



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

NOV 16 2010

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 10-017

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Washington State Plan Amendment (SPA) Transmittal Number 10-017.

This submission amends the State's 1915(i) State plan program to comply with the Affordable Care Act requirements. The amendment removes the limitations to state-wideness, number of individuals served and the waitlist.

This SPA is approved effective October 1, 2010, as requested by the State.

If you have any questions concerning this SPA, please contact me, or Wendy Hill Petras of my staff at (206) 615-3814 or wendy.hillpetras@cms.hhs.gov.

Sincerely,

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

cc:

MaryAnne Lindeblad, Assistant Secretary
Ann Myers, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-017	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 Oct. 1, 2010
---	--

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 2011 \$7,630,523 b. FFY 2012 \$6,724,113
---	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 4 to Attachment 3.1-A pg 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 4 to Attachment 3.1-A pg 4
--	--

10. SUBJECT OF AMENDMENT:

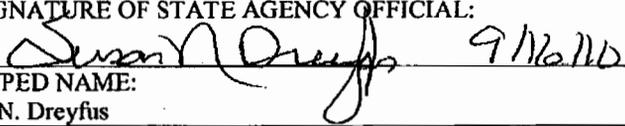
Adult Day Health Services Enrollment (under 1915(i))

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

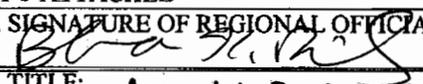
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Ann Myers Department of Social and Health Services Medicaid Purchasing Administration 626 8 th Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504
13. TYPED NAME: Susan N. Dreyfus	
14. TITLE: Secretary	
15. DATE SUBMITTED: Sept. 20, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: SEPTEMBER 20 2010	18. DATE APPROVED: NOV 16 2010
--	--

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
--	---

21. TYPED NAME: Barbara K. Richards	22. TITLE: Associate Regional Administrator
---	---

23. REMARKS:

**Division of Medicaid &
Children's Health**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

NUMBER SERVED

1. Projected Number of Unduplicated Individuals To Be Served Annually.

(Specify for year one. Years 2-5 optional):

Annual Period	From	To	Projected Number of Participants
Year 1	January 1, 2010	December 31, 2010	1903
Year 2			
Year 3			
Year 4			
Year 5			

2. Annual Reporting. (By checking this box the State agrees to): annually report the actual number of unduplicated individuals served and the estimated number of individuals for the following year.

3. Optional Annual Limit on Number Served. (Select one):

<input checked="" type="checkbox"/>	The State does not limit the number of individuals served during the year or at any one time. Skip to item #5.
<input type="checkbox"/>	The State chooses to limit the number of (check each that applies):
<input type="checkbox"/>	Unduplicated individuals served during the year. (Specify in column A below):
<input type="checkbox"/>	Individuals served at any one time ("slots"). (Specify in column B below):

Annual Period	From	To	A	B
			Maximum Number served annually (Specify):	Maximum Number served at any one time (Specify):
<input type="checkbox"/> The State chooses to further schedule limits within the above annual period(s). (Specify):				

4. Waiting List. (Select one only if the State has chosen to implement an optional annual limit on the number served):

<input checked="" type="checkbox"/>	The State will not maintain a waiting list.
<input type="checkbox"/>	