

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 05 2012**

MaryAnne Lindeblad, Director  
Health Care Authority  
Post Office Box 45502  
Olympia, WA 98504-5502

**RE: Washington State Plan Amendment (SPA) Transmittal Number 12-026**

Dear Ms. MaryAnne:

The Centers for Medicare & Medicaid Services (CMS), Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-026 which seeks to include a new signature block for the new Director in the Governor's Review section.

This SPA is approved effective August 20, 2012, as requested by the State.

If you have any questions concerning this SPA, please contact me, or have your staff contact Anh Ta at (206) 615-2340 or via email [anh-dung.ta@cms.hhs.gov](mailto:anh-dung.ta@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink that reads "Carol J.C. Peverly" with a date "10/5/12" written to the right of the name.

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

Enclosure

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

1. TRANSMITTAL NUMBER:  
**12-026**

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  
August 20, 2012

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 2012 \$0  
b. FFY 2013 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Numbered Page 89

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Numbered Page 89

10. SUBJECT OF AMENDMENT:

Governor's Review

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:  
MARYANNE LINDEBLAD

14. TITLE:  
DIRECTOR

15. DATE SUBMITTED:

8-28-12

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: 45504  
Olympia, WA 98504-5504

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 08/28/2012

18. DATE APPROVED: October 5, 2012

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
August 20, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
Carol J.C. Peverly

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

23. REMARKS:



