



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

MAR 04 2011

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

RE: Washington State Plan Amendment Transmittal Number 10-035

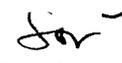
Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-035. This amendment removes a matrix from the Administration section of the Medicaid State plan that cross-walks covered services with the delivery system in which those services are provided, fee-for-service or managed care.

This SPA is approved effective January 1, 2011.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or Tania.Seto@cms.hhs.gov.

Sincerely,

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

cc: Douglas Porter, Administrator, State Medicaid Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-035	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN 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 2011 \$0 b. FFY 2012 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A pages 4, 5, 7, 33 (P+I) (P+I) Attachment 3.1-B pages 1, 5, 6, 8, 33 (P+I) (P+I) Numbered Pages 9u-9y 9u, 9v, 9y (P+I) (P+I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A pages 4, 5, 7, 33 (P+I) (P+I) Attachment 3.1-B pages 1, 5, 6, 8, 33 (P+I) (P+I) Numbered Pages 9u-9y 9u, 9v, 9y (P+I) (P+I) remove from plan (P+I) 9w, 9x (P+I)

10. SUBJECT OF AMENDMENT:

Administrative Updates

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. FULL NAME: Susan N. Dreyfus	16. RETURN TO: Ann Myers Department of Social and Health Services Medicaid Purchasing Administration 626 8th Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504
14. TITLE: Secretary	
15. DATE SUBMITTED: 12/8/10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: DEC 06 2010	18. DATE APPROVED: MAR 04 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2011	20. SIGNATURE OF REGIONAL OFFICIAL:
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21. TYPED NAME: Barbara K. Richards	22. TITLE: Associate Regional Administrator
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23. REMARKS:
Division of Medicaid & Children's Health

1/3/11 - Pen + Inc changes authorized by the State.
 2/14/11 - Pen + Inc changes authorized by the State.
 3/1/11 - Pen + Inc changes authorized by the State.



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Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
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Dear Ms. Dreyfus:

This letter is being sent as a companion letter to the Centers for Medicare & Medicaid Services (CMS) approval of Washington State Plan Amendment (SPA) Transmittal Number 10-035. This SPA was submitted to reflect service cuts in State plan Sections 3.1-A and 3.1-B that were being made by SPAs Washington 10-030 through Washington 10-034. In addition, the State submitted numbered pages 9u-9y of the State plan consisting of a chart which indicates services that enrollees in managed care receive fee-for-service (FFS) and those that are provided through a managed care arrangement. The chart was originally submitted and approved in 2003 when Washington converted the authority under which its Healthy Options program operated from a §1915(b) waiver to §1932(a) SPA. Since that conversion took place, Attachment 3.1-F of the State plan was developed by CMS for use by States to describe any Medicaid program operating under the authority of §1932(a) of the Social Security Act.

During the review of this SPA, CMS forwarded the preprint for Attachment 3.1-F to the State with a request to complete it. The State chose not to complete the preprint at that time, preferring instead to wait until the summer of 2011 when other managed care program changes are slated to occur.

With this letter, we are notifying Washington that its State plan is not consistent with current CMS requirements with regard to the placement of the description of its §1932(a) program.

The State has 90 days from the date of this letter to address the issues described above. Within that period, the State may submit a SPA to correct the State plan or submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any required technical assistance.

Page 2 - Susan Dreyfus, Secretary

If you have any questions, please contact me, or have your staff contact Jan Mertel at (206) 615-2317 or Jan.Mertel@cms.hhs.gov, or Tania Seto at (206) 615-2343 or Tania.Seto@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara K. Richards". The signature is written in a cursive, flowing style.

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

cc: Douglas Porter, administrator, State Medicaid Director