



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

JAN 26 2006

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

**RE: Washington SPA #05-014**

Dear Ms. Arnold-Williams:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved Washington State Plan amendment #05-014. This amendment allows the State to cover, under Medicaid, the cost of providing transportation to full-benefit dual eligibles in order to obtain their prescription medications. As requested, this amendment is effective on January 1, 2006.

If you have additional questions or require further assistance regarding this amendment, please contact Tania Seto at (206)615-2343 or at [tania.seto@cms.hhs.gov](mailto:tania.seto@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Karen S. O'Connor".

Karen S. O'Connor  
Associate Regional Administrator  
Division of Medicaid and Children's Health

cc: Douglas Porter, DSHS  
Tania Seto, CMS (Seattle)

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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:

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 3.1-A, page 62  
Attachment 3.1-B, page 60 & 61

10. SUBJECT OF AMENDMENT:  
Transportation for Dual Eligible Medicaid Recipients to Obtain Part D Drugs

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:  
*Robin Arnold-Williams*

13. TYPED NAME:  
ROBIN ARNOLD-WILLIAMS

14. TITLE:  
Secretary

15. DATE SUBMITTED:  
Nov. 1, 2005

16. RETURN TO:  
Ann Myers  
Department of Social and Health Services  
Health and Recovery Services Administration  
925 Plum St SE MS: 45533  
Olympia, WA 98504-5533

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: NOV 1 2006      18. DATE APPROVED: JAN 26 2006

19. EFFECTIVE DATE OF APPROVAL: JAN 1 2006      20. SIGNATURE OF REGIONAL OFFICIAL: *[Signature]*

21. TYPED NAME: KAREN S. O'CONNOR      22. TITLE: Associate Regional Administrator

23. REMARKS:  
P+I change authorized by state per e-mail dtd 1/4/06 to change blocks 8+9 from page 60 to page 61. Also, new SPA page submitted to reflect corrected page #.

Division of Medicaid & Children's Health

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, SCOPE, AND DURATION OF SERVICES PROVIDED TO THE  
MEDICALLY NEEDY GROUPS ALL

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23. a. Transportation

- (1) Ambulance transportation is provided as an optional service for emergencies or as required by state law.
- (2) All non-emergency transportation services, to assure clients have access to and from covered services, are provided using administrative matched dollars in accordance with Section 42 CFR 431.53, and are not considered a medical service described in the coverage section of the State Plan.
- (3) Transportation for clients who also have Medicare Part D is provided at the same level of service as, and under the same restrictions for, prescription drug pickups.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, SCOPE, AND DURATION OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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24. a. Transportation
- (1) Ambulance transportation is provided as an optional service for emergencies or as required by state law.
  - (2) All non-emergency transportation services, to assure clients have access to and from covered services, are provided using administrative matched dollars in accordance with Section 42 CFR 431.53, and are not considered a medical service described in the coverage section of the State Plan.
  - (3) Transportation for clients who also have Medicare Part D is provided at the same level of service as, and under the same restrictions for, prescription drug pickups.