



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

OCT 19 2010

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 10-020

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services has completed its review of the Washington State Plan Amendment (SPA) Transmittal Number 10-020.

This SPA was submitted by the State as a technical correction to Washington SPA 08-012, which was approved on July 1, 2009. Specifically, this SPA removes duplicate information contained in Attachment 3.1-B, page 59, that is currently approved in Attachment 3.1-B, page 58. The State confirmed that no changes have been made to the services currently listed in Attachment 3.1-B, page 58, extended services for pregnant women through the sixty days postpartum period.

This SPA is approved effective July 1, 2010, as requested by the State.

If you have any questions concerning this SPA, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Douglas Porter, Assistant Secretary, Medicaid Purchasing Administration
Ann Myers, State Plan Coordinator, Medicaid Purchasing Administration

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-020	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0 b. FFY 2011 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-B page 59		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-B page 59	
10. SUBJECT OF AMENDMENT: Correction to Att. 3.1-B pg 59			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Ann Myers Department of Social and Health Services Medicaid Purchasing Administration 626 8 th Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504	
13. TYPED NAME: Susan N. Dreyfus		FOR REGIONAL OFFICE USE ONLY	
14. TITLE: Secretary			
15. DATE SUBMITTED: Sept. 20, 2010			
17. DATE RECEIVED: SEPTEMBER 20 2010		18. DATE APPROVED: OCT 19 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVAL: JUL 01 2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Barbara K. Richards		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

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