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State/Territory Name: Washington

State Plan Amendment (SPA) #: 20-0006

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WA - Submission Package - WA2020MS0001O - (WA-20-0006) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID WA2020MS0001O
Program Name N/A
SPA ID WA-20-0006
Version Number 4
Submitted By Ann Myers
Package Disposition 
Priority Code P2

Submission Type Official
State WA
Region Seattle, WA
Package Status Approved
Submission Date 3/26/2020
Approval Date 6/3/2020 3:30 PM EDT



Center for Medicaid & CHIP Services

June 03, 2020

Sue Birch
Health Care Authority Director
Health Care Authority
PO Box 45502
Olympia WA , WA 98504

Re: Approval of State Plan Amendment WA-20-0006

Dear Sue Birch:

On March 26, 2020, the Centers for Medicare and Medicaid Services (CMS) received Washington State Plan Amendment (SPA) WA-20-0006 to adopt the eligibility group described in section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act (the "Work Incentives" eligibility group). Additionally, as part of this SPA, Washington proposed a technical change to its "Optional Eligibility" reviewable unit to confirm its coverage of the optional eligibility group described in section 1902(a)(10)(A)(ii)(I) of the Social Security Act (relating to individual eligible for, but not receiving, benefits from certain cash assistance programs)..

We approve Washington State Plan Amendment (SPA) WA-20-0006 on June 03, 2020 with an effective date(s) of January 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov.

Sincerely,
James G. Scott
Director
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

Package ID WA2020MS0001O
Submission Type Official
Approval Date 6/3/2020
Superseded SPA ID N/A

SPA ID WA-20-0006
Initial Submission Date 3/26/2020
Effective Date N/A

State Information

State/Territory Name: Washington

Medicaid Agency Name: Health Care Authority

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

Package ID WA2020MS0001O
Submission Type Official
Approval Date 6/3/2020
Superseded SPA ID N/A

SPA ID WA-20-0006
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Effective Date N/A

SPA ID and Effective Date

SPA ID WA-20-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2020	WA-19-0002
Work Incentives	1/1/2020	WA-02-011

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

Package ID	WA2020MS0001O	SPA ID	WA-20-0006
Submission Type	Official	Initial Submission Date	3/26/2020
Approval Date	6/3/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Add the authority under the Balanced Budget Act of 1997 to provide full-scope Medicaid services to individuals with blindness or disability who meet employment requirements of the state's Medicaid Buy-in program. Using choices made available in this electronic format, disregards allowed under Section 1902(r)(2) are selected to apply no test for income or resources when determining eligibility.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$19000
Second	2021	\$141000

Federal Statute / Regulation Citation

Sections 1902(a)(10)(A)(ii)(XIII) and 1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

Package ID WA2020MS0001O
Submission Type Official
Approval Date 6/3/2020
Superseded SPA ID N/A

SPA ID WA-20-0006
Initial Submission Date 3/26/2020
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe N/A

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

Package ID WA2020MS0001O
Submission Type Official
Approval Date 6/3/2020
Superseded SPA ID N/A

SPA ID WA-20-0006
Initial Submission Date 3/26/2020
Effective Date N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency


Date of Posting: Aug 7, 2019

Website URL: <https://www.hca.wa.gov/about-hca/news-data-and-reports-hca/public-notice>

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
19-0026-HWD-Eligibility-Public-Notice-WSR-19-16-145	3/26/2020 2:22 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

Package ID WA2020MS0001O
Submission Type Official
Approval Date 6/3/2020
Superseded SPA ID N/A

SPA ID WA-20-0006
Initial Submission Date 3/26/2020
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
8/7/2019	Email and hard copy letter

All Urban Indian Organizations


Date of solicitation/consultation:	Method of solicitation/consultation:
8/7/2019	Email and hard copy letter

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
8/7/2019	Email and hard copy letter

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
19-0026-HWD-Eligibility-Tribal-Notice-Documentation	3/26/2020 2:31 PM EDT	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

Package ID WA2020MS0001O
Submission Type Official
Approval Date 6/3/2020
Superseded SPA ID WA-19-0002
User-Entered

SPA ID WA-20-0006
Initial Submission Date 3/26/2020
Effective Date 1/1/2020

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No













The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

Package ID WA2020MS0001O
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SPA ID WA-20-0006
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Effective Date 1/1/2020

B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No


The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

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Superseded SPA ID	WA-19-0002		
	User-Entered		

C. Additional Information (optional)

Effective January 1, 2019, Washington no longer covers the Medicaid eligibility group for individuals who qualify on the basis of receiving optional state supplement payments (1902(a)(10)(A)(ii)(XI) 42 CFR 435.232 and 435.434).

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

Package Header

Package ID	WA2020MS0001O	SPA ID	WA-20-0006
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Superseded SPA ID	WA-02-011		
	User-Entered		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

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Superseded SPA ID	WA-02-011		
	User-Entered		

B. Step One Financial Methodologies and Income Test

1. Financial methodologies

a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

All income is disregarded. No income test is applied.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

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Approval Date	6/3/2020	Effective Date	1/1/2020
Superseded SPA ID	WA-02-011		
	User-Entered		

C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

All income is disregarded. No income test is applied.

c. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

a. The SSI income standard.

b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

Package Header

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	User-Entered		

D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | WA2020MS0001O | WA-20-0006

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	User-Entered		

E. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections as well as Attachment 2.6-A of the state plan.

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 0938-1188. 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.

This view was generated on 6/3/2020 3:40 PM EDT