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Washington:

State Plan Amendment (SPA) #: 13-010

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, Mail Stop 43
Seattle, Washington 98121

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

NOV 27 2013

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 13-010

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS), Seattle Regional Office has completed our review of State Plan Amendment (SPA) Transmittal Number 13-010. This transmittal delegates the Health Care Authority's authorization to submit state plan amendments on behalf of the single state agency to the Medicaid Director, MaryAnne Lindeblad.

This SPA is approved effective April 1, 2013.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,

/s/

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

cc:
Ann Myers, SPA Coordinator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **13-10**

2. STATE: Washington

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
April 1, 2013

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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 – New Health Care Authority Director

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. SIGNATUR[redacted]

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:
6-4-13

[redacted]
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:
June 4, 2013

18. DATE APPROVED:
11/27/13

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
4/1/03

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Carol J.C. Peverly

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

23. REMARKS:

FORM HCFA-179 (07-92)

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: 11-8-13

[redacted]
(Signat[redacted]

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