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

MAY 1 8 2011

Susan Dreyfus, Secretary Department of Social and Health Services Post Office Box 45010 Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 11-002

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-002. This SPA amends the Title XIX Medicaid State plan to comply with the CMS State Medicaid Director Letter #10-026, which provides guidance on implementing Section 6505 of the Affordable Care Act of 2010, Prohibition on Payments to Institutions or Entities Located Outside of the United States.

This SPA is approved effective February 3, 2011.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Erin Cassady at (206) 615-2739 or crin.cassady@ems.hhs.gov.

Sincerely,

nistr

Division of Medicaid and Children's Health
Operations

cc:

Douglas Porter, Administrator, State Medicaid Director MaryAnne Lindeblad, Assistant Secretary, Aging and Disability Services Administration Ann Meyers, State Plan Coordinator, Department of Social and Health Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	11-02	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 February 3, 2011	,
5. TYPE OF PLAN MATERIAL (Check One);	•	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		The state of the s
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:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Numbered Page 79cc Attachment 2.7-A	Numbered Page 79ce Attachment 2.7-A	
10. SUBJECT OF AMENDMENT:		**************************************
Payments Outside of the U.S.		
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 spec	IFIED: Exempt
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Ann Myers	A THE STATE OF THE
13. TYPED NAME:	Department of Social and Health Se	rvices
Susan N. Dreyfus	Medicaid Purchasing Administration	
14. TITLE:	626 8th Ave SE MS: 45504	
Secretary	POB 5504	
15. DATE SUBMITTED: 3-1/-/1	Olympia, WA 98504-5504	•
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: May 18, 2	011
MAR 1 1 2011 PLAN APPROVED - ON	R COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 3, 2011	20. SIGNATURE OF REGIONAL OF Carol J.C. Peverly	
21. TYPED NAME: Carol J.C. Peverly	Division of Medicaid	gional Administrator & Children's Health
25. KEMAKKS;	Operations	
Carol J.C. Peverly 23. REMARKS:	Division of Medicaid Operations	& Children's Healtl

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State	WASHINGTON
<u>Citation</u> Section 1902(a)(80) of the Act	4.44	Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States
P.L. 111-148 (Section 6505)		X The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.