

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

FEB 19 2013

Kevin W. Quigley, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment 12-018

Dear Mr. Quigley:

The Centers for Medicare & Medicaid Services (CMS) National Institutional Reimbursement Team (NIRT) recently approved Washington State Plan Amendment (SPA) 12-018.

Although the NIRT has already sent the State a copy of the approval for this SPA, the Seattle Regional Office is following up with an additional copy for the reason that we were in receipt of the original, signed amendment request.

Therefore, enclosed you will find a copy of the official CMS Form 179, amended page(s), and copy of the approval letter from the NIRT for your records.

If you have any questions concerning the Seattle Regional Office role in the processing of this SPA, please contact Deb Washington at (206) 615-2370 or Deborah.Washington@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink, reading "Carol J.C. Peverly", is positioned above the typed name.

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



FEB 15 2013

Kevin W. Quigley,
Department of Social and Health Services
PO Box 45010
Olympia, Washington 98054-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 12-018

Dear Mr. Quigley:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 12-018. The purpose of this amendment is to update the state plan by setting the state Fiscal Year 2013 nursing facility per diem budget dial amount at \$171.43, adding more detailed language to the projected per diem increase attributable to the supplemental 10% add-on payment and removing obsolete state plan pages. This amendment is approved effective July 1, 2012.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process, the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-D. Based upon your assurances, Medicaid State plan amendment 11-009 is approved effective July 1, 2011. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please contact Joe Fico of the National Reimbursement Team at (206) 615-2380.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cindy Mann'.

Cindy Mann
Director

cc

MaryAnne Lindeblad, Assistant Secretary, ADSA,
Ann Myers, State Plan Coordinator