

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**11-29**

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, 2011

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~~ \$101,217 (P&I)

b. FFY 2012 ~~\$0~~ \$404,872 (P&I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A pp. 1, 16d  
Att. 3.1-B pp. 2, 16d  
Att. 4.19-B pg 24b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Att. 3.1-A pg 1  
Att. 3.1-B pg 2

10. SUBJECT OF AMENDMENT:

Tobacco Cessation Counseling Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

Ann Myers  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 45504  
POB 5504  
Olympia, WA 98504-5504

13. TYPED NAME:

Doug Porter

14. TITLE:

Director, Health Care Authority

15. DATE SUBMITTED:

9-29-11

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 29, 2011

18. DATE APPROVED: **MAY 24 2012**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**JUL 01 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**Carol J.C. Reverly**

22. TITLE:

**Associate Regional Administrator  
Division of Medicaid &  
Children's Health**

23. REMARKS:

3/1/12 state authorizes pen & ink change to box 7