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State/Territory Name: Washington

State Plan Amendment (SPA) #: 18-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

January 23, 2018

Susan Birch, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
PO Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 18-0001

Dear Ms. Birch and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 18-0001. This transmittal maintains the optional state supplement standards for special income level groups based on 2018 cost of living adjustment.

This SPA is approved effective January 1, 2018.

If there are any questions concerning this approval, please contact me or your staff may contact Maria Garza at maria.garza@cms.hhs.gov or (206) 615-2542.

Sincerely,

A solid black rectangular box used to redact the signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Ann Myers, Health Care Authority SPA Coordinator

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
18-0001

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2018

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

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 \$0
b. FFY 2019 \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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:

Adjust Statewide Income Standards for Medicaid Programs Based on the Federal Benefit Rate

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 T AG C OFFICIAL:

13. TYPED NAME:

MaryAnne Lindeblad

14. TITLE:

Director

15. DATE SUBMITTED:

1-5-18

16. RETURN TO:

Ann Myers
Rules and Publications
Division of Legal Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1/5/18

18. DATE APPROVED:

1/23/18

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/18

20. SIGNATURE

Digitally signed by David L. Meacham -S

21. TYPED NAME:

David L. Meacham

22. TITLE:

Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONFEDERALLY ADMINSTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

	Gross Income Level	Standard	SSI Benefit	State Supplement
Statewide Standard – Living Alone/1				
Individuals:	\$2,250	\$750 790	\$750 750	\$0 **40
Couples:				
1. Both individuals eligible:	3,375	1125	1125	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:	2250	790	750	**40
/1: Living alone includes room and board living arrangements.				
Statewide Standard – Shared Living (Supplied Housing):				
Individuals:	1,500	500 540	500 500	0 **40
Couples:				
1. Both individuals eligible:	2250	750	750	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:	1,500	540	500	40

**Over age 65 or blind

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONFEDERALLY ADMINSTRATED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

	Gross Income Level	Standard	SSI Benefit	State Supplement
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Statewide Standard – Other Living/1:

Individuals:	\$2,250	2,250	750	0
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Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home, or Group Home. (These are non-Title XIX facilities).