



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

OCT 28 2008

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

RE: State Plan Amendment TN# 08-020

Dear Ms. Arnold-Williams:

The Department of Social and Health Services, Health and Recovery Services Administration, submitted State Plan Amendment (SPA) Transmittal Number #08-020 to the Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office for review. This amendment was submitted to comply with the requirements of the Medicaid Integrity Program as outlined in a State Medicaid Directors Letter Number #08-022 dated April 28, 2008.

This SPA is approved effective July 1, 2008, as requested by the State.

If you have additional questions or require further assistance, please contact Liz Trias at (206) 615-2400 or via email at Elizabeth.Trias@cms.hhs.gov.

Sincerely,

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

Enclosure

cc:

Douglas Porter, Assistant Secretary
Ann Myers, State Plan Coordinator

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

1. TRANSMITTAL NUMBER
08-020

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
July 1, 2008

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:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Numbered Page ~~79b~~ **79bb (p+i)**

~~Numbered Page 79b~~ **(P+I)**

10. SUBJECT OF AMENDMENT:

Medicaid Integrity Program 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:

Robin Arnold-Williams

13. TYPED NAME:
ROBIN ARNOLD-WILLIAMS

14. TITLE:
Secretary

15. DATE SUBMITTED:

Sept. 8, 2008

16. RETURN TO:

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

17. DATE RECEIVED: **SEP 8 2008** FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED: **OCT 28 2008**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2008

20. SIGNATURE OF REGIONAL OFFICIAL:

Blanca R. ...

21. TYPED NAME:

Barbara K. Richards

22. TITLE:

**Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:

*Pen + Ink changes authorized by the state on 10/29/08.
- changes officially requested 10/28/08 by CMS RD 10.*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation
1902(a)(69) of
The Act,
P.L. 109-171
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts
The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.