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State/Territory Name: Washington

State Plan Amendment (SPA) #: 14-0001

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, Mail Stop 43
Seattle, Washington 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 11 2014

RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0001

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-0001. This transmittal updates the optional state supplement standards for special income level groups consistent with the published 2014 federal poverty levels.

This SPA is approved effective January 1, 2014.

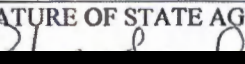
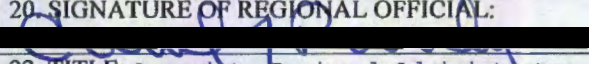
If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink, which appears to read "Carol J.C. Peverly", is written over a solid black rectangular redaction bar.

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

cc:
Ann Myers, SPA Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0001	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 January 1, 2014	
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: Section 1924 of the Social Security Act (P&I)		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$916,591,707 \$ 0 (P&I) b. FFY 2015 \$1,289,727,881 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A pages 1, 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 6 to Attachment 2.6-A pages 1, 2	
10. SUBJECT OF AMENDMENT Federal Benefit Rate-Based Income Standards			
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: Exempt ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Ann Myers Office of Rules and Publications Legal and Administrative Services Health Care Authority 626 8 th Ave SE MS: 42716 Olympia, WA 98504-2716	
13. TYPED NAME: MARYANNE LINDEBLAD			
14. TITLE: MEDICAID DIRECTOR			
15. DATE SUBMITTED: 2-11-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 2/11/14		18. DATE APPROVED: 3/11/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/14		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: 2/19/14: State authorizes P&I change to box 7 2/24/14: State authorizes P&I change to box 6			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONFEDERALLY ADMINSTRATED 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:	\$2,163	\$721 767	\$721 767	\$0 **46
Couples:				
1. Both individuals eligible:	3,041	1082	1082	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:	2,163	767	721	*46

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

Statewide Standard – Shared Living (Supplied Housing):

Individuals:	1,396	481	481	0
Couples:				
1. Both individuals eligible:	2163	721	721	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	481	481	**46

**Over age 65 or blind

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:	\$2,163	2,163	481	0

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