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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 1 3 2012

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

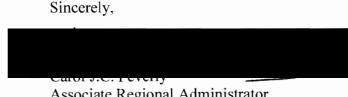
RE: Washington State Plan Amendment (SPA) Transmittal Number 12-004

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.



Associate Regional Administrator Division of Medicaid and Children's Health Operations

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

ALTH CARE FINANCING ADMINISTRATION TRANSMITTAL AND NOTICE OF APPROVAL OF		OMB NO. 0938-0193	
STATE PLAN MATERIAL	I. TRANSMITTAL NUMBER: 12-004	2. STATE Washington	
OR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
O: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE Jan. 1, 2012		
. TYPE OF PLAN MATERIAL (Check One):			
	CONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	and an	ach amendment)	
. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ b. FFY 2013 \$		
. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE OR ATTACHMENT (If Applicab		
upplement 6 to Att. 2.6-A pp. 1, 2	Supplement 6 to Att. 2.6-A pp. 1, 2		
 0. SUBJECT OF AMENDMENT: 6. Standards Changes per the Federal Benefit Rate and Medica 1. GOVERNOR'S REVIEW (Check One): 		PECIFIED: Exempt	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
2. SIGNATUBE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	Ann Myers		
3. TYPED NAME:	Office of Rules and Publications		
DOUG PORTER	Legal and Administrative Service	es	
4. TITLE:	Health Care Authority		
DIRECTOR	626 8 th Ave SE MS: 45504		
5. DATE SUBMITTED:	Olympia, WA 98504-5504		
Feb. 27, 2012- FOR REGIONAL O	FFICE USE ONLY	· · · · · · · · · · · · · · · · · · ·	
7. DATE RECEIVED: February 27, 2012	18. DATE APPROVED: April 13	8, 2012	
PLAN APPROVED – O	NE COPY ATTACHED		
9, EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012	22. TITLE: Associate Regional		
21. TYPED NAME: Carol J.C. Peverly		& Children's Health Opera	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State _____ WASHINGTON

FEDERALLY ADMINISTRATED OPTIONAL STATE SUPPLEMENT: PAYMENT GROUPS/INCOME LEVELS

	Gross Income Level	Standard	SSI <u>Benefit</u>	State Supplement			
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			
 Eligible individual w/one **No individuals identified in this category in November 2003 Essential person on Rolls before 1/1/74: 							
 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			
 Eligible individual w/one **No individuals identified in this category in November 2003 Essential person on Rolls before 1/1/74: 							
 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 WASHINGTON

FEDERALLY ADMINISTRATED OPTIONAL STATE SUPPLEMENT: PAYMENT GROUPS/INCOME LEVELS

	Gross Income	<u>Standard</u>	SSI <u>Benefit</u>	State Supplement				
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).