

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and State Operations**

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August 27, 2008

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

Dear Ms. Arnold-Williams:

We have reviewed Washington's State Plan Amendment (SPA) 08-001 received in the Regional Office on July 15, 2008. This Amendment would allow Washington to modify their currently authorized Supplemental Rebate Agreement (SRA) in order to collect supplemental rebates for Washington's Medicaid beneficiaries. We believe that this Amendment is consistent with the objectives of the Medicaid program and is designed to increase the efficiency and economy of the Medicaid program and benefit Medicaid beneficiaries.

Based upon the information provided, we are pleased to inform you that Washington SPA 08-001 is approved and effective August 27, 2008. Approval of Washington SPA 08-001 extends only to Washington's SRA with its Attachments as submitted to the Centers for Medicare & Medicaid Services (CMS) on July 15, 2008. If changes are subsequently made to the SRA or to the Attachments submitted to CMS on July 15, 2008, a new SPA and any required documents should be submitted to CMS for review and authorization.

Per our request, and with your authorization, we have incorporated the pen-and-ink changes on the CMS-179, including the revised SPA sections and page numbers.

A copy of the CMS-179 form, as well as the pages approved for incorporation into the Washington State plan, will be forwarded by the Seattle Regional Office. If you have any questions regarding this Amendment, please contact Gail Sexton at (410) 786-4583.

Sincerely,

A handwritten signature in cursive script, appearing to read "Deirdre Duzor".

Deirdre Duzor  
Director, Division of Pharmacy

cc: Barbara Richards, ARA, Seattle Regional Office  
Maria Garza, Seattle Regional Office

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED  
OMB NO. 0918-0191

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

1. TRANSMITTAL NUMBER:  
08-001

2. STATE  
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION, TITLE SIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

10. REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
5. TYPE OF PLAN MATERIAL (Check One)

4. PROPOSED EFFECTIVE DATE  
CMS Approval Date

(August 27, 2008)

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 2008 \$0  
b. FFY 2009 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

Associated with Supplement A to Attachment 4.19-B re  
SPA 08-001

Associated with Supplement A to Attachment 4.19-B  
re SPA 08-001

Attachment 3.1A - page 31  
Attachment 3.1B - page 31

Attachment 3.1A - page 31  
Attachment 3.1B - page 31

10. SUBJECT OF AMENDMENT:

Supplemental Drug Rebate Agreement

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

*Blake D. Howard*

16. RETURN TO

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

13. TYPED NAME:  
ROBIN ARNOLD-WILLIAMS

14. TITLE:  
Secretary

15. DATE SUBMITTED:

July 15, 2008

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS: