



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

**JUL 21 2006**

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

**RECEIVED**

**JUL 28 2006**

**RE: Washington State Plan Amendment 06-010**

**Rules and Publications**

Dear Ms. Arnold-Williams:

The Centers for Medicare and Medicaid Services (CMS) has completed the review of State Plan Transmittal Number 06-010 which removes all references to Washington's Disease Management program from the Medicaid state plan.

This plan amendment is approved effective July 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) or Joe Fico (206) 615-2380 [Joe.Fico@cms.hhs.gov](mailto:Joe.Fico@cms.hhs.gov)

Sincerely,

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

Enclosure

cc: Douglas Porter, Assistant Secretary  
Alison Robbins, Contracts Manager  
Alice Lind, Office Chief - Care Coordination  
Ann Myers, State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 06-010	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 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 \$1,758,293 (\$1 Million) b. FFY 2007 <del>\$2,344,534</del> (\$4 Million)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, pages 34 through 38 Attachment 3.1-B, pages 34 through 37 Attachment 4.19-B, page 21	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, pages 34 through 38 Attachment 3.1-B, pages 34 through 37 Attachment 4.19-b, page 21

10. SUBJECT OF AMENDMENT:  
Disease Management removal of information

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: Exempt  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Robin Arnold-Williams</i>	16. RETURN TO: Ann Myers, State Plan Coordinator Department of Social and Health Services Health and Recovery Services Administration 925 Plum St SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: ROBIN ARNOLD-WILLIAMS	
14. TITLE: Secretary	
15. DATE SUBMITTED: 6-14-06	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>JUN 14 2006</b>	18. DATE APPROVED: <b>JUL 21 2006</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUL -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:

7/10 - PFI change to Block 7 to reflect neg. impacts per e mail from Ann Meyer on 7/10/06 (AK)

REVISION

ATTACHMENT 3.1-A  
Page 34

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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

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TN# 06-010  
Supersedes  
TN# 03-019

Approval Date

Effective Date 7/1/06

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13. c. Preventive services

Rabies shots. Approval required.

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POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)

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