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## **Table of Contents**

**State/Territory Name:** Washington

**State Plan Amendment** (SPA) #: 12-012

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  
Seattle Regional Office  
2201 Sixth Avenue, MS/RX -43  
Seattle, WA 98121



**Centers of Medicaid and CHIP Services**

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**AUG 31 2012**

MaryAnne Lindeblad  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5502

**RE: Washington State Plan Amendment (SPA) Transmittal Number 12-012**

Dear Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) issued a Request for Additional Information (RAI) in error on August 31, 2012, for Washington's State Plan Amendment (SPA) Transmittal Number 12-012. CMS is withdrawing the RAI sent on August 31, 2012, as it has determined that the information request is no longer needed and that Washington SPA 12-012 is approved effective August 31, 2012, with an effective date of July 1, 2012. This transmittal limits the submission of medical care expenses to those incurred three-month prior to submission of Medicaid application. In addition, the amendment allows the deduction of long-term care medical expenses at an amount equal to the Medicaid reimbursement rate. These changes are reflected in Supplement 3 to Attachment 2.6-A, page 1.

If you have any questions or comments, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or via email [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov)

Sincerely,

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

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

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

1. TRANSMITTAL NUMBER:  
**12-012**

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  
July 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:

~~42 CFR 435.914~~ and 1902(r)(1) (added)

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$ (\$225,000)  
b. FFY 2013 \$ (\$900,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 3 to Att. 2.6-A pg. 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 3 to Att. 2.6-A pg. 1

10. SUBJECT OF AMENDMENT:

Reasonable Limits on Medical Care

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: June 5, 2012

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: JUN 05 2012

18. DATE APPROVED:

AUG 31 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carol J.C. Beverly

22. TITLE:

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

23. REMARKS:

07/23/2012 - Pen and Ink (P&I) changes authorized by State in Block #6  
07/24/2012 - Pen and Ink (P&I) changes authorized by State in Block #6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL  
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

Reasonable and necessary medical expensed not covered by Medicaid, incurred within the three month period prior to the month of application are allowable deductions. Expenses incurred prior to this three month period are not allowable deductions. Institutional long-term care medical expenses are allowed as a deduction at an amount equal to the Medicaid reimbursement rate.

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