1. TRANSMITTAL NUMBER:	2. STATE
11-32	Washington
SOCIAL SECURITY ACT (MED	ICAID)
4. PROPOSED EFFECTIVE DATE July 1, 2011 (P4T)	OCT 0 1 2011
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	■ AMENDMENT
	ach amendment)
a. FFY 2012 \$0	
	RSEDED PLAN SECTION
OR ATTACHMENT (If Applicat	ole):
Numbered Pages, pp 9c t	hrough 9y (P&I)
⊠ other, as sp	PECIFIED: Exempt
16. RETURN TO:	
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23 TICLE Associate Regional A	dministrator
	Children's Health Operation
& 9 (removing pages)	
그림 집 마시 나는 그렇게 돌아가 살아갔다.	
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	3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MED 4. PROPOSED EFFECTIVE DATE July 1, 2011 (P4T) CONSIDERED AS NEW PLAN ENDMENT (Separate Transmittal for e 7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0 b. FFY 2013 \$0 9. PAGE NUMBER OF THE SUPE OR ATTACHMENT (If Applicate Numbered Pages, pp 9c to 16. RETURN TO: Ann Myers Health Care Authority 626 8th Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504 FFICE USE ONLY 18. DATE APPROVED: NE COPY ATTACHED 29. SIGNATURE OF REGIONAL Division of Medicaid 3