



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

JUN - 9 2008

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

**RE: Washington State Plan Amendment #08-013**

Dear Ms. Arnold-Williams:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Transmittal Number #08-013, which removes obsolete references to the reimbursement of medical services provided in the school setting (Attachment 4.19-B, page 36).

This plan amendment is approved effective April 1, 2008, 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,

A handwritten signature in black ink that reads "Barbara K. Richards".

Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:

Douglas Porter, Assistant Secretary  
Ann Myers, Medicaid State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>08-013</b>	2. STATE: Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE April 1, 2008	
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 2008 \$0 b. FFY 2009 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, page 36	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-B, page 36

10. SUBJECT OF AMENDMENT:  
  
Remove Outdated Reference to School Medical Services Payment

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 Department of Social and Health Services Health and Recovery Services Administration 626 8 <sup>th</sup> Ave SE MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: ROBIN ARNOLD-WILLIAMS	
14. TITLE: Secretary	
15. DATE SUBMITTED: <i>May 30, 2008</i>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <b>JUN - 2 2008</b>	18. DATE APPROVED: <b>JUN - 9 2008</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>APR - 1 2008</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Baron Richards</i>
21. TYPED NAME: <i>Barbara K. Richards</i>	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: WASHINGTON

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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