

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 10-014	2. STATE Washington
	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 July 1, 2010 (P&I)	

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)

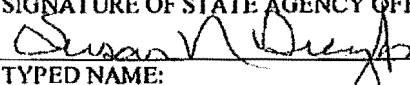
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$1.37M b. FFY 2011 \$5.5 M
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1-D to Attachment 3.1-A pgs. 1 - 4 Attachment 4.19-B pg .28b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1-D to Attachment 3.1-A pgs. 1 - 4 Attachment 4.19-B pg .28b

10. SUBJECT OF AMENDMENT:

Targeted Case Management for Recipients Under Age 21

11. GOVERNOR'S REVIEW (Check One):

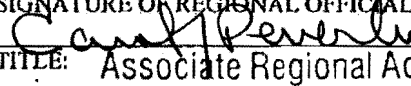
- GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Ann Myers Department of Social and Health Services Medicaid Purchasing Administration 626 8 th Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504
13. TYPED NAME: Susan N. Dreyfus	
14. TITLE: Secretary	
15. DATE SUBMITTED: 9-22-10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: SEPTEMBER 22 2010	18. DATE APPROVED: NOV 22 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVAL: JUL 01 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Pereny	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS: 9/22/2010 State authorized pen and ink changes to box 4.	