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State/Territory Name: Washington

State Plan Amendment (SPA) #: 12-004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

APR 13 2012

Douglas Porter, Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5502

RE: Washington State Plan Amendment (SPA) Transmittal Number 12-004

Dear Mr. Porter:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-004. This transmittal updates the optional State supplement standards for special income level groups consistent with the published 2012 Federal Poverty Levels. These changes are reflected in Supplement 6 to Attachment 2.6-A, pages 1 and 2.

This SPA is approved effective January 1, 2012.

If you have any additional question or require any further assistance, please contact me, or have staff contact Maria Garza at (206) 615-2542.

Sincerely,

A black rectangular box redacting the signature of Carol J.C. Fevery.

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

cc: MaryAnne Lindeblad, Assistant Secretary, Aging and Disability Services Administration

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
12-004

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
Jan. 1, 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 \$
b. FFY 2013 \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Att. 2.6-A pp. 1, 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 6 to Att. 2.6-A pp. 1, 2

10. SUBJECT OF AMENDMENT:

Standards Changes per the Federal Benefit Rate and Medicare Parts A and B

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 SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
DOUG PORTER

14. TITLE:
DIRECTOR

15. DATE SUBMITTED:

Feb. 27, 2012

16. RETURN TO:

Ann Myers
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 45504
Olympia, WA 98504-5504

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 27, 2012

18. DATE APPROVED: April 13, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2012

21. TYPED NAME:
Carol J.C. Peverly

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

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONFEDERALLY ADMINISTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

| | <u>Gross Income Level</u> | <u>Standard</u> | <u>SSI Benefit</u> | <u>State Supplement</u> |
|---|-------------------------------|-----------------|------------------------|---|
| Statewide Standard – Living Alone/1 | | | | |
| Individuals: | \$2,094 | \$698 744 | \$698 698 | \$0 **46 |
| Couples: | | | | |
| 1. Both individuals eligible: | 3,041 | 1,048 | 1,048 | 0 |
| 2. Eligible individual w/one Essential person on Rolls before 1/1/74: | | | | **No individuals identified in this category in November 2003 |
| 3. Eligible individual with Ineligible spouse Enrolled after 1/1/74: | 2,094 | 744 | 698 | **46 |

/1: Living alone includes room and board living arrangements.

Statewide Standard – Shared Living (Supplied Housing):

| | | | | |
|---|-------|-----|-----|---|
| Individuals: | 1,396 | 465 | 465 | 0 |
| Couples: | | | | |
| 1. Both individuals eligible: | 2,094 | 698 | 698 | 0 |
| 2. Eligible individual w/one Essential person on Rolls before 1/1/74: | | | | **No individuals identified in this category in November 2003 |
| 3. Eligible individual with Ineligible spouse Enrolled after 1/1/74: | 1,396 | 465 | 465 | **46 |

**Over age 65 or blind

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONFEDERALLY ADMINISTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

| | <u>Gross Income Level</u> | <u>Standard</u> | <u>SSI Benefit</u> | <u>State Supplement</u> |
|---|-------------------------------|-----------------|------------------------|-----------------------------|
| Statewide Standard – Other Living/1: | | | | |
| Individuals: | \$2,094 | 2,094 | 698 | 0 |

Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home, or Group Home. (These are non-Title XIX facilities).