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**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 15-0036**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179/Summary Page
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

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November 23, 2015

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

**RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0036**

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 WA 15-0036. This SPA streamlined the FMAP identification process for individuals receiving cash assistance under the state's Aged Blind and Disabled (ABD) program.

This SPA is approved with an effective date of August 1, 2015.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact James Moreth at [James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov) or (360) 943-0469.

Sincerely,

A black rectangular box redacting the signature of David L. Meacham.

Digitally signed by David L. Meacham -S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=CMS, ou=People,  
0.9.2342.19200300.100.1.1=2000041858  
, cn=David L. Meacham -S  
Date: 2015.11.23 13:45:20 -08'00'

David L. Meacham  
Associate Regional Administrator

cc:  
Ann Myers, SPA Coordinator

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

1. TRANSMITTAL NUMBER:  
**15-0036**

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  
August 1, 2015

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:

1902(a) of the Social Security Act (P&I)

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$0

b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 18 to Attachment 2.6-A page 8 - 8a (new P&I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

~~Supplement 18 to Attachment 2.6-A page 8~~ (P&I)

10. SUBJECT OF AMENDMENT

Aged Blind Disabled FMAP Determination

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:

MARYANNE LINDEBLAD

14. TITLE:

MEDICAID DIRECTOR

15. DATE SUBMITTED:

8-27-15

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: 42716

Olympia, WA 98504-2716

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

8/27/15

18. DATE APPROVED:

11/23/15

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/01/15

20. SIGNATURE OF R

21. TYPED NAME:

David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

State authorized a P&I change on 11/09/15

State authorized a P&I change on 11/20/15

Digitally signed by David L. Meacham-S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=CMS, ou=People,  
cn=David L. Meacham-S  
Date: 2015.11.23 13:46:43 -0800

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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Washington State administered a Presumptive SSI program (PSSI) until January 1, 2014. PSSI benefits included expedited Medicaid coverage and a state-funded cash benefit under the Aged Blind or Disabled (ABD) program for qualifying adults.

As of January 1, 2014, these individuals receive their health care coverage as part of the newly Medicaid-eligible group (Group VIII). In the Automated Client Eligibility System (ACES), they are enrolled in the N05 coverage group for newly eligibles, but in the ProviderOne (P1) payment system, they are identified by the Recipient Assistance Code (RAC) of '1217'. This identification ensures claiming at the applicable Expansion State Federal Medicaid Assistance Percentage (ESFMAP) rate.

The addition of RAC 1217 to P1 in February 2015 automates the process of identifying newly eligibles who are concurrently receiving ABD cash and the process for claiming the applicable ESFMAP for this group. For claims paid for services prior to that time, however, a manual process will continue for as long as necessary to ensure claiming at the correct rate. That process consists of matching the client IDs of those receiving ABD cash who at the same time were approved for services under RAC 1201. RAC 1201 continues to be used for all newly eligibles, but is no longer used for those receiving the ABD cash benefit.