



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10  
2201 Sixth Avenue, MS/RX-43  
Seattle, Washington 98121

FEB 13 2006

Robin Arnold-Williams, Secretary  
Department of Social and Health Services  
PO Box 45010  
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment 06-003

Dear Ms. Arnold-Williams:

The Centers for Medicare and Medicaid Services (CMS) has completed the review of State Plan Transmittal Number 06-003. This SPA was generated at the request of CMS per State Medicaid Director Letter #05-003 which adds special sickle-cell anemia-related services in accordance with section 1905(a) and section 1903(a)(3)(E) of the Act. Washington has properly identified its choice to not provide this optional service in the pre-prints of their Medicaid state plan for Attachments 3.1-A, and 3.1-B.

This plan amendment is approved effective January 1, 2006 as requested by the State.

If you have any questions concerning this state plan amendment, please contact Jan Mertel at (206) 615-2317 or [jan.mertel@cms.hhs.gov](mailto:jan.mertel@cms.hhs.gov).

Sincerely,

Karen S. O'Connor  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosure

Cc: Douglas Porter, Assistant Secretary  
Ann Myers, State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>06-03</b>	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2006	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 2006 \$0 b. FFY 2007 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-A page 7 Att 3.1-B page 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1-A page 7 Att 3.1-B page 9

**RECEIVED**

JAN 25 2006

10. SUBJECT OF AMENDMENT:

Sickle Cell Disease Option Preprint

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: <i>Robin Arnold-Williams</i>	16. RETURN TO: Ann Myers Department of Social and Health Services Medical Assistance Administration 925 Plum St SE MS: 45533 Olympia, WA 98504-5533
13. TYPED NAME: ROBIN ARNOLD-WILLIAMS	
14. TITLE: Secretary	
15. DATE SUBMITTED: Jan. 25, 2006	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>JAN 25 2006</b>	18. DATE APPROVED: <b>FEB 13 2006</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JAN - 1 2006</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Karen S. O'Connor</i>
21. TYPED NAME: <b>KAREN S. O'CONNOR</b>	22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>
23. REMARKS:	

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

17. Nurse -midwife services.

 Provided:  No limitations  With limitations\*Not Provided: 

18. Hospice care (in accordance with section 1903(o) of the Act.

 Provided:  No limitations  With limitations\*Not Provided: 

19. Case management services and Tuberculosis related services.

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

 Provided:  With limitations\*Not Provided: 

b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

 Provided:  With limitations\*Not Provided: 

20. Special sickle-cell anemia-related services in accordance with section 1905(a) and section 1903(a)(3)(E) of the Act.

 Provided:  With limitations\*Not Provided: 

\*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

19. Case management services and Tuberculosis related services. (continued)

b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

Provided:  With limitations\*

Not Provided:

20. Extended services for pregnant women.

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day falls.

Provided:  Additional coverage ++

b. Services for any other medical conditions that may complicate pregnancy.

Provided  Additional coverage ++

21. Certified pediatric or family nurse practitioners' services.

Provided  No limitations  With limitations\*

Not Provided:

\* Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

\*\* Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

22. Special sickle-cell anemia-related services in accordance with section 1905(a) and section 1903(a)(3)(E) of the Act.

Provided:  With limitations\*

Not Provided

\*Description provided on attachment