WSR 24-03-076

HEALTH CARE AUTHORITY [Filed January 16, 2024, 11:06 a.m.]

NOTICE

Title or Subject: Medicaid State Plan Amendment (SPA) 24-0016 Agency Administration and Organization.

Effective Date: February 1, 2024.

Description: The health care authority (HCA) intends to submit SPA 24-0016 in order to update information in the medicaid state plan regarding the organization and administration of the state medicaid agency, HCA. This is an administrative SPA and does not affect the agency's policies and practices.

SPA 24-0016 is expected to have no effect on annual expenditures/ payments/reimbursement.

SPA 24-0016 is in the development process; therefore, a copy is not yet available for review. HCA would appreciate any input or concerns regarding this SPA. To request a copy when it becomes available or submit comments, please contact the person named below (please note that all comments are subject to public review and disclosure, as are the names of those who comment).

CONTACT: Ann Myers, State Plan Coordinator, P.O. Box 456217, phone 360-622-1978, TRS 711, email ann.myers@hca.wa.gov.