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# **State/Territory Name: Washington**

# State Plan Amendment (SPA) #: 22-0022

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 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 5, 2022

Susan Birch, Director Dr. Charissa Fotinos, Acting Medicaid Director Health Care Authority PO Box 45502 Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) WA-22-0022

Dear Ms. Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-22-0022. This amendment proposes to increase the excess home equity limit to the federal maximum allowed amount when determining a person's eligibility for SSI-related long-term care (LTC) services as described in WAC 182-513-1350.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 1905(a) of the Act. This letter is to inform you that WA-22-0022 was approved on October 5, 2022, with an effective date of July 9, 2022.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,



James G. Scott, Director Division of Program Operations

cc: Ann Myers-ann.myers@hca.wa.gov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	$\underline{\underline{z}} \underline{\underline{z}} = \underline{\underline{0}} \underline{\underline{0}} \underline{\underline{z}} \underline{\underline{z}} = \underline{\underline{0}} \underline{\underline{0}} \underline{\underline{z}} \underline{\underline{z}}$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT O XIX O XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 9, 2022
5. FEDERAL STATUTE/REGULATION CITATION 1905(a) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$ 0 b. FFY 2023 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 17 to Attachment 2.6-A page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 17 to Attachment 2.6-A page 1
9. SUBJECT OF AMENDMENT Excess Home Equity Increase	
10. 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
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	State Plan Coordinator
12. TYPED NAME	Office of Rules & Publications Health Care Authority
	POB 42716
Mediciad and Behavioral Health Medical Director	Olympia, WA 98504
14. DATE SUBMITTED September 6, 2022	
FOR CMS USE ONLY	
September 6, 2022	17. DATE APPROVED October 5, 2022
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 9, 2022	19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2022.10.05 15:20:29 -05'00'
	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
22. REMARKS	

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

#### DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State Plan for an individual who does not have a spouse, child under 21, or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

X An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is the federal maximum allowed. On January 1 of each year, this standard may change by the percentage in the Consumer Price Index for all consumers.

<u>X</u>	This higher standard applies statewide.
	This higher standard does not apply statewide. It only applies in the following areas of the State:
<u> </u>	This higher standard applies to all eligibility groups.
	This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.

\_\_\_\_ \$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).