

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
2201 6<sup>th</sup> Avenue, Mailstop RX-43  
Seattle, Washington 98121



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

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**OCT 25 2013**

Dorothy Frost Teeter, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 13-20

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 13-20. This transmittal requests the removal of Attachment 3.1-C, pages 16 - 28 from the state plan, effective October 1, 2013. The specified pages document the Aging and Disability Services Administration Chronic Care Management program authorized under §1937 of the Social Security Act. That program was approved to terminate on October 1, 2013.

This SPA is approved effective October 1, 2013, as requested.

If you have questions concerning this approval or if you require further assistance, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or [Tania.Seto@cms.hhs.gov](mailto:Tania.Seto@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, which appears to read "Carol J.C. Peverly". The signature is written in a cursive, flowing style.

Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Ann Myers, SPA Coordinator

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

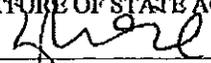
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <b>13-20</b>	2. STATE Washington
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE October 1, 2013	

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 2014 \$0 b. FFY 2015 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-C pages 16 – 28 (remove)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:  
  
Remove Chronic Care Management

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 Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 <sup>th</sup> Ave SE MS: 42716 Olympia, WA 98504-2716
13. TYPED NAME: MARYANNE MNDEBLAD	
14. TITLE: MEDICAID DIRECTOR	
15. DATE SUBMITTED: 9-26-13	

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: 9-26-13	18. DATE APPROVED: 10-25-13
<b>PLAN APPROVED -- ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-13	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS: