
Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 12-026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

OCT 05 2012

MaryAnne Lindeblad, Director
Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5502

RE: Washington State Plan Amendment (SPA) Transmittal Number 12-026


Dear Ms. MaryAnne:

The Centers for Medicare & Medicaid Services (CMS), Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-026 which seeks to include a new signature block for the new Director in the Governor's Review section.

This SPA is approved effective August 20, 2012, as requested by the State.

If you have any questions concerning this SPA, please contact me, or have your staff contact Anh Ta at (206) 615-2340 or via email anh-dung.ta@cms.hhs.gov.

Sincerely,


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

Enclosure

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

1. TRANSMITTAL NUMBER:
12-026

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
August 20, 2012

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 2012 \$0

b. FFY 2013 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Numbered Page 89

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Numbered Page 89

10. SUBJECT OF AMENDMENT:

Governor's Review

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:

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
DIRECTOR

15. DATE SUBMITTED:

8-28-12

16. RETURN TO:

Ann Myers
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 45504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 08/28/2012

18. DATE APPROVED: October 5, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
August 20, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Carol J.C. Peverly

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

23. REMARKS:

REVISION:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

Citation

7.4

State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the office of the Governor to review the State plan amendments, long range program planning projections, and other periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

/X/ Not applicable. The Governor –

/X/ Does not wish to review any plan material.

/ / Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of:

THE WASHINGTON STATE HEALTH CARE AUTHORITY
(Designated Single State Agency)

Date: 8-28-12



(Signature)

MaryAnne Lindeblad, Director/Medicaid Director
Washington State Health Care Authority
(Title)