

WSR 21-06-040

HEALTH CARE AUTHORITY

[Filed February 24, 2021, 1:51 p.m.]

NOTICE

Title or Subject: Medicaid State Plan Amendment (SPA) 21-0009
Home Health Services.

Effective Date: January 1, 2021.

Description: The health care authority (HCA) intends to submit
medicaid SPA 21-0009 to comply with a request from the Centers for
Medicare and Medicaid Services to describe limitations on covered
prosthetic and orthotic devices. The SPA does not change current poli-
cy and practice; it is for clarification purposes only.

SPA 21-0009 is expected to have no effect on the annual aggregate
expenditures, reimbursement, or payment for home health services.

SPA 21-0009 is in the development process; therefore, a copy is
not yet available for review. HCA would appreciate any input or con-
cerns regarding this SPA. To request a copy when it becomes available,
you may contact the person named below. To submit comments, please
contact the person named below (please note that all comments are sub-
ject to public review and disclosure, as are the names of those who
comment).

Contact Erin Mayo, Home Health, 626 8th Avenue S.E., Olympia, WA
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