533
Post Office Box 6021
Rockville, Maryland 20852-0605

Please transmit a copy of this grant award document to the State official authorized to request funds from the Division of Payment Management

Sincerely,

DocuSigned by:
Grace Ponte
Division of Financial Operations, East

FUNDING RESTRICTIONS

THIS GRANT AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING OCTOBER 1, 2023
INCLUDING PRIOR QUARTER ADJUSTMENTS FUNDING UNDER THIS GRANT AWARD MAY NOT BE DRAWN
OR PAID UNTIL OCTOBER 1, 2023.

State: **Washington**, Quarter/Fiscal Year: **Q1/2024**

Computation of Amounts for Medical Assistance Grants under Title XIX of the Social Security Act

Internal Transmittal Number: **24-MED-01**

Grant Award Date: **10/01/2023**

Computation Prepared By: **Melissa Hall**

Computation Reviewed By: **VERNELL WATKINS**

| | Medical Assistance Payments | Administration Payments |
|---|--------------------------------|----------------------------|
| 1. Adjustments For Quarter Ended | \$ | \$ |
| Actual Federal Share of Expenditures | | |
| Estimated Federal Share of Expenditures Previously Funded | | |
| Difference | | |
| Net Adjustments applicable to prior periods | | |
| Collections | | |
| Other | | |
| Total Adjustments | | |
| 2. Estimated Federal Share of Expenditures for Quarter Beginning | A. \$0 | A. \$0 |
| 3. Net Amount to be Certified | \$3,792,865,944 | \$131,554,616 |

TOTAL AMOUNT TO BE CERTIFIED
B. \$3,924,420,560

State: **Washington**, Quarter/Fiscal Year: **Q1/2024**

Accounting Data

This Award is funded under HHS Single Letter of Credit no.75-08

Central Registry System/Entity Identification Number(CRS/EIN): 1911412780A1

| Program MAP/ADM Sub- Account | Funds Identification Number | Common Accounting Number | Document Number | Amount |
|---|--|---|----------------------------|-----------------|
| XIX-MAP24 | 75X0512 | 2024-5993275 | 2405WA5MAP | \$3,792,865,944 |
| XIX-ADM24 | 75X0512 | 2024-5993274 | 2405WA5ADM | \$131,554,616 |

TOTAL AMOUNT TO BE CERTIFIED
\$3,924,420,560

State: **Washington**, Quarter/Fiscal Year: **Q1/2024****Footnotes**

A. See Attachment 1.

B. The funding authorized by this grant award is paid subject to any further financial management review or audit.

Below please find the PMS subaccount information for FY 2024 and your new State specific document numbers that will be found on the accounting sheet for FY 2024. States should draw Medicaid funds for current year and prior year expenditures reported on FY 2024 expenditure reports using the XIX-MAP24 and XIX-ADM24 subaccounts.

| | Medical Assistance Payments | Administration Payments |
|-----------------|------------------------------------|--------------------------------|
| PMS Subaccounts | XIX-MAP24 | XIX-ADM24 |
| Document Number | 2405WA5MAP | 2405WA5ADM |

State: **Washington**, Quarter/Fiscal Year: **Q1/2024****Calculation Data**

Calculation of Initial Award

| | Medical Assistance Payments | Administration Payments |
|---|--|------------------------------------|
| Secretary's Estimate of Funding need for the Quarter | \$3,792,865,944 | \$131,554,616 |
| Third Party Liability/Assignment of Rights-Billing Offset | | |
| Part A (Buy-in) Premiums | | |
| Part B (Buy-in) Premiums | | |
| Phase-Down Premiums | | |
| Part A Interest | | |
| Part B Interest | | |
| Phase-Down Interest | | |
| Funding Adjustment | | |
| Adjusted funding for the quarter | \$3,792,865,944 | \$131,554,616 |
| Less: Amount Previously Funded | \$0 | \$0 |
| Net Amount of Funding | \$3,792,865,944 | \$131,554,616 |