EALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-08	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 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE April 1, 2013	
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for ea	
5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$1.077 million b. FFY 2014 \$7.771 million	
3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 3.1-H Medicaid Model Data Lab	9. PAGE NUMBER OF THE SUPE OR ATTACHMENT (If Applicabl	
0. SUBJECT OF AMENDMENT:		
0. SUBJECT OF AMENDMENT: Health Homes		
	OTHER, AS SPE	BCIFIED: Exempt
Health Homes 1. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	16. RETURN TO:	SCIFIED: Exempt
Health Homes 1. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED ON REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 2. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Ann Myers	CIFIED: Exempt
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