

SECRETARY'S OFFICE  
RECEIVED

MAY 23 2006

DEPARTMENT OF SOCIAL  
AND HEALTH SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

MAY 17 2006

RECEIVED

MAY 25 2006

Ms. Robin Arnold-Williams, Secretary  
Department Social & Health Services  
P.O. Box 45010  
Olympia, WA 98504-5010

Rules and Publications

RE: TN#06-001

Dear Ms. Robin Arnold-Williams:

The Region 10 office of the Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Transmittal Number 06-001. This amendment removes reference to Adult Day Health under the Medically Needy Program. The reference was removed as Washington State statute only allows Categorical Needy enrollment into this program. This change is reflected in Attachment 3.1-B, page 38.

Please be advised should Washington reinstate this service or modify the rate methodologies for either Categorically Needy or Medically Needy programs related to these services, CMS reserves the right to request additional information regarding such changes.

In addition, CMS reminds Washington that pending Transmittal Number 06-004 referring to School-Based Services will need to be updated to reflect the approved language from 06-001 before its approval is processed.

This state plan amendment is approved effective January 1, 2006.

If you have any additional question or require any further assistance, please contact Maria Garza at (206) 615-2542.

Sincerely,



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

CC: Doug Porter, HRSA Assistant Secretary  
Ann Myers, State Plan Coordinator

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

1. TRANSMITTAL NUMBER:  
**06-01**

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  
Jan. 1, 2006

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 2006 \$0 unknown; no data available at this time  
b. FFY 2007 \$0 unknown; no data available at this time

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 3.1-B, page 38

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 3.1-B, page 38

10. SUBJECT OF AMENDMENT:

Adult Day Health

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:  
Feb. 16, 2006

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:  
**FEB 16 2006**

18. DATE APPROVED: **MAY 17 2006**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JAN - 1 2006**

20. SIGNATURE OF REGIONAL OFFICIAL:  
*Karen S. O'Connor*

21. TYPED NAME:  
**KAREN S. O'CONNOR**

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

## 13. d. Rehabilitative services

- (1) Physical medicine and rehabilitation as requested and approved.
- (2) Alcohol detoxification is limited to three days in certified facilities which are:
  - (a) Within the physical location and the administrative control of a general hospital; or
  - (b) Freestanding facilities established to provide this service.
- (3) Drug detoxification is limited to five days in certified facilities which are:
  - (a) Within the physical location and the administrative control of a general - hospital;
  - (b) Freestanding facilities established to provide this service.
- (5) Chemical dependency treatment provided in certified programs that include:
  - (a) Outpatient treatment programs; and
  - (b) Treatment services, excluding board and room, provided in residential treatment facilities with 16 beds or less.
- (6) Medical services furnished by a school district:
  - (a) Including evaluation, screening and assessment component for those students under consideration for an Individual Education Program or Individualized Family Service Plan; or
  - (b) Identified as part of a handicapped child s Individual Education Program or Individualized Family Service Plan.

Services to be provided will be physical therapy, speech therapy, occupational therapy, audiology, psychological services, counseling, and nurse services. Licensed/ classified personnel will provide services.