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State/Territory Name: Washington

State Plan Amendment (SPA) #: 13-0031-MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter (delete if not applicable)
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Superseding Pages Notice (delete if not applicable)
- 5) Approved SPA Pages

DEPARTMENT OF HEALTH
& HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, MS/RX-40 Suite 801
Seattle, WA 98121



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, Washington 98504-5010

MAR 06 2014

RE: Washington State Plan Amendment (SPA) Transmittal Number WA-13-0031-MM

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0031-MM. This transmittal incorporates the Modified Adjusted Gross Income (MAGI)-Based eligibility process requirements, including the single streamlined application, into the Medicaid State Plan in accordance with the Affordable Care Act.

The effective date of this SPA is October 1, 2013.

The approval of SPA 13-0031-MM authorizes the use of an interim alternative single streamlined paper application and an interim alternative single streamlined online application through December 31, 2014. Washington will submit the "revised" online and paper alternative single streamlined applications by December 1, 2014, addressing the outstanding concerns detailed in the accompanying companion letter issued with this approval of the State Plan Amendment.

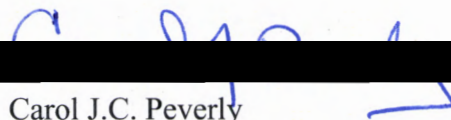
The new state plan pages for the S94 amendment and attachments should be incorporated within a separate section at the end of Washington's approved state plan:

- S94, pages S94-1 and S94-2;
- Attachment 1 – Statement of use with respect to the alternative single, streamlined paper application; and
- Attachment 2 – Statement of use with respect to the alternative single, streamlined online application.

Also, as a reminder, the new page titled, "Superseding Pages of the State Plan Material", should be placed in a separate section in front of the state plan.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or Maria.Garza@cms.hhs.gov.

Sincerely,



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

Enclosures

cc:

Ann Myers, SPA Coordinator, ann.myers@hca.wa.gov

Steve Kozak, stephen.kozak@hca.wa.gov

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Post Office Box 45502
Olympia, Washington 98504-5010

MAR 18 2014

RE: Washington State Plan Amendment (SPA) Transmittal Number WA-13-0031-MM

Dear Ms. Teeter and Ms. Lindeblad:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services' (CMS) letter which approved State Plan Amendment (SPA) Transmittal Number 13-0031-MM. Our review of this submission included a review of the alternative single streamlined paper and online applications developed by the state.

The State of Washington will continue to use an interim alternative single streamlined paper application until December 31, 2014. This interim paper application must be revised with the following necessary changes by December 1, 2014:

- (1) Non-applicants in the application will be given the option to provide their Social Security numbers for purposes of income verification.
- (2) Applicants will not be asked about previous year tax filing status.
- (3) Applicants will be asked about anticipated changes to income or projected annual income.
- (4) American Indian and Alaska Native applicants will have the opportunity to identify themselves as recipients of Indian Health Services for purposes of cost-sharing protections, and to help identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.
- (5) The state will revisit the inclusion of a question on former foster care program participation and add it to the paper and online applications if needed in order to comply with CMS regulations and guidance on eligibility determinations for the former foster care eligibility group as designated at section 1902(a)(10)(A)(i)(IX) of the Act.

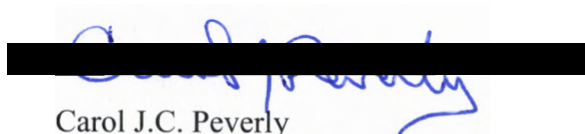
Also, the state will continue to use the interim alternative single streamlined online application until December 31, 2014. This interim online application needs to be revised to reflect the following necessary changes by December 1, 2014:

- (1) Questions regarding residency will not be directed to household members not seeking any benefits, and will be designated for applicants only.
- (2) Questions regarding incarceration will not be directed to household members not seeking any benefits, and will be designated for applicants only.
- (3) All questions regarding citizenship and immigration status will not be directed to household members not seeking any benefits, and will be designated for applicants only.
- (4) The non-MAGI screening questions related to disability and long term care will not be directed to household members not seeking any benefits, and will be designated for applicants only.
- (5) Questions regarding tobacco use will be directed to applicants who appear to be above the income limit for Medicaid and CHIP.
- (6) Applicants will be asked about anticipated changes to income, or projected annual income.
- (7) American Indian and Alaska Native applicants will have the opportunity to identify themselves as recipients of Indian Health Services for purposes of cost-sharing protections, and to help identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.
- (8) Questions regarding access to employer-sponsored coverage, beyond what is needed for Medicaid and CHIP, will be asked only of applicants who appear to be above the income limit for Medicaid and CHIP.
- (9) Applicants will not be asked about previous year tax filing status.
- (10) Applicants will be asked about income of household members of all ages. An exception is allowed for tax dependents not required to file taxes as noted in the paper application or state could ask for all taxable income and make that calculation on the back-end.
- (11) The state will revisit the inclusion of a question on former foster care program participation and add it to the paper and online applications if needed in order to comply with CMS regulations and guidance on eligibility determinations for the former foster care eligibility group as designated at section 1902(a)(10)(A)(i)(IX) of the Act.

Please submit the revised alternative single streamlined paper and online applications to CMS for review no later than December 1, 2014, to process the final CMS decision on the submitted revisions for the two applications. The CMS staff will continue to be available to provide technical assistance until the submission of the revised applications.

If you have any specific questions about your interim or revised applications, please contact Dena Greenblum at (410) 786-8684 or Dena.Greenblum@cms.hhs.gov. If you have any questions concerning this SPA, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or Maria.Garza@cms.hhs.gov.

Sincerely,



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

cc:

Ann Myers, State Plan Coordinator, ann.myers@hca.wa.gov
Steve Kozak, Program Manager, kozaks@dshs.wa.gov

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Washington

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

WA-13-0031

Proposed Effective Date

10/01/2013

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, Subparts J & M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Eligibility Process - Medicaid

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Exempt

Signature of State Agency Official

Submitted By:

Ann Myers

Last Revision Date:

Mar 6, 2014

Submit Date:

Dec 26, 2013

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

13-0031-MM2

STATE:

Washington

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S94 - Eligibility Process, Pages S94-1, S94-2

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

Section 2, Page 10, section 2.1(a), TN #91-22
Section 2, Page 11a, section 2.1(d), TN #91-29



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- ☒ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- ☐ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- ☒ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- ☐ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- ☒ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- ☐ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

☒ Yes ☐ No



Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	FAX	The applicant may fax a copy of their paper application to a published FAX number.	X

- ☒ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- ☒ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- ☐ Once every 12 months
 - ☐ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
 - ☐ If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- ☐ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- ☒ Once every 12 months
 - ☒ Once every 6 months
 - ☒ Other, more often than once every 12 months
- Once every months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- ☒ Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.