

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



Division of Medicaid & Children's Health Operations

SEP 20 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 13-19

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 13-19. This transmittal adds language to Attachment 3.1-C to terminate the Aging and Disability Services Administration Chronic Care Management program authorized under §1937 of the Social Security Act. The termination will occur in two phases, by county, and has been scheduled to align with the state's implementation of Health Homes in those counties: July 1, 2013 and Oct 1, 2013.

This SPA is approved effective July 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.

Sincerely,

A handwritten signature in black ink that reads "Carol J.C. Peverly" followed by a small mark that looks like "by 7/25".

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	1. TRANSMITTAL NUMBER: 13-19	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2013	
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)

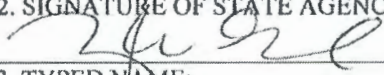
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2013 (\$5,448) b. FFY 2014 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-C page 28	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1-C page 28

10. SUBJECT OF AMENDMENT:

Termination of Chronic Care Management Program

11. GOVERNOR'S REVIEW (Check One):

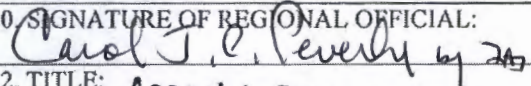
- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 th Ave SE MS: 42716 Olympia, WA 98504-2716
13. TYPED NAME: MARYANNE LINDEBLAD	
14. TITLE: MEDICAID DIRECTOR	
15. DATE SUBMITTED: 6-27-13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 27, 2013	18. DATE APPROVED: Sep 20, 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Enrollee transportation to and from Medicaid services is provided through the transportation services program derived from and authorized under the State Plan Attachment 3.1-A page 62 Section 24, Transportation. Transportation is provided through a statewide system of transportation brokers.

6. Economy and Efficiency of Plans

The State assures that alternative benefit coverage is provided in accordance with Federal upper payment limits, procurement requirements, and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

7. Compliance with the Law

The State will continue to comply with all other provisions of the Social Security Act in the administration of the State plan under this title.

8. Implementation Date

The State will implement this State Plan amendment on April 1, 2010.

9. Termination Dates:

The program will be terminated in Pierce, Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Garfield and Asotin Counties effective July 1, 2013.

The program will be terminated in Clallam, Mason, Lewis, Grays Harbor, Thurston, Pacific, Okanogan, Chelan, Douglas, Grant, Ferry, Lincoln, Adams, Stevens, Pend Oreille, Spokane, Whitman, Whatcom, Island, San Juan and Skagit Counties effective October 1, 2013.