



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

December 1, 2006

RECEIVED

DEC 03 2006

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

Rules and Publications

RE: TN 06-013

Dear Ms. Arnold-Williams:

The Department of Social and Health Services submitted Washington Title XIX State Plan Transmittal Number 06-013 to the Centers for Medicare and Medicaid (CMS) for our review. The amendment brings the currently approved State Plan into compliance with recommendations by the Washington State Auditor. The changes include the following: adding references to "ICF/MR" in section 4.28(a); adding a new (c) to section 4.28 to clarify that the appeals process is established for ICF/MR per 42 CFR 442.118; and, corrects a typographical error in 4.28(b) to change the acronym "CPR" to "CFR". CMS has completed the review of this amendment, including the original submission of September 8, 2006.

The State Plan Amendment is approved effective July 1, 2006 as you requested.

If you have additional questions or require further assistance, please contact Lydia Skeen at (206) 615-2339 or Lydia.Skeen@cms.hhs.gov

Sincerely,

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

CC: ~~Ann Myers, State Plan Coordinator~~

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
06-013

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2006

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:

Numbered Page 76

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Numbered Page 76

10. SUBJECT OF AMENDMENT:

(CF)MR Appeals Process

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:

Robin Arnold Williams

13. TYPED NAME:

ROBIN ARNOLD-WILLIAMS

14. TITLE:

Secretary

15. DATE SUBMITTED:

Sept. 8, 2006

16. RETURN TO:

Ann Myers

Department of Social and Health Services
Health and Recovery Services Administration
626 8th Street MS: 45504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP - 8 2006

18. DATE APPROVED:

DEC - 1 2006

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2006

JUL - 1 2006

20. SIGNATURE OF REGIONAL OFFICIAL:

Karen S. O'Connor

21. TYPED NAME:

KAREN S. O'CONNOR

22. TITLE:

Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

REVISION

76

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation

42 CFR 431.152
42 CFR 431.220
42 CFR 442.118
42 U.S.C. 1302
42 U.S.C. 1396r (e)
And (7)

4.28 Appeals Process

- (a) The Medicaid agency has established appeals procedures for NFs and ICFs/MR as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.
- (c) The Medicaid agency has established an appeals process for denials of payments for new Admissions to ICFs/MR as specified in 42 CFR 442.118.