

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

1. TRANSMITTAL NUMBER:
13-11

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
~~April 1, 2013~~ July 1, 2013 (P&I)

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:

Section 1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$0

b. FFY 2013 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A pg. 31

Att. 3.1-B pg. 31

Associated with Supplement A to Att. 4.19-B:

- Supplemental Rebate contract template 02-001 TCS
- Supplemental Rebate Agreement TN#03-024

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Att. 3.1-A pg. 31

Att. 3.1-B pg. 31

~~Associated with Supplement A to Att. 4.19-B:~~

- ~~• Supplemental Rebate contract template 02-001 TCS (P&I)~~
- ~~• Supplemental Rebate Agreement TN#03-024~~

10. SUBJECT OF AMENDMENT:

Remove Outdated Supplemental Drug Agreements

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:

MEDICAID DIRECTOR

15. DATE SUBMITTED:

8-12-13

16. RETURN TO:

Ann Myers

Office of Rules and Publications

Legal and Administrative Services

Health Care Authority

626 8th Ave SE MS: 42716

Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

8/12/2013

18. DATE APPROVED:

9/17/2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carol J.C. Peverly

22. TITLE: Associate Regional Administrator Division of Medicaid &

Children's Health

23. REMARKS:

8.14.13 the state authorizes a P&I change to box 9

8.29.13 the state authorizes a P&I change to box 4

9/9/2013 state authorizes P&I change to box 6