

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 23-0045**

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

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October 30, 2023

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

Re: Washington State Plan Amendment (SPA) Transmittal Number 23-0045

Dear Susan Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WA-23-0045. This amendment will increase the Personal Needs Allowance (PNA) to \$100 and to \$200 for couples.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Washington's Medicaid SPA WA-23-0045 was approved on October 30, 2023, with an effective date of July 1, 2023.

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

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Digitally signed by Ruth Hughes -S  
Date: 2023.10.30 12:29:39 -05'00'

Ruth A. Hughes, Acting Director  
Division of Program Operations

cc: Ann Myers, Section Manager & State Plan Coordinator, Health Care Authority

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 3 — 0 0 4 5 2. STATE WA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 6, 2023 - July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
1902(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 0  
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 2.6-A page 1a4a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 2.6-A page 1a 4A (TN# 19-0004)

9. SUBJECT OF AMENDMENT  
Personal Needs Allowance 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted Signature] MD MSc

12. TYPED NAME  
Charissa Fotinos MD, MSc

13. TITLE  
Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED  
September 19, 2023

15. RETURN TO  
State Plan Coordinator  
POB 42716  
Olympia, WA 98504-2716

**FOR CMS USE ONLY**

16. DATE RECEIVED  
September 19, 2023

17. DATE APPROVED  
October 30, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2023

19. SIGNATURE [Redacted Signature] AL -S Digitally signed by Ruth Hughes -S  
Date: 2023.10.30 12:30:16 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS  
9/20/23: State authorizes the following pen and ink changes:  

- Box 7: Remove page "1a" and replace it with page "4a"
- Box 8: Remove page "1a" and replace it with "4a (TN# 19-0004)"

10/11/23: State authorizes the following pen and ink change:  
Proposed Effective Date: July 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: <i>Individuals</i> \$ 100.00 <i>Couples</i> \$ 200.00</p> <p>Effective January 1, 2024, and each calendar year thereafter, the PNA described under a will be increased, subject to state legislative funding, by the percentage of the annual cost of living allowance adjustment under 215(i) of the Act, if there is such an adjustment that year.</p> <p>For the following persons with greater need: Supplement 12 to Attachment 2.6-A describes the greater need and describes the basis or formula for determining the deductible amount when a specific amount is not listed above, lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: <i>Children</i> \$70.00 <i>Adults</i> \$70.00</p> <p>Effective January 1, 2018, and each calendar year thereafter, the PNA described under b will be increased, subject to state legislative funding, by the percentage of the annual cost of living allowance adjustment under 215(i) of the Act, if there is such an adjustment that year.</p> <p>c. For the following persons with greater need: Supplement 12 to Attachment 2.6-A describes the greater need and describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p>