



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

MAY 18 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.

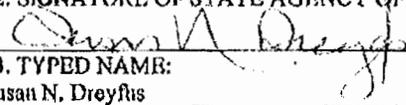
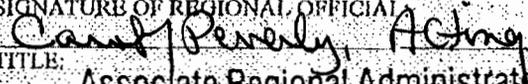
If you have any additional questions or require any further assistance, please contact me, or have your staff contact Erin Cassady at (206) 615-2739 or erin.cassady@cms.hhs.gov.

Sincerely,

Carol J. C. Peverly
Acting Associate Regional Administrator
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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-02	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 February 3, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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. Fy 2011 \$0 b. Fy 2012 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Numbered Page 79cc Attachment 2.7-A (P&I)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Numbered Page 79cc Attachment 2.7-A (P&I)	
10. SUBJECT OF AMENDMENT: Payments Outside of the U.S.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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: 3-11-11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: MAR 11 2011		18. DATE APPROVED: MAY 18 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: FEB 03 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: 5/16/2011 State authorized Pen & Ink change to boxes 8 & 9.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation
Section 1902(a)(80)
of the Act
P.L. 111-148
(Section 6505)

4.44 Medicaid Prohibition on Payments to Institutions or Entities
Located Outside of the United States

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.