



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

DEC 05 2011

Douglas Porter, Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: Washington State Plan Amendment (SPA) Transmittal Number 11-024**

Dear Mr. Porter:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Washington State Plan Amendment (SPA) Transmittal Number 11-024.

This submission removes the Adult Day Health 1915(i) services from the Medicaid State plan.

This plan amendment is approved effective October 1, 2011, as requested by the State.

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

Sincerely,

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

cc:

Susan N. Dreyfus, Secretary, Department of Social and Health Services  
Ann Myers, State Plan Coordinator

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

1. TRANSMITTAL NUMBER:  
**11-24**

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, 2011

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 \$0  
b. FFY 2012 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 4 to Att. 3.1-A pp. 1-26 (Remove) (P&I)  
Supplement B to Att. 4.19-B pg. 1 (Remove) (P&I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 4 to Att. 3.1-A pp. 1-26 (Remove)  
Supplement B to Att. 4.19-B pg. 1 (Remove)

10. SUBJECT OF AMENDMENT:

Remove Adult Day Health

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:



13. TYPED NAME:

Doug Porter

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Ann Myers  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 45504  
POB 5504  
Olympia, WA 98504-5504

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **September 7, 2011**

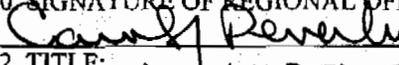
18. DATE APPROVED: **DEC 05 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**OCT 01 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

**CAROL J.C. Peverly**

22. TITLE: Associate Regional Administrator

23. REMARKS:

Division of Medicaid &  
Children's Health

9/12/11 - Pen & Ink changes authorized by the State.